THE EXPERIENCE OF CAREER DEVELOPMENT IN
WOMEN WITH BULIMIA NERVOSA

by

TOBY IRENE SILVERTON

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

A case study approach using multiple-case design was used to investigate and describe the experience of career development for eight women who had experienced bulimia nervosa. The researcher conducted in-depth interviews with participants.

Analysis of the interviews revealed seven chapters and a common story of the chronology of the participants' experiences of career development, including the role bulimia nervosa played in this process. A process of career development revealed an initial sense of career interest, ability and self knowledge interrupted by invalidation leading to a sense of loss of self including career identity. Bulimia nervosa became part of the mechanism employed to deal with the loss of self-identity. During counselling participants rediscovered their original career interests and resumed the developmental process. These results relate to and expand upon previous research and clinical observations of career development in this group of women. Recommendations for future research and counselling practice were made.
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CHAPTER I: INTRODUCTION

The aim of this dissertation was to investigate the question, How can career development in women with bulimia nervosa be described and understood from the perspective of those who have lived the experience? In order to answer that question this study explored recollections of career development of women with bulimia nervosa.

Career development is not a term usually associated with the field of eating disorders. The dramatic nature of the symptoms of bulimia nervosa (or anorexia nervosa) tend to draw most of the attention of both therapist and researcher, to the detriment of their relationship to other life adjustment issues, such as career development. Eating disorders are often characterized only by eating symptoms. This limited view of women with eating disorders leads to a loss of the contextual meaning of the eating disorder. Tyhurst (1986) states that "'eating-related behaviour' cannot be evaluated as an index of ill health in isolation from other behaviours in the socio-cultural and interpersonal environment of a person" (p.55).

While speaking to women with bulimia nervosa in therapy, I began to explore their career development.
Here, it seemed, were a group of young, intelligent usually well-educated women who had not embarked upon a path of career development. As they struggled in therapy to reclaim their lives and their bodies, they began looking toward career and work as a way of defining who they were becoming. Their search for ways to establish meaning and purpose in their lives led them toward attempts at career development. For many it was the first time they had travelled this path.

Eichenbaum and Orbach (1985) state that work is an expression of human life, a way of achieving and celebrating our potential. Many women with bulimia nervosa appear unable to attain a satisfactory expression of their "work selves", for others it seems the "work self" simply failed to develop.

The academic literature has explored the life-adjustment of women with eating disorders (e.g., Thompson & Schwartz, 1982; Johnson & Berndt, 1983). As part of the existing research, poor work adjustment is identified but never illuminated. No attempts have been made to date to understand this critical aspect of self-development from the perspective of those who have lived the experience.
Bulimia Nervosa

This study focused on participants who could be classified as having experienced bulimia. The classifications of eating disorders include bulimia nervosa, anorexia nervosa, and eating disorder not otherwise specified (DSM-IV, 1994, pp.539-550). The diagnostic categories for eating disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) reflect current observations, by both researchers and clinicians, of behaviors common across the existing categories of eating disorders (Abraham & Beumont, 1982; Neuman & Halvorson, 1983; Russell, 1979; Tyhurst, 1986). Anorexia nervosa and bulimia nervosa share many common features. According to Neuman and Halvorson (1983), bulimia nervosa can be viewed as the "sister ailment of anorexia nervosa" (p.45). Bruch (1973) described bulimic features occurring in approximately 25% of women classified as having primary (restrictive) anorexia nervosa. Bruch described two phases of anorexia nervosa; the first phase being absence or denial of hunger leading to restricting, and the second phase characterized by impulsive binging often followed by purging. Abraham and Beumont (1982) also described bulimic features in patients with
anorexia nervosa. The current classification of bulimia nervosa accounts for the observed overlapping of symptoms between anorexia nervosa and bulimia nervosa. (For complete criteria see Appendix A.)

The incidence and prevalence of eating disorders have been widely studied. Estimates vary according to the nature of the population studied and the criteria used to classify the disorder.

The prevalence of bulimia nervosa in the general population is reported at one in every six women between the ages of 15-25 years of age, or 3% to 13% of college women. Studies of schoolgirl populations estimate the prevalence of anorexia nervosa at one in every 100 girls, and studies of college age women estimate it at three in every 100 women (Tonkins & Wigmore, 1989). It is commonly agreed and noted that 90% to 95% of those suffering from eating disorders are females between the ages of 15 and 45 years of age (Bruch, 1973; Neuman & Halvorson, 1983).

Previous Investigations

The significance of career development in women with bulimia nervosa has not been previously investigated. What little we do know of the work adjustment of eating disordered women comes from
quantitative studies that have been designed to survey the life-adjustment or social adjustment of this population (e.g., Norman & Herzog, 1984; Herzog, Pepose, Norman, & Rigotti, 1985). As a by-product of these surveys, it has been noted that eating disordered women show "poor work adjustment". However, except for the occasional anecdotal statement included in such studies regarding work, no attempt has been made to describe or understand their experience of work, and certainly no attempt has been made to explore their career development.

Theoretical explanations are rarely offered as a means of understanding poor work/social adjustment. Research seems intent on confirming the existence of a set of symptoms that correlate with the current understanding of eating disorders. The questions that are raised by these investigations are usually limited to (a) which comes first, the eating disorder or the problematic work/social adjustment; and (b) does work/social adjustment improve after recovery from an eating disorder.

**Rationale for Research**

There is a lack of information that addresses the career development of women with bulimia nervosa. This
exploratory study addresses the general question: "How can the career development of women with bulimia nervosa be described and understood from the perspective of those who have lived the experience?" Secondary issues involve identification of internal and external factors that facilitated or hindered these women's attempts to form their work-self. A qualitative approach enhances the opportunity to more fully understand the experience of career development in this group of women.

Information gained from this study could contribute to both theoretical and practical knowledge in the area of eating disorders. Theoretically, the research and literature to date have described the personality, family experience, social adjustment, and physiological aspects of eating disordered women. Theory has attempted to explain the developmental process that leads to the formation of an eating disorder. However, throughout the literature, career and work have been neglected as an integral part of self-identity development. By examining the career development of women with bulimia nervosa, insight may be gained into the breakdown of this normal developmental process, and what becomes of the developmental process when external
and internal factors are processed through an incomplete or damaged self-structure.

Recovery from an eating disorder represents a developmental transition. To an eating disordered woman, recovery means the loss of a way of knowing herself and the world. It is at this transition point where a woman can move out into the world, or retreat into the eating disorder. Although career is only one of many identities a healthy individual strives to incorporate into their overall self-system, it may represent a vital link in the chain leading these women back to health. In this regard, this study has clinical importance. Knowledge of how this crucial aspect of development fails to become established, may provide another direction in therapy toward re-establishing and sustaining self-identity development.

Both the theoretical and practical knowledge gained from this study are relevant to the field of counselling psychology. Many women with eating disorders seek out the theoretical approach of counselling psychology as an alternative to the traditional medical/psychiatric model. Incorporating aspects of normal development, such as career development, into an overall treatment
plan is complementary to the philosophy and skills of the counselling psychologist.

**Approach to Research**

This dissertation utilized a multiple-case study design in exploring the career development of women with bulimia nervosa. The case-study approach is appropriate when asking "how" or "why" questions and when seeking to understand contemporary and complex social phenomena (Yin, 1984).

In this work, the primary source of information was personal interviews with women with bulimia nervosa. The literature in this area, scarce as it is, describes a negative work experience and existing research has attempted to isolate specific variables in its search for answers. However, a case-study approach emphasized the understanding of the phenomena rather than predicting the value of one variable given the value of another (Agar, 1986). A case-study method of research allowed the individuals involved to tell the story of the evolution of their worlds with respect to career development.
CHAPTER II: LITERATURE REVIEW

Eating Disorders and Career Development

Although this research focused on women with bulimia nervosa, liberty was taken, in this review, to include information regarding both women with bulimia nervosa and with anorexia nervosa. The inclusion of both was founded on the commonalities noted in the self-concept and personality development of these women. As well, an overlapping of eating symptoms between bulimia nervosa and anorexia nervosa is well recognized.

Career development has been overlooked in the study of women with bulimia nervosa. The lack of mention of work and career in eating disorder literature is surprising given that eating disorders have traditionally been thought to manifest mainly in adolescence (Bruch, 1973; Crisp, 1965; Levenkron, 1982; Minuchin, Rosman, & Baker, 1978; Neuman & Halvorson, 1983; Palmer, 1980) which is a time of exploration, including career exploration as a central feature.

Bruch (1985) and Crisp (1965) suggested that an eating disorder develops around puberty, as this is a time when the individual is faced with, and feels unprepared for, a multitude of new experiences and expectations. According to Bruch (1973, 1978, 1985,
1988), these young women are aware that something is missing in their development. They feel deficient in their sense of a core identity, their sense of autonomy, and in their ability to make decisions about their future.

Goodsitt (1969, 1977, 1985) also identified the lack of a strong internal self-structure in women with eating disorders. Goodsitt described these women as, "passive creatures who react and respond, but rarely initiate. They rely on external influences to tell themselves what to do and how to feel" (1985, p.56).

A diminished sense of self identity contributes to these women experiencing themselves as acting in response to other's demands and expectations, but rarely doing things or making decisions because they want to. Boskind-White (1979) stated that the expectations of these women are founded on what they perceive the rest of the world wants from them and expects of them. According to Bruch (1978), women with eating disorders feel unprepared for moving forward in life, and Bruch suggests that the whole disorder may be viewed as an attempt to make time stand still.

