THE MEANING OF STEALING AS LIVED IN WOMEN WITH BULIMIA NERVOSA

by

BEVERLEY MAY MCLAGAN

B.A., The University of British Columbia, 1985
M.A., The University of British Columbia, 1988

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Department of **Counselling Psychology**

The University of British Columbia
Vancouver, Canada

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ABSTRACT

An exploratory case study using multiple cases investigated the question "What is the meaning of stealing in eating disordered women?" Seven women diagnosed with bulimia nervosa participated in in-depth interviews about this experience. The findings of these interviews revealed commonalities and variations in the patterns and dynamics of both stealing and bulimia. Important information emerged about this experience regarding restrictive family patterns, participants' reactions to these restrictions through stealing and the parallel restrictions and reactions of the bulimic behaviours they later imposed upon themselves.

These results add new and in-depth information to the few existing quantitative studies and clinical knowledge addressing stealing in bulimic women. Recommendations for future research and implications for clinical practice were presented.
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CHAPTER I: INTRODUCTION

The aim of this dissertation was to explore the question, What is the meaning of stealing as lived in eating disordered women? Stealing has been increasingly reported by women who have been diagnosed with the eating disorder, bulimia nervosa. Bulimia nervosa is a well established classification (DSM-IV, 1994; Russell, 1979) for an eating disorder. It is characterized by impulsive behaviours such as binging and purging (for full criteria see Appendix C). In some cases, stealing has been observed as an associated behaviour, although not a criterion for classification.

While the stealing behaviour is known to exist in this group of women, the significance of the stealing has not been investigated in any detail. What purpose or role does the stealing play in eating disordered women's lives? Speaking to women in therapy about their stealing experiences has revealed that their reasons for stealing go beyond acquiring food or money in preparation for binges. For these women, stealing meets various needs felt to be missing in their lives. For example, one client stole money so that she could feel benevolent and a successful provider for her sister and friends whenever they wanted something. For others,
stealing is their rebellious act against a lifetime of premature responsibility, "No one would ever suspect me of stealing because I look like an angel, so it gives me a buzz to steal right out from under their nose" (client communication, 1991). Still other women have grown up with the perspective that life has been unfair to them, therefore, they justify their stealing as restitution or revenge for their subsequent suffering. "As soon as I feel hard done by, that's when I'll go out and steal something" (client communication, 1992). "When I do the work and he takes the glory, why shouldn't I get something for me?" (client communication, 1992).

Exploring the symbolic and emotional nature of stealing in this group of women may provide a glimpse into the meaning of this behaviour, thereby contributing to a broader understanding of stealing in the schema of bulimia nervosa.

The prevalence of bulimia nervosa in the general population is reported at one in every six women between the ages of 15 and 25 years of age (Tonkins & Wigmore, 1989). Fombonne (1996) reported that current figures on bulimia nervosa have not changed from those reported over the last two decades. It is estimated that anywhere from 14% to 80% of those suffering from this
disorder have also stolen as part of the symptomology (Abraham & Beumont, 1982; Crisp, Hsu & Harding, 1980; Mitchell, Fletcher, Gibeau, Pyle & Eckert, 1992; Norton, Crisp, & Bhat, 1985). Johnson (1985) stated that:

bulimic patients in particular often present with positive histories of multiple substance abuse and various impulse-dominated behaviors, such as shoplifting, promiscuity, and self-mutilation. These individuals have poor outcomes, have significant structural and characterological deficits, and represent a more disturbed subgroup among the spectrum of eating-disordered patients. (p.27)

Existing Research

Few studies exist that investigate the phenomenon of stealing in relation to eating disorders. There are no current studies that ask women suffering from bulimia nervosa why they steal. What eating disordered women steal has been documented. Mitchell, Fletcher, Gibeau, Pyle and Eckert (1992) studied 27 bulimic patients and 25 non-bulimic women who reported shoplifting behaviours. Differences were found between the two groups on several factors, with non-bulimic women showing a longer history of stealing, weighing more than the bulimics and more often endorsing antisocial rationalizations for their stealing behaviours than did bulimic participants. These researchers suggested differences between the groups could be attributed to
the cost of the eating disorder contributing to financial problems for the bulimic group rather than antisocial reasoning for shoplifting reported by the non-bulimic group.

Norton, Crisp & Bhat (1985) examined case records of 102 patients with anorexia nervosa. This study differentiated stealers from non-stealers on two factors: (a) the presence of bulimic episodes, and (b) controlling for the bulimic episodes, the presence of other behaviours. Findings revealed significant differences between groups, with stealers being older at presentation, more sexually active, living outside the family home and testing higher in anxiety. The question posed by the researchers, 'Why do some anorexics steal and others do not?' was concluded by suggesting that differences in personal, social and illness factors may expose one group to the possible need for stealing that may not exist for non-stealers.

Crisp, Hsu and Harding (1980) examined 102 patients with anorexia nervosa. Fourteen patients (13.7%) reported stealing behaviours, with 93% of the stealing occurring during the bulimic phase of their illness. Similar findings to the previous study were found: these patients were highly anxious, more sexually
active, and more socially extroverted. This research discussed the possible motivation for stealing in terms of the behaviour being a symbolic expression of the stealers' fragile core self, combined with the emergence of their pubertal impulsivity.

Abraham and Beumont (1982) studied 32 patients (30 females and two males) suffering from bulimia. The factor of 'hoarding' was found to be present in 87.5% of the patients and was cited as a requirement for preparation towards planned binges. Conclusions posited that hoarding was among many of the associated symptoms present in bulimia.

To date, these studies have demonstrated an unusual incidence of stealing among those who have bulimia. The mystery remains, What is the meaning of stealing as lived in eating disordered women?

Rationale for Research

An understanding of stealing is still exploratory within the classification of an eating disorder. Given the newness in this field of research, both quantitative and qualitative studies would serve to further detail and describe the experience of stealing in bulimic women. In this study, a qualitative approach was employed in an attempt to more fully and intensely grasp
the significance of stealing within the bulimic experience.

There are several reasons to employ qualitative research at this point in the exploration of this phenomenon. First, the models that describe bulimia do not explain the event of stealing. Exploration into the event of stealing may illuminate further the nature of bulimia itself. Second, treatment programs suffer from a lack of understanding in treating the stealing (if stealing is treated at all as part of the program). A more detailed understanding of theft might clarify and present a broader view of treatment for bulimic sufferers. For instance, several hospital programs collect data on shoplifting, incorporating the data into demographics and profiles. However, these kinds of objective findings do not lend themselves easily to treatment of the subjective experience. Third, it is important to gain information of the lived experience from the women themselves. Discussing their experience and understanding of their behaviours provides an intimate first-hand portrayal of such an event. This process will be beneficial to treatment communities and to the women themselves as they make sense of their experiences. Lastly, the heart of therapy is
meaning-making. If therapists do not comprehend the meaning of stealing within the bulimic's perspective, how can therapy effectively meet the needs of the client and foster change?

Approach to This Study

This dissertation asked the question What is the meaning of stealing as lived in eating disordered women? Based on the question posed, "What?", a qualitative case study using multiple cases allowed for the exploration of the event (stealing) in women diagnosed with the eating disorder: bulimia nervosa.

The case study approach was chosen because the method focuses on contemporary events, without requiring control over the event by the researcher. Through a series of dialogues with eating disordered women who steal, an understanding of the event itself, and an understanding of the individuals' meaning-making of the event emerged. Analysis of the interviews produced commonalities and variations in the stealing experience within the context of an eating disorder.

Summary

Unanswered questions remain about the nature of stealing in bulimic women. Existing research on bulimia and stealing has not included the perspective of the
women suffering. Understanding has been focused on the objective quantitative factors that make up bulimia nervosa; therefore, we know close to nothing about its meaning or how supporting behaviours like stealing fit within the bulimic context. In addition, researchers have assumed that stealing occurs during the bulimic phase of an eating disorder.

By providing individual accounts, important information can be revealed about the stealing behaviours, giving a broader and more detailed picture of the topic under investigation. By focusing on personal accounts of stealing by bulimic women, we begin to investigate one of the associated experiences of bulimia nervosa more intensely, unraveling the meaning while maintaining the context within which the stealing is conducted.
CHAPTER II: LITERATURE REVIEW

When we hear about someone stealing, it conjures up images of someone looting, pilfering or engaging in petty theft. According to its definition, stealing means to take things, "secretly for one's own use without right or leave, take feloniously" (The Concise Oxford Dictionary of Current English, 1976, p.1124). Indeed, we conclude a criminal act has been committed by a criminal mind. For women suffering from eating disorders such as anorexia nervosa, bulimia, and compulsive overeating, stealing is becoming an increasingly observed behaviour. While they are engaging in acts of wrongdoing, they do not fit the criminal image: they are nice women, from nice neighbourhoods, in nice jobs, leading nice lives.

What purpose or role stealing plays in eating disordered women's lives is unclear. The experience of stealing must provide some meaning, at a distinct moment in time, when the act is carried out. What precipitating factor(s) exist that motivate these women to steal--in short, what does stealing do for them, and how does it combine with their eating disorder?

This chapter will examine how the literature on eating disorders defines the causes of this phenomenon.
In particular, studies combining eating disorders and stealing will be reviewed to ascertain the motivation(s) behind stealing. Due to the small amount of research conducted on stealing in the eating disorders field, it may be worthwhile to superimpose hypotheses from the more established research base on general shoplifting as a vehicle to help broaden our exploration of stealing in this field.

Historical Perspective

Eating disorders are not new to our Western culture. While reports have been extensively written about this subject in the last three decades, written accounts of this disorder can be traced to the Middle Ages, where:

[Miracle] maidens were purported to live on air, were fed by fairies when nobody was there, or toyed with such delicacies as the juice of a roasted raisin. People traveled for miles to see these living wonders. Most were frauds...but a few may well have had anorexia nervosa, a disorder which at that time was not recognized. (Neuman & Halvorson, 1983, p.5)

In 1599 in France, a young girl recovered from a minor illness and reportedly could not be persuaded to eat, yet remained highly active, though emaciated and cold. McSherry (1985) suggested that Mary, Queen of Scots, during her teenage years in 1555, showed similar
symptoms of anorexia nervosa, rather than her official diagnosis of porphyria.

The first medical definition was proposed in England by Richard Morton (1694), who diagnosed a 17 year old female patient as suffering from "nervous consumption: a deliberate self-starvation due to an ill and morbid state of the Spirits" (p.5). Finally, Gull (1873) used the term anorexia hysterica, later changing it to anorexia nervosa.

It was not until the 1960's that Bruch (1962) separated primary anorexia nervosa from self-starvation due to other psychiatric illnesses. While the historical citings of this condition can be found as early as the Middle Ages, the increase in interest has peaked during the last three decades, when many more cases have been reported, studied and treated. This has given rise to eating disorders being classified in the American Psychiatric Association's diagnostic manual (1980).

**Classification**

Since the original diagnostic categories were included in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) (APA, 1980) revisions were made to reflect the growing observations by researchers
and clinicians who have noted behaviours common across each category of eating disorders (Abraham & Beumont, 1982; Neuman & Halvorson, 1983; Russell, 1979; Tyhurst, 1986). The categories of anorexia nervosa and bulimia were revised to anorexia nervosa, bulimia nervosa, and Eating Disorder not otherwise specified (DSM-IV, 1994, pp.539-550). Neuman and Halvorson (1983) stated, "bulimia has been called the sister ailment of anorexia nervosa. Victims of this disorder share many of the same behaviours and concerns, especially the intense fear of becoming fat" (p.45). Abraham and Beumont (1982) described bulimic features occurring, "in patients with anorexia nervosa in whom it is often a relatively early feature of the illness, but it is also found in subjects of normal weight or obese subjects who have never been emaciated" (p.625).

The new classification of bulimia nervosa attempts to be more inclusive of the observed overlapping of symptoms between anorexia nervosa and bulimia. For purposes of this study's exploration, the diagnostic criteria for bulimia nervosa will be used as a guideline for acceptance of participants' qualifications to participate. The criteria reads as follows:
A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

(1) eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances

(2) a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating.)

B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.
Specify type:

**Purging Type:** during the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

**Nonpurging Type:** during the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.


**Incidence**

The statistics on incidence and prevalence of eating disorders has been widely reported. It is estimated that approximately 3% to 13% of school age and college age females suffer from bulimia nervosa (Cooper & Fairburn, 1983; Crisp, Palmer & Kalucy, 1976; Fairburn & Cooper, 1982; Fombonne, 1996; Halmi, Falk & Schwartz, 1981; Neuman & Halvorson, 1983; Pyle, Mitchell, Eckert, Halvorson, Neuman & Goff, 1983). Within the province of British Columbia, Canada, physicians and specialists treating eating disorders echo the belief of most industrialized cultures with this problem; that the
incidence of eating disorders has risen to epidemic proportions (Tonkins & Wigmore, 1989).

It is commonly noted, as well, that 90% to 95% of those suffering from an eating disorder are female between 15 and 45 years of age (Bruch, 1973; Neuman & Halvorson, 1983).

Stealing

The occurrence of stealing in eating disordered women has begun to peak the interest of researchers and clinicians in the last two decades. As a clinician, it is often surprising to hear from your client that she has engaged in stealing episodes at times throughout her eating disorder. What is confusing initially, is the fact that most clients who steal have enough money and food available to them. They appear to know the difference between right and wrong, yet they will knowingly and often repeatedly take things for no apparent reason. Thus, the medical and psychological community is left with the question "Why?".

In an attempt to shed light on this event, researchers and clinicians offered preliminary hypotheses as explanation. Some suggested the eating disorder habit was expensive, requiring the woman to steal food and/or money (Mitchell, Fletcher, Gibeau,
Pyle & Eckert, 1992; Neuman & Halvorson, 1983). Neuman and Halvorson (1983) stated, "The bulimic habit requires money. Overdrawn chequing accounts and financial difficulties are not unusual occurrences. Although bulimics tend to be highly principled in general, stealing is common (usually for the purpose of acquiring food)" (p.57).

A further explanation had been put forth by Palmer (1980) linked to the consequence of the starvation state itself:

Sometimes feeding behaviour becomes bizarre. A young woman from a financially secure background may search through dustbins for edible scraps. Another may steal food from shops. Such shoplifting is often understandable as a reflection of the dominating preoccupation with food, together with the impulsive nature of the appetite (p.26).

Bruch (1973) agreed with both notions of nutritional disorganization causing food preoccupation and the expense involved in the eating habit. However, she suggested that the nutritional problem could be "differentiated from the secondary interpersonal and social reactions such as the pretense of eating a meal, lying, secrecy, stealing and hiding of food" (p.253).

Again in 1985, Bruch wrote that bulimic patients use the excuse of kleptomania to reflect their lack of control when stealing. She paralleled her explanation to their
bulimic episodes where her patients reported a "deficit of responsibility" (p.12) for the bulimic behaviour. Bruch (1973) also associated stealing food or money with a sense of failure, anguish and shame at the perceived lack of control. Bruch's work suggested that further motivational factors may hold as much salience in the stealing behaviour as expense and malnutrition do.

Few first-hand accounts exist that can help enlighten us on the experience of stealing in women suffering from bulimia nervosa. However, of those recorded, the stealing experiences have suggested a symbolic expression of a more personal and intense nature. Hall and Cohn (1986) appear to be the singular body of writing that explains the stealing experience through women's personal accounts that reveal deeper meaning for this event:

"I started snooping in other girls' rooms to look at their belongings. I was on a clothing allowance and had never felt that I could afford anything but essentials. I sometimes 'stole things', hoarding them for a few days or weeks until the newness wore off, and then I would try to return them unnoticed....I didn't want to be thought of as a thief, I just wanted to be like everyone else for a short time" (p.38).

"There is usually more to kleptomania than just basic economics. In my case, I wanted the love, attention, and approval of my parents; and, not being able to get those emotional rewards, I sought to take temporarily satisfying items such as clothing and jewelry. I also felt unworthy and
incapable of affording 'nice things', although I spent vast amounts on food..." (p.24).

Stealing and Eating Disorders

Not only do few recorded personal accounts exist from eating disordered women, few studies have been conducted focusing on stealing within the context of a woman's eating disorder. As reported earlier, studies have recorded that anywhere from 14% to 80% of women suffering from bulimia nervosa steal (Abraham & Beumont, 1982; Crisp, Hsu & Harding, 1980; Mitchell, Fletcher, Gibeau, Pyle & Eckert, 1992; Norton, Crisp & Bhat, 1985). Each study verified the presence of stealing, reported similar conclusions regarding the phase of the illness when stealing occurred (e.g., bulimic episode), and agreed on several other factors such as emotionality, sexual activity and chronological age. What the studies did not conclude unanimously were the proposed motivational factors underlying the stealing experience. These differences may, in part, be due to the type of research conducted, the focus and purpose for the research, and/or the questions posed regarding stealing.

Research Review

Casper, Eckert, Halmi, Goldberg and Davis (1980) reported that compulsive stealing was almost exclusively
present in the bulimic patients, rather than the anorexic patients. The profile created by their findings suggested the bulimic women were more extroverted and also more sensitive to interpersonal relations. These women seemed to be shy, timid, competitive, perfectionistic and well-behaved during childhood. In addition, the bulimic women scored higher on depression, food obsessions, and somatic complaints (e.g., headaches, dizziness, stomach discomfort). These researchers hypothesized that the bulimia was a failure of control over hunger feelings and predicted that, "failure of control extends to other areas" (p.1030). These researchers found that the bulimic patients not only overate for hunger reasons, but also to relieve emotional distress. They concluded, "It is used as a complex defensive maneuver in which food is abnormally employed to relieve profoundly disturbing impulses, feelings, and thoughts" (p.1035).

Crisp, Hsu, Harding, and Hartshorn (1980) reported the presence of stealing in ten of the 102 cases examined in a five-year follow-up study. Record examination revealed stealing was one of the presenting clinical features, and that it had occurred during the bulimic phase of the eating disorder. The researchers
merely listed a review of clinical features present at initial referral, treatment conclusion, and follow-up with general comments about treatment and clinical data. They did not comment further on the feature of stealing, however, they did suggest that bulimic episodes were an "adaptive response to failure of control over the impulse to eat" (p.186). While we could not conclude this response also encompassed stealing episodes, this description seemed to reflect the implications of the previous study by Casper et al. (1980).

Abraham and Beumont (1982) asked bulimic patients what they did during bulimic episodes. Details included internal feelings (e.g., thinking of food, cravings, boredom, loneliness), events (e.g., eating out, going home, dating), location, foods consumed and premeditation of binges. When patients described their preplanning for binges, 'hoarding' food was cited as an activity. However, the means by which hoarding occurred were not detailed, possibly overlooking stealing behaviours. Again, these researchers concluded that bulimia led to the relief of unpleasant mood states.

Two further studies (Crisp, Hsu & Harding, 1980; Norton, Crisp & Bhat, 1985) were previously discussed in this paper (see pp.3-4). Crisp et al. (1980) were the
first researchers to suggest a psychodynamic motivation to stealing, one of symbolic expression of the 'good' and 'bad' fragments of the self. They suggested that the binging and purging episodes caused a pubertal regression to more impulsive adolescent behaviours (e.g., stealing). This reasoning was further researched by Norton, Crisp and Bhat (1985), when they questioned whether "stealing among bulimic anorexics was simply related to the illness or to other factors, e.g., those related to general delinquency, or to a more complex interrelationship of factors" (p.385).

Mitchell et. al. (1992) investigated whether shoplifting patterns were similar in 27 bulimic patients and 25 non-bulimic women. In addition they explored whether shoplifting in the bulimic patients was done to aid their eating disorder. Several differences were found between the bulimic and non-bulimic groups with non-bulimic women being younger when they began shoplifting (NB Age = 13.2±5.7; B Age = 17.3±6.5), items stolen (NB stole clothes, cigarettes, cosmetics; B stole food, jewelry, money, cosmetics, laxatives), and reasons for stealing (NB cited social pressure, excitement, getting back at the store; B cited embarrassment to buy over-the-counter medication, financial problems). The
researchers concluded that an eating disorder can cause financial problems for bulimic women that contribute to their shoplifting behaviours.

In summary, these studies have recorded the existence of a positive association between stealing and bulimia. Several motivational factors of an emotional, behavioural and financial nature have been put forth as follows: stealing is,

(a) the relief of uncontrollable impulsive thoughts and feelings,

(b) a way of satisfying a profound hunger,

(c) a regressive move toward adolescent impulsivity,

(d) a symbolic expression of the 'good' and 'bad' self, and

(e) a way to have money for food or food to satisfy the eating disorder.

Currently, clinicians and treatment programs include questions regarding stealing in their medical and psychological assessments. The usual questions of interest are reflected in Johnson's (1985) Diagnostic Survey for Eating Disorders:

"[Since] the onset of your eating problem, have you been involved in stealing?  Yes _____ No _____.
If yes, please describe types of items stolen:

________________________________________________________.
"
This type of inquiry has resulted in quantitative data collection that helps clinicians ascertain the presence, frequency and types of items stolen. However, it still remains inexplicable from these studies and intake questionnaires how these two factors—stealing and bulimia nervosa—coincide or combine as a meaningful event within the context of eating disorders.

Research: Shoplifting

The following section will briefly outline some of the main features of stealing as reviewed in the general literature on shoplifting. This review served as a framework or comparison point to help inform our understanding of stealing within the context of an eating disorder. Of particular interest to this study were the motivational factors cited in the shoplifting research, because they appeared to closely parallel similar motivational factors outlined in the literature on stealing and eating disorders (previously discussed), and the literature on bulimia nervosa (discussed later in this chapter).

The literature on shoplifting focused on three motivational factors: (a) lack of impulse control, (b) alleviation of emotional states of anxiety, and
(c) an expression of revenge and restitution. Gibbens (1981) suggested that all three factors may be present in a shoplifter. Specifically, he described the anorexic who stole trivial objects, seemed to possess a sudden impulse to give herself a treat, "like a child stealing for lack of love; to punish others by punishing themselves; hysterical secondary gain; or in the newly poor, to keep up appearances" (p.347). He further indicated there was a clear presence of aggression towards the self or another in the depressed patient, and that resentment and spite could be detected. Solomon and Ray (1984) researched 94 participants of whom 76% were females. Results of testing irrational beliefs showed shoplifting to be a problem of impulse control and cognitive functioning. Researchers proposed that as educational levels increased, avoidance methods would be implemented to avoid impulsivity. This factor however, was not tested. This study was used by Mitchell et. al. (1992) to explain differences in the irrational beliefs towards shoplifting held by bulimic and non-bulimic participants.

In several studies, researchers concluded that stress and alleviation of stress were factors in shoplifting. Gibbens, Palmer and Prince (1971)
discussed several cases of female patients where physical illness, either of the patients or their family members, may have been a precipitating factor to mindlessly shoplifting by these patients. They also suggested that depression may have contributed to their shoplifting behaviours. Bradford and Balmaceda (1983), and Reason and Lucas (1984), both reported psychological, familial and economic stressors as explanations for shoplifting as well as the presence of the element of absent-mindedness. Bradford and Balmaceda (1983) stated:

Symptoms of dissociation and dissociative amnesia at the time of the criminal act was found to be a feature of the shoplifters...[The] clinical picture was principally that of preoccupation or 'absent-mindedness' usually in relation to a recent stressful event. This was accompanied by a derealization, feelings of anxiety and depression, and occasional obsessional ruminations (p.251).

Ray (1987) also found shoplifters were more apt to have experienced economic and social stresses along with their depression. Ray cited other psychological and emotional factors linked to shoplifting such as symbolic gratification, low self-esteem, and feelings of guilt (p.235).

Arboleda-Florez, Durie, and Costello (1977) suggested stressful interpersonal relationships created feelings of being trapped, neglected or rejected for
certain people. They perceived themselves as caught between wanting to retaliate, unable to retaliate and unable to remove themselves from the stress or stressor. Their perceptions became a secondary motivational factor—the need to strike out—which they symbolically enacted through shoplifting. According to these researchers, "it usually provides, despite the embarrassments and protestations, a temporary resolution of the crisis and affords relief to the shoplifter" (p.206).

Again, as with women suffering from an eating disorder, we generally cannot believe those who shoplift typically represent the profile of a criminal. How then, can we explain the act of shoplifting? Agnew and Peters (1986) suggested that a technique of neutralization helped shoplifters engage in a deviant behaviour without possessing self-blame. Their research proposed that if "neutralization is to lead to deviance among people with conventional values, these people must (1) accept a technique of neutralization, and (2) perceive that they are in a situation where that technique is applicable" (p.83). The researchers found their subjects chose rationalizations (e.g., victim got what he deserved; act is due to force beyond their
control—such as unloving parents or drug acts) which allowed them to alleviate guilt and act from a position of perceived injustice.

In summary, the general shoplifting literature described stealing as being motivated by compulsive desires, alleviation of emotional states, and/or serving as an expression of revenge and restitution. These studies reported similar findings to those on stealing and eating disorders. During the bulimic phase, the binging and stealing behaviours were thought to have functions of impulsivity, alleviation of anxiety, and expressiveness of emotional revenge and restitution.

Given the similar reasons put forth for stealing and bulimic symptoms, it remains to be explored just how these two events coincide or combine in women with eating disorders.

Approaches to Bulimia Nervosa

This section will review the different theoretical and clinical approaches for bulimia nervosa. An eating disorder is generally thought to have three main causal dimensions: the individual, the family and the culture in which they live. According to Garner, Rockert, Olmstead, Johnson, and Coscina (1985), "bulimia is a complex disorder, which, in many instances, appears to
be caused and then maintained by an interaction of social, psychological, and biological factors" (pp.513-514). In the last decade the three causal factors have not deviated. Leung, Geller and Katzman (1996) discuss three risk models for an eating disorder: parental pathology, pressures to be thin, and intraindividual characteristics (behavioural risks and biological vulnerabilities). These parallel the three dimensions of individual, family and social pressures contributing to an eating disorder.

Different clinical and theoretical approaches have historically and currently focused on one or a combination of these factors in an attempt to understand the causes and treat the symptoms of anorexia nervosa and bulimia nervosa. Each approach is based on core assumptions regarding the characteristics and impact the eating disorder has on an individual's physiological and psychological well-being.

The approaches included for review in this study, represent the full spectrum of perspectives currently used to understand the factors and dynamics of an eating disorder. The approaches are; (a) medical, (b) psychodynamic and developmental,
(c) cognitive-behavioural, (d) behavioural, (e) feminist, (f) socio-cultural, and (g) familial.

**Medical Approach**

The medical model approach views an eating disorder such as anorexia nervosa and bulimia nervosa as an illness or disease. Crisp (1965) used the term "psychosomatic" (p.67). The labels are used interchangeably in the literature on eating disorders and are embedded in the terminology of the medical model. The label itself -- eating disorder -- implies something abnormal in the concept of eating.

The medical approach has historically focused on organic and biological factors. Schwartz, Thompson and Johnson (1982) reviewed the organic theory which proposed the eating disorder was caused by endocrinological deficiencies. This theory was based on a 1920's model of cell pathology which these researchers concluded contributed little to the current understanding of eating disorders. Crisp (1965) reiterated the notion of endocrinology, "the central disorder is clearly characterized by abnormality in many behavioural areas: ideational, emotional, instinctual, musculoskeletal, autonomic and endocrinological" (p.67).
Current biological theories focus on an individual's vulnerability to an eating disorder on two levels: biological and psychiatric. Johnson (1985) explored the presence of affective disorders and substance abuse in the first-degree relatives of his eating disordered patients. He stated this focus highlighted the dysfunctional family environment and the possible biological consequences on the patient. The researcher suggested that high levels of anxiety, marital difficulties and overall negativity have some degree of causation in the eating disorder (p.29).

Several researchers have studied the effects of starvation on an individual's body and the resulting physiological changes. Birmingham (1989) reviewed the medical complications associated with starvation, focusing on bodily functions such as electrolyte imbalance, cardiac difficulties, hormonal abnormalities and visual misperceptions (p.156). Other researchers and clinicians have used research knowledge about the biological effects of starvation as indicators for hospitalization criteria (Andersen, Morse & Santmyer, 1985; Garner, Rockert, Olmstead, Johnson & Coscina, 1985; Johnson, 1985). Similar kinds of data on physiological difficulties were used to predict and
address treatment outcome (Goldner & Leung, 1989); Manley, 1989).

As noted previously, eating disorders encompass an interaction between biological, psychological and social factors. Within the medical approach, the effects of physical starvation have been studied in terms of psychological dysfunctions, for example body-image misperception (Klesges, 1983; Garner & Garfinkel, 1982) and cognitive impairment (Garner & Bemis, 1985; Manley, 1989). Researchers did not always separate out the physical and psychological factors, but chose instead to include the psychological deficits as secondary to their main focus on physiology. A review of research articles in the *International Journal of Eating Disorders* (1994-1996) showed research focusing predominantly on physiological effects and cognitive-behavioural interventions for both anorexia nervosa and bulimia nervosa. This coincides with current treatment program objectives of weight gain/maintenance, nutritional refeeding and cognitive-behavioural techniques to maintain healthy weights. Most of the medical approach research discusses brain functions and pharmacological interactions that are outside the scope of this research project.
**Psychodynamic/Developmental Approach**

Psychodynamic approaches have also examined the interaction between biological, sociological and psychological factors by focusing research on the psychological purpose of an eating disorder. Bruch (1985) stated:

> [It is] recognized that the basic illness is not a disturbance of the eating function, though the physical and psychological consequences of the severe malnutrition dominate the manifest clinical picture; the deeper psychological disorder is related to underlying disturbances in the development of the personality, with deficits in the sense of self identity, and autonomy (p.10).

By focusing on the purpose of the eating disorder, researchers have examined its function within the developmental process of the individual's self-structure. This focus was important in understanding where the process became interrupted or interfered with, which produced the deficits observed in these individuals' lives.

Bruch (1973, 1985, 1988) applied the work of Kohut and Wolf (1978) to eating disorders. Their theory stated the important factors for adequate development of an individual's self-concept were positive adult responses to child's needs (mirroring), favourable interaction with the environment, and empathic
understanding of child's distress. Kohut and Wolf referred to the "selfobject" in psychoanalytic theory as the important other (usually parent) who is seen by the child as simultaneously external to, and part of the self. Given appropriate empathic responses by the selfobject, an integration of the child's and selfobject's ideals and values occurs, creating a cohesive core self which results in high self-esteem. Without this selfobject support, the individual begins to feel unworthy and ineffective. These individuals will experience life from a passive standpoint, looking outward to external objects for self-definition and reassurance.

This external search for self-definition and integration is particularly true of women with eating disorders. Baird and Sights (1986) observed a lack of self-esteem in 11 female anorexic and bulimic patients during a year-long group therapy program. They stated that this lack of sufficient esteem produced a maladaptive attempt to enhance esteem through the pursuit of thinness. The body seemed to lack integration with the self. Threats to the self, were therefore experienced as a loss of control over the body
which could only be rectified through the obsessive focus back onto the body.

Continuing the concepts proposed in self-psychology, Goodsitt (1969, 1977, 1985) described eating disorders as a disruption of the self and a defense mechanism to protect the self against further disruption. He stated anorexics had poor self-regulatory functions (soothing, esteem regulation, tension and mood regulation). This absence of a reliable internal self-regulation resulted in their feeling inadequate, ineffective, and out of control. Accordingly feeling restless, bored, and empty, "[the] anorexic is driven to constant activity and strenuous physical exertion to drown out these painful internal conditions. She finds in being something special...some compensation and some contrived meaning to her existence" (Goodsitt, 1985, p.62). Goodsitt suggested the anorexic attempts to produce a feeling of wholeness or cohesiveness in the self by creating a meaningful existence through control of the body (1977).

Paralleling Goodsitt's work is the proposal by Sugarman and Kurash (1982) of an ego defect as a central factor in causing bulimia. The bulimic lacks the ego function of object constancy, thus when separated from
the symbiotic mother, the bulimic is unable to automatically evoke a mental representation of the mother in order to feel soothed:

consequently, these patients must engage in concrete bodily action in order to again regain the experience of the needed object. It is likely that the acts of eating [in childhood] and later gorging [in adolescence] become the need-gratifying activities which allow the bulimic to develop a sensorimotor representation of the mother. Food is not the issue; rather it is the bodily action of eating which is essential in regaining a fleeting experience of mother. (p.61)

The meaning behind the action towards food (either restricting or binging) is further discussed in developmental approaches to eating disorders. The lack of a stable self-structure in anorexic teenagers has been noted by clinicians.

Strober and Yager (1985) stated self-starvation provided self-discipline and self-determination in addition to simplifying complex life challenges presented during adolescence. This concept is explained as a regression hypothesis whereby biological regression to pre-puberty through active starvation allowed eating disordered individuals to avoid problems of adolescence (Palmer, 1980). Even for patients beyond their teenage years, the issues unresolved from adolescence could be avoided through active starvation. According to Palmer,
patients were able to "switch off biologically" (p.85), refocusing their attention onto weight, diet and food obsessions. The adolescent issues of sexuality, impulses, dependence and independence are either avoided by the younger patients, or postponed by older ones. Crisp (1967) was a strong proponent of the biological regression hypothesis. As the starvation developed and the maturational features began to physically disappear. Individuals linked their weight reduction with decreased opportunities to develop and traverse the usual maturational issues of adolescence. Crisp suggested that these young women had unconsciously created a unique means of regressing backwards from puberty to childhood (p.118).

A recent review of studies in the *International Journal of Eating Disorders* (1994-1996) did not produce articles focusing on developmental approaches to eating disorders. This may be reflective of the current medical and behavioural treatment approaches.

**Cognitive-Behavioural Approach**

Clinicians adhering to the cognitive-behavioural approach to eating disorders attribute causation to abnormal psychological and conceptual attitudes acquired during development. According to Markus (1977),
information about the self was categorized into structures that enabled an individual to process new information. These self-schemata included cognitive representations from specific events experienced by the individual, as well as general events involving the individual and others. The self-schemata are constructed from past information and are established in the individual's memory. Once established, the self-schemata becomes a filter through which new information is processed and weighed for its overall importance to the development of the self-concept.

Garner and Garfinkel (1982) suggested that for women with eating disorders, self-worth became schematized to body shape, such that body fat was the index or filter by which other attributes were evaluated. Even in the face of physical illness resulting from restriction and gorging, anorexic and bulimic women placed greater importance on their food intake or purging rituals than possible muscle cramps, heart palpitations, kidney dysfunction or severe underweight. Control over weight and food becomes the hallmark of their belief system. They believe that thinness is the ultimate achievement in self-worth. This becomes especially important and meaningful with a
lifelong perception that one is incompetent and ineffective (Garner & Bemis, 1985; McLaughlin, Karp, & Herzog, 1985).

Self-worth consequently becomes tied to external frames of reference which according to Garner and Bemis (1985) are readily available in a weight-preoccupied culture. Weight control offers not only an outwardly social-evaluation, but is amenable to internal self-ratings as well. It is observable, unambiguous and measurable, guaranteeing competence and trust in an individual's self-evaluation.

Fairburn (1985) and Waller, Fairburn, McPherson, Kay, Lee & Nowell (1996) discussed the problematic nature of a belief system that abnormally values weight and food preoccupation. He did not assume that seemingly abnormal eating habits and attitudes are viewed as problems that require medical or psychological intervention by women with eating disorders. However, clinically, Fairburn stated, "One of the most striking features of both bulimia and anorexia nervosa is the intensity and prominence of these patients' dysfunctional beliefs and values concerning their shape and weight" (p.160). According to Fairburn, if we understand the profound fundamental importance shape and
weight hold within the cognitive schema of an eating disordered woman, all symptoms become comprehensible as the means to an evaluative end. Thus, the beliefs and values about dieting and food control serve to maintain the condition and the woman's sense of worth.

Fairburn's cognitive-behavioural approach has been implemented in several treatment facilities in Canada and Great Britain, focusing treatment on patients' beliefs and attitudes towards their dieting and food choices as well as their obsessions of weight gain.

Manley's (1989) summary of cognitive-behavioural approaches emphasized the importance of treating or addressing misguided beliefs and their subsequent behaviours. He suggested that cognitive factors are the mediators of feelings and behaviours. The cognitive component addresses the beliefs triggering abnormal eating behaviours regarding food and weight. The behavioural component focuses on coping skills and practical problem-solving strategies to reduce, prevent and eliminate the maladaptive behaviours. To this end, the introduction of a psychoeducational approach (Garner & Bemis, 1985; Garner, Rockert, Olmstead, Johnson, & Coscina, 1985; Fairburn, 1985; Manley, 1989) has produced an avenue to educate sufferers about their
mistaken beliefs and values surrounding dieting and body shape, as well as emphasized the physical dangers through self-imposed starvation, binging and purging.

**Behavioural Approach**

The behavioural approach to bulimia nervosa focuses on the behaviours and symptoms present in patients. The aim of behavioural approaches is to reduce fears and phobias by normalizing unhealthy behaviours. The end result is to restore physical and psychological equilibrium to individuals through increased behavioural control. The research by behaviourists focus on models of reduction and cessation of inappropriate behaviours.

Halmi (1985) conceptualized anorexia nervosa as a phobia because of patients' intense fear of becoming fat. She observed as weight reduction was successful, patients become fearful of weight gain, rather than being comforted by their rapid weight loss. This phobia has been reported by other clinicians outside the behaviourist focus as a hallmark criterion of both anorexia nervosa and bulimia nervosa (Crisp, 1965; Orbach, 1978; Chernin, 1981; Szekely, 1988; Dana & Lawrence, 1989).

Rosen and Leitenberg (1985) proposed three behavioural models to explain bulimic behaviours:
(a) eating-habit control, (b) interpersonal stress model, and (c) anxiety reduction model. The eating-habit control proposed that bulimia nervosa was caused by a deficit in knowledge or skill regarding normal weight maintenance through appropriate food intake and activity. Strict dieting sets up a binge rebound producing feelings of failure and self-loathing, leading to further restriction. This process ultimately produces a vicious binge-purge cycle.

According to the interpersonal stress model, stressful events produce negative emotional states within the individual such as depression, anxiety and anger. These emotional states then trigger the urge to binge which the individual experiences as stress reduction. Binging therefore becomes the mechanism to regulate negative emotional states.

The behaviour of purging is used to reduce anxiety according to the anxiety reduction model. Anxiety and fear of weight gain is reduced by performing the act of purging. The researchers compared this behaviour to hand-washing in obsessive-compulsive disorders.

Steel, Farag and Blaszczynski (1995) discussed the importance of interrupting the binging and purging behaviour in bulimic patients. The use of planned
Binges introduced an element of control over impulsive behaviours, formerly thought to be uncontrollable by patients. In these types of behavioural interventions, alternate methods of problem-solving are used to aid increased self-confidence in patients in an attempt to reduce and eliminate the need for binging and purging behaviours.

**Feminist Approach**

Starting in the 1970's, feminist approaches addressed the problem of eating disorders in terms of gender rejection and social idolization of the feminine shape. Boskind-White (1979) suggested the obsessive pursuit of thinness constituted an exaggerated striving by some women to accept the female ideal of femininity. Through their attempts to control their physical appearance, they demonstrated a need to please others and to rely on others to validate their self-worth. She further suggested these women had devoted their lives to fulfilling the feminine role rather than their own individuality, thereby not developing a personal sense of worth or power. Feminist literature on eating disorders is replete with similar assumptions regarding the meaning of anorexia and bulimia (Chernin, 1985; Dana & Lawrence, 1989; Lawrence, 1987; Lawrence, 1995;
Székely, 1988; Wolf, 1990). According to Orbach (1978), "Bird-like eating is a reflection of a culture that praises thinness and fragility in women" (p.167), and was an avenue to control a maturing and changing body. Orbach proposed that food and the body were the battlegrounds between mother and daughter, where rejection of food was equated with the daughter's disassociation from mother and the feminine form.