Given that a diminished, or incomplete, sense of self-identity is a commonly cited factor in the
development of an eating disorder such as bulimia nervosa, it is useful to review self-identity development within the framework of a self-psychological perspective. This perspective offers a theoretical language with which to describe the self-development of women with eating disorders (Goodsitt, 1969, 1977, 1983, 1985).

**A Self-Psychological View of Identity Development**

Self-psychology focuses on pre-oedipal development when looking at the healthy development of a cohesive self-structure. In self-psychology terms, structure refers to the "psychological processes and functions that are organized and stable; they are concepts, not things" (St. Clair, 1986, p.9). The individual make-up of varying structures, and how such structures develop within the personality of an individual is explained differently by various theorists.

Self-psychology is an interpersonal psychology, with the developing self being viewed as part of its social milieu. Cashdan (1988) suggested that the infant does not begin life with a self, but "incrementally constructs one through socially engaging others" (p.47). The self, according to Kohut and Wolf (1978), emerges as
the result of interaction between the infant's innate equipment and responses of significant others (selfobjects). Ongoing interactions with significant others establish the basis of a psychic infrastructure that affects how the child relates to themselves, as well as others. Interactions with others are essential to the structuring of an eventual self, in that the basis of a healthy matrix for the growing self of the child is a mature, cohesive parental selfobject that is supportive of, and in tune with, the changing needs of the child (Kohut & Wolf, 1978).

Kohut (1971) described the self as a bipolar structure arising from the tension between the need for recognition from others and the need to identify with admired others. As the child grows, the developing self gradually begins to rely less on external objects to perform functions for the self, and rely more on an internal sense of self to perform such functions as reality testing, mood regulation, regulation of self-esteem, and retention of a sense of cohesiveness. Although the self can be seen more as a process than an entity, it eventually comes to be experienced as the essence of one's being. As this sense of self matures,
a language of self develops which allows an individual to describe their subjective experience of "I am-ness". Masterson (1985, 1988) spoke of the real self which is made up of intrapsychic images of the self and of significant others, feelings associated with those images, and the capacity for action in the environment created and guided by those images. The real self is viewed as mostly conscious, creating representations of the individual and the world.

Masterson (1985), like other self-psychology theorists, acknowledged the relational dimension of the self. The real self first emerges in early intrapsychic development only with the support and acknowledgement of caretakers. It continues to grow throughout elementary school years and adolescence, but, according to Masterson, it is in adulthood that the real self must be articulated in reality as the salient issues of childhood are reworked in richer and more diverse contexts.

Masterson attributed many capacities to the self, including: spontaneity and aliveness of affect; self-entitlement; self-activation, assertion and support; acknowledgement of self-activation and maintenance of self-esteem; the ability to soothe
painful affect; continuity of self; commitment; creativity; and intimacy.

In self-psychology, the self is seen as being made up of a variety of subselves, or self-images, which are experienced as identities. The real self consists of all of our self-images and is able to keep the various images, or subselves, related to one another. Masterson described the self in the following way:

We are very much a kaleidoscope of self images, like pieces of coloured glass, forming and reforming shapes, patterns, and designs, always changing even though the pieces stay the same. The shifting patterns always resemble each other and seem to be variations of one another, suggesting that no matter how much we change, something basic in us holds its own (p.25).

The self, in Masterson's view, is both the coloured pieces of glass, as well as the arm that holds and turns the kaleidoscope to the light; it is both content and function.

Establishing a sense of oneself in work (work identity) is an important milestone in life. If seen in terms of Masterson's image of the kaleidoscope, work identity on its own may represent only one small coloured chunk of glass, but as the kaleidoscope turns, work identity forms an integral piece of the overall pattern, enriched by its surroundings. In fact,
Masterson stated that, "Not knowing what to do with one's life, not being able to make up one's mind or decide on a career, can become a lethal form of self-sabotage" (p.7).

However, there has been little theoretical exploration of this aspect of self identity in relation to eating disorders, and only cursory mention of work included in quantitative research.

**Existing Research on Eating Disorders and Career Development**

In order to find mention of work or career in the area of eating disorders, it was necessary to look under the basic heading of life adjustment or social adjustment. The following outlines the research that addresses work, although usually only in a descriptive fashion.

Thompson and Schwartz (1982) examined the life-adjustment of women with anorexia nervosa or anorexic-like behaviour. The Social Adjustment Scale (Weissman, Prusoff, Thompson, Harding, & Meyers, 1978), which includes a work dimension, was administered. This study found that the "anorexic and anorexic-like" subjects were significantly less well-adjusted than two comparison college samples. With regard to work,
subjects reported losing time from work due to "illness"; experiencing friction with co-workers; and generally feeling inadequate and feeling a diminished interest in their work.

Johnson and Berndt (1983) administered the same Social Adjustment Scale to 80 women with bulimia nervosa. The researchers noted, similarly to Thompson and Schwartz, that the work adjustment scores of the bulimic women were significantly higher than the normal community sample used for comparison (described by Weissman et al., 1978), which indicated poorer work adjustment. Of Johnson and Berndt's sample, 44% of the subjects worked, 50% were students, and 2% were unemployed.

Norman and Herzog (1984) also administered the Social Adjustment Scale to 40 bulimic women during the first initial evaluation at an outpatient eating disorders clinic in a large metropolitan hospital. These subjects were tested again an average of one year later. During that year, 81% of the subjects had received some form of treatment. At the initial evaluation, the bulimic women were found to be significantly less well-adjusted socially (including work adjustment) than the normal women reported by
Weissman and associates, (1978), and were similar to those described by Johnson and Berndt (1983).

At follow-up, there were no marked changes except for a significant drop in the mean score on the work scale indicating some improvement, although the follow-up work score was still significantly higher than that of Weissman's normal comparison group. In fact, they were significantly more maladjusted in terms of work when compared to both Weissman's schizophrenic and acutely depressed samples of women.

Herzog, Pepose, Norman, and Rigotti (1985) surveyed 212 female medical students by mail in order to assess the frequency of eating disorders in this population, and its association with social functioning using the Social Adjustment Scale (Weissman et al., 1978). One hundred and twenty-one surveys were completed. The subjects, ranging in age from 19 to 36 years were divided into four groups; currently bulimic (5 subjects), history of bulimia (10 subjects), history of anorexia nervosa (4 subjects), and normal (102 subjects). Results were compared to the normal community sample described by Weissman et al. and to the sample of forty bulimic women presenting to an eating
disorders outpatient clinic (see Norman and Herzog, 1984).

The mean subscale scores for bulimic medical students and medical students with a history of bulimia were higher than those reported for the normal community sample, and similar to those reported for Norman and Herzog's sample of forty bulimic women. Of interest here is the significant difference between the groups on the work subscale of the Social Adjustment Scale (SAS). In particular, the researchers found that three items on the SAS work subscale frequently contributed to the elevated scores. These items were: a) feeling unable to keep up with one's work; b) feeling ashamed of one's performance at school/work; and c) feeling upset, worried, or uncomfortable in the classroom/workplace.

Occasionally work or career is mentioned in the form of general theoretical statements or in relation to case studies. For example, Hall and Cohn (1986) pointed out that women are limited in terms of work choice by traditional cultural stereotypes. They suggest that the majority of working women are employed in low-paying clerical and service jobs, and that those who actually find jobs in their areas of interest and expertise experience tremendous pressure. Hall and Cohn suggested
that in either case, bulimia can become a way of releasing the stress and pressure felt.

Wooley and Wooley (1985) stated that success in the world requires male toughness, and for some women the ability to starve and purge becomes "the only remaining vestige of toughness to which they can point" (p.400). At a point in their lives when they are physically, emotionally, and socially enfeebled, these women fear a future characterized by dependence and mediocrity, and yet feel incapable of achieving anything more.

Bruch (1973, 1978) offered some insight into work identity through reviewing her own clinical cases. In one case of a woman of college age, Bruch recounted the perfectionism experienced by this young woman, "She could not make up her mind about a long-range professional goal and the frantic search for perfect grades was in preparation for the eventual choice, to be prepared for everything, when she finally knew what to choose" (1973, p.264).

In a separate case, Bruch describes a young college woman who, still in her final year was unable to decide on any direction, and wanted to ask her adviser to pick a career for her, to tell her what to do with her life. However, she did not ask for advice because, "She feared
that this would be rated as a childish request, that at her age she was expected to make her own decision" (1978, p.56).

And in another instance, Bruch (1973) described a young woman who had studied violin since she was very young. She had spent hours practicing in front of her mother. She had enjoyed playing the violin for herself, had never really wanted to perform for others, but felt it her duty to her mother to become a concert artist. However, her audition for advanced training did not go well and she felt she had failed and disappointed her mother. In addition, there was no place to hide her humiliation as her mother was present at the audition. Following this, the eating disorder increased and became of such concern that her "failure" in music was forgotten and her health became the primary focus.

Orbach (1985) also described a case in which career goals are inextricably woven with family dynamics. In this case, a young woman was pursuing a career in fashion design. She had received top marks in her class for two years running, but always felt fearful that her success would disappear. According to Orbach, during therapy, this young woman discovered "a voice inside of her that disapproved of her pursuing a career" (p.103).
Through counselling, the client discovered that some of her career ambition was a direct reaction to her mother and her desire to be different than her mother. This client's mother had been a dressmaker and always wanted to be a dress designer. However, given the era, class and ethnic background, her mother had given up her dreams and devoted herself to being a good mother. The mother raised her daughter to not have ambition. She encouraged her daughter to not think of herself as someone who worked outside of the home. The mother wanted to spare her daughter the disappointment of thwarted dreams.

Reisner (1988) described a case study of a client who developed bulimia nervosa immediately after receiving a significant career promotion. Reisner recounted some of the developmental factors that may have connected the emergence of bulimia nervosa with the client's career success.

The client had grown up believing that she would be abandoned if she asserted herself. Reisner associated this conflict with the client's early childhood development. At age three, the client's mother experienced severe post-partum depression. During this
same period of time her father was frequently away on business. Reisner concluded that:

this unavailability of her mother and father at a vulnerable developmental stage, that of separation-individuation when she was around two years old, followed quickly by the birth of another baby, must have contributed to [the client's] sense of having to care for herself when she felt too young to do so. (p.390)

The client always believed that her father wanted a son and that her father valued her for her success at work. Being able to share "men's work" allowed her to feel connected to her father, and in turn she could seek his advice and help. During adolescence she was a tomboy and became the first female gas attendant in her town. In college the client abandoned her own interests in art history and pursued a degree in mathematics and a masters in engineering. When she entered the work force it was in a predominantly male field and she gained a promotion that was significant to her because she was the first woman to hold this position. According to Reisner, the client in adolescence and in adulthood, "sought the specialness of being a girl in a boy's job. Success at men's work seemed to provide closeness to her father..." (p.391-392).

Reisner suggested that the symptoms of bulimia may have arisen in an attempt to cope with the conflict
brought on by the client's promotion. She was excited about her career progression, but also fearful of the reactions of others. The client's career history had been geared toward gaining a sense of attachment with and approval from her father. However, her drive to achieve conflicted with her feeling of being "too young" and needing to be taken care of arising from her earliest experiences of abandonment.


Bergmann suggested that, like eating, which has to do with taking in and eliminating, working requires taking in (by learning) and putting out (a product). After observing both eating disorders and work inhibition in a number of her clients, Bergmann suggested that both phenomena may have their beginnings in the earliest stages of infant development. Bergmann stated that:

acquiring the capacity to work and become independently creative depends on its earliest expression of the mother's approval of the child's first productions and achievements away from her.
A balance of feeling dependent, yet loved, and, at the same time, increasingly autonomous and receiving narcissistic gratification from experiences of mastery will promote a wish to work. (p.348)

However, if the caregiver, for some reason, is not in attunement with the infant's physical or emotional needs, the caregiver may be experienced as ungiving, frustrating, or intrusive. At this point in development, any push toward individuation/independence may be experienced negatively. If the caregiver continues to do for the child, the caregiver is experienced as a good feeding-object and need gratifier, but if the caregiver is unwilling to continue to help, the child feels abandoned and may experience feelings of helplessness, rage, and anxiety as the child feels incapable of adapting to new tasks.

With regard to eating disorders and their relationship to the above theory, Bergmann suggested that the child may begin to use their body as a way of punishing the feeding object. The object, experienced as not permitting independent mastery, nor celebrating the child's growing mastery, or perhaps experienced as depriving, becomes the target for the "expression of archaic revenge fantasies" (p.351). The despair associated with experiencing the caregiver as ungiving,
but still feeling an intense need for the caregiver, may lead to an eating disorder in an unconscious attempt to destroy the object, or the self in lieu of the object. According to Bergmann, the eating disorder represents the struggle to refind a good object through "substitute gratifications which allow a temporary 'high'" (p.352).

Work inhibition, in a similar vein to eating disorders, represents the negative feeling states associated with having to independently produce. Bergmann believed that, "having to 'do it' alone arouses discomfort, anxiety, rage, and a feeling of being abandoned. Learning is not accompanied by pleasure. It becomes something the child is not sure it can master" (p.353).

Bergmann suggested that children who did not receive much praise for their creations, or who achieved little independent mastery, do not develop a strong internal representation of themselves as capable, independent workers in adulthood. For such children, the intrapsychic object representation is depriving and critical toward their work activity and product. Attempts to work result in negative feeling states, or feeling that work activity, even if self-initiated, has been imposed by an external object. As previously
stated, an eating disorder can be seen as an attempt to destroy the object or the self by waging a direct attack on the subject's body. In work inhibition it is the product that must be attacked "or never be given birth to" (p.354).

As can be surmised from the preceding section the amount of information, both theoretical and empirical, on career development in eating disordered women is negligible. Few attempts have been made to understand why these women who are intelligent and full of potential often fail to develop a sense of identity related to work.

Theories of Career Development

The study of career development has evolved from many different perspectives. Super (1981) stated that, "The approaches and theories of the past 75 years fall into three main categories: those that match people and occupations, those that describe development leading to matching, and those that focus on decision making" (p.8). Herr and Cramer (1988) added to the above sociological and psychological approaches to career development.

Especially relevant to the present research are theories that view career and career choice within the
context of life-span development and also highlight the interaction between career development and identity development. A number of theories exemplify this approach, including those of Super (1951, 1953, 1980, 1992), Erikson (1959, 1968), Havighurst (1953, 1972), Tiedman & O'Hara (1963), and Vondracek, Lerner, and Schulenberg (1986). Following is a broad review of some of these theories in order to highlight key issues related to career development within a life-span approach.

**Life Span Developmental Theories**

Super's approach to the development of a career identity stressed the interaction between personal and environmental variables. According to Herr and Cramer (1988), Super "characterized the career development process as ongoing, continuous, and generally irreversible; as a process of compromise and synthesis within which his primary construct--the development and implementation of the self-concept--operates" (p. 137).

Super's (1953, 1992) theory proposed five stages in the development of an occupational career: growth (birth to about 12-14 years); exploration (adolescence, about 14-25 years); establishment (early adulthood, about 25-45 years), maintenance (middle age, about 45-65
years); and decline (old age, mid-sixties on). Super stated that stages are simply convenient groupings of similar developmental tasks; the boundaries of age are not rigid and people recycle through some of the stages throughout their life span.

Super (1969) described his approach as a "segmental" theory, rather than an integrated and comprehensive theory, drawn from the influences of developmental, personality, social and phenomenological psychologies (Super, 1990). However, more recently Super (1990) has proposed an Archway Model "designed to bring out the segmented but unified nature of career development, to highlight segments, and to make their origin clear" (pp.199-200). A key concept of this model was to connect vocational preference, developmental stages, and self-concept. Super (1951, 1953) suggested that self-concept is organized within a variety of roles, and work allows one avenue of expression for playing out a role. Super (1980) stated that:

work roles structure life and give it meaning. They help to establish a regulating daily, weekly, and annual schedule; they provide associates and social life; they tend to supply social solidarity and support, and they often (and often fail to) contain content, which is interesting in its own right. (p.288)
Erikson's (1959, 1968) psychosocial theory of identity development offered a basis for a number of theories that explored the relationship between personality and career development (e.g., Havighurst, 1972; Tiedman & O'Hara, 1963). These theories utilized stages or phases of development.

Erikson viewed career development as one component of the larger task of identity development. According to Munley (1977) Erikson's theory provided "a broad overview of human development which may serve as a frame of reference for the process of career development" (p.263).

According to Erikson, the inability to settle on a vocational identity is extremely disturbing to young individuals. The adolescent identity crisis is most often the stage in which identity difficulties (and thus occupational identity difficulties) emerge. However, all of Erikson's first five psychosocial stages have important implications for the development of career identity. Some possible contributions of Erikson's early stages to the development of career identity include the following:

1. Developing a sense of basic trust vs. mistrust, Erikson's first stage, creates a general
sense of trust in the self and in others. Erikson suggests that the sense of trust contributes to an individual's ability to perceive meaning in work. Munley speculates that a lack of trust may contribute to an inability to make a career commitment.

2. Forging a sense of autonomy vs. shame and doubt, Erikson's second stage, contributes to a sense of self-control, self-direction, and the ability to stand on one's own feet. A lack of resolution of this task may result in the feeling of being exposed and vulnerable, as well as experiencing an abiding sense of doubt in one's capacities. Munley related the lack of autonomy to an individual making coerced or inappropriate vocational choices, and feeling unable to decide on activities related to work.

3. The establishment of a sense of initiative vs. guilt, the resolution of Erikson's third stage, results in the individual being able to establish a realistic sense of ambition, initiative, and purpose. Conflicts associated with this stage may remain with the adult, experienced as self-restriction and anxiety when attempting to initiate activity. Munley suggested that
lack of a sense of initiative can lead to unfulfilled vocational choices.

4. Developing a sense of **industry vs. inferiority**, according to Erikson's fourth stage, results in a sense of competency, productivity, and the belief that one can make things work. Failure to successfully navigate the tasks associated with this stage can result in an overwhelming sense of inadequacy, inferiority, and the feeling that one will never be any good. Without a sense of industry, an individual may never acquire an enjoyment of work or the sense of accomplishment that comes with work completion. In addition, they may experience extreme work paralysis, which is, according to Erikson, "the logical sequence of a deep sense of inadequacy (regressed to a sense of basic mistrust) of one's general equipment" (p.144, 1959) Erikson views this stage as socially decisive since it involves working with others.

With successful resolution of the preceding four stages self-esteem is confirmed as well as the conviction that one is developing a defined personality. According to Munley, those with a higher degree of success in resolving the identity crises associated with
Erikson's first four stages, are apt to be more successful in dealing with the adolescent identity crisis of the fifth stage, and therefore more adept at dealing with age appropriate vocational decisions and tasks.