Feminists also pointed to the occurrence of anorexia nervosa as the more acceptable arena in which women compete and succeed in a male oriented world. Silverstein, Perdue, Peterson, Vogel, and Fantini (1986) suggested that curvaceousness was associated with femininity, which in turn was associated with lack of professional competence and intelligence. They concluded that women desire thinner bodies as a psychological and situational response to desires to achieve and be viewed as competent. Their research findings comparing body shape ideal and the number of working women during the twentieth century showed that, the standard of attractiveness became thinner not just when the proportion of working women is high, but when it is rapidly increasing. Wooley and Wooley (1979) reflected this notion in their discussion of the ideal
shape with thinness as a competitive component on the jobsite for women. Wooley and Kearney-Cooke (unpublished manuscript) stated, "[having] been taught not to "act", but to "appear", it is not surprising that as women gain entrance to the work world of men they become concerned with how to "look the part", emulating a hard, lean, male physique" (p.13).

MacLeod (1982) stated the feminist approach was the more recent development in the history of anorexia nervosa, linking the disorder to the female's relationship to her own body, and the acceptability of her body in a male-dominated society. MacLeod suggested that the conflict over who controls the female form was a possible factor in the etiology of anorexia nervosa. Orbach (1986) echoed this sentiment when she discussed the etiology of starvation in terms of a conflict between the female body and the social political roles available to women.

While all the feminist theories do not agree completely on the purpose of the eating disorder, they do seem to be in agreement that an eating disorder is a woman's statement or protest within her culture. Chernin (1981) sums up the basic feminist premise of an eating disorder when she calls it a symbolic illness.
that expresses a deep concern about the state of the woman's soul (p.3).

**Socio-cultural Approach**

Bliss and Branch (1960) generalized that adolescent girls were subject to unique physical and cultural pressures in Western society. At the time they are aware of their own physical changes during puberty, these authors suggested that society encouraged them to stay thin and be diligent about their appearance as well as their actions. Researchers examining the cultural attitude towards thinness for women claim that anorexia nervosa is not just an incident of individual maladjustment, but "rooted in societal pressures experienced by women" (Silverstein, Peterson, & Perdue, 1986, p.904). In their study of changing female body shapes from 1900-1980, these researchers found references to anorexia nervosa in magazine articles, dated 1926-1931, discussing the thin standard that was fashionable, the effects of this standard, and the gender differences in these effects. The researchers reviewed articles by the American Medical Association addressing the increased incidence of females engaging in self-starvation and other symptoms, currently included in the current diagnostic criteria.
In the 1980's the cultural standard of thinness was again examined in terms of etiology factors in anorexia nervosa. Researchers (Garner & Garfinkel, 1980; Garner, Garfinkel, Schwartz, & Thompson, 1980) examined the decreasing shape of women's bodies from 1959 to 1979, concluding that the thin cultural ideal exemplified by beauty pageant winners and Playboy magazine models may have been one factor accounting for an increase in anorexia nervosa during these decades. Silverstein, Perdue, Peterson, and Kelly (1986) studied the role of mass media as a possible causal factor. They argued that female television, fashion and movie characters provided a narrow range of role models who exemplified a thin body shape as a sign of success. This research further examined the gender differences in articles and advertising in magazines, concluding that females received messages focusing on staying in shape and being slim. Neuman and Halvorson (1983) have suggested that women are the particular targets of the nutritional, fitness and dieting industries, which may influence their obsession with their bodies. Wolf (1990) agreed with this notion, discussing the heavy focus on women's thinness and acceptable body shape portrayed in the media, fashion and beauty industries. This focus
according to Wolf created pressures for women to be thin which could lead her to suffer from an eating disorder.

In general being slim was perceived as a sign of relative fitness. Being slim offered women an improved chance of being attractive. To obtain this slimness, dieting became the initial avenue for body shape reduction. According to Palmer (1980) dieting was secondary rationalization once the food and weight preoccupation occurred in anorexia nervosa. He suggested that the focus on fitness and dieting was sometimes spurred by a family focus on exercise and diet, with several other family members actively pursuing slimness and fitness. Palmer's study underlined the idea that culture alone was not the sole reason for an eating disorder. Garner, Garfinkel, and Olmstead (1983) stated:

>cultural influences do not in a precise sense cause serious eating disorders like bulimia and anorexia nervosa. Culture is mediated by the psychology of the individual as well as the more immediate social context of the family. Both individual and family characteristics may be either predisposing or protecting for any particular disorder. (p.79)

**Family Approach**

Family approaches have examined the patterns and interactions between and among members of the family unit in which one member suffers from anorexia nervosa
and/or bulimia. Of particular importance in the area of family research are the works of Minuchin, Rosman, and Baker (1978) whose systems model framed clinicians' understanding of the psychosomatic family, and Bruch (1962) whose object relations theory focused on the mother-daughter relationship.

The systems model used by Minuchin et al. (1978) analyzed the psychological and behavioural characteristics of the individual by examining the influence each member of the family had upon one another from early childhood through to the present time. Their model took an interpersonal contextual look at the individual, observing the influences and effects of behaviours and emotions. Systems models focused on an action and reaction relationship wherein the individual's behaviour is simultaneously caused and causative. In the context of an eating disorder then, anorexia nervosa and bulimia are the cause of the family dysfunction and caused by the family dysfunction. Minuchin et al. (1978) stated the:

[Systems] model postulates that certain types of family organization are closely related to the development and maintenance of psychosomatic syndromes in children, and that the child's psychosomatic syndrome in turn play an important role in maintaining the family homeostasis. Anorexia nervosa is defined not only by the behavior of one family
member, but also by the interrelationship of all family members. (p. 21)

There appears to be a general consensus by researchers that these families are overinvolved, have enmeshed patterns of relating, and histories of generational concerns with body shape and appearance. Minuchin (1974) described family overinvolvement as enmeshment patterns where members exhibited strong dependency upon each other and possessed few, if any boundaries in their interactions. The family system engendered loyalty and protection towards the whole unit. Both autonomy and self-representation are viewed as threats to the demise of the family, therefore family values are clearly stated and revered by all members.

Dependency within these families is born from extreme attentiveness to the child's physical and psychological needs in an attempt to successfully bolster the image of the perfect family, thus gaining parental approval and a meaningful role within the family unit for the child. However, this focus has caused the child to subordinate his/her self growth towards an individual identity.

Bruch (1978, 1988) described her anorexic patients having come from good families where they never gave their parents concern, and were relied upon to do the right thing. These women gained a sense of pride in
epitomizing the family values. Palmer (1980) paralleled these observations stating families set rigid expectations and ideals that are constraining to the child's natural sense of development. Schwartz, Barrett, and Saba (1985) concluded that within the family context an individual's experience will be shaped and limited in such a way that these women will have overdeveloped and underdeveloped aspects of their personality and orientation towards life. These researchers suggested that bulimic behaviours produce a legitimate way for parents to offer caring to their child, rather than focusing on marital conflicts. The bulimic child uncovers the perfect family image. Palmer (1980) suggested that anorexic behaviour holds the same effect—it produces a crisis within the perfect, loving family. Anorexia nervosa becomes a rebellion in search of an individual identity. The anorexic appears to prefer starvation rather than continue a life of accommodation or subordination.

Whether it be anorexia nervosa or bulimia, both appear to be the legitimized avenue of escaping the enmeshed family system. However harsh or extreme this stance seems, it may be understood better when considered within a family generational perspective.
Decades of passing along values, beliefs and obsessions become hard patterns to separate from, if the woman is to remain a valued, loyal member of her family. By breaking away or challenging long established beliefs, one is perceived as attacking the very foundations of the family's historical status quo.

Minuchin et al. (1978) discussed overinvolvement and hypervigilance spanning generations, where common focuses and problems in one generation were passed on to subsequent generations. For example it is characteristic of eating disordered families to have histories of eating, dieting, fitness, and table manner concerns. Tyhurst (1986) proposed a 'two-person system' concerning the mother-daughter relationship that could be mapped over three or more generations. This "social symbiosis" linked to generational family histories was one reason so many females suffer from an eating disorder (p.55). Tyhurst explained that the symbiosis of weight and dieting created an intimacy and closeness between mother and daughter which in turn reflected the longed-for perfect family unit. However, she also suggested that the father-daughter relationship which was usually distant and uninvolved reflected "the distant and often hostile relationships between the
parents" (p.55). The factor does not promote the perfect family image, therefore, the family image is simultaneously kept and revealed. Yager (1981) also examined family weight pathology, and also introduced new possibilities such as genetic vulnerability and biologic nongenetic vulnerability (e.g., problem pregnancies and births) as causal factors in eating disorders. In addition Steiger, Stotland, Ghadirian and Whitehead (1995) examined eating habits and attitudes towards eating and food in the relatives of eating disordered patients.

It appears from these avenues of family research that an eating disorder holds some purpose or role for the woman within her family structure. The eating disorder produced a crisis within the seemingly functioning system. When this disequilibrium exists, the family structure is threatened and all members are pushed into action to protect the system and return it to order. Attempts to coerce the anorexic or bulimic back into compliance with family values and rules begins the battle over control of the woman's body. The compelling side-effect of this battle is that focus on the anorexic or bulimic daughter now becomes the new raison d'être and avenue to hold the status quo of the
close and loving family unit, but now in its full
dysfunctional form.

Summary

From reviewing each of the current approaches
towards anorexia nervosa and bulimia, two assumptions
hold true across all approaches; (a) it is classified or
labelled a disorder, and (b) there is a complex
interaction between the individual, social and
biological factors thought to cause the eating disorder.
Differences do exist in terms of the focuses from each
approach, but these can be attributed to the inherent
differences in their theoretical foundations. For
example the medical concerns regarding the physiological
consequences of starvation will differ significantly
from the psychological concerns of psychodynamic
theories. However, in many respects, several
assumptions proported to explain the cause of eating
disorders share similar focus regardless of their
concepts' origins. Table 1 outlines the core
assumptions derived from all the approaches reviewed and
indicates which approaches coincide and diverge from one
another with regards to their focus on what causes
bulimia nervosa. The entries in the left-hand column
summarize the focus each approach has outlined as
important in causing or explaining the existence of an eating disorder. The right-hand column is divided into two categories (similarities and differences) showing which approaches agree with the causal focus (similarities), and which approaches disagree (differences).
Table 1

**Similarities and Differences in Core Assumptions in the Current Approaches to Eating Disorders**

<table>
<thead>
<tr>
<th>Core assumptions</th>
<th>Similarities</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labelled disorder</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Interaction of individual, social and biological factors</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>Physiological and behavioural dysfunction due to starvation</td>
<td>Medical, Behavioural, Cognitive-Behavioural</td>
<td>Psychodynamic, Socio-cultural, Feminist, Family</td>
</tr>
<tr>
<td>History of relatives' psychological &amp; biological abnormalities</td>
<td>Medical, Family</td>
<td>Psychodynamic, Socio-cultural, Cognitive-Behavioural, Behavioural, Feminist</td>
</tr>
<tr>
<td>Development of personality or core identity</td>
<td>Psychodynamic, Family</td>
<td>Medical, Cognitive-Behavioural, Behavioural, Feminist, Socio-cultural</td>
</tr>
<tr>
<td>External self-definition through attainment of thinness</td>
<td>Psychodynamic, Socio-cultural, Feminist, Cognitive-Behavioural, Family</td>
<td>Medical, Behavioural</td>
</tr>
</tbody>
</table>

(Table continues)
<table>
<thead>
<tr>
<th>Core assumptions</th>
<th>Similarities</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Search for meaning, worth or self-esteem</td>
<td>Psychodynamic</td>
<td>Medical</td>
</tr>
<tr>
<td></td>
<td>Cognitive-</td>
<td>Behavioural</td>
</tr>
<tr>
<td></td>
<td>Behavioural</td>
<td>Socio-cultural</td>
</tr>
<tr>
<td></td>
<td>Feminist</td>
<td>Family</td>
</tr>
<tr>
<td>Needs gratification activity (recreating</td>
<td>Psychodynamic</td>
<td>Medical</td>
</tr>
<tr>
<td>relationships)</td>
<td>Family</td>
<td>Cognitive-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Behavioural</td>
</tr>
<tr>
<td>Biological regression to childhood</td>
<td>Medical</td>
<td>Behavioural</td>
</tr>
<tr>
<td></td>
<td>Psychodynamic</td>
<td>Feminist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Socio-cultural</td>
</tr>
<tr>
<td>Abnormal development of conceptual &amp;</td>
<td>Cognitive-</td>
<td>Medical</td>
</tr>
<tr>
<td>psychological attitudes</td>
<td>Behavioural</td>
<td>Psychodynamic</td>
</tr>
<tr>
<td></td>
<td>Socio-cultural</td>
<td>Behavioural</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>Feminist</td>
</tr>
<tr>
<td>Phobia: fear of obesity</td>
<td>Behavioural</td>
<td>Medical</td>
</tr>
<tr>
<td>Knowledge deficit re: food &amp; physiology</td>
<td>Cognitive-</td>
<td>Psychodynamic</td>
</tr>
<tr>
<td></td>
<td>Behavioural</td>
<td>Feminist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Socio-cultural</td>
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<td></td>
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<td>Family</td>
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(Table continues)
<table>
<thead>
<tr>
<th>Core assumptions</th>
<th>Similarities</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maladaptive response to outer events</td>
<td>Behavioural</td>
<td>Medical Psychodynamic Cognitive-Behavioural Feminist Socio-cultural/Family</td>
</tr>
<tr>
<td>Acceptance of female body in male-dominated society</td>
<td>Feminist</td>
<td>Medical Psychodynamic Cognitive-Behavioural Behavioural Family</td>
</tr>
<tr>
<td>Body-in-conflict (e.g., ownership &amp; protest)</td>
<td>Feminist</td>
<td>Medical Psychodynamic Cognitive-Behavioural Behavioural Socio-cultural</td>
</tr>
<tr>
<td>Standards of female beauty</td>
<td>Socio-cultural Feminist</td>
<td>Medical Psychodynamic Cognitive-Behavioural Behavioural Family</td>
</tr>
<tr>
<td>Gender-specific influences on diet &amp; fitness</td>
<td>Socio-cultural Family Feminist</td>
<td>Medical Psychodynamic Cognitive-Behavioural Behavioural</td>
</tr>
<tr>
<td>Maintenance of family dynamics (roles) &amp; values</td>
<td>Family Psychodynamic</td>
<td>Medical Cognitive-Behavioural Behavioural Feminist Socio-cultural</td>
</tr>
</tbody>
</table>

(Table continues)
<table>
<thead>
<tr>
<th>Core assumptions</th>
<th>Similarities</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sign of hidden family dysfunction</td>
<td>Family</td>
<td>Psychodynamic</td>
</tr>
<tr>
<td></td>
<td>Medical</td>
<td>Cognitive-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Behavioural</td>
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<td>Feminist</td>
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<td>Socio-cultural</td>
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</tbody>
</table>
With several theories available to explain the presence of symptoms in bulimia nervosa, the subjective meaning of the behaviours themselves still remain unclear. In particular, our understanding of the meaning of stealing within the context of bulimia nervosa is nonexistent. As the few studies on stealing and eating disorders revealed, stealing does exist, but we still cannot answer why and what purpose it serves in these women's lives.

**Approach to Research**

According to Van Manen (1990) human science studies people who act purposefully in the world through their creation of meaning within their lived experience (p.22). Many qualitative approaches such as case study, ethnography and phenomenology investigate phenomena from the personal perspective standpoint. The fundamental premise of qualitative methods is to understand what has occurred in the lives of those being studied (Fetterman, 1989). In order to describe an event, the researcher must unravel the stories presented from the insider's perspective, taking into account the beliefs, attitudes and circumstances of each individual in relation to the event itself. In asking what has occurred in an event, "the researcher needs to learn about a world you don't
understand by encountering it firsthand and making some sense out of it" (Agar, 1986, p.12).

The nature of the lived experience of stealing can best be investigated by tapping the source of this experience. An appropriate study of this event occurring outside the laboratory setting is the case study. Depending upon the question under investigation, the case study may be explanatory 'why', or exploratory 'what'.

Yin (1984) described the case study as, "investigating a phenomenon within its real-life context when the boundaries between the phenomenon and context are not clearly evident" (p.23). Rosenwald's (1988) multiple-case approach exemplified this idea:

When a person is asked about matter to which no ready answer can be expected, a process of self-searching is initiated. In the course of an examination, individuals dealing with a common problem may traverse comparable course of self-discovery. The synthesis of these individual transformations yields the construction of a process rather than a timeless object--a process that can be analyzed in objective terms. (p. 253)

This qualitative analysis of description can, according to Giorgi (1985), "[yield] psychological insights of a value at least equal to what quantitative approaches yield, although different in character and style" (p.2). The goal of a case study is to examine the same
questions and discover similar knowledge to that which is found from surveys and quantifiable measures (Campbell, 1984). Reiser (1988) suggested the case study added depth to information extracted by survey methods as it, "enriches such observations, clarifies some of the reasons why a particular individual became symptomatically bulimic, highlights the overdetermination of the syndrome and thus adds depth to the information" (p. 374).

Researchers exploring the meaning of a social phenomenon look for findings reflecting subjective reality and truth as perceived by participants. According to Krefting (1991), "[subjective] meanings and perceptions of the subject are critical in qualitative research, and it is the researcher's responsibility to access these" (p.214). The primary criterion for judging rigour in qualitative research is trustworthiness; where the researcher looks for accuracy of meaning and assurance that these meanings arose from the personal accounts of subjects, without the imposition of biases.

**In-Depth Interview**

The in-depth interview is one of the preferred techniques used in case studies to elicit the lived
experience. It is based on the premise that a story is related through a conversation with participants. Burgess (1982) stated, "conversation is a crucial element" to research (p.107). According to Yin (1994), "interviews are an essential source of case study evidence because most case studies are about human affairs. These human affairs should be reported and interpreted through the eyes of specific interviewees, and well-informed respondents can provide important insights into a situation" (p.85).

Interviews may be structured or unstructured in nature. A structured interview defines a situation or experience in advance which precludes examination of additional information at a later date, or the opportunity to follow-up on subsequent interviews. The unstructured interview on the other hand, provides a wide framework for revelations, without proposing some standard set of questions. The aim of the conversation in an unstructured interview is to uncover categories of meaning by listening to what people think and how they perceive the problem being explored. The unstructured interview has been criticized for being too broad and unfocused, however structure is embedded within it. The researcher guides participants in a way that retains
focus on the research interest. It is further structured by the choice of participants, engaged specifically for their simultaneously unique and similar experience. In addition, the unstructured interview is what Palmer (cited in Burgess, 1982) called a "controlled conversation" (p. 107) which the researcher guides, focuses and refocuses as individual expressions, meanings and illustrations are shared. In essence it is the broadness this methodology is criticized for that provides a glimpse into the core meaning of a social phenomenon.

Discovering meaning creates a structure for individual reality (Carlsen, 1988), and objects of meaning become individual expressions of existence in the world (Van Manen, 1990). However, researchers must be aware that different meanings or interpretations may be placed on a shared event by participants. Hammersley and Atkinson (1983) stated that, "the same physical stimulus can mean different things to different people and, indeed to the same person at different times" (p.7). It is the inclusion of new and unanticipated information that provides depth, vividness and richness to the experience and to case study methodology.
The Researcher

Researchers approach the in-depth interview with a personal sense of inquiry about the social event being explored. They seek out those who can help them uncover and unravel the details of the research question. The researcher's goal is to uncover information already known to participants to help them clarify their own lives.

In order to successfully obtain these goals, the researcher is required to obtain a base knowledge about the participants' worlds, and the phenomenon under investigation, in order to recruit the most appropriate informants (Burgess, 1984). Researchers acquire such knowledge through the use of theory. Fetterman (1989) stated, "[theory] is a guide to practice; no study, ethnographic or otherwise, can be conducted without an underlying theory or model" (p. 15). However, the researcher must be mindful that theoretical assumptions do not comprise the entire experience being investigated. It may be necessary to spend additional time during interviews to ensure information is not overlooked or taken for granted (Burgess, 1984). The researcher must guard against what Szekely (1988) described as reiterating the information and details
about a particular experience that are either already known or assumed to exist. Researchers must guard against premature closure of discussions, so that as participants describe their experiences, the researcher leaves no stone unturned.