5. Erikson's fifth stage of psychosocial development, identity vs. identity-diffusion, is a crucial stage during which the adolescent must attempt to consolidate social roles. This stage has important implications for the development of vocational identity. One of the most important factors associated with a growing sense of identity is having the inner assuredness that one 'knows where one is going'. On the other hand, failure to achieve a sense of identity, or identity-diffusion, can result in difficulties in vocational choice and career decision making.

Making a vocational choice is one of the major developmental tasks associated with adolescence. Erikson suggests that this choice involves the person publicly declaring, "This is what and who I am." This self-definition is next to impossible when experiencing identity confusion or diffusion, a state that manifests itself at a time when the young individual is exposed to
a number of experiences which require commitments, including occupational choice. Erikson (1959, 1968) described the state of severe identity-diffusion as being accompanied by a disruption in the sense of work-identity and the capacity to work. These difficulties are often manifested in the inability to concentrate on tasks or in a preoccupation with "some one-sided activity" (Erikson, 1968, p.171).

In general, Munley (1977) states that Erikson's theory "offers a framework for integrating career development with overall human development and makes a contribution toward offering a perspective for integrating social factors and personality development with career choice" (p.268). Of course, Erikson's theory of identity development is not complete without the last three stages of adulthood, namely Intimacy vs. Self-absorption, Generativity vs. Stagnation, and Integrity vs. Despair and disgust. However, it is the first five stages that contribute to the development of career-identity.

Identity status theory arises from Erikson's work on identity development. Marcia (1966) attempted to operationalize Erikson's concept of identity. His focus involved Erikson's fifth stage, identity vs.
identity-diffusion. According to Waterman (1988), the identity statuses "have been found to be appropriate for the understanding of identity formation across a broad range of life domains, including vocational choice..." (p.203). Marcia related the identity statuses to an individual's ability to choose and make a commitment to an occupation.

Marcia suggested that ego identity emerges as a result of two developmental tasks—exploration and commitment. Exploration being the consideration of alternatives in a number of domains, and commitment the attainment of a clear sense of self-definition in the varying domains (Waterman, 1985).

Each of Marcia's four identity statuses is characterized by the presence or absence of, or degree of, both exploration and commitment. For example, the identity-achievement individual has engaged in exploratory activity and committed to an occupation, whereas the identity-diffusion individual lacks any commitment to an occupation and is not concerned with this aspect of identity. The person in the moratorium status is in a crisis period and is struggling to find a compromise between parental, societal, and individual career goals. The individual experiencing foreclosure
has made an occupational commitment without engaging in any exploration. This individual becomes what others promote.

Blustein, Devenis, and Kidney (1989) investigated the relationship between career exploration and other aspects of exploration in adolescence, and the extent to which the occupational commitment process is related to the establishment of a coherent self-identity. Blustein et al. found that exploration and commitment are linked to identity formation and were similar to the exploration and commitment tasks of career development. Exploration in the vocational domain was related to the exploration that characterizes the moratorium and identity-achieved statuses, and was inversely associated with the diffusion status (i.e., an absence of any exploratory activity). Their findings suggest that individuals who have achieved a clear sense of self-identity engage in exploratory activity, and may explore vocational avenues of expression for identity. The moratorium status contained exploratory behavior and an awareness of the need to initiate career planning. As predicted, no relationship was found between the foreclosure status and exploratory behavior, as individuals in the foreclosure status could be
characterized as having made a vocational commitment without any exploratory activity.

Waterman (1982) outlined concerns associated with identity-status and the development of a vocational identity:

1. Foreclosure status is a likely outcome if the individual has experienced strong identification with their parents before or during adolescence. This increases the likelihood of the adolescent committing to the parent's occupation or work as their own.

2. Vocational identity-diffusion may arise if the adolescent experiences a parenting style which is too permissive, neglecting, or rejecting. The conflict and difficulty that arises from such an environment can lead to an inability to make any type of vocational choice or commitment. On the other hand, democratic or authoritative parenting may aid the adolescent in considering vocational alternatives and in making a commitment to one, thus achieving vocational identity.

3. The social expectations of family, school, or peer group will have an effect on the vocational choices
an adolescent makes, in turn affecting the course taken to vocational identity-achievement.

4. Achievement of vocational identity will be more successful in individuals who have a preadolescent personality that provides a strong foundation allowing them to experience sufficient autonomy, initiative, and industry.

5. A vocational identity crisis becomes more likely with the number of vocational alternatives an individual encounters.

Also building on Erikson's theory, Tiedman & O'Hara (1963) emphasized occupational decision-making within a stage format. The model stressed reciprocity between self-concept and environmental expectations throughout the decision-making process and takes into account not only arriving at a decision, but also implementing that choice. Havighurst (1972) identified age-specific developmental tasks related to career-development. These included: (a) age 5-10; identification with a worker; (b) age 10-15, acquiring the basic habits of industry; (c) age 15-25, acquiring identity as a worker in an occupational setting; (d) age 25-45, becoming a
productive person; and (e) age 45-65, contemplating a productive life.

Like the above mentioned theorists, Vondracek, Lerner and Schulenberg (1986) also adopted a life span developmental perspective on career development. Vondracek (1992) suggested that a comprehensive understanding of career identity can only be had by taking into consideration, "the reciprocity of influence between the self and its developing identity, on the one hand, and between the social environment, on the other" (p.141). Vondracek and Lerner (1982) and Vondracek et al. (1986) emphasized an approach to career development that is developmental, contextual, and relational. As such, it would take into account events preceding adolescence as "possible antecedents of vocational development" (Vondracek & Lerner, 1982, p.604) and view adolescent development as an antecedent to further development later in life. In addition, such a perspective would emphasize the social, physical and cultural context of the developing adolescent and consider how well the adolescent fits with their milieu.

According to life-span developmental theorists, work is a central factor in the development of self-identity. Work contributes not only to socio-economic
well-being, but also to psychological and physical well-being. Vondracek et al. (1986) suggested that career development needs to be examined as centrally as cognitive development, moral development, or physical development.

Approach to Research

Qualitative research utilizes strategies that allow the researcher to learn about the social world of the participants at first hand (Burgess, 1984). As such, qualitative research is undertaken in various disciplines, and is referred to by a variety of labels such as, "field-work, qualitative method, interpretive research, case study method, and ethnography" (Burgess, 1982a, p.1). The above methodologies share a phenomenological perspective, whereby researchers seek to understand how individuals actually experience and interpret what they have lived (Giorgi, 1985).

Ethnographic field research can be described as a disciplined attempt to capture the lived experience and needs of a certain group of people by examining the way in which people experience, interpret and structure their lives (Burgess, 1984; Swanson-Kauffman, 1986). According to Fetterman (1989), the typical ethnographic research model is based on a phenomenologically oriented
paradigm which acknowledges multiple realities, including that of the researcher.

Van Manen (1990) pointed out that phenomenological research involves the researcher questioning the way in which s/he experiences the world. This type of research follows from a desire to know the world in which we live. Ethnographic field research assumes a relationship between the researcher, the group studied, and the intended audience (Agar, 1986).

According to Agar (1986), ethnographic research is neither subjective nor objective, but it is interpretive. Researchers assume a learning style and submerge themselves in the world they are about to study in order to attempt to make sense of it. The usual distance observed in traditional research disappears as the researcher strives to gain understanding of the participants' lived experiences. The complicated process of interpreting individuals' experiences and their associated meanings requires that the researcher be cognizant of various sources of influence on the material including the researcher's own point-of-view.

The case study allows the retention of context when examining real-life experiences such as individual life-cycles. It is a viable research method for
attempting inferences from events that take place apart from a laboratory setting.

Campbell (1984) suggested that, although not making use of quantification or testing of significance, the case study method still works on the same questions and goals of knowledge. As Burgess (1985) stated, "it is not a question of superiority of one method over another, but the appropriateness of a method of investigation for a particular research problem" (p.3).

The case study is an appropriate strategy when asking "how" or "why" questions regarding a real-life phenomenon. More specifically, a case study can be used to investigate experiences or events when the boundaries between phenomenon and context are not clearly demarcated (Yin, 1984). The case study provides a means of focusing on the psychodynamics of individuals to elicit information that can resonate with, and add clinical relevance to, principles that are derived from survey-type studies of large populations (Reiser, 1988).

The multiple-case study approach brings individual cases into 'conversation' with one another. Shared realities can be reconstructed out of individual perspectives. The synthesis that results can yield a reconstruction of a process rather than an object.
Through intensive exploratory interviews, the multiple-case study does not yield a solitary truth, but elucidates what may be the case, emphasizing connections and the way in which participants interpret their experience and construct reality through concrete illustrations of a commonly shared phenomenon (Rosenwald, 1988).

Qualitative research strives for conclusions that have the appearance of truth or reality. Trustworthiness becomes an imperative in judging rigour in qualitative research. To achieve this trustworthiness the researcher pursues the meaning of the experience as lived and perceived by the participants, without imposing biases upon these experiences.

**In-Depth Interviews**

The in-depth interview is one of the most frequently used techniques of case study research. Conversation has become such a crucial tool to field researchers that it has been referred to as "the science of the interview" (Benney & Hughes, 1956, p.137).

The interview takes varying forms and can be shown on a continuum from structured interviews at one end to unstructured interviews at the other (Burgess, 1982b).
Structured interviews tend to define the situation in advance of the conversation. As a result, extra information cannot be included or followed-up on (Burgess, 1982b).

In-depth interviews usually follow a more informal and semi-structured or unstructured format. According to Palmer (1928), the aim of the unstructured interview is to "provide the opportunity for the researcher to probe deeply, to uncover new clues, to open up new dimensions of a problem and secure vivid, accurate, inclusive accounts from informants that are based on personal experience" (cited by Burgess, 1982b, p.107).

To accomplish this, the interview structure is designed to allow the participant the freedom to introduce new materials that had not necessarily been anticipated by the interviewer (Whyte, 1982). It is of importance that the participants are able to discuss the research issue in their own terms. In this sense, the case study, or multiple-case study, is useful in discovering what informants think about the topic under discussion and how each person's perception compares to the next one's (Fetterman, 1989).

The interviews are exploratory in nature and focus on continuities and contradictions of experiences.
According to Rosenwald (1988), during in-depth interviews answers that are ambiguous can be clarified by asking further questions and by seeking implicit coherence. Once interviews are collected, they can be reviewed for answers to two sorts of questions, (a) as they reflect each individual participant's distinct background and life situation, including skills, attainments and experiences, and (b) as they illuminate, by synthesis, a social phenomenon.

Although the interview structure may not be rigidly fixed by predetermined questions as on a questionnaire, it is guided by the fundamental research question. Of course, the theoretical framework upon which the initial question is based is of paramount importance. All researchers operate within a theoretical framework and as such, must be aware of the influence this has on the project at all stages. The basic theoretical premise will influence how the research issue is defined, what questions will be posed, and what data will be collected (Burgess, 1982c; Scott, 1985).

The Researcher

Qualitative research involves the researcher in a relationship with those being studied. Therefore, the relationship between researcher and participant becomes
an integral part of the research process and a factor in the success of the project.

Of primary concern to the interviewer is establishing rapport and building relationships with participants in which they feel confident in expressing themselves (Whyte, 1982). Benney and Hughes (1956) stressed that information is more valid the more freely it is given to the researcher. Such an assumption rests on the voluntary nature of the interview. Although participants freely enter into interview relationships, they must have enough confidence in the researcher to allow the researcher to explore, probe, and direct the communication.

There are a number of researcher qualities and skills that allow for the formation of this type of research relationship. Many are the same qualities and skills that are encouraged in the field of psychotherapy.

Like the therapist, the researcher needs to be a good listener. Whyte (1982) suggested that the researcher listens more than talks, and "listens with a sympathetic and lively interest" (p.111). The researcher needs to be able to decide what questions to ask and how best to ask them; how to ascertain meaning
in the dialogue; and how to gain access to the more unspoken areas of the participants' worlds (Burgess, 1982b). Counselling skills such as paraphrasing, reflecting, and summarizing aid as a check on understanding.

The participants need to be assured that their reality will not be met with denial, invalidation, or competition (Benney & Hughes, 1956). In order for this type of confidence to build in the research relationship, the researcher needs to strive for understanding of, and empathy for, the participants' world views (Burgess, 1982b), and must avoid giving advice or passing moral judgements (Whyte, 1982). As Agar (1986) so aptly stated, "such work requires an intensive personal involvement, an abandonment of traditional scientific control, an improvisational style to meet situations not of the researcher's making, and an ability to learn from a long series of mistakes" (p.12).

**Sampling Strategy**

Sampling strategy, or the selection of participants, plays an important role in social science research. There are two primary categories of sampling, probability and non-probability. Probability sampling
is utilized in quantitative research whereas non-probability sampling is more commonly associated with qualitative research.

Non-probability sampling includes judgement and opportunistic sampling. Judgement sampling is shaped by the researcher's knowledge of the phenomenon being studied. Such knowledge allows participants to be selected based on certain criteria, lived experience, and personal knowledge of the phenomenon. Opportunistic sampling gives preference to available participants who are candid, fluent, and reflective (Burgess, 1984; Rosenwald, 1988).

In addition to participants having the above qualities, Rosenwald (1988) suggested that it is important for them to be different from each other. Rosenwald stated:

the observers [participants] are not interchangeable: Because each contributes his own distinctive appreciation of the totality, his 'viewpoint' is indispensable...To be sure of obtaining a useful synthesis, we want observers at a range of vantage points rather than crowded on one side only. (pp. 246-247)
CHAPTER III: METHOD

This study asked the question, "How can the career development of women with bulimia nervosa be described and understood from the perspective of those who have lived the experience?" Although there are many qualitative approaches, this study utilized a multiple-case study design. This approach allowed the researcher more scope in exploring the phenomenon under investigation without encountering the restrictions of certain qualitative approaches.

Procedure

Selection of Participants

This study included eight women between the ages of 24 and 39 years of age. The selection of participants was determined, in part, by such general factors as availability, relevant personal experience, willingness to participate in the study, and ability to recall and describe their experiences in depth. With regard to specific criteria, participants fit the classification of bulimia nervosa as set out by the Diagnostic and Statistical Manual of Mental Health--DSM-IV (1994), (see Appendix A for criteria).

In terms of career development, participants were sought who had already experienced some sense of
resolution to the career aspect of their identities. This criteria was of importance so that participants had gained perspective on their experiences which allowed them to describe their experiences and to reflect on any significant factors.

Access to participants was gained through the co-operation of therapists working within the community, especially those therapists who specialize in the treatment of eating disorders. A letter outlining the research was sent to these therapists, together with an information letter for them to pass on to clients at their discretion. (See Appendices B & C, respectively) Potential participants were asked to contact the researcher directly.

Volunteers were evaluated for participation in the study through an initial telephone contact. During this initial conversation it was determined if they met the above criteria for bulimia nervosa and career development, and whether they were willing to share their experiences and insights into their career development to date.

**Participants' Profiles**

The eight women who participated in this study are all Caucasian. Their age range was 24 to 39 years.
Seven of the women are single and one lives in a
common-law relationship. One of the women has
subsequently married and at the time of the initial
interview was living with her fiancé. Six of the
participants come from families where at least one
parent has a profession, the other two participants come
from families where one parent is a self-employed,
skilled labourer (i.e., plumbing, farming).

All participants have experienced bulimia nervosa
and have received treatment for this. Four participants
no longer experience disordered eating patterns, and the
remaining four are now only occasionally experiencing
disordered eating behaviours.

All eight women have determined a career path.
They are at various stages of implementing this choice
i.e., employed in area, finishing schooling, returning
to school, or in the midst of career/job change.

**Phoebe.** Phoebe is 31 years old and lives on her
own. She is currently employed as a social worker, but
sees her primary career identity as a writer. She has
been pursuing this goal through a creative writing
program part-time at university for the past four years.
Phoebe developed bulimia nervosa around age 20. This
behaviour pattern was pre-dated by a number of years
with concerns about weight. Phoebe first sought treatment for her eating disorder during second year of university. She is currently in individual therapy which she returned to 3 years ago. She no longer experiences the symptoms of bulimia nervosa.

Phoebe is the middle child of three. She has a younger brother and older sister. Her father, now semi-retired, has a Master's in Education and worked as an educator. Phoebe's mother trained as a nurse and worked as a mid-wife and in a doctor's office as she raised her family. Her mother's work was seen as secondary to her father's career, and was mainly used as a supplemental income.

Education was extremely important in Phoebe's family, so she never questioned going to university. In third year university Phoebe applied to both creative writing and social work. She describes the process as applying for her "passion and the practical side". Phoebe decided on the practical and completed her social work degree. She then went to work for the Ministry for the next 7 1/2 years. Approximately two years ago Phoebe decided to reapply to a Department of Creative Writing and was accepted again. She began taking courses part-time while she continued working. At this
same time Phoebe resumed therapy to deal with any remaining eating issues. One year ago Phoebe quit working at the Ministry so that she could concentrate her efforts on her writing program. She continues to work as a social worker part-time and actually finds that she now enjoys the work. Phoebe states that if she could make a living at writing she would "quit the other stuff in a second".

Dana. Dana is 25 years old. She was living with her fiancé at the time of the initial interview and has subsequently married. Dana is currently employed as a criminal defense lawyer. She developed an eating disorder at approximately 11 years of age. Her eating patterns varied in both intensity and design until first year of university when she developed full-blown bulimia nervosa. Dana first attempted to get treatment during law school, but did not enter long-term counselling until approximately 1 1/2 years ago. She is currently in individual therapy and no longer experiences disordered eating patterns.

Dana is an only child. She was born in France and lived there for a number of years. She then lived in the U.S. and Canada. Her parents divorced when she was 11 years old and her mother subsequently remarried.
Dana went to live with her mother and step-father. Dana's father was a front-line war journalist for an international press agency. He then went on to become a scientific journalist. Her mother was not a "career" mom, but was employed at times as a translator and managed a fashion store for one year. Dana's step-father is an independent businessman.

Dana first remembers career interest at the age of about five. At that time she wanted to be a doctor. She embraced this for two to three years until a medical procedure following an accident terrified her and subsequently eliminated her interest in this area. This accident resulted in her being involved in legal procedures for years. At around eight years of age Dana decided to become a criminal defense lawyer. From this point on her interest in her career remained unchanged. Her parents, especially her mother, wholly supported this choice and Dana's law education began. Dana was bought books on law, watched movies about lawyers, scrapbooks of important legal decisions were kept for her, and field trips to court houses were incorporated into family holidays.