Researchers need to build a trusting rapport which will foster participants to reveal themselves and their stories beyond the initial "press release" usually reserved for less searching investigators (Wiersma, 1988). According to Burgess (1982), "[it] is vital for researchers to allow informants to talk in their own terms, providing some guidance and support when these are required" (p. 108). In order to maximize interview information gathering, the researcher in the role of investigator requires skills that will help him/her uncover information pertaining to the event under exploration. According to Yin (1994) these skills are:

- the ability to ask good questions and interpret the answers
- the ability to be a good listener without being harnessed by preconceptions and biases
- the ability to be adaptable and flexible
- possess a firm-grasp of the issues being studied so that interviews remain focused on relevant information
the ability to be unbiased by preconceptions so that contradictory evidence is not discarded.

(Yin, 1994, p.56).

The exploration process involved in conducting a case study highlights the importance of a trusting and collaborative effort being built between researcher and participants brought together under a particular investigation. This process is conducive to the working alliance of the counselling relationship in which a safe, empathic and non-judgemental environment fosters the illumination of meaningful experiences (Egan, 1986).

**Sampling Strategy**

Selecting participants, (sampling strategy) is an important element in the investigation of a social phenomenon. Two categories of sampling exist, probability and non-probability. Probability sampling is commonly used in statistical research, while non-probability sampling is employed in field research.

Two strategies are employed in non-probability sampling: judgment and opportunistic sampling. Judgment sampling relies on the knowledge the researcher brings to the understanding of the event in question. In addition, this sampling strategy chooses participants for their particular experience and fit with the
criteria of such an event. Opportunistic sampling chooses participants for their availability to the researcher, and for their capacity to cooperatively recollect their lived experiences in clear, vivid, fluent and rich detail (Burgess, 1984; Rosenwald, 1988). According to Rosenwald (1988), qualitative research is "guided by the quest for good examples--cases which reveal the inner structure of a social phenomenon or developmental process...."(p.260). These sampling strategies allow the researcher to investigate the participants' experiences singly and together, focusing on the emergence of meanings and connections.

**Case Study Design**

According to Yin (1984, 1994), the major advantage of a case study is that it allows the researcher to investigate a real-life event within its own context. This offers an account that is rich, holistic and revelatory. While there are a number of approaches to case study research (e.g., Stakes, 1995), the present study was based on Yin's approach (1994).

Lacking the controls of traditional experimental research, it is essential that critical attention is given to the case study design to assure rigor and trustworthiness. Yin (1994) suggested there are five
components of case study design: the research question, propositions to focus the study, units of analysis, the logic linking data and propositions, and criteria for interpreting findings (p.20).

For this study the research question was, "What is the meaning of stealing as lived in eating disordered women?" The question focused attention on the topic and concern of this study - the personal experience of stealing and the meaning of that experience. The study was not concerned with stealing in general, but stealing embedded in the context of the eating disorder: bulimia nervosa.

Propositions are meant to focus attention on specific subjects to be examined within the scope of the study. When a study is concerned with hypotheses testing, propositions are specific and explicit, providing an avenue of systematic evidence gathering. When a study is exploratory, a clear purpose exists to guide interviews, however specific propositions may not exist. The present study was exploratory in nature; its purpose was to illuminate the personal meaning of an experience. Accordingly, the main interview questions were open-ended and orientative in an effort to empower participants to express the meaning of their experiences
with minimal prompts. A number of potential questions were held in reserve to be asked after the experiences were described. These questions ranged from those specifying chronology to those eliciting relevant information identified in the literature review.

The units of analysis in this study were the individual participants and their experiences of stealing and bulimia nervosa within the context of their lives. For this type of analysis, it is essential that the researcher establishes a relationship with participants that facilitates their expression of meaning-making. Specifically, through this relationship, there is a collaborative construction of meaning where the researcher attempts to elicit and reveal rather than impose or lead participant recollections.

A logical linking of individual statements to constructed themes of meaning is similar to linking a portion of text to a summary paragraph. For instance, in a case study, a complete detailed transcript of an interview may be reduced to a set of recurring themes or topics. Summation of themes is influenced by the specificity and concreteness of statements and by the sensitivity of the researcher to themes of meaning.
In case study research, the criteria for interpreting findings is not well developed. However, the most common approach to addressing this issue is triangulation - a way of mapping location by gaining reference to two or more points (Stakes, 1995; Yin, 1994). The concern of the present study is meaning rather than location, but the procedure is analogous with additional observations, statements and perspectives among other things providing stronger grounds for assessing convergence of interpretation or description.

Generally, a case study does not attempt to triangulate every description or interpretation, but only those critical to making the case. It would be impossible and impractical to triangulate every point of description, given the complexity of real-life events. Each attempt to triangulate requires time, effort, and resources, and for this reason a case study researcher is selective in identifying points for extra focus towards confirmation.

There are several forms of triangulation such as investigator triangulation, data-source triangulation, theoretical triangulation and methodical triangulation. The present study employed some of these forms most
appropriate to the investigation. For example, an independent judge assessed transcripts and themes of meaning. Participants themselves judged a summary account for potential errors, distortions and omissions. The main form of triangulation used in this study involved the comparison of transcripts from participants in what Yin (1984, 1994) refers to as replication logic. Replication is similar to objectivity in traditional human sciences, which requires independent observers reporting the same results.

In a multiple-case study design, each case is considered an individual experiment with findings in one case having the potential to be replicated in subsequent cases. Thus, across statements from participants in this study, convergence upon similar meanings would constitute replication. According to Yin replication logic serves to enhance confidence in the findings, providing "more compelling" and "more robust" evidence for the event being investigated (p.52). In an exploratory case study (as opposed to one testing hypotheses), an ideal series of replications would be one yielding increasing distinctions and richness while maintaining constant themes of meaning. However, contrasting cases yielding discrepant or inconsistent
themes of meaning provide important information about the event as well.

The power of replication logic in case study research is that independent cases provide common descriptions or interpretations of an event. In the present study, the power of replication logic is that independent participants reported commonalities of meaning in the experience of stealing within the context of an eating disorder.
CHAPTER III: METHOD

The question under investigation in this study asked, What is the meaning of stealing as lived in eating disordered women? To explore this question, an exploratory case study was utilized, employing multiple cases that relied upon interviews to elicit meanings of experience.

Procedures

Seven women participated in this investigation of stealing, as lived in eating disordered women. Their ages ranged from 18 to 35 years old.

Selection of participants

The selection of participants for this study was based on several factors: their availability, relevant personal experience, and willingness to share their experience. Specifically, participants were selected who had been diagnosed with the eating disorder bulimia nervosa, and who had a history of stealing behaviours.

Participants were chosen for their availability from cooperative therapists in the community who work with eating disordered clients with a known history of stealing. 'Information letters' together with a 'Third Party Letter' were sent to these therapists, soliciting
volunteers for the study (Appendices A & B). The therapists were asked to pass along these letters to prospective volunteers requesting that the women contact the researcher directly.

Volunteers were assessed for participation in this study through an initial telephone conversation. During this interview it was determined whether volunteers had a reported history of stealing behaviours, met the criteria for bulimia nervosa, as diagnosed by their therapist, and demonstrated a willingness to describe their experience in detail to the researcher.

**Participant Profile**

Seven female participants between the ages of 18 and 35 years participated in this study. Six women are Caucasian and one is Asian-Canadian. Participants describe their families as lower to middle-class, of whom three are from divorced families, three have intact families and one is from a single-parent family due to the recent suicide of the mother.

Five participants began stealing during their childhood, taking candies from grocery stores. These children proceeded to show a parent or neighbour adult what they had acquired which led to some sort of parental discipline. However, the deterrence was
unsuccessful and each of the participants recounted a series of stealing incidents involving food, money and clothing throughout their later childhood and teen years. Two participants began stealing only in their adult years and their stealing history was very short-lived.

Participants stole in various settings, for example at home, in stores and at work. Items stolen included such things as junk food, clothing, and large sums of money (up to $5,000.00). At the time of the initial interview, five of the participants had stopped stealing, one participant was actively attempting to stop, and one was still stealing.

The seven participants were diagnosed with bulimia nervosa and were all in various stages of treatment at the time of the interviews. Most participants revealed that stealing food and money were linked to their bulimia, although their reasons differed. At the time of the interviews, two participants were no longer binging and purging, three described a significant decrease in their behaviours, and the remaining two were still binging and purging on a regular basis.

**Gail.** Gail is an 18 year old Caucasian female. She is single and lives at home with her mother in the
Greater Vancouver area. Her parents adopted Gail at six months, and were divorced when she was five years old. She lives with her father on weekends and during mother's vacations. Gail graduated from high school and currently works part-time in an unskilled labour position.

Gail was diagnosed with bulimia nervosa. She states her binging and purging behaviours began approximately three years ago during a highly conflictual time with her mother. She accompanied her mother to family counselling, but says they stopped seeking help whenever treatment focused on her mother. She has currently been in individual therapy for the last ten months.

Gail's stealing began at age five, when she stole candy from a corner store. During her childhood her mother would restrict access to food and money, locking, hiding away or forbidding Gail anything except when mother was home. Gail resorted to stealing the money and food kept from her. Most of Gail's stealing episodes occurred in convenience stores. Gail was caught by her mother several times and taken to family counselling without success. The stealing occurred seemingly in conjunction with her eating disorder.
Currently Gail has stopped stealing and she attributes this to supportive friends, individual counselling and maturity.

There is no known history of stealing by other members of Gail's family.

**Sally.** Sally is a 35 year old Caucasian female. She is single and lives alone in the Greater Vancouver area. During her childhood, she reports living in a series of locations in Eastern Canada and Europe while her father wrote and published literature. Her family now has settled in Eastern Canada and she moved to the Greater Vancouver area when she was in her early twenties. After graduating with a bachelor's degree, Sally was a member of a national rowing team for several years while completing her master's degree in English. She is currently pursuing a career in writing, and works as a legal secretary to 'pay the bills'.

Sally was diagnosed with bulimia nervosa in 1988. She spent several years in individual and group therapy and is currently nearing the end of individual treatment. She states her obsessions and behaviours of food have changed due to her different coping and reasoning abilities.
Sally began stealing when she was in her twenties. She describes herself in earlier years as being "greedy" or an "opportunist" but this did not reflect any early history of stealing. She was caught stealing from her boss in her late twenties and this appears to be her last incident, although she struggles with her opportunistic nature. The stealing occurred prior to and concurrently with her eating disorder. She attributes her restraint from stealing to an increased sense of confidence and self-identity resulting from her years in therapy.

There is no known history of stealing by other members of Sally's family.

Mary. Mary is a 20 year old Caucasian female. She has been living outside of her parents' home since age 17 and for the last year and one-half has lived with her boyfriend in the Greater Vancouver area and Mexico (his residence). Between ages 10 to 12, Mary's family lived in France while her father was writing. Her parents divorced when she was 17 years old, but she remains close to each of them and they all live in the Greater Vancouver area. Mary has two other sisters. Mary graduated from high school and currently works as a
fashion/catalogue model with plans to be a business entrepreneur.

Mary was diagnosed with bulimia nervosa two years ago. She has been in counselling with a family therapist for several years, and was recently referred to a therapist who specializes in eating disorders. She has been receiving treatment for her bulimia since July, 1995 and reports progress in controlling her binging and purging behaviours.

Mary began stealing around age five, taking candies from a neighbourhood grocery store. She continued stealing money, food and clothing either from the family or stores. She was caught on several occasions during her teen and adult years and still engages in this behaviour periodically. She states this now happens only during her "bulimic state of mind" when she is venturing outside the home to binge and purge.

Both Mary's parents had a history of stealing during either their child and/or adult lives. Mary's mother confessed to stealing a toy from a store when she was young. Mary recalls witnessing her father stealing postcards and food while they were in Europe. Mary and her father recently went on vacation together and stole
items from clothing stores and used her mother's credit card to travel.

**Nancy.** Nancy is a 30 year old Asian-Canadian female. She is living alone in the Greater Vancouver area. She is the second youngest of eight children in an alcoholic family and the caretaker of her Chinese-speaking parents. Nancy graduated from high school and has some college credits, but never completed her post-secondary schooling due to her eating disorder. She currently works as a library assistant.

Nancy was diagnosed with bulimia nervosa at age 20 although the eating disorder began when she was 16 years old. She has undergone three different treatment programs for her eating disorder throughout her 20's and has just recently decided to take a "vacation from therapy". Her binging and purging is still evident, however she reports the frequency of her episodes has decreased significantly. She understands her motivations for the bulimia but is not willing to "let my friend go" just yet.

Nancy's stealing history is brief, beginning and ending within a five year time frame while she lived in Edmonton, Alberta. Two separate instances of stealing occurred during financial problems. She was caught and
sentenced for her stealing, received limited treatment for her eating disorder and at present has stopped stealing. She attributes this success to learning how to care for herself properly and the fact she received professional counselling.

One of Nancy's brothers was caught stealing during his teenage years. Nancy recalls he stole money from the family business and also stole store items with his friends.

**Erin.** Erin is a 19 year old Caucasian female. She is single and lives at home with her father and younger sister in the Lower Mainland. Her mother committed suicide in the home two years ago just prior to her own court date for shoplifting charges. Erin graduated from high school and is currently completing her second year university credits at a local college. She is planning on applying to graduate studies in creative writing. She describes herself as "active in life", taking acting and writing workshops, as well as working part-time as a skating coach.

Erin was diagnosed with bulimia nervosa in 1992 (age 15) after suffering from symptoms since age 10 when she was placed on a strict diet program by her skating
coach. She has been treated for the past four years for eating disorder and is currently recovered.

Erin's stealing experiences began around age five taking candy from a store. She continued this behaviour of stealing candies and trinkets during her elementary school years and teen years. Her stealing progressed to stealing food and clothing and she was caught on several occasions, but this did not stop her. She currently does not steal, and attributes this change to effective therapy and her ability to reason action and consequence. She recounts that most of her stealing episodes corresponded to her eating disorder because she "needed" the food.

Erin has recently become aware that her mother had a long history of stealing. Her mother was scheduled to appear in court for shoplifting charges, but committed suicide the day before her scheduled appearance. Erin's father had been aware of his wife's behaviours and her mother was in treatment at the time of her death.

Cheryl. Cheryl is a 34 year old Caucasian female. She is engaged and is currently living separately from her fiancé (due to "her problems") in the Greater Vancouver area. They had previously lived in a common-law relationship for several years. Cheryl is
from an alcoholic family (father) and parents have been divorced since she was 15 years old. She claims her label in the family, especially her two brothers' children is the "crazy aunt". Cheryl finished high school and completed one year of a two-year Early Childhood Education course. Due to the severity of her eating disorder and/or own alcohol abuse, she was unemployed for some years, retrained and currently has a full-time job as a meat-cutter.

Cheryl has had bulimia nervosa since she was approximately 19 years old, but did not seek treatment until age 25 when she was diagnosed. She has had several different treatment interventions, often prematurely interrupted by ill health outside the eating disorder, alcohol abuse treatments or mistrust in the therapist. She is currently re-entering treatment with a past therapist.

Cheryl began stealing candy from the local grocery store at age five. Her stealing behaviours escalated during her teenage years both during school and on part-time job sites. She was caught several times but appears savvy to the legal and security systems and therefore continues to contemplate stealing.
Cheryl and her sister-in-law worked in a sport shop together and used to steal merchandise from the store. They would also shop together and re-tag price tags on store clothing in order to buy items at greatly reduced prices.

**Jessica.** Jessica is an 18 year old Caucasian female. She is single and lives with her parents in the Lower Mainland. Her older sister lives outside of the home. Jessica graduated from high school and is employed full-time as a gas station attendant. She plans to eventually return to university to further her education in graphics or Science, but states she wants to have recovered from her eating disorder so it does not interfere with her future.

Jessica originally was diagnosed with anorexia nervosa in 1992 (age 15) and was treated for one year focusing solely on weight gain. Her symptoms then changed to binging and purging leading to the subsequent diagnosis of bulimia nervosa (age 16). Her inability to restrict and rigidly control her food intake has caused her a heightened sense of shame and failure. She sought other treatment alternatives one year ago and is regaining her confidence and decreasing her binging and purging habits.
Jessica began stealing at age five taking candy from a grocery store. She remembers a few instances of this behaviour. Her stealing increased during her teen years and she was subsequently caught and sentenced to perform community service. While this stopped her from stealing clothing, several instances of stealing money to augment the eating disorder followed. Currently, Jessica does not steal and she cites her change in confidence level and the fear of inadvertently uncovering her bulimia in public as strong motives for deterrence.

Jessica's mother had one occasion of stealing candy from a store, when she was a child herself. No other family members are known to steal.

**Data Collection**

The approach to data collection in this study was framed within the general principles of qualitative research (Colaizzi, 1978; Sandelowski, 1986; Polkinghorne, 1988; Krefting, 1991; Yin, 1994). In accordance with these principles, personal interviews were employed as the means of data collection.

**The Researcher**

The principal researcher in this study was a 44 year old Caucasian female from a middle class
background, living in the Greater Vancouver at the time of the initial interviews. During her undergraduate years, the researcher co-founded and administered a national non-profit organization providing education information and support to eating disordered individuals, their families, and the professional community. In addition, the researcher was an international board member of the parent organization. As national co-founder, the researcher conducted educational workshops, conferences and media presentations for the lay and professional communities, plus served as facilitator and trainer for support groups for family members. The researcher has worked as a counsellor in both private and psychiatric institutional settings specializing in the treatment of eating disorders.

The Interviews

This study employed an interview process that was adopted from Colaizzi's (1978) procedural steps. There was an initial telephone interview, one in-depth interview and one follow-up interview conducted with each participant. All interviews were conducted by the principal researcher.
The telephone interview was used to assess the suitability of volunteers for the study. Each participant was asked to confirm their history of stealing and their diagnosis of bulimia nervosa based on the DSM-IV criteria (Appendix C). In addition, the nature and purpose of the study was explained so that participants understood how they would be participating. The initial interview was set up with participants at that time.

The focus of the in-depth interview was to elicit the experience of stealing in participants' lives. Initially, the researcher reviewed the purpose and nature of the study and how the interview would be conducted and audio-taped. In addition, the issue of confidentiality was discussed and participants were asked to sign consent forms (Appendix D). Demographic information on each participant was collected for use in descriptive profiles.

The elicitation of the experience of stealing began by asking participants to respond to the following introductory statement: "Would you please describe as fully as you can the experience of stealing as best you can remember. For example, put it into some context of when you began to steal, how and what happened, what you
were feeling or how you were thinking". As participants recounted their experiences, common interview questions were used to clarify and elaborate their recollections (Appendix E). These questions were formulated from earlier discussions with several women suffering from bulimia nervosa who were not included in this study. The aim of these discussions was to accumulate questions that would help the researcher expand and clarify participants' experiences with stealing and bulimia nervosa.

The length of time for the first interviews varied between one and two and one-half hours, depending on participants' descriptions of their experience. All interviews were audio-taped and transcribed by the principal researcher.

The follow-up interview for each participant took place approximately four to five months after the in-depth interview. The purpose of this communication was to give participants the opportunity to elaborate, clarify and validate information in their descriptive profiles, plus the condensed description of the stealing experience derived from their combined recollections (Appendix F). At this time, participants were given an opportunity to use a pseudonym rather than their real
name should they wish to protect their identity. Some of the participants chose to use a pseudonym while others did not choose this option.

The role of the researcher during all interviews was to facilitate participants' expression and articulation of their experience. Thus, the researcher used active listening skills such as paraphrasing, clarification and probes to keep participants on topic and articulating as vividly and accurately as possible. These skills also enhanced the flow of the conversation and kept to a minimum any researcher bias.

**Data Analysis**

**Demographic Information**

Data was collected that formed a descriptive profile for each participant. Information regarding current age, status, stealing and bulimic behaviours, and family incidence of stealing was included as overall background material on these women. This information was gathered during the initial in-depth interview and extracted from parts of the interview itself.

**Interview Information**

Analysis of interview data was based on the methods proposed by Colaizzi (1978), Giorgi (1985) and
Swanson-Kauffman (1985) and were modified for this study as follows:

1. The researcher read and re-read the interviews several times in order to obtain a sense of the overall experience. One of the transcript readings was conducted while simultaneously listening to the taped interview to ensure accuracy of transcription, to listen for meaningful pauses or intonations, and to fill in any missing details.