Dana completed an international baccalaureate degree, and then when to France to enter law school.
However, she was unhappy there and returned to North America to prepare to enter law school again. Although she received much discouragement regarding not having an undergraduate degree, Dana was accepted to law school in Canada. During law school she was employed in the legal field during summer breaks and also gained experience at a legal-aid clinic.

Dana returned to Vancouver to article and found her year of articling so distressing she began to think about leaving law. After being called to the bar she went to work for a few months at a criminal defense firm. This experience reignited her interest in law. However, at the current time, Dana is exploring various career options both in and out of the field of law.

**Shelly.** Shelly is 26 years old, lives on her own and is currently employed as a technical writer. She first developed bulimia nervosa at approximately age 18 (Grade 12). She has been involved in the past in group therapy and is currently in individual therapy. Her eating disorder has diminished and she now only sporadically experiences difficulties with food.

Shelly is one of four children. She has two older brothers and a younger adopted sister. Shelly strongly identified with her brothers and strove to be like them,
believing that somehow her brothers "had a better lot in life". Shelly's father is a skilled labourer. She remembers him always being a very hardworking man who never complained about work. A few years ago he returned to school and subsequently opened his own plumbing business. He had always wanted to do this and Shelly is very proud of him for taking this step. On the other hand, Shelly states that her mother had a series of "stupid" jobs, and never stuck to any of them. It appears that her mother undertook various jobs to supplement family income.

Shelly's first job was at the age of 14 when she was employed as a lifeguard. This job incorporated many interests and loves for Shelly, for example, teaching, children and physical challenge. She describes it as a job she could have pride in and she was confident of her abilities as a lifeguard. After high school Shelly was employed in a series of clerical positions from part-time receptionist and progressing to jobs involving computers and word processing.

After about three years of clerical work Shelly joined a telecommunications company as a network analyst. This job appealed to her because it was a non-stereotypical job for a woman. However, as the only
woman doing this job Shelly felt a lot of opposition in her position due to gender bias and the belief of some of her co-workers that women could not be as technically competent. Shelly was able to identify her own skills in this job, such as being good at communicating with others and any writing aspects of her job. A co-worker suggested a university technical writing program to Shelly who then went to a career planning session and decided to pursue her certificate in this area. After completing half of her courses Shelly began to job hunt in her new area and was subsequently employed as a technical writer. She has since completed her technical writing certificate.

In September, 1995 Shelly returned to university part-time to pursue her degree. She is currently considering a career in speech therapy. Shelly remembers this being one of her career interests back in high school, but at that time did not feel ready to continue on to university. She recognizes that her interest in speech therapy incorporates her love of teaching, learning, and working with people, especially children, that she first realized as a lifeguard.

Marcia. Marcia is 32 years old and lives with her partner in a common-law relationship. She has a son who
is 4 years old. Marcia has recently returned to college to pursue a career in art. Marcia's eating disorder began when she was around 13 years of age and lasted till she was approximately 27. The majority of the time she experienced bulimia nervosa. It was not until after her son was born that she entered individual therapy. She continues this on a semi-regular basis to enhance her personal growth.

Marcia comes from a large family consisting of 2 boys and 4 girls. Marcia is a twin, and she and her twin brother are the middle children. She has two older sisters and a younger brother and sister. Marcia was raised on a dairy farm that her parents own and run. Marcia describes her parents as "hard workers" who "worked from morning till night and then some".

Marcia always recognized her artistic side, but in her family was raised to expect to become "a farmer's wife". After high school, her parents told her she had to go to school or get a job. Marcia had expected to stay on the farm and work till marriage. First, Marcia attempted to take social sciences at school, then she applied for nursing college on her mother's suggestion. Marcia completed the section of the course that gave her a long-term care certificate. Following this she went
to work in a geriatric care hospital and remembers being happy teaching crafts to the elderly. Marcia attempted to return to school to complete a practical nursing degree, but finally quit. A series of clerical jobs followed both in Canada and in Germany where she was with her fiancé who was in the military. After the break-down of her marriage, Marcia returned to Canada.

The next step in her career came after she joined the military reserves to become a medic. Marcia remembers her mother suggesting this to her. Marcia found herself to be successful at the training, but finally had to quit the medic program when she became pregnant and the training was too physically demanding. At this time she switched to an administration course. Marcia continued working in the military reserves as it offered good benefits for a single mother, but eventually her fear of being sent abroad and having to leave her son led to her quitting the military. Marcia returned to clerical jobs but again found herself becoming increasingly unhappy. All she really wanted to do was to create—to be an artist. In September, 1995 Marcia returned to college to study art full-time. At this point in time she is not sure of the specific direction her art will take, but has finally claimed her
identity as an artist and is involved in learning about her many talents.

**Pam.** Pam is 39 years old and lives on her own. She is currently completing her nursing degree at university. Pam developed a variety of eating problems in her teen years. These difficulties culminated in bulimia nervosa at the approximate age of 30. Over a number of years she has sought both group and individual therapy. Approximately 5 to 6 years ago she entered long-term individual therapy and is still involved in this treatment. She now only occasionally experiences eating problems and continues to work on personal development.

Pam is the middle child. She had an older sister who was a lawyer. Her sister died two years ago. Her younger brother is an engineer. Her father is an engineer and is the second generation to own the family's foundry. Her mother has remained a home-maker throughout Pam's life.

Pam's career goal had always been to obtain her degree in metallurgic engineering, to do an MBA, and then to take over the family business. Prior to this goal Pam vaguely remembers being interested in both nursing and teaching, but this was superseded by the
family focus on business. When Pam entered university she was discouraged from pursuing metallurgical engineering because it was such a difficult degree. Instead she obtained her degree in agricultural engineering; a field she had little interest in. After university she worked as a civil engineer and then started her own business as a consulting engineer. The stress involved in being self-employed led Pam to reevaluate her goals and to implement the next stage of her original career plan. She returned to university and obtained her MBA. Again she was disillusioned by the program and any career opportunities arising from this. In addition, government regulations had led her father to decide that the company would not be passed on in the family, but sold, and thus Pam's original dream of taking over the family business ended.

Pam did a brief stint of teaching at a college level. She found the stress involved almost unbearable, but at the same time remembers loving teaching. Following teaching Pam went to work for the company business but was still very unhappy with her career. After being in the company for a period of time Pam realized that she had to get out of the business and thus out of the family atmosphere. She applied to
nursing and teaching at university and was accepted into both programs. It was during this time that Pam's sister died. Amidst the turmoil Pam decided to attend nursing school in the Interior as this would accomplish her goal of removing herself from family difficulties. She is now in her last year of nursing. Pam is approaching her future in nursing optimistically, hoping to combine her MBA and nursing degree, and believing her problem solving ability learned as an engineer will be an added bonus.

**Tracy.** Tracy is 25 years old and lives with a female roommate. She is currently completing her degree in history and is applying to teaching programs. Tracy has experienced a number of eating problems since she was 10 years of age, culminating in bulimia nervosa in her teens. Tracy began individual therapy 3 1/2 years ago and currently continues with this treatment. She has not experienced eating difficulties for approximately two years.

Tracy has one younger sister. Her parents divorced when she was 13 years old. Tracy and her sister remained living with her mother. Tracy's father was a bank manager and she perceived him as being successful in work. With regard to her mother, Tracy now sees her
mother as someone who worked hard, "who has really pushed the boundaries and pushed herself" but did not see this while growing up. Her father is now retired due to health problems and her mother continues to work full-time.

Tracy has a long work history beginning with babysitting at age 11 or 12. As a child she wanted to be a journalist, teacher, or pioneer. At age 16 Tracy went to work at McDonalds. This was a turning point for Tracy. Home and school life had been very unhappy but at work Tracy discovered a new sense of herself and began to develop a social life. Tracy went from high school to college and then to university. She worked throughout her school years often holding down two or three jobs as well as attending classes. During her summer breaks Tracy would take on full-time employment at a bank or B.C. Telephone. Although she didn't like this work, and found it very stressful, she used it to support herself financially through university. Approximately two years ago Tracy was laid-off from one of her regular summer jobs. This led to Tracy taking a major risk and applying for a job with an Arts Centre outside of Vancouver. Her work at the Centre involved teaching and public relations. During this time Tracy
began to finally ask the question "what do I want to do?" instead of just "how do I support myself".

When she returned to university after this summer job Tracy found that her old direction was no longer satisfactory and she actively began to reevaluate and change her goals. In addition to course changes, she began tutoring, volunteering in an elementary school and working with a youth organization that focused on helping young women. With this organization Tracy led workshops, wrote articles for their newsletter and attended the women's conference in Beijing in 1995. Tracy is now finishing her degree and plans to pursue a career in teaching.

Allie. Allie is 24 years old and lives with her mother. She has just recently completed her degree in Art History and is currently deciding on continuing with graduate studies. Allie developed an eating disorder around age 14 to 15, which over time evolved into bulimia nervosa. She sought treatment on two different occasions and is still engaged in individual therapy. She no longer experiences eating symptoms.

Allie is the youngest of two children. Allie was adopted when she was 2 months old. She has an older brother who is in public relations. Allie's parents
separated when she was 11 years old and Allie and her brother continued to live with her mother. Allie's father was a businessman. Although successful, Allie never perceived her father as being happy with his career. She describes him as "always grumbling" and "not really challenged". Allie's mother did not have paid employment until Allie was about 12 years old. Prior to this, however, her mother was very involved in philanthropic work and Allie describes her as "a community leader". Her mother is now director of a non-profit organization, and although she finds her work stressful, is very happy in work.