2. The researcher re-read the interviews this time coding phrases and/or sentences that directly reflected the event under investigation. Coding in this case meant hand-coded words were used to identify topics and categories from the interviews and were written in the left-hand margin of the transcripts. As new codes and categories emerged, previous transcripts were reexamined for possible inclusion in this new information.

3. The researcher attempted to attach meaning to each of the identified topics extracted from the transcripts.

4. The researcher organized the topics into categories and clusters of themes. Originally, forty-three topics were divided into seven categories,
with varying numbers of elements under each category. At this point, these were referred back to the original transcripts for validation by the principal researcher and one independent judge. In addition, they were presented to the principal researcher's supervisor for validation. These results were further tightened to produce five features with subsequent elements.

5. The researcher integrated the five features and elements into a descriptive analysis of the event under investigation.

6. A condensed description of the stealing experience was written to summarize the descriptive analysis (see Appendix F).

7. The condensed description and participant profiles were returned to each participant to review and validate the findings of the study with their personal experiences. No new information resulted from this step.

Procedures to Ensure Trustworthiness

Questions of reliability and validity can be viewed within qualitative research as an issue of trustworthiness. Some authors consider trustworthiness in a variety of ways such as truth value, consistency, applicability, neutrality (Swanson-Kauffman, 1985;
Sandelowski, 1986; Krefting, 1991). The clearest and most immediate issue of trustworthiness is what is done within the research project that allows other readers and researchers to trust the accounts provided. To this end, a number of elements were built into the design of this study to ensure some rigour in the process. Attention was given to the following:

1. All participants were selected based on specific criteria relevant to the research topic. Participants were diagnosed for an eating disorder based on this DSM-IV criteria for bulimia nervosa first by their own community therapist and subsequently by the researcher. In addition participants were selected for their past experience with stealing.

2. The methods of data gathering, analysis and interpretation of participants' accounts were described in as much detail as possible.

3. The interviews were transcribed, in a faithful and accurate manner by the researcher, with verbatim quotes included to illustrate and support the participants' experiences.

4. A specialist in eating disorders, conversant with qualitative research acted as an independent judge examining the data several times during data collection.
and analysis. First, the judge reviewed a sample transcript to judge how well the principal researcher assisted the participants in eliciting and articulating their experiences. Second, this person reviewed and confirmed the accuracy of the researcher's coding and categorizing of the transcripts. Third, the independent judge generated a variety of codes and categories which were compared to the final elements produced by the principal researcher. These were found to be consistent between the two researchers.

5. The principal researcher's supervisor reviewed and confirmed the coding, features and condensed summary of the descriptive analysis.

6. Participants were given several opportunities to review and comment on the data, their personal profiles and the condensed description of the stealing experience, to ensure accuracy and minimize distortions and deletions.

7. The researcher's expertise in the field of eating disorders served to strengthen the knowledge base for this study and provided an understanding and safe setting for participants to divulge sensitive information about their experiences.
CHAPTER IV: RESULTS

The results discussed in this chapter describe the lived experience of stealing in eating disordered women.

Commonalities in the lived experience of stealing

The results of the seven participants' experience of stealing were assembled. While their personal accounts reflect their individual differences, a tremendous sense of overlap emerged in the descriptions of their lived experiences of stealing. The following section will recount the common features of the experience of stealing in eating disordered women.

Five main features of the stealing experience emerged from the participants' interviews as follows: (a) the restrictive context (b) the function of stealing (c) comparison of stealing and bulimia nervosa (d) getting caught and (e) recovery. Within each of these features, elements and patterns were discovered that were common to most participants, while a few differed according to individual circumstance and experience.

Overall, the phenomenon of stealing is represented by early childhood descriptions of their restrictive family environments, and the resultant individual needs produced by these situations. The participants
recounted their stealing was their attempt to provide avenues for self-satisfaction, not provided by homelife, and recognized that similarly of their bulimia was also their attempt to create self-satisfaction. Participants described how changes in their self-image were effective and successful deterrents from future stealing and binging and purging behaviours. As with any life experience, change is often the start of a new beginning. For five participants, recovery represents a new beginning and challenge to live a normal and healthy life. The remaining two participants are still grappling with recovery success.

The Restrictive Context

Common descriptions of a restrictive homelife emerged early in participants' interviews, and are important in terms of how these restrictions were experienced, perceived and reacted to by these women. It is within this context that the behaviours of both stealing and the eating disorder originate.

The family environments these women grew up in were, by their own descriptions, restrictive and controlling. Common language was used by all participants to describe family life. Their words reflected feelings of being hemmed in, confined and
squeezed. The phrase that was repeated over and over was "I wasn't allowed". Sally stated she "wasn't allowed to be involved"; Cheryl's dad "was like a hawk" over what she bought herself; Erin was "told [she] couldn't have" because they had "all the strict rules"; Gail and Mary "couldn't be trusted" with an allowance; and Jessica "couldn't have" sweets because they were "bad foods" and it "wasn't allowed" in the house. These rules and restrictions were imposed in various ways, but primarily seemed to focus on food and money.

Parental guidelines were described in terms of "good" and "bad" behaviours, and would be followed up with some form of discipline. Mary's description of her family life typifies the restrictive context:

My family was very into consequences and things like that. If you did something bad, or said something bad or whatever, there was consequences...a system of jars - a Rude jar that if you said a swear word you had to put a quarter in for Oxfam. And it became systems, which were good systems, but I just remember it was a time where I felt under the control of my parents and wanted to break away from that. And I felt very angry about the control and that I wasn't allowed to do things that other normal little children got to do.

Cheryl's alcoholic father had restrictive rules for spending money, as well as what and who were allowed in the house. She recalls buying a hair dryer with her own money but returning it because "he didn't want hair
dryers in the house because they make noise." She also remembers that items she was interested in growing up were, according to her father, "a waste of money", therefore not allowed.

Nancy's family was so large (eight children) that food and money restrictions were common because the family could not afford extras. While Nancy did not resort to stealing until she was in her twenties, she admits to assuming a restrictive pattern around food and money from a very young age. She was viewed as being "a good daughter and sharing the family load." Similarly, Sally reported that she learned early on to restrain herself because her father used to "fly into rages, tyrannical fits, and we would tip-toe around him until he calmed down." She felt unable to ask for items she wanted so described herself finding creative avenues to problem-solve:

As a child I used to go away on holidays and I'd come back with more money that I left with ....When they gave me money to buy things, I'd keep the change...I'm a bit like a rat cornered, but here's an opportunity, you know, so I take it. And it's not a good thing.

As children, the women recalled their experiences in terms of restrictions as being distinctly different than other children's experiences. Other children were allowed things, were given allowances, and treated with
some freedom in their play time. For these women, however, the restrictions felt unfair and unjust, singling them out amongst their friends. For example, Gail's mother thought her daughter's temper tantrums were due to "sugar and candy and stuff", so she would take Gail's Hallowe'en candy and lock it away. Gail recalls her mother would, "take the Hallowe'en candies and lock them up and dole them out....Most kids, get their candy checked and thrown back, but mine went into her closet. So I would want my Hallowe'en candy back."

Mary remembers not being able to "go to the store with my friends and buy something with my friends and get a treat, because they all could."

Emphasis was always placed on "bad foods" which were junk foods, chocolates and candies. All the women remember yearning for the customary childhood allowance which would allow them the freedom to buy their own special treats. However, the restrictive family stipulations against junk foods, and/or the lack of customary allowance, created a resentment towards their parents. All felt they were being denied something other children were naturally allowed. Mary recalls being mad at her parents for giving her a $1.00 a week
allowance when her friends received $5.00 a week. Her parents' response was to explain:

You don't need $5.00 a week. You're just going to go and blow it on junk food...that's why you're going to get a little allowance because you can spend it on healthy things. If you want to spend it, you buy stickers or buy something, but no food, no junk food.

Mary's response to her parents' restrictions was to become mad, "it made me want the junk food even more and to rebel against it even more if I could." This sentiment was echoed by others when parents locked away or forbade food for their children. "She'd lock up all the food. I'm going to put this in the freezer and you can't have it. So it would be like, there's the extra temptation. Now I want it" says Gail.

Participants transferred the restrictive nature of family life into their own independent lives. For example, Nancy always budgeted her finances tightly which often left her "stretched financially between paycheques. So it was not having the money to pay for food and needing it." Sally also was restrictive in terms of job expectations such as never making personal phone calls, not "slacking off on a coffee break." For each participant, confinements were felt in similar ways. All felt confined and needing to break free of the constrictions. Nancy described confinement as
"getting from one side of the bridge to another but you don't have a bridge to cross."

Within their restrictive environments (the restrictive context) all participants experienced a sense of being hemmed in, squeezed and controlled. Pressures to meet parental and individual expectations culminated in feelings of low self-esteem, an inability to resolve conflict and an inability to self-nurture. The drive to break free of these restrictions and satisfy their own needs established motives as rationale for the stealing behaviours. The desire to feel a sense of justice and inclusion in ordinary childhood events like other children had, created the need to out-smart their restrictions.

**The Function of Stealing**

Clearly all seven participants began stealing in response to their restrictive environments. The one difference existing in their stealing experiences was the age at which their stealing behaviours began. Five of the participants began a series of stealing episodes that lasted through their childhood into their teenage and adult years. Two participants began their stealing episodes in their adult years.
Common elements in the function of stealing were discussed by all the participants. First, stealing was a means of breaking out of their restrictions. This in turn fostered feelings of higher self-esteem because the act of stealing offered these women comfort, reassurance and a sense of belonging. Second, all participants felt angry towards their perceived sense of unjust or unfair discipline, therefore stealing provided an avenue of retaliation and evening the score. Third, participants most commonly stole food, or money for food, which reflected the focus placed on these items by their families. A small number of differences in participants' experiences of stealing revealed that instead of bolstering self-esteem, stealing was used to berate and validate low self-esteem. In addition, a small number of participants used stealing as a way to fantasize being rescued in order to be cared for by someone.

The descriptions of the women's stealing episodes appeared to reveal various needs and wants they felt were unfulfilled or lacking in their lives. These needs and wants originated in their collective sense of low self-esteem. The act of stealing momentarily fulfilled
these needs in their attempts to increase their
self-esteem. Stealing provided:

- a way to bolster the self
- a way to belong
- a way to retaliate
- a way to berate the self
- a way to be nurtured
- a way to get food

**A way to bolster the self**

In a restrictive world of you can't or you are not allowed, stealing something brought a sense of reassurance to all of these women. Stealing was evidence they could adequately provide for their own needs when others would deny them. Sally recounted, "I prefer to have a quantity there that I can keep dipping into...it was nice when I was getting all those magazines and things. To think that I had all these things. Kind of security"

Erin echoed this sentiment towards feeling secure. She spoke about stealing food:

It was something I had been wanting and it had been building up, and just the wanting was driving me crazy. Just knowing that I had it made me feel better. And there were times when I would steal things knowing that I had it and didn't want it anymore.
While stealing helped Gail prove her worthlessness, it also provided her with this sense of security:

> It gives me things that I feel are, I need, like I don't have...I guess it makes me feel better because that's the only way in some cases that it seems I can ever get anything that I want.

Mary believed after stealing she could return to a state of security. She "can walk straight and look people in the eye."

With this sense of security, stealing provided, each of these women felt better about themselves because they were finding ways to satisfy their own desires without the outside constraints. While they all distinguished between right and wrong behaviours, their need to satisfy their wants, outweighed any need to conform to social laws.

**A way to belong**

For some of the participants (Erin, Mary, Cheryl and Jessica) stealing with a close friend or group of friends gave them a sense of belonging to a distinct social set. During their childhood and teen years none of the women recall feeling secure or accepted easily by other children. In addition, they did not feel particularly secure or accepted within their own family.
Erin had very few friends when she was young because of her involvement with figure skating. When friends were over to play, Erin prided herself in having entertaining games and trinkets she could share to enhance their fun. Erin would steal items from stores, "I'd walk out with my pockets like stuffed full" and keep them "in a big box at home and like if we were playing a game or something and I knew there was something in that box that would come into the game, I would go and get it then." She recalls that "in a way it made me feel proud, proud, it didn't matter what I had."

Cheryl remembers the excitement and bravado of she and her group of friends during elementary school. "I remember everybody used to go over there (the store) and it was shoplifters' heaven...it was the social thing to do, and then you'd go outside and have a smoke with everybody in the alley and laugh about it say I got away with it!" For Cheryl the price she paid for belonging was enduring the fear of being caught which added to the thrill when they were not caught. She recalls on one occasion:

I just didn't feel right and everyone went in and got something...they all knew that I hadn't taken anything yet. So they were starting to feel a little, not betrayed, but
'come on Cheryl get something, get something'. So I'm standing in the chocolate bar aisle and I looked. I remember the chocolate bars, Crispy Crunch and Three Muskateers. Okay, fine. I put them in my pocket and we all left and we rushed out...we all met outside the store, 'oh see what I got, see what I got'.

Jessica remembers feeling "the odd one out" at her new school. "When I started the old school I started out popular right off the bat, but at the new school I wasn't." She stated stealing with a few friends gave her a way to be cool:

it was just like something in common to talk about. Something to tell people, 'look at all this and we got away with it...maybe something supposedly that would be the thing to do and I have in common with everybody, and then I would be cool.

Jessica was not the instigator among her friends, but she felt a sense of loyalty was required to secure her a place within her circle of friends. "If people would do things first, then I would follow, but I wouldn't be the last one to do it, but I wouldn't be the first...I guess I just did it cause I was...she was a friend of mine."

For Mary, stealing was perceived as the catalyst to changing the ugly duckling into the swan. The outcome of her stealing so enhanced her public image that she perceived herself as the pivotal person in her social group:
So here was a way of being cool and being accepted. Here was a way of kids liking me and looking up to me. All of a sudden I was looked up to. It's like, 'wow she's cool. She can steal'. And I became like, something I had never been before.

No longer did the kids look at me like she's a nerd and making fun of me. I was in the crowd, I was in. I was allowed. That was exciting to me.

Look at me now, I've changed. I'm no longer the nerd, I'm cool now...I'm respected.

At this time in their lives, stealing played a fundamental role in allowing these women to connect with others in a way that enhanced their own self-esteem because "bad was cool and the cool crowd was the bad crowd."

**A way to retaliate**

Some of the women remember feeling an intense hostility towards others but lacking the ability to show it or release it in an appropriate manner. Sally and Cheryl both had violent role models in their fathers and had not learned ways to resolve their own anger. Mary's family argued constantly, sweeping everything under the rug as their solution. For these three women in particular, stealing played the role of voicing their anger and disgust at those in authority.
In retrospect, Sally realized that during the time she stole from her boss she, "wasn't defined enough about what I wanted." Instead, when Sally found herself in a job in which she was disillusioned with her duties and her boss, she began stealing from him to recoup her perceived loss of wages and status:

I started to resent some of his behaviour. He would on the surface appear to be very nice and generous with everyone. But I think he was controlling to me specifically and I just came to resent that it wasn't more... All this began to irritate me immensely and I felt entitled. I also felt like I was pulling something over him... I was thinking, I don't know if I should be doing this, but then I also thought, fuck him.

Sally's perception of herself at that time was that she didn't know how to get what she wanted, so sought to get it in "a furtive dishonest way." She felt uncomfortable and demeaned in her situation, and stealing what she felt entitled to was her way of "getting at him from a different angle from the first place." She admitted she was "like a child who was striking back. But I wasn't a child you know, I was an adult woman." An adult woman who used stealing to avoid voicing any feelings of conflict.

Mary always felt there was an element of revenge towards her parents when she stole from them. Being
labelled a problem in the family left Mary feeling unjustly judged and trapped with no room to manoeuvre:

I felt under the control of my parents and wanted to break away from that. And felt very angry about the control.

Like what I was stealing from my parents change pockets and whatnot, because I was feeling angry towards them because of the way they were treating me as a child. Calling me the manipulative child, calling me the problem child and this and that. Then I wanted to, I tend to do what they say not to do because that's what children do...so it was a revenge thing too.

Gail's experience with stealing for revenge stemmed from her mother locking away anything and everything Gail wanted. Gail felt her mother was unreasonable in her behaviours and left her no alternative but to steal:

It's something I always felt. A sense of unfair and unjust. And like, this is mine, why has it all of a sudden disappeared into here for no reason? And why can't I have it back?

Gail's stealing from her mother was a silent struggle for power and control over what Gail perceived as rightfully hers:

It wasn't like it was stealing when it was in the freezer, it's like well it's out here, why can't I have it...I'm upset, I'll be angry but I don't care because she's mad at me anyway, what else can happen. So, you stole it from me and now I've stole it back because it's mine and you can't keep it.
Cheryl's recollection of stealing was often combined with what she called her "I didn't care attitude" time period. She stated this was a critical time of "feeling angry at the world" and that she lost her ability to cope with stress. She would steal clothes and small items from stores because she felt their mark up prices were "outrageous" and stores deserved to "get their own back." Again at her job, Cheryl was feeling intense animosity towards everything:

I'd go to work and feel like spitting on people, I just hated it. And they treated me like dirt. They were so condescending and I had a real bitch of a boss who made me feel about that big (gesturing with fingers). And somehow I started stealing money.

A way to berate the self

Two participants (Cheryl and Gail) stated their stealing habits were reflective of themselves as "bad" people. Cheryl used stealing to prove to herself that, "you really are a crock of shit...yeah, prove my point you really are a shitty person, you know, look what you did."

Gail learned from her mother than she could never do anything correctly or good enough to warrant praise. These messages convinced Gail she didn't deserve to want anything, yet she still felt needs and wants. Stealing
became Gail's way of preserving her mother's negative image of her daughter:

Yeah, because if I'm treated like everything I do is wrong, it's become less of an importance of what I do...sometimes I feel well, I've tried to do this and it's still not right. Nothing I'm gonna do is good enough. So why not just do it anyway, because there's gonna be no way I can improve on my image anyway.

A way to be nurtured

Three women (Nancy, Mary and Cheryl) remember their stealing episodes as "a cry for help". The act of stealing seemed to symbolize their inner feelings of emptiness, and turmoil. Each hoped that if another person noticed and became concerned about their behaviours it would allow them to take themselves seriously. Nancy recalled wanting to be caught shoplifting:

It was almost like I wanted to be caught but I'm not sure...even I fooled myself sometimes. I would be blind about it. I just would close my eyes and think this is nothing. I would just do it.

Nancy continued explaining that being caught would have forced her to stop denying the seriousness of her actions. When Nancy was caught by a security guard she "went for help right away because [she] had never been to a psychologist. It was all a very deep dark secret, very hidden." For Nancy, stealing was a way of giving
to herself, "I think it has something to do with what I need in my life now, and I'm not getting it." Her inability to meet her own needs, prompted Nancy to reach out to someone for help. Nancy's 'reaching out' was stealing.

Mary discussed stealing as a way to receive attention which was Mary's interpretation of caring:

Usually I'm angry or sad and confused and I want somebody to sort of feel my pain...and yet I'm sneaking around watching...it's almost like those times my mom after she was nice, it was nice. The attention was good and so maybe that's what I'm looking for. Is love and attention.

Mary was referring to instances of conflict in her childhood when her mother's reaction was lenient and caring, rather than punitive and withholding.

Finally, Cheryl recalls that she would confess her stealing behaviour to her fiancé, hoping he would help and encourage her to stop. She remembers being bitterly disappointed with his confusion or lack of response. Cheryl interpreted this as not caring enough about her:

I told him and I can remember him shaking his head. It was my way of saying, look at how crazy I'm feeling, look at what I'm doing. Things are so bad...like a normal person would not be doing this. And that's what's so ironic because anybody who really knows the true essence of me, knows that that is not me. So for me to behave in really erratic ways it's saying, hey there's something wrong here, like let's do something about it.
A way to get food

Eventually, the series of stealing episodes that participants recalled all had food and money items in common. While motivated to break from the restrictive milieu of childhood, the participants as adults, inadvertently imposed physical and monetary restraints on themselves. This encouraged a continuance of their stealing behaviours. Most of the participants felt a sense of esteem and competency in their ability to work. However the need to provide themselves with food, or money for food became a strong rationale for stealing; a behaviour that was by now easy and attainable without dire consequences.

During their late teen and adult years, normal life events occurred; such as graduating from high school, securing a job, moving away to college, and moving out of the family home. At the time of the initial interviews, the three youngest participants were living at home after graduating. Two (Gail and Jessica) were employed in their first jobs, and one (Erin) was attending college and had a part-time job. The four older participants (Sally, Cheryl, Mary and Nancy) had been living and working outside their family homes for many years.
Still living within the restrictive context of the family, Gail, Jessica and Erin were now expected to contribute or share financial responsibilities for the household. Gail was asked to do "chores" in lieu of paying expenses. However, she recalls there was always a twist to the outcome:

All these jobs that I was supposed to do...I did them all; I washed the car, I vacuumed, I washed the floors, I did the bathrooms. I did all this...but once it's done it's forgotten. She turns it, well that was just to pay for the cat litter box, which costs like $4.00 or something!

Erin remembers her mother's continuous policing of her movements and eating. She was "always really encouraged to stay home. Never really encouraged to go out and make friends." Even Erin's aunt was aware of her sister's unreasonable restrictions. Erin recounted one of her aunt's visits when her aunt tried to offset Erin's mother's behaviour:

I was selling Girl Guide cookies and she [my aunt] helped me smuggle 9 empty boxes of cookies into her luggage. She took them home with her...she knew my mom would go through the garbage in our house looking for evidence of me eating bad things.

Jessica described the dilemma between being truthful with her parents about stealing money and needing money to buy food for binging. When her parents discouraged her stealing money she felt trapped, "I'm
going to have to get two jobs and I can't afford anything. The only way I'm getting the food is because I'm stealing...I felt like I had to steal in order to binge."

The four participants living independently were solely responsible for their financial expenses. Mary was told to leave her home when she was 17 years old because of family problems:

I was living in an apartment by myself, but I didn't have a lot of money, I was really poor. And I didn't have a lot of food at this point. I was really hungry so I went out and stole junk food.

Cheryl's mother was living with her during her divorce, and they were having problems "getting along." At the same time Cheryl left school because she "hated all the people [she] was stuck with", to get a job which "from the first day I started there I hated it." She stated she was financially strapped and stole food because of her eating disorder:

I was having money problems for quite awhile there and that was about when my bulimia was really at its peak. A lot of times I was stealing food because it would get so expensive.

Nancy remembers her financial budgeting plan made her feel independent. However, with financial "rationing" of her daily money allotment combining with
her binging, Nancy found herself "borrowing money from the bank." She recounted:

I needed to feed the addiction the day after and the day after that. I was so broke that I needed to take the food. It didn't matter, like I would have eaten out of the garbage can.

In desperation Nancy remembered contemplating "anything" to afford food for binging and purging:

I even thought about going into prostitution at that time because I didn't have a cent on me. If the bank hadn't lent me that money, you know, that's it, I would have gone into that route or career temporarily.

The bulimia. I needed it and it sort of ties into the stealing...no money. How else am I gonna get food. Garbage can, stealing, you know, prostitution?

Whether working and living at home, or living independently, these women unconsciously transferred their restrictive patterns into their adult worlds. The financial and physical restrictions revealed in all the interviews, were precipitating factors that created a need to break free of these constraints. Along with the stealing, the bulimia became the participants' self-imposed restrictive context.

**Comparison of Stealing and Bulimia Nervosa**

As participants recounted their experiences, the similarities between the role of stealing and bulimia
were evident. The bulimic behaviours and thoughts regarding food consumption focus on restricting oneself from food to ensure a disciplined weight maintenance. This restriction and restraint created a need for food, often followed by the binging and purging behaviours that served to break free from one's imposed physical and emotional confinement. What became clear and common for all participants was how they transferred their earlier restrictive patterns and focus on food and money into their adult worlds in the form of bulimia nervosa.

Participants were asked "how or if they thought their stealing fit or did not fit into their eating disorder?" Their replies reflected their experiences of needing and not having. Both behaviours became the solution participants used to obtain what they perceived they lacked in their personal lives. Both behaviours produced a sense of increased self-esteem in all these women because they perceived themselves as successfully overcoming their feelings of confinement. The secondary gains that resulted from breaking free were also common to these women (e.g., belonging, retaliating, nurturing) and were indicative of their overall lack of appropriate problem solving abilities.
Common to all participants was the existence of bulimia nervosa and the restrictive-break free nature of their symptoms. The bulimia provided temporary satisfaction and relief for each participant, as well as increased their overall sense of self-esteem. These elements satisfied by the bulimic behaviours, were common to all participants and appeared very similar to those described for their stealing.

Participants' recollections of their stealing often blurred and merged with their memories of the bulimia. It became difficult to distinguish the role of one from the other. Financial restraints were often the result of expenses incurred buying food for binges. Likewise, the binging often occurred in reaction to concerns over financial restraints. Stealing was used to "feed the habit." Whether it was money or food being stolen, it was stolen for the sole purpose of binging. Binging in turn was used to comfort, retaliate or bolster their esteem, depending on the circumstances each participant was facing.

Emotional release

Most of the participants felt a sense of shame about their eating disorder. However, when they were experiencing emotions that "overwhelmed them, they
resorted to bulimic eating behaviours to offset their emotional states.

Mary made a distinction between her "bulimic" and "healthy state of mind." In her "bulimic state of mind" she felt:

insecure, scared, vulnerable. All of a sudden it's back and it's big. Bang. It's binge and purge. Bad junk food things. I don't like that because I'm healthy. When I'm in a healthy state of mind I feel so good and secure. After the binge, purge thing I feel I'm in control and good, good and secure again.

Sally had similar feelings about her eating and stealing. While she was also "afraid of running into someone I knew", she found herself hoarding "tons of chocolates" when she was "emotionally strung out." For Sally there was a sense of pride when she could restrain herself from overindulging:

There was tons of it there, which is kind of how I like to eat my chocolate. When there's a whole bunch of it there and I just take a piece of it....But there's always the fear that it's gonna happen. I'd like to say I have a great diet, or I'm a good person. I'm a person of integrity. It's the thing with my body obsession...I have difficulty with the grey areas.

As was the case with stealing, anger and revenge at others was a factor in their bulimia. For Cheryl and Jessica, binging and purging allowed them to vent their frustrations at others, when they felt victimized.
Cheryl stated she was stealing food to binge and purge because she was "angry, feeling like the world was caving in on me." She remembered this was always when she felt "under the influence of somebody else", and not feeling capable of handling herself properly:

If I'm angry at somebody, or upset about something...not being able to confront them...dealing with situations of conflict was a very big one for me. That's difficult. Outside influences. Like, why is this happening to me?

The bulimic behaviours became an angry voice for Jessica, when she could not confront someone with her feelings:

I usually binge to forget about things, and then I purge at people. I think, oh I'm so mad at them, and then I get sick, sick...I'll show them, I'll make myself get sick. If I'm mad at someone, I'll be mad, so mad at them. Why did they do that to me? They're so mean. Binging is to forget about it, purging is to prove something to them.

Erin also used the bulimia to relieve the anxiety and frustration she experienced with her mother:

Not being thin. Anxiety and frustration over having to work so hard...kind of feeling like I got the short end of the stick all the time, especially compared to [my sister].

I was her big plan, her big project. And for me not being thin, that was screwing things up. That just wasn't fitting into her overall plan...so while they thought I was doing aerobics, I was next door grabbing food and eating it as fast as I could. Bulimia I
think screwed up my chances to be the best, and I stole just to support that.

When Sally was asked whether she ate "at" anyone, she answered:

It's hard to tell, because I eat chocolate so much, but yeah if I'm depressed or I'm mad I'll want it. Usually if I'm with people I'll offer them a little bit, but if they've done something that pisses me off, I think, fuck you I'll take this all home for myself.

Stealing and bulimia became a means of anger and conflict resolution. **Gaining control**

Stealing and binging gave these women a sense of control. For Nancy, experiencing control from chaos was stealing to prepare a binge that "no one and nothing could destroy." Keeping the bulimia a "deep secret" was Nancy's ultimate control.

The presence of the eating disorder for some of the participants like Nancy, was their way of creating a friend. This was in contrast to their stealing which allowed them to publicly belong to groups of friends. The bulimia, on the other hand was a closely guarded secret that was kept from friends. Participants perceived others being horrified or disgusted about their behaviours, so kept it "hidden, very deeply hidden." Stealing was a shared experience among
friends. Bulimia was an isolating experience and food became the surrogate trusted friend - their security.

Sally described food as her "security sitting there, it's my friend...I like having it. It's a happy, secure, comfortable, stable thing there." Gail stole money for food, or food itself when her mother locked food away. She reiterated Sally's sentiments, "I always found comfort in my food. I had friends, but I never talked to any of my friends about this, and I didn't have anyone I could confide in."

Cheryl was distressed after her engagement ended, and her bulimia gave her a focus and direction:

At that point it (bulimia) was the main part of my life, 'cause I had no one in my life. I lost all my group of friends and fiancé, so the bulimia....I'd never had a problem with food before, but all of a sudden I turned to food for a consolation. My friend when I had nobody.

Nancy described her bulimia as her own "little special thing" that no one could destroy or take from her, "when nobody else has been a friend to me. I can't be a friend to myself. It's there. It's there to nurture me if I need it, a friend."

This need to be nurtured through the eating disorder was again described by participants in the same manner they described the role of their stealing. The
bulimic act, whether carried out in private (Nancy) or in public (Erin and Mary), was the way three of the participants received caring or concern from others.

Nancy always kept her bulimia a secret so she could relish the rewards for herself. She experienced the binging and purging as loving herself:

> It was my own little private party, the stuff that people cannot give me because they don't know about the problem. Love...that was what I termed love, was this feeding myself that, food, having that reward. It was special. It was special.

Both Erin and Mary received nurturing by making their bulimic behaviours known publicly. Each found the experience of being understood, supported and cared for very comforting. Erin remembered how relieved and comforted she was by a Weight Watchers group:

> If you lost weight you had to stand up and everyone clapped for you. I stood up and said I'd gained two pounds when I was in Disneyland and everyone clapped for me! They said if they'd gone they'd have put on 15 pounds, then I didn't feel so bad.

    I loved going to Weight Watcher's meetings because I got the support that I needed. They didn't understand why I was there...she's just some kid, why is she here? This kid doesn't need to worry about weight. What a relief. I had understanding. I loved going there.

Mary's description revealed her need for caring very blatantly. In a public restroom she would:
wait until there's somebody in the room. I feel the presence of a person is comforting to me. If they hear me they say 'hey, are you okay in there', then I feel like someone's there. Thank you. And I feel so vulnerable, scared, but I feel like good, somebody's reaching out to care for me. It's all about care. It's all about feeling loved.

For all of these women, the stealing and bulimic behaviours provided similar outlets for emotional states. All the participants used these behaviours to gain a sense of control in what they perceived as their "out of control" lives. If the stealing could not produce a feeling of control, then the bulimia was tried, thus producing a cycle of inadequate and unsuccessful problem-solving.

Mary's response aptly summarized all the participants' experiences:

They are definitely associated I would say. First it's control. If I can't get control from here (the stealing) then I'm going to do it this way (the bulimia). Then I'll feel in control of my life.

Mary also voiced the ultimate fear of each of these women. All were painfully aware that their stealing behaviours were wrong and their binging behaviours were temporary releases. The fear and confusion arose again from the desire to stop their "destructive ways", but not having any knowledge of effective solutions. Mary agonized:
If I feel like I'm not in control of my life I feel like I want to steal, but now stealing is not acceptable. Okay, fine... binging and purging. But now binging and purging is not acceptable so now it's like, what's acceptable. So the two come together and lead to something like a binge, purge, steal thing. I just need to feel in control of my life.

At a certain point all the participants seemed at a loss to contemplate solutions. Sally remarked, "there's no way out, it's just, I don't know where to run." They felt consumed by their needs and wants, and restrained by the stealing and bulimic behaviours they used to satisfy them. Mary's last statement implied that even the stealing and bulimia were not acceptable. All the participants were stuck in a cycle that was not satisfactory, but was perceived as necessary in their lives.

**Getting Caught**

All of the participants had the experience of getting caught while they were in the act of stealing. All experienced the common response of fear and shame during their apprehension and interrogation. This became important in the success or failure of their stopping either their stealing and/or binging and purging behaviours. These elements were:

- the apprehension
The apprehension

After several years of stealing small items from grocery stores and workplaces, or stealing money from parents, all participants were eventually caught in the act. Some were caught and apprehended on several occasions throughout their childhood and teen years, while others were only caught once before they "learned their lesson." For those participants who had a series of apprehensions, the experiences were vivid and terrifying at the time. However, they remember that these instances of fear were not sufficient to deter them for long periods of time.

The following scenario was taken from Cheryl's initial description of her apprehension. It typified the type of action taken by security personnel, and Cheryl's reactions were generally reflective of the emotional state experienced by each of the participants:

We walked out the front door and they just descended from everywhere and I remember arms, just 'holy shit' someone tore at my arm. "Store security. Come with us." And the whole world just went oh....

I see one friend being dragged through one door, and the other one going - and
they're marching me through this door, and all of a sudden the consequences started coming down - Oh my God!

And they dragged us out to, up the freight elevator, the one they took the shoplifters on, and I remember being on display, like everybody looking at you and know what you've done. And they took us up to the security room and they put us all in separate rooms. They wrote everything up and I thought I was going to get to go home and then they called the police. By that time I was a basket case. Please I'll do anything, not the police.

The police came down and they took us to the police station. I'd never been in the back of a police car and I thought I was gonna die. They took me to the police station and sat me in this big room. Big desk. Big benches. Just like you see on T.V. I literally cracked. I wasn't going to deny it.

At the point of apprehension, most of the women understood the gravity of their situations. The fear that followed was a consequence of their feeling at the mercy of their apprehenders. Mary recalled that during her third apprehension she was "at a very rebellious stage of my life, swearing at him, but this time I was 19 years old, so it was no longer child's play." Nancy remembered feeling "tarnished, filthy and labelled" when the security guard called her a thief:

My head was spinning and he just kept calling me a thief, that security guard. And he made me feel gross about it. I was really confused and I needed to be let go. I know what I had done wrong but I couldn't tell him why I did it (the bulimia) and that was bothering me.
Sally was the only participant who was not apprehended by police. Her stealing from work was uncovered by her boss. She remembered her reactions and thoughts:

So I got it together and left his office and the accountant was outside watching me take all my things out of my desk. And then I was just terrified 'cause I thought 'holy fuck' what have I done...criminal charges, oh my god.

I was in this situation which I was having to rely on his compassion. The fact that I had never really liked this man, that he wasn't gonna turn me in to the police. It's a breach of trust and that's worse for you when you work with that person.

The sentence

Five of the women apprehended were sentenced for their stealing. The sentences varied in severity and length, and some sentences never materialized into anything beyond the courtroom. For example, Mary was issued a summons to court. Her parents retained a lawyer for her, and he had the charges and community service dropped:

The lawyer got me off the hook because he wrote a letter of apology to the court saying that I would never do this again...putting it in words that I walked through the store in a haze and suddenly things just sort of happened...a lie. A lie in a sense because it wasn't like that. I went in with the intention to steal.
But he helped me get off so I wouldn't have a record. It was very important to my parents that I didn't have a record.

Cheryl's sentence was to attend family court with an information officer. She described it being like a "counselling session" and that just she and her mother were present. She remarked, "and that was the consequences of that incident. That didn't even phase me."

Jessica remembered being fingerprinted, photo taken and served with community hours, "I worked for an old folks home. It was actually kind of nice because I learned to appreciate what other people have, especially older people."

Nancy was humiliated when the prosecutor was willing to drop the charges "because she was contending with an illness, you know the bulimia." The terms of her court appearance were conditional upon her receiving professional treatment, that "I don't walk into the store for a year and that I don't steal anything, don't get caught, anything."

While Sally was not prosecuted by her boss, she recalled her humiliation and horror when:

My landlord came up and said there's someone here to see you. I opened my door and the bailiff was there and he said we're here to
take the car. Why is he doing this? Why didn't he just ask for the car back?

**Family reactions**

The three younger women were caught stealing by their families and received disciplines and reprimands that proved ineffective deterrents to future stealing incidents. Parental reactions seemed to reflect their need to restore the family image they perceived as tarnished. Jessica remembered, "My dad was pretty mad, but he was more mad that I forged his signature...my mom basically because I embarrassed her at work...I was grounded for a month or two."

Similarly Erin remembered her father reacting with anger because he had, "just been promoted to deputy chief...and that made him look bad." Her punishment was, "he gave me lots of spankings with the wooden spoon and grounded me pretty good. No T.V. No nothing. It was the longest three months of my life." Gail recalled her father "didn't trust her anymore", and her mother "sometimes would ground me off the T.V. or take away some kind of privilege that I had then."

For two older participants (Cheryl and Nancy), family reactions also deflected off the woman and focused on the people they divulged their "sins" to. Cheryl's fiancé responded with disappointment, "Why
Cheryl?", and little interest in pursuing a reason further, while her father "took it personally, like it was a statement against him. Did you do that to hurt me 'cause if you did it worked." Both responses left Cheryl feeling "hollow" and "now I've lowered myself in their eyes and mind again." Nancy's father, upon learning of his daughter's stealing accused her of casting shame on their family name:

Oh you do have problems and you should be ashamed about lying to us, about school first and then going off to some store and stealing. You have a name to you, especially (family name deleted) which is you. You work hard, do your earnings, be proud.

Sally never told her mother because she, "knew she would be so upset about it. She wouldn't blame me but she'd worry." Sally's experience differed from the others because the people she confided in "were supportive and good friends." During her experience of being caught, Sally was aware of her need to seek help and comfort from chosen friends. The three people she involved all listened to and consoled her, but "didn't try to hide it...they said, well you screwed up and you gotta deal with this. I think having them there and knowing that I can lean on them helped me be stronger."
At the time of apprehension, each participant was presented with the opportunity to learn from their mistakes and stop stealing, or continue their stealing behaviours regardless of the consequences. During the course of recounting their stealing experiences, participants revealed that some apprehensions were effective deterrents, while others were not.

**Deterrence fails**

Participants' awareness of the serious consequences of their stealing behaviours differed between each other, and differed between each incident they stole. These differences in awareness and reaction were important factors in deterrence not working at times of legal, family, or therapy intervention.

**Legal intervention.** Several participants found ways to rationalize continuing their stealing behaviours after apprehension and sentencing. Sally's comment that she did not contemplate the legal ramifications or consequences of stealing was shared by other participants:

> I didn't think about it. I didn't think it was serious enough. Yeah, I was doing this, or I'm doing that, it's not that much. If I had thought the consequences were going to be really bad, I would have stopped, but I didn't. So I don't think I felt the consequences were going to be that bad. It's
like the death penalty not being a deterrent you know. I didn't.

Jessica's community hours and police station experience only stopped her from stealing in stores, "never like that again. I guess different types of stealing." Erin took advantage of her youth and past incident with a security guard:

I didn't think they'd really do much to me because I was still really young. I knew if they called my parents they'd be mad and they might punish me...but then I figured out that I didn't have a criminal record and if I cried and said I'd never done it before they wouldn't press charges.

Cheryl's savvy of the criminal system helped her to ignore the consequences of her behaviour when she remembered "having a juvenile record, but knowing full well that once I reached the age of 16 then it would be eliminated, it didn't really mean anything." Cheryl commented that "it was easy to get off if you knew the right things to say." Mary recalled feeling scared after she was apprehended "and stopped stealing from stores again until I was 15 years old. I was terrified of getting caught, so I was trying to steal mostly change from my parents". Mary had used the police photograph of herself to help her refrain from stealing. She remembered:
Praying to God, and taking my picture with tears running down my face, and putting it in a box, and saying I'm not going to do this anymore. If I feel like stealing I'm going to go to this box, look at my picture, see my face, see the fear, see the tears and remember this. For a long time I did, but I got back into it again with a friend and it was easy, easier together.

**Family intervention.** Interventions by the family were not effective in stopping stealing behaviours. In fact some interventions only served to normalize or diminish the seriousness of stealing for these women. Several participants described their parents divulging their own stealing experience when they were young. The purpose of this parental sharing was to ease their daughters' distress, and set a good example for successful deterrence.