Allie reports having limited work experiences. Her first summer job was not till she was 18 years old. Among her jobs have been working in clothing stores and an office, and one summer she worked as an administrative assistant for a professional theatre company. Allie always expected to go to university.

During the last couple of years of her fine arts program she was able to focus her course work with seminars and professional development courses which has led to her now exploring options to continue with graduate work. Although her career direction is taking shape, Allie finds the practical side of working to
support school stressful. Allie attributes this to "never having had confidence building experiences through work".

**Liz.** Liz is 31 years old and lives on her own. She is currently pursuing a new career path and as such is self-employed and augmenting her income with substitute teaching. Liz reports having trouble with body image and weight from the time she was an adolescent. These difficulties evolved into bulimia nervosa in her mid-twenties. Liz entered individual therapy for these problems 2 1/2 years ago. She has completed therapy and has not experienced eating problems for approximately one year.

Liz has one older brother who is a lawyer. Her father, now retired, worked as a teacher and then a school administrator. Liz remembers her father's work experience as "very negative"; always hearing stories about difficulties at work. Her mother had trained to be a teacher, but did not assume a full-time career until Liz and her brother were adolescents. Both parents were instrumental in Liz going into education.

Liz's initial career aspiration was to be a "star". Liz loved performing whether it was singing solos in her church or performing musical comedy in community
theatre. Liz enjoyed lessons in singing, dancing, guitar and piano. Eventually, however, self-consciousness regarding her weight interfered in her belief in her abilities in these areas. The only other clear career goal Liz had as a teen was never to be a teacher.

Liz attained her degree in theatre/arts after which she obtained a job with a casting company. After two years with this company Liz felt she needed a change but was unsure of her direction. She returned to university and at her parent's suggestion entered education. Liz taught drama and English in secondary school for the next five years. After finally realizing how unhappy and unhealthy teaching was making her, Liz left teaching about one year ago.

Since this move Liz has been rebuilding her career by exploring many different avenues. She has worked as an editor for a publisher and worked in a fabric crafts store which led to her discovering her talent for crafts and ability to sell her work. Liz has completed a course in script supervision and is working her way back into the television/movie field. She has recently decided to substitute teach for financial reasons while she builds her new career.
Data Collection

The primary mode of data collection used in this study was personal interviews. The method of data collection was informed by general theoretical principles of qualitative research (Colaizzi, 1978; Giorgi, 1985b; Sandelowski, 1986; Polkinghorne, 1988; Krefting, 1990).

The Researcher

The principal researcher in this study was a 42 year old Caucasian female from a middle-class background, born and raised in British Columbia. Preceding her graduate studies in Counselling Psychology, the researcher co-founded and administered a national non-profit organization providing education and support to individuals with eating disorders, their families, and the professional community. In addition, the researcher was a member of an international board for the parent foundation of the national organization. The researcher conducted educational workshops for professionals and support groups for affected individuals and was involved in community and media presentations. The researcher has also worked as a counsellor in both private and institutional settings, specializing in the area of eating disorders.
The Interviews

The interview process utilized in this study was guided by the procedural steps outlined by Colaizzi (1978). There was an initial telephone contact, one in-depth interview, and one follow-up interview conducted with participants. The interviews were all carried out by the principal researcher.

The purpose of the initial telephone contact was to assess the suitability of volunteers for the study and to describe the purpose and nature of the study. Possible participants were screened to ensure that they met the diagnostic criteria for bulimia nervosa and that they had made some concrete steps toward establishing their chosen career. Arrangements for the in-depth interview were made at this time.

The primary purpose of the in-depth interview was elicitation of the participant's description of their experiences of career development and the interaction, if any, with their experience of having bulimia nervosa. Before the interview began, the nature of the study was again described, any questions or concerns regarding confidentiality were addressed, and ethical consent forms were signed (Appendix D). Basic demographic data
was collected for each participant to be used in biographical profiles.

The actual elicitation of the participants' stories began with an orienting statement (Appendix E) and the initial question: "If you think of your career development, not as a series of jobs, but as a story that unfolds for you, do you remember a starting point where you had an idea in the back of your head about what you might have wanted to do in your life?" Additional common questions were included in the interview for clarification and elaboration purposes (Appendix E). These additional questions had been tested with non-participants experiencing bulimia nervosa prior to commencement of the research as a means of enhancing the clarity and scope of the questions. The initial in-depth interview lasted approximately 1 hour to 1 and three-quarter hours depending upon participants' descriptiveness of their experiences. All interviews were audio-taped and subsequently transcribed by the principal researcher.

The second interviews took place within four to five months of the first interview. These follow-up communications were for elaboration, clarification, and validation purposes. Participants had the opportunity
at this time to review their biographical profiles, themes, and the common story. Any additional information or questions that either the researcher or participant felt were relevant were explored at this time. The goal of this follow-up interview was to ensure an accurate depiction of the participants' experiences. At this time participants were given the opportunity to choose a first-name pseudonym for the write-up of the study should they so wish. Some of the participants chose to do this and subsequently chose their own pseudonym.

During the interviews the researcher used active listening skills such as paraphrasing, probing, and clarification as a means of helping the participants share their experiences as fully as possible.

Data Analysis

Demographic Information

Basic descriptive information was collected from the participants. Some of the information was gained during the initial telephone assessment. Additional information became evident during the in-depth interview. This demographic information was compiled into brief biographical sketches of participants.
Interview Information

The basic overall strategy employed in approaching the interview data was to read and re-read the interview transcripts, identifying and coding topics as they emerged. The process of carrying out the above was guided by a method of analysis outlined by Giorgi (1985b) and by the analyses described by Swanson-Kaufman (1985) and Colaizzi (1978), modified as suitable for this study.

The steps of the data analysis were as follows:

1. The researcher read and re-read the transcripts several times in their entirety in order to gain a general sense of the whole experience. During one of the readings, the researcher listened to the taped interview simultaneously. This allowed for any corrections of errors in the transcript, as well as noting any displays of emotions or meaning-filled pauses. Listening to the taped interview in this way heightened the researcher's appreciation of the content of the interview.

2. The researcher re-read the interviews with the purpose of extracting, by means of coding, phrases or sentences that directly reflected the experience being researched. The researcher hand-coded the transcripts
by writing in the margin of the transcript words that identified topics that arose in the interviews. Codes were added as needed throughout the analysis. The addition of new codes necessitated reexamining previous transcripts for the newly recognized codes.

3. The researcher attempted to identify the meaning of each significant statement extracted from the transcripts.

4. The next step involved organizing the various topics into chapters based on the meaning attributed to the significant statements. Originally 53 topics were identified in the transcripts. Through the process of assigning meaning to the topics, and attempting to identify elements that were common to all of the participants, the original 53 topics were eventually collapsed into seven chapters and an epilogue. These were referred back to the original transcripts for validation by the principal researcher and one independent co-researcher. At this point, the chapters and epilogue were also reviewed by the researcher's supervisor for purposes of validation.

5. At this point the seven chapters and epilogue were synthesized into a consistent statement that described the participants' experiences. This statement
took the form of a fundamental structure or common story of the career development of women with bulimia nervosa.

6. Finally, descriptions of the chapters, epilogue, and the common story were presented to each participant to conclude the validating process. Participants were asked to examine the findings in order to see how closely they matched their individual experiences. No new information emerged from this final step.

**Procedures to Ensure Trustworthiness**

The issues of reliability and validity can be addressed within qualitative research through the concept of trustworthiness. Trustworthiness is conceived of in a variety of ways, such as truth value, applicability, auditability, and neutrality (Swanson-Kauffman, 1985; Sandelowski, 1986; Krefting, 1991). The most salient issue within a qualitative research project is what steps are taken to ensure that other readers and researchers can trust the accounts of the participants' experiences. During this study, a number of elements were built into the design of the research to ensure rigour. These included:

1. Participants were selected based on specific criteria relevant to the research question. Firstly,
participants had been identified by their therapist as having experienced bulimia nervosa (based on DSM-IV criteria). This was reconfirmed by the principal researcher. Secondly, participants were selected who had already made initial commitments to their career directions and were implementing these choices.

2. The research procedures of data gathering, analysis, and interpretation were outlined as completely as possible.

3. The interviews were transcribed as accurately as possible and therefore, the quotes that one used to support the text faithfully reflect the participants' experiences.

4. An independent co-researcher familiar with qualitative research, as well as the topic under investigation, reviewed the interview data at several stages of the research project. Firstly, a sample of the transcripts were reviewed to assess the ability of the principal researcher in assisting participants in sharing their experiences; secondly, the independent co-researcher generated topics from the sample transcripts and these were compared to the initial coding and categorizations of the principal researcher; and thirdly, the Chapters and Common Story were examined
to ensure an accurate reflection of the content. The independent co-researcher's results were congruent with the results generated by the principal researcher.

5. The principal researcher's supervisor and one committee member reviewed all Chapter descriptions and the Common Story.

6. Participants were given several opportunities to review their biographical profiles, the emerging data, as well as the final research product to ensure an accurate depiction of their experiences and to minimize any possible distortion.