Jessica's mother confessed to stealing "chiclets or something like that and took them outside and threw them on the ground at her friends." Jessica thought this was her mother's way of "telling me that stealing was normal, but not to do it or whatever." Mary's mother disclosed that when she was, "a little girl, I stole a tin soldier too. So as long as you've learned your lesson Mary, that's okay." Mary's reaction to this message was, "it was okay, my
mom made the mistakes too and that's okay. I made a mistake but I can learn from it."

While both were comforting messages for these women to hear when they were young, the messages were not strong enough to deter them further. For Mary in particular, the parental messages were sources of confusion. Mary's mother used herself as an example of overcoming personal mistakes, but accused Mary's father of "teaching me to steal." Mary described how she had seen her father "steal something, something to eat actually and gave it to me, because he didn't like the waitress in this restaurant in Europe."

Mary remembered that her father's actions were "really sort of exciting. I saw my dad as someone sort of cool and neat." Nancy could also remember her father setting an example, but in a negative way, "he didn't tell the employment agency about his job, he accepted money under the table."

While the intentions of these parents were well meaning the outcomes were not effective for the participants to change their stealing behaviours.

_Treatment intervention._ Three participants (Mary, Nancy and Sally) specifically addressed their treatment interventions as they related to helping or
hindering deterrence from stealing. Two cases (Mary and Nancy) of therapy ended up recreating a restrictive environment for the participants, from which they felt compelled to break free. The course of these treatments focussed primarily on behavioural management of their eating behaviours.

Mary had been in therapy addressing family problems, specifically she and her father going on a stealing spree together in New York and Florida. Mary recalled that "he explained to me some of my father's traits, trying to understand and sort through that he's got no integrity, so I shouldn't steal just 'cause he did." However, she also admitted that her stealing and binging behaviours did not diminish during that time because "my psychologist told me I wasn't allowed to binge and purge at home, so I started running around to stores and restaurants taking food and then getting rid of it before I went home." In addition, the psychologist condoned "good foods and frowned on me eating bad foods, like my junk foods. Yeah, but that just made me more craving for them."

Nancy's treatment experience was similarly restrictive and unsuccessful:
We found ways to treat the bulimia which I didn't appreciate. I know she tried to help me but I wasn't being honest with her...the first treatment was to throw away a dollar each time I binged and purged. I'd throw the dollars into a bag and we went to a garbage can together and we just chucked the money into the garbage can...trying to say to me I'm throwing away money every time I binge and purge.

It was destroying me as a person, because it made me binge and purge more. The anxiety level had increased. I can't afford to do this, so I rigged my journal and started retrieving my bag from the garbage can. Forget it, I don't want this therapy anymore.

The third participant's (Sally) treatment experience focused on her stealing and was not behavioural in scope and was more successful in outcome. Sally had been in therapy with her psychiatrist at the time she was caught stealing funds from her boss. She recalled, "then I saw Dr. (name deleted) and I told her what I had done. I told her how much I was earning and she said you just have to come clean here and deal with it."

Sally responded to this advice by "calling him the next day and arranging to meet and talk to him." This type of intervention allowed Sally to face the responsibility of her actions and deter herself from any rationalizations that would "help me run away from it."
Sally's apprehension and subsequent treatment intervention introduced the element of personal accountability into her stealing experience. Ultimately, it was this sense of accountability that successfully deterred many of the participants' future stealing and bulimic behaviours.

The feature of getting caught in the act of stealing was a common experience for all seven participants. The procedures each faced during the apprehension were also common to all women, as were their emotional reactions to their situations. The differences that emerged were related to each woman's subsequent thoughts about the seriousness of their actions.

Getting caught presented each woman with the opportunity to break free from both their past and self-imposed restrictions. Apprehension, sentencing and treatment introduced the majority of these women to the concept of personal accountability.

**Recovery**

The feature of recovery was evident for all of the participants. They were struck by the notion of personal accountability. This sense of accountability encouraged them to view their habits within a wider
context and perspective. Coming to terms with the inappropriateness of their stealing sometimes coincided with acknowledging the inappropriateness of their bulimic behaviours.

For five participants, recovery was discussed in terms of self-change that led to cessation of the stealing and/or bulimic behaviours. Their stories were described in the language of self-change, with participants acknowledging their newly found ability to provide a non-restrictive, non-restraintive context for themselves.

**Personal accountability**

The element of personal accountability was discovered to be the catalyst for effective change. Personal accountability allowed five of the seven women to recognize and meet their individual needs in a healthier way. Two participants (Mary and Cheryl) were just beginning to understand the concept of personal accountability. However, at the time of their interviews they were struggling with long-term success.

In Mary's description of her eating problems she was beginning to distinguish between knowing she had a problem and feeling the consequences of her problem:

> Like I feel like I'm hurting myself. Here I go again. I'm out of control once
again....And now when I do it I get really sick and after I feel really, really bad in my mind. Really like I screwed up.

Cheryl, too, would make personal connections, but they would occur after the fact. She described both the stealing and binging in the same terms:

there's no thought process going on during the whole event, and then afterwards, after I get over the glee I think why did you do that? So much at risk....same with the vomiting and stuff, there's no thought process as to what's going on, why I'm doing this. And then the day afterwards it's why did I do that?

Both Mary and Cheryl were still struggling with their knowledge of consequences and their feeling helpless to control themselves. They were not fully prepared to acknowledge their personal commitment to stopping their behaviours. As Cheryl said, "I know better and I know the consequences, but it doesn't stop me from doing it again."

Mary and Cheryl still found reasons outside their own accountability for their current struggle to deter themselves. Mary stated, "it's hard right now because I'm in conflict and fear with my boyfriend leaving to go back to Mexico. I'm so upset I binged yesterday because of it." Cheryl's need to set herself apart from others became her rationale to ignore self-accountability, "I'm not like everybody else. I've got a few other things
that I have to contend with. I'm not generic. I think I'm a special case sometimes."

Of interest was Cheryl's response which revealed a possible ulterior motive for her participation in this study:

God, I have such a conniving mind because I've always been creative and covered my tracks really well. If I ever had to explain myself, if I had to go to court, 'your honour the reason I did this was, that all this research and I gave him this well publicized journal, well documented that people with bulimia are known shoplifters then, what could I have done, what could I have done - it's out of my control!'

That criminal mind of mine just never stops turning. I would find every little angle possible.

For the remaining five participants, their sense of accountability was a key factor in their success in overcoming their stealing and bulimic behaviours. It was apparent during the interviews that their sense of accountability was pivotal in their future self growth and change. All five participants' remarks reflected an understanding that they were just like everyone else, therefore they could not excuse or rationalize their stealing behaviours. Now they were trying to conduct themselves within the same guidelines as other people. This new perspective-taking allowed these women to feel
a sense of pride in not stealing which ultimately enhanced their self-esteem.

Gail stated when she doesn't steal she "acts like it's some big thrill that I haven't taken anything. And when I really look at it why should it be any big thrill? People aren't supposed to steal anyway." Erin felt that same feeling of pride and concluded, "anything that I could want it's there and if it isn't there I can just go out and buy it so I don't feel that I'm not getting anything that I want."

Nancy used her past experience to regain her perspective on maturity and independence, "you have to look after yourself." For Nancy the choice was clear, "do you want to live on your own and be financially independent, or do you want to go back to stealing and depend on somebody else?" She credited her ability to know the difference between right and wrong, as the "thing that kept me knowing Nancy so that the better side always won." Jessica reiterated the concept of right and wrong, "it's not important to steal money, it's important to have a clean record...that's not going to help me. It will keep me back from getting where I want to be and I don't want anything to stand in my way." She stated it was the same with the eating
disorder, "now I think about my health where before I'd try to ignore it." She summed up her need to be accountable when she admitted, "it's my fault. You're the only one that can stop yourself from doing these things."

Finally, Sally spoke of her accountability for stealing and the bulimia in the following ways:

I would have dealt with it because what else was I gonna do? I had to pay the money back and there's no reason. How do you explain why you took the money. It wasn't mine to take. There are pretty bad social consequences for theft - jail, losing things, humiliation.

And with the eating, eating, eating. What are you doing to your body? It's not healthy and it's within your control. And so are the feelings within my control. So I have a comfort level now where I know something is wrong because the whole experience was so utterly and completely vile.

These participants had become aware of their own ability to control and direct their behaviours. The five participants acknowledged they were responsible for meeting their own needs and seeking alternate avenues of self-satisfaction. With this new perspective and knowledge, the five participants described how they felt more freedom to make choices regarding their behaviours.

At the end of this study, all five participants (Jessica, Gail, Nancy, Sally and Eric) had successfully stopped their stealing behaviours. Their reasons for
continued success were similar, in that each woman was aware of the personal consequences should they steal, aware of the inappropriateness of stealing, and aware of the futility of stealing as a problem-solving device. In regards to their bulimic behaviours, these women differed in two ways. First, three participants (Gail, Erin and Sally) had successfully stopped their behaviours for the same reasons they stopped stealing, plus they were aware of the physical risks they incurred because of their bulimic behaviours. The other two participants (Jessica and Nancy) were aware of the physical risks. However, Nancy chose to keep the bulimic behaviours intact because it provided her with friendship and comfort. She reported she was diligently but slowly working at widening her circle of friends so that eventually the bulimia was not needed. Jessica was still binging and purging, but reported working hard at decreasing these behaviours as she began filling in her time with "adult things in life" like work, friends and car payments.

The remaining two participants (Mary and Cheryl) had not found their way clear to stop either their stealing or bulimic behaviours. Their conflict was
choosing which behaviour to use as a problem-solving tool.

**Personal reflections on change**

At the end of their interviews, the five participants who had experienced successful deterrence were asked the question, 'How do you think your experience of stealing and bulimia affected you?' Three of the women (Jessica, Nancy and Sally) articulated the common response of putting these behaviours, and indeed their identities in a new perspective:

I feel like it's far in the past because I've changed so much now. I feel like whoever did that wasn't me, it was another person. I'm a different person now because I've changed in so many ways. I want to start clean. (Jessica)

It just doesn't do anything for me, but I've learned from it. I know from my own past experience what I did, where I am now, I know the shame of it. I know that. I think it's like I said to you, it's a more mature type of Nancy now than before. (Nancy)

I feel a lot better about myself. I feel I'm a lot stronger person, that I need less reassurance because I've worked very hard to overcome things. I'm glad that these things happened because it was so horrible that I really had to look at myself. (Sally)

**Summary**

The experience of stealing as described by these participants revealed overwhelming commonalities. Of course, the individual experiences varied somewhat
according to internal and external factors. The common features of this experience comprised elements of the stealing and bulimia behaviours that led these individuals through a series of stealing events, introduction to an eating disorder, apprehension, deterrence and for some recovery. Five key features were revealed in participants' descriptions: (a) the restrictive context (b) the function of stealing (c) the comparison of stealing and bulimia (d) getting caught and (e) recovery. Five participants' experiences reflected all of these features, while two participants' experiences described their struggles towards successful recovery.

The restrictive environment all these women lived in created specific personal needs. Important in the restrictive context was the family focus on food and money constraints which were perceived as unfair and unjust restrictions in comparison to other friends and their families.

The function of stealing provided these participants with a way to satisfy personal unfulfilled needs. The stealing provided secondary gains, in terms of belonging, increasing self-esteem, rebelling and nurturance.
The comparison of stealing and bulimia described how all of the participants transferred their restrictive environments into their adult living circumstances. Again, emphasis was placed on the discipline, rigidity and focus on food and money that culminated into the form of bulimia nervosa. All participants recalled their stealing and bulimia provided them with satisfaction of various personal needs unfulfilled while imposing restrictions in their lives.

Getting caught presented two future directions for the participants. One direction for two women was their continuation to explore and understand personal accountability in an attempt to successfully deter themselves from using stealing and/or the eating disorder to satisfy their needs. The second direction presented five women with the challenge to meet and direct their lives head on, (recovery) without resorting to criminal or unhealthy behaviours. Sally summed up this new challenge as:

I don't think I was necessarily capable of it before, but now I've got to be more upfront and honest and think out what I'm willing and not willing to do in my life. And that's what it's about you know, the everyday living stuff just like everyone else.
Finally, the accounts of these participants raised an important point regarding their stealing behaviours. All the women began stealing prior to the onset of their bulimia. The items stolen (food, or money to buy food) were picked not only because these were targets of family restrictions, they were also small enough to be concealed. These particular items then became easy targets to steal for the binging and purging episodes during their eventual eating disorder. However, the emergence of a long-standing history of stealing provided important additional information regarding the meaning of stealing.
CHAPTER V: DISCUSSION

This chapter presents the findings and limitations of this study. In addition implications for theory, practice and future research are discussed. This chapter concludes with a summary of the research project.

Summary of Purpose and Results

This study investigated the experience of stealing in seven women suffering from bulimia nervosa. An exploratory case study using multiple cases was employed to elicit participant personal accounts in an attempt to gain a deeper understanding of this event within the context of an eating disorder. Findings revealed three distinct descriptions of the stealing experience:

- stealing arose from a restrictive context during childhood. Family restrictions were commonly used to enforce family values and focused particularly on food and money constraints. Discipline within the family was conducted by punitive withholding or restricting of food and/or money. These constraints were perceived as unfair and unjust restrictions when compared to other friends and their families.

- stealing and bulimia share a similar meaning in that these behaviours were the symbolic release of perceived personal and family restrictions. Both behaviours provided concrete ways to gain a sense of freedom and control over their lives.

- stealing expressed a "breaking free" from restrictions that produced important
secondary psychological gains such as belonging, nurturing, rebelling and self-enhancement. These psychological gains parallel those they described produced by their bulimia.

An analysis of the interviews provided commonalities for all participants; (a) the restrictive context, (b) the function of stealing, (c) comparison of stealing and bulimia, (d) getting caught, and (e) recovery. Each of these features contained elements that were common to all participants and some that differed according to their individual circumstances and experience. These findings offer support to some theories, challenge the dynamics of others, and offer additional information of a preliminary nature in our understanding of stealing and bulimia nervosa.

Limitations

The limitations of this study focus on factors relevant to the participants and the researcher. First, this research was conducted on a small group of participants (seven women), specifically selected for this study. Second, this group was homogeneous in that all participants were from lower to middle class families and all were Caucasian except for one woman who was Chino-Canadian. Third, all participants had been diagnosed with bulimia nervosa rather than another
category of eating disorder (anorexia nervosa, compulsive overeater, etc.). Thus, the results of this study cannot be generalized to other women with these differing classifications, other clinical populations, or other populations in general. Fourth, the data was limited to details readily conscious to the participants, their ability to articulate details of their experience, and their willingness to reveal this knowledge. Finally, the researcher's expertise in the field of eating disorders and counselling skills potentially enhanced the research process, however, it is acknowledged that these could also be limitations or biases.

Implications for Theory

The results of this study are unique in their contribution to literature on eating disorders because they focused on descriptive accounts of the stealing experience in this group of women previously unexplored for its meaning and purpose. This study was not theory driven, nor designed to test the appropriateness of any theories or clinical observations on stealing in bulimia nervosa. Overall, the results of this exploratory case study relate to and expand upon some of shoplifting and
eating disorders literature and can only be compared to these quantitative studies in a general way.

**Stealing and Bulimia Nervosa**

As discussed in earlier chapters (see Introduction and Literature Review), very few studies exist that address stealing in eating disordered women. In fact, six studies were found that made mention of stealing and only three of those focused solely on the stealing aspect of bulimic women. However, all six studies were quantitative in nature, listing stealing behaviours as "clinical features" of the bulimia.

The studies provided a clinical profile of the type of bulimic who steals, when she steals and reasons for her stealing. They suggested this older, independent, extroverted bulimic steals food for binging which relieves her uncontrollable impulsive thoughts and feelings, satisfies her profound hunger and symbolizes her struggle between the good and bad parts of herself (Abraham & Beumont, 1982; Casper, Eckert, Halmi, Goldberg & Davis, 1980; Crisp, Hsu, Harding & Hartshorn, 1980; Norton, Crisp & Bhat, 1985). In addition, there is a vague assumption and agreement by clinicians in the literature on eating disorders that stealing occurred during the bulimic phase of the illness, or during a
binge-purge episode (Mitchell, Fletcher, Gibeau, Pyle & Eckert, 1992).

The results of this study did not reflect this profile. First, not all of the seven participants were living independently, nor were they older in age. This study did not explore participants' sexual or emotional states and therefore cannot comment on their level of anxiety or sexual activity. However, all participants indicated their stealing, binging and purging behaviours helped reduce their anxiety.

Second, the motivation to steal food for binging was confirmed in this study, but not for the purpose of satisfying a profound hunger. Participants in this study stole mainly food and money, but again the origins of this stealing began outside of the bulimia. Most participants came from family homes that categorized foods into good and bad choices, with plenty of "good" foods available and "bad" food denied. In addition, spending of allowance money was restricted or denied to prevent participants from buying "bad" food outside the home. Therefore an emphasis was placed on withholding and restricting access to food and money early in life, many years before participants recognized their eating habits as binges. In retrospect, some participants
realized the foods they stole in their earlier years they now considered "binge foods". From participants' accounts, the patterns of stealing food and/or money to buy food preceded their bulimia, but was easily incorporated into the dynamics of the bulimia later on. However, food and money were not the only items stolen by participants in reaction to this restrictive environment, therefore this study revealed that stealing was more than a behaviour to feed the binging habit.

Third, along with the studies suggesting stealing was conducted to feed the bulimia, other researchers proposed that stealing occurred due to the effects of physical starvation which created an uncontrollable impulse to eat (Johnson, 1985; Palmer, 1980). The participants in this study reported that when they stole during their bulimia it was because they were hungry, but the main reason they stole was not that they couldn't control their hunger, rather they did not have sufficient financial resources to afford the food. These women reported stealing food was a better avenue than rummaging through garbage cans, going without food or in one woman's case turning to prostitution to get food money. The reason these women stole was due to financial troubles rather than starvation impulses.
These findings are in agreement with those found by Mitchell et al. (1992).

Fourth, there is a vague assumption by clinicians that stealing occurs during the bulimic phase of an eating disorder. This conclusion may be limited by the method of inquiry. Questionnaires only inquire about stealing behaviours during bulimia as exemplified by Johnson's (1985) diagnostic survey which asked if stealing had occurred "since the onset" of the disorder. This type of limited inquiry is still part of current local treatment centres.

The results of this study uncovered a lengthy pre-existing history of stealing in these participants which calls into question the existing assumption that stealing exists to sustain the bulimic habit. For these participants, stealing was described as a psychological and behavioural reaction to a restrictive environment and lifestyle. Their stealing was a means of breaking free of these restrictions and offered them temporary solace. By limiting the time frame of stealing, past research has overlooked the origins and patterns of stealing and its association with restriction and rebellion.
The results contained in this study more closely resembled the singular personal accounts of stealing in eating disordered women published in popular literature (Hall & Cohn, 1986). Their accounts described stealing for the purpose of meeting unfulfilled personal needs, such as belonging, caring, and bolstering self-worth. The participants in this study described the reasons for stealing in similar terms. All of the women had unfulfilled needs, each described their stealing as their attempt to meet those needs, although their needs varied. For some women stealing allowed them to belong to a peer group when they had always felt an outsider. For others, stealing resulted in making them feel more secure and competent, bolstering their sense of self-esteem, while stealing for others met their destructive need to berate themselves for being worthless and undeserving. Still others found stealing provided a means for them to feel consoled and cared for when no one gave them that.

The act of stealing for the women in this study momentarily fulfilled their needs and symbolized their breaking away emotionally and psychologically from their own and other imposed restrictions. In this study stealing served the primary function of breaking away
from restrictions, as well as the secondary function of needs gratification unmet by their restrictive environments.

Clearly the existing studies have been limited in their scope of understanding the dynamics and patterns behind the stealing behaviours of bulimic women. While quantitative studies have hypothesized about this behaviour, this qualitative study suggests stealing serves a deeper emotional and psychological purpose rather than any physical need. In order to gather further hypotheses and observations, this study reviewed literature on the motivational factors for stealing in general, as well as the motivational factors for binging.

**Stealing**

The literature on stealing, usually referred to as shoplifting, suggested three influential factors for stealing, (a) lack of impulse control, (b) alleviation of emotional states of anxiety, and (c) an expression of revenge and restitution. An additional factor cited by several researchers was the state of absent-mindedness at the time of stealing.

The experiences of all seven participants confirmed these factors but in varying degrees. All participants
spoke of feeling out of control in their lives and often feeling anxious because of upsetting incidents or interpersonal problems. All reported feelings of anger and frustration over the injustices they perceived being caused by their rigid family atmospheres, and all wanted what was owed or due them. Each of these factors were sufficient to rationalize participants' stealing behaviours.

The state of absent-mindedness discussed and observed by several researchers was not found to exist in this study's participants. None of the women recounted a fogginess about their stealing episodes. In fact, they all remembered being very consciously aware prior to, during and after they stole something, including the fact they all planned their stealing episodes in advance. For example, Cheryl always wore a particular jacket big enough to hide items in, while others had special "bags" they took shopping to easily drop items into. All were prepared and pre-planned to steal specific items. There was no haze, stupor or diminished reasoning present for any of these women.

The influential factors of shoplifting cited in these studies appeared to be similar to those factors of binging and purging in bulimia nervosa.
Bulimia Nervosa

The behaviours of binging and purging in bulimia nervosa are thought to be motivated by the need to reduce negative feeling states (e.g., anxiety, fear, stress) and provide soothing, nurturing and a sense of control over the individual's life. These factors are similar in function to those found for stealing in individuals who do not suffer from an eating disorder.

Research and clinical observations have focused on the cause of eating disorders and have typically suggested a multidimensional combination of individual, family and social factors. The main focus of research and clinical treatment is on the identification and treatment of symptoms. For example the medical models focus on physical effects of starvation and refeeding. Cognitive-behavioural approaches focus on reframing irrational beliefs and teaching alternate behavioural techniques to offset symptoms (e.g., going for a walk rather than binging). However, as this study has shown often behaviours originate from more long-standing dynamics and patterns throughout the span of an individual's life.

The results of this study reflected dimensions of individual, family and social influences. The purpose
of their binging and purging behaviours agreed with the behaviourist model of mood reduction and tension regulation (Rosen & Leitenberg, 1985). The participants in this study needed a way to relieve negative emotional states in order to feel in control of themselves. What is important from these findings are the reasons these women had not developed their own sense of control in the first place.

The psychodynamic approaches of Bruch (1973, 1985, 1988) and Goodsitt (1969, 1977, 1985) proposed the need for control or lack of control was due to complications during the development of the self-concept. Bruch (1985) stated an eating disorder was related to "disturbances in the development of the personality, with deficits in the sense of self identity and autonomy" (p.10).

These approaches examined the importance of the child's environment which created safety and security and thus fostered a strong sense of internal identity and worth. Failure to provide these needs resulted in poor internal regulatory functions such as soothing, esteem, tension and mood regulations. With this failure to regulate, the child relied on external others for regulation and definition. Goodsitt (1985) stated an
eating disorder was an attempt to defend the self from further disruption or disorganization, by attempting to reproduce a cohesive self through a controlled body and body shape.

The findings in this study concur and expand upon these theories of self psychology. As stated earlier in this chapter, the behaviours of both binging and purging and stealing were described as mood, tension and soothing methods for these participants. All of their descriptions revealed that early homelife was restrictive and was not perceived as meeting certain needs, culminating in participants feeling "weird", "unworthy", and "strange" in comparison to their peers. Each participant learned to outmanoeuvre their restrictive environment; stealing by "sneaking around", "hiding food in my room", or "waiting until my folks weren't home." As these women stole more and were not caught, they saw this behaviour as "an easy" way to fulfill the needs their homelife was not providing. Stealing made them feel more adequate, effective and back in control.

This study suggests that patterns and dynamics of restriction learned early in life culminated in an eating disorder late in life for each of these
participants. Their restrictive environments all placed important value on money and food, but also responded to the child's need for such things in a withholding or punitive manner. This created the need to break out of this confinement, and learn ways to secretly meet their needs (e.g., stealing). This pattern of restriction, withholding, breaking away and secret need gratification are hallmarks of bulimia nervosa, which all these participants began to experience in their teen to adult years.

Using Goodsitt's theory (1985), these participants all imposed bodily and financial restrictions upon themselves, again emphasizing food and money in a withholding and punitive way. They strove to buy and eat only "good" foods, "stay healthy", "stay in control" and "never binge again." Control of the body through their bulimia, gave these women a sense of autonomy from their parents, a sense of identity, a sense of being different than those around them. Common self-descriptions reflected that the bulimia set them apart from others and elevated internal feelings of self-worth. This primary gain of self-worth produced secondary gains for these women. Now they received external praise for successful dieting, being thin,
attractive and desirable, all values emphasized in the current social and cultural world. Again, these admirations bolstered these women's sense of adequacy and worth.

In this study the participants described their stealing and binge/purge behaviours as reflective of the pain they experienced in their lives. It was their way of highlighting that something was in the words of one woman "wrong with me, because this is not the true essence of me." Psychodynamic/developmental approaches were the only theories in the literature on eating disorders addressing the issues of self identity and with which the current findings concurred.

Significantly in this study, two additional key features were uncovered that are not addressed in past or current research and clinical observation. In relating their personal accounts, the features of getting caught and recovery were described. What these experiences of apprehension presented was an opportunity/crisis point for each woman to ultimately break free from their past and current restrictions. For these participants, no longer stealing or binging and purging, the emergence of personal accountability was the catalyst for changing their behaviours and their
sense of identity. The element of accountability allowed participants to understand the gravity of their behaviours, linking action to consequence. The experiences of these women concur with the concept of neutralization (Agnew & Peters, 1986) where individuals can no longer accept rationalizations for their acts because they hold different, more realistic perspectives.

In recovery the participants were transferring their knowledge of personal accountability onto their understanding the gravity and consequences of their eating disorder. With this new sense of self-control and self-direction, five of the women recognized the need for more appropriate and healthier ways of self-satisfaction/gratification. For the remaining two women, they were struggling with the concept of personal accountability, not feeling secure enough to break free from their restrictions.

While the current findings confirm certain bases of knowledge, the aim of this study was not to confirm or disconfirm clinical observations and research. Rather the purpose of this study was to uncover facts of an experience previously not investigated, focusing on how
these facts might organize themselves in any meaningful way.

Implications for Practice

The results of this study revealed several features of stealing within the bulimic context that should be addressed in counselling. These findings are significant in terms of understanding the depth of meaning eating disordered women place on the behaviours of stealing and binging and purging.

This study can be used by counsellors to identify the dynamics and patterns that exist in stealing. Used as a guideline, counsellors will recognize that stealing in bulimic women is not an isolated incident, but originates long before the active binge/purge episodes appear. Recognizing that stealing originates from a restrictive environment and is learned and transferred into later life as an eating disorder provides an important starting point for exploration in counselling.

Knowing that restrictions are easily followed by clients, while at the same time rebelled against, acknowledgement and tolerance of this complex nature of restricting and rebelling must be addressed in counselling.
In this study it was discovered that high or rigid expectations on behaviour were met with rebellious acts of breaking free. These acts served various purposes for these women (e.g., revenge, restitution, alleviation of anxiety or negative moods). This breaking free dynamic may have several ramifications to the counselling process and the client-counsellor relationship. First, if counselling or the counsellor are perceived as restrictive and intolerant, clients will revert to outmanoeuvering the system in an attempt to escape these confinements. Second, counsellors run the risk of increasing either the stealing or binge/purge behaviours, or both. Third, clients might prematurely stop treatment to punish the counsellor or themselves as a way to gain revenge, berate themselves or reduce their anxiety.

The next dynamic of importance to understand is that relinquishing behaviours requires the knowledge and ability of clients to self-regulate and take personal accountability for themselves. This information suggests that treatment should initially be focused on exploring the deficits of the self identity and working progressively towards the stealing and bulimic behaviours that clients implement to temporarily provide
a sense of themselves. Treatment focused on eliminating or substituting alternate behaviours needs to be addressed, but will be more suited to the later stages when identification with the self has been fostered. Premature focus on removing the behaviours that provide security to a false self, will only serve to consolidate and cement the behaviours in an attempt to recreate safety. Focus on the interruption of identity development encourages the client to revalue personal needs and characteristics that foster self-esteem and confidence.

The descriptions and history of these women's episodes of stealing have revealed and highlighted the potential qualities of these women. Their resourcefulness, adaptability, perceptiveness, decision-making skills, and risk-taking abilities suggest the possibilities for success and strength of character if directed towards healthier avenues. Counselling can provide an arena where once thought shameful, secretive activities could be explored for their potential positive characteristics, to provide clients with different perspectives of their self-identity.
Due to the restrictive, punitive and withholding nature of these women's experiences, the importance of a non-judgmental, supportive and lenient counselling environment will best serve to foster positive identification and development. In addition, the counselling relationship can exemplify elements of other inter-personal relationships of a more positive, accepting nature, providing the opposite experience of the restrictive context. From this experience, the key element of personal accountability can be explored between client and counsellor. While it is important for counsellors to be non-judgmental and supportive, the participants agreed that successful change occurred when counsellors held the women accountable for their actions, but did not punish them, or withdraw from them.

This last point speaks to the sensitive nature of the experience of stealing when revealed in counselling. This study suggests that counsellors working with bulimic women either be aware of the feature of stealing, or ask questions about any history of stealing at some point in the recovery process. This inquiry will highlight several issues in the client-counsellor relationship and may be an important incident in the recovery process. For example divulging a stealing
history may produce trust issues, ethical issues and professional reporting issues for both parties.

The findings of this study could be helpful to several disciplines of treatment for bulimia nervosa. Both family and marital counselling can address the issues of 'not being allowed'; restriction, invalidation, parental mirroring and family values. Individual counselling can focus on "normalizing" destructive behaviours in providing knowledge of other women's struggles and successes. Group counselling can address similar issues as family and individual treatments, however with caution. One of the issues of both stealing and bulimia is the woman's search for belonging. Groups designed to treat this particular group of women need to be aware of and publicly address the attempt by some participants to continue their behaviours in order to continue to belong; thus hindering possible change and recovery.

Implications for Future Research

The findings of this study suggest several possibilities for future research. The use of the case study method with multiple-case design produced in-depth information on the experience of stealing in bulimic women. Due to the scarce amount of personal accounts
available on this topic, further in-depth interviews in other bulimic women who steal would confirm and expand our understanding of this experience. In addition, further quantitative studies would provide information of a different value to the small existing base of knowledge in the literature on eating disorders.

In accordance with the literature that suggested that stealing occurs during bulimic episodes, this study involved participants who met the DSM-IV (1994) criteria for bulimia nervosa. It is of interest in future studies to search for stealing behaviours in those classified with other eating disorders, such as anorexia nervosa, compulsive-overeating and obesity. Should this search confirm stealing elsewhere, it would be important to conduct in-depth interviews in these groups to explore commonalities and differences. In addition, while women with bulimia nervosa were found to steal, it is not the case for all women within the same classification. Again in-depth interviews about why these women do not engage in stealing may provide additional information about individual factors and environmental factors that exclude stealing from the behaviour repertoire.
The issues of moral development may be helpful to explore in this group. Participants in this study very consciously knew the difference between right and wrong when contemplating stealing an item, but often were not deterred from following through. Exploring this issue may identify certain moral and ethical reasonings.

Some of the women in this study had successfully stopped their stealing behaviours and were not tempted to steal any further. Identification of specific factors that lead to a stance of personal accountability would be helpful to clinicians in the recovery process.

Finally, investigating the experience of stealing in others who do not have an eating disorder may provide confirmation or additional information on the experience that could be used to foster new qualitative and quantitative studies in the field of eating disorders.

Summary

This qualitative study investigated the experience of stealing in seven women with bulimia nervosa. Employing a case study method, in-depth interviews revealed common patterns and dynamics of stealing and bulimia in these participants. Differences in the needs these behaviours fulfilled were noted. The results confirm and expand some of the existing theoretical
studies on both stealing and bulimia nervosa; they add in-depth information to a new explored aspect of an eating disorder; and they highlight a number of interesting and important areas for future research.
References


APPENDIX A

Information Letter

I am conducting a study on the experience of stealing in women suffering from bulimia nervosa. This project is being completed for my doctoral research under the supervision of Dr. L. Cochran, Department of Counselling Psychology, at the University of British Columbia.

The aim of this study is to describe the experience of stealing within the context of bulimia nervosa. It is hoped that information will emerge to help us understand the meaning of this behaviour in women suffering from bulimia.

Participation in the study will involve interviews and the preparation of a timeline that will identify significant events during the stealing and bulimic episodes. The entire study will require approximately 5 to 6 hours to complete. All identifying information will be deleted from the interview material, to ensure anonymity and confidentiality. All interview material will be discussed and reviewed with participants during the progress of the study.

Participation in this study is completely voluntary and participants are free to withdraw from the study at any time, without jeopardy of any kind. It is hoped that participating in this study will be a useful and interesting experience. If you require more information, or wish to volunteer, please contact me at the number below.

Thank you for your interest.

Sincerely,

Beverley M. McLagan, M.A.
(Doctoral candidate)
737-2304

Dr. L. Cochran
(Supervisor)
822-6139
APPENDIX B

Third Party Letter

As a doctoral candidate in the Department of Counselling Psychology at U.B.C., I am conducting a study of the experience of stealing in women diagnosed with the eating disorder—bulimia nervosa.

Participation in this study will involve interviews and the preparation of a timeline to identify significant events during the stealing and bulimic behaviours. The entire study will require approximately 5 to 6 hours to complete.

Involvement in this study will provide participants with the opportunity to reflect and recount their experience in great detail. All interview materials will be reviewed and discussed with participants, and any identifying information will be deleted to ensure their anonymity and confidentiality.

We hope participation in this study will be a useful and interesting experience. Participation is completely voluntary and participants are free to withdraw from the study at any time, without jeopardy of any kind.

If some of your clients meet the criteria for this study and you believe they might be interested in participating, I would appreciate you handing them my information letter so that they can contact me for further information, or to volunteer. Thank you.

Sincerely,

Beverley M. McLagan, M.A. (Doctoral candidate)  
Dr. L. Cochran (Supervisor)  
737-2304  
822-6139
APPENDIX C

Diagnostic Criteria for Bulimia Nervosa

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
   (1) eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances
   (2) a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating.)

B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.
D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Specify type:

**Purging Type:** during the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

**Nonpurging Type:** during the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

*(DSM-IV, 1994, pp.549-550).*
APPENDIX D

Participant Consent Form

TITLE: The experience of stealing as lived in women with bulimia nervosa

This study is being completed as a doctoral research study by Beverley McLagan (737-2304), under the supervision of Dr. L. Cochran (822-6139) in the Department of Counselling Psychology, at the University of British Columbia.

The purpose of this study is to understand what role stealing plays in the lives of eating disordered women suffering from bulimia nervosa. I understand the study will consist of a series of in-depth interviews, requiring approximately 5 to 6 hours of my time to complete. I further understand that all identifying information will be deleted from the material to ensure my anonymity and confidentiality.

Participation is completely voluntary and I am free to withdraw from this study at any time, without jeopardy of any kind.

I acknowledge receipt of a copy of this consent form and agree to participate in the study.

______ (Date) ________ (Signature of participant)
APPENDIX E

Interview Questions

Introductory Statement

"Would you please describe as fully as you can the experience of stealing as best you can remember. For example, put it into some context of when you began to steal, how and what happened, what you were feeling or how you were thinking".

Interview Questions

The following questions were asked of participants if they were not addressed during the elicitation of their experience.

• When was the first time you remember stealing?

• How old were you when you first stole something, and what were the circumstances?

• Do you remember what you were feeling as you were taking something?

• What kinds of things did you steal and where did you steal from (e.g., stores, parents)?

• Were you ever caught while you were stealing? If so what happened?

• Did getting caught stop you from stealing for good?

• Do you think there was a point in time when you wanted to get caught stealing?

• Were you aware that you were stealing at the time, or did you seem in a daze?
• Do you think there were specific reasons you were stealing?

• Did you feel in control or out of control while you were stealing?

• Did you think you were doing anything wrong when you were stealing?

• Before, during or after stealing were you aware of any possible consequences to your behaviour?

• Did your stealing "just happen" or was it planned?

• Did you steal alone or with someone else?

• Do you know if anyone in your family stole or is stealing?

• What purpose do you think stealing played in your life?

• When you confessed to stealing, how did your family/friends react to you?

• How do you think the stealing fits into your eating disorder, or if you think it fits?

• Do you see similarities between what the stealing and bulimia do for you? Differences?

• Looking back on yourself as someone who has stolen, do you think it has changed how you feel about yourself in any way?
APPENDIX F

The Experience of Stealing as Lived in Eating Disordered Women

All the women participants in this study had a history of stealing and bulimia nervosa. The women grew up in restrictive home environments (the restrictive context) where parental rules and expectations were followed. Parents placed a great emphasis on "good" and "bad" thoughts and behaviours, which were often perceived by their children as "unfair" in comparison to other families. In addition, parents emphasized the importance of restricting food and money as a means of maintaining their health conscious homes. This highlighted the combined focus of food and money restraints for these women as they grew up.

The stealing experience was commonly described by all participants, however one difference emerged. Five participants began stealing at very young ages, while two participants began stealing in their twenties, although descriptions of their childhoods and family focus on food and money coincided with those of the other women.

The initial stealing episodes of five women were childhood attempts to steal candy from the corner store as a treat. Not old enough to understand that this was theft, they presented their treats to their parents in a kind of show-and-tell fashion, proud of their acquisition. This initial act of stealing was met with some form of discipline that parents hoped would instill in them a sense of social correctness. The result for all these women was they felt even more unfairly treated and confined by their parents' rules. They experienced a sense of being hemmed in and controlled. This restrictive context was not meeting the needs of these children, nor was it providing the proper tools for seeking self-satisfaction.

Ultimately, these women felt the need to break away or break free of the confinements they were experiencing. Stealing became the chosen avenue to meet their individual needs. The women had similar and different needs in reaction to their restrictive
environments. For some, stealing with friends earned them a place with a peer group at school. For others, stealing was a rebellious or retaliatory act against parental rules. Stealing also produced a way for these women to boost their sense of pride or conversely to prove their worthlessness. Some women felt their stealing would force family members to give them love and attention.

In their attempts to break free of family imposed restrictions and expectations, the women also learned the patterns and dynamics involved in restriction. In their adult years, they transferred the early focus on food and money onto a self-imposed food and financial rigidity. This took the form of an eating disorder in which restriction and breaking from restriction culminated in bulimia nervosa. With the stealing behaviours still present, the bulimic behaviours in tandem provided a means to again meet individuals' needs. Bulimia nervosa became the friend and a place to belong; it was the voice of rebellion and retaliation; was the way to bolster a sense of pride and purity, but also the way to berate the self as dirty and filthy. Finally, like stealing, the bulimia offered women a way to care and nurture themselves while remaining restrictive.

Stealing, in conjunction with the bulimia nervosa became the confining environment from which these women wanted freedom, but felt trapped within. The act of being caught stealing presented the opportunity for these women to break free from their restrictions. All of the women were eventually apprehended while stealing. Some women were sentenced to perform community hours, some were required to seek treatment, some were apprehended and let go without further consequence.

How the women reacted to being caught and disciplined were important factors in whether deterrence succeeded or failed. For those women who grasped the concept of personal accountability, they seemed to comprehend the gravity of their actions. This comprehension of accountability had ripple effects in helping them understand the consequences and gravity of their eating disorder. With this sense of self control and directiveness, the women recognized the need for more appropriate and healthier ways for self-satisfaction. They also recognized that it was
they, themselves, who were ultimately responsible for providing it. There were two women, however, who were not at the point of accepting and recognizing personal accountability and were unable to deter themselves from their stealing or eating problems.

At the time of this study, some of the women's lives were beginning anew. Some were completely free of their stealing and eating behaviours. Others were free of the stealing, and choosing to keep the bulimia for the present; or free of the stealing and working to overcome the bulimia. Still others were restricted by both the stealing and bulimia but attempting to recover.

The accounts of all the participants revealed certain common elements and dynamics in their stealing experience. They described both their stealing and bulimic behaviours serving the function of providing ways to satisfy personal needs. Their descriptions reflect a common experience, while acknowledging individual differences that lend depth and meaning to the overall experience of stealing as lived in eating disordered women.