7. The researcher's expertise in the area of eating disorders and clinical skills enhanced the relationship with participants by providing an atmosphere of safety and theoretical understanding. This encouraged increased rapport with the participants and the subsequent sharing of sensitive information.
CHAPTER IV: RESULTS

This chapter includes: (a) detailed descriptions of the seven chapters and epilogue identified in the data analysis; and (b) the fundamental structure, or common story, of the participants' experience of their career development and the effects of having bulimia nervosa.

The Chapters

The following seven chapters in the experience of career development were identified as common to the eight participants. Their stories reflected their individual differences but also revealed a tremendous sense of overlap.

Every attempt has been made to isolate the various chapters as discretely as possible. However, some chapters may overlap slightly with others, and at times a particular descriptive experience of a participant may possibly apply to more than one chapter. In this case, the descriptive experience was identified with the chapter most strongly illustrated.

The seven chapters that emerged from the interviews are:

1: Knowing my self
2: Invalidation
3: Usurped
4: Fear and doubt
5: Escape
6: The lost self
7: Restoration

In addition, an Epilogue was included that contained the reflections of the participants as they looked back at the impact that bulimia nervosa had had on their career development.

Chapter 1: Knowing my Self

Starting out in life, all of the women involved in this study, could tell you who they were. They had knowledge of themselves. They could see themselves. They had direction. Their reflections of themselves as children revealed an inner strength and the beginnings of a defined sense of self. As children these women believed in themselves. They were innovative, creative and tenacious.

When it came to knowing what they wanted to do when they grew-up, all of the women were able to recognize early knowledge of their potential career interests. Some were able to actually name the career they were interested in like Tracy who "wanted to be a journalist,... a teacher,... a pioneer," or Pam who
remembered that she had been "interested in nursing" from a very young age. Dana also knew precisely what job she wanted. From the age of eight years old she was set on becoming a lawyer, not just any lawyer, Dana decided to become a criminal defense lawyer.

Allie, Marcia, Liz and Phoebe recalled a sense of themselves that was creative. Allie who is now pursuing a career in interior design remembers as a child her love of art. She describes herself as a "creative kid with a big imagination" who was always wanting to make things and was constantly rearranging her bedroom furniture. Her first reminiscences of design include building Barbie houses she "concocted with mixing bowls --swimming pools from mixing bowls and tea strainers for shower." Allie recalls that during school hours if the topic was not of interest she would lose herself in her creativity, "I'm off redecorating the room, painting a canvas, I'm off doing different things."

Marcia recently returned to university to study art. Being an artist was something she had always sensed in herself. In her words, "I always knew it. I was always thinking of things to make. I was always making things. I was always, ever since I was a little girl." Liz also recalled her creative talents in
singing, dancing, and acting. As a child Liz "dreamed a lot about being a star."

Phoebe recognized two career directions as a child: her writing which she refers to as "her passion" and social work which she views as her practical side. Phoebe recalls receiving a photo album each year and at the front of the book was the question "What would you like to be?" She remembers always ticking off the box for "social worker, teacher.... I'd always thought I'd do something in the helping professions, I was an arts person, so it was going to be teaching, or social work, or counselling or something." In terms of creativity, Phoebe recalls her first introduction to being a writer:

The first time I remember the freedom of writing, and was introduced to the magic of it was in Grade 3 when we got an assignment where we could write about anything, the sky was the limit, your imagination was free to go as far as you could take it. I remember the freedom of it. That was really exciting to me, inspiring and freeing. I remember sitting there thinking 'I could write about anything I want to'. So I wrote the story and I won the prize.

I think that was my first introduction to that magical, creative kind of world. No one was controlling me. There were no limitations, no constraints, it was completely fun and free. I never forgot that.

For Shelly, her early sense of a work identity occurred with her first job as a lifeguard. This job in
adolescence encompassed her abilities and values. At age 14, with a strong sense of herself, she chose lifeguarding because she knew she "could be sufficient at it," it was "an area of interest," there was a strong "learning component," and it was a job that she "could have pride in....It was a job that had some social status." In addition, Shelly was aware of this job meeting other needs for her. She recalls "I had a love for swimming and I had a love for learning with different people, teaching, and I enjoyed children."

Today Shelly is contemplating a career in speech therapy. She has entertained this idea dating back to around age 15. In respect to her recent career development Shelly states "I want to help people.... to have more personal interaction with people. And I think that's why I'd like the speech area....It's just that one-on-one, being able to work with an individual." So although as a young person Shelly did not name the job or career she was interested in, her current goal embodies her positive experience as a lifeguard.

The early career development of these women began at a point of strength, from a position of knowing their abilities and sensing their own potential. Tracy describes a "belief" in her abilities and Shelly
remembers that "when I was a child, I already knew that I wanted to do something important....I was going to do something for myself. I was going to be educated....I was going to live out my potential. And I knew that." Encouragement of this inherent potential, however, was not the norm. Dana was the exception, she never wavered from her goal of becoming a criminal defense lawyer, and she received a great deal of positive encouragement to see herself in this role. The others lost sight of their original career goals, sometimes for many years.

Chapter 2: Invalidation

Invalidation was a pervasive influence in the lives of the women in this study. It occurred in both tangible and intangible forms and came from a variety of sources, most notably the family. The impact of the invalidation was overwhelmingly destructive. These women started out with a strong and energetic view of themselves but experienced a diminishing of this sense of self under the strain of invalidation. The target of the invalidation was both broad and narrow, from one's sense of self to one's career goals. Eventually, fear and doubt arising from the effects of invalidation became a constant companion and led to loss of self and career identity.
The intensity of the invalidation ranged from mild to severe and took various forms. For example, Allie experienced some learning difficulties in math at school. Her difficulties led to a family view of her that encompassed these problems. Allie always felt that she was approached by her family with the sense of "Allie needs help." Looking back, Allie realized how angry this made her feel because she grew up feeling she was "the stupid one because of my problems at school."

For some, the invalidation was a felt sense, like for Liz who just felt she "couldn't do anything right." Tracy's sense of herself was tied to her parents' moods, where "you're either top of the world or you're lower than the lowest sort of thing in my family." This made it hard to get a firm sense of herself.

For Marcia, the negative messages took both non-verbal and verbal forms when she was growing-up. She remembered how she would be all dressed-up to go out and when she came out of her room she would be met by her mother's hostile stare:

She'd look you up and down like you were a piece of shit and you'd say 'what?' 'Nothing' and that was it. And then you'd go and you'd feel like taking off what you had put together for the day and washing your face.
But there were also those times when her sisters would start "beating" on her and insist that she look in the mirror and say she was ugly. Marcia stated, "I felt so horrible. ...I just felt so big and ugly. Ugly, ugly, ugly."

For many of these women the sense of being invalidated was directed at their very being. As well as being told she was "hideous", Marcia also got the message that she was "good for nothing." Pam recalled how the relationship between her mother and herself was "really bad." She would be told that "nobody would ever want" her or that no one "would ever help her." Pam attributed her very negative self-image to the constant invalidation she experienced within her family. Her mother, she reported, "instilled in me that I was stupid, that I was ugly, that I was a slut, that I dressed like a whore ... she basically instilled in me that I was shit."

For many of the women their diminishing sense of self got played out against the background of other siblings. For example, Marcia always felt her sisters were prettier, not criticized as much, and that she was the one who "fell between the cracks." Pam reflected on having trouble growing up with a sister who was "very,
very bright ... brilliant." In comparison Pam was told that she was "kind of stupid, dumb and slow ...." Allie compared herself to a "brilliant" older brother and perceived him in the family as being taken "far more seriously", what he had to say was seen as more "valid."

Allie always felt that her ideas "weren't engaged" in the family and that her brother was "more encouraged."

For Tracy, whose status in the family fluctuated with parental moods, a sister perceived as never doing anything wrong became a part of her yardstick to measure herself. Shelly always compared herself to her brothers as she "always felt that [they] had a better lot in life."

For the majority of the women the invalidation they received in the family was also directed toward their career goals. Some experienced direct challenges to their desired paths, while others simply felt a lack of encouragement or an ambivalence toward their dreams.

For example, Liz who wanted "to be a star" never felt encouraged by her family for her creativity or talent. She stated that while she "had a vision towards the whole show business, singing, acting, that whole thing, was never taken seriously enough." Surprisingly, although Liz did sing, dance and act she was never
described "as creative" as a child. In her family, "creative people were flighty, poor, silly, not to be respected, not to be trusted." Now Liz has difficulty accepting being called creative, "when people call me creative I know I am, but I have such a struggle accepting it because it was seen as an insult growing up." Liz still recalled the judgements:

I remember my Dad saying a hundred times artsy fartsy, airy fairy, hundreds and hundreds of times...so to be described as creative even now makes me think 'no, I'm smart, I'm not creative'...I'm scared to say I'm creative because it was a bad label....Liz summed up her lack of family encouragement when she stated "no one was crusading for me."

The lack of validation followed Liz even after she went into teaching, a much approved of career as far as her parents were concerned. Liz recalled how simply not wearing the right clothes to teach in led to criticism from her mother:

She went up one side of me and down the other because I was wearing slacks. Of course the kids don't respect you, you've got to dress in a skirt and a blazer and a blouse...I didn't look right. And I remember thinking if I need to put on a skirt, a blazer and a blouse and that's all I've got, those are my tools, I'm doomed. I'm never gonna make it...If that's all I've got Mom, if you think so little of what I can offer these people ... what do you think of me?
From the time she was a child, Marcia also found her desire to be an artist was disparaged or ignored by her parents. In her words:

I was told that I wasn't the artist by the family. I wasn't the artist, I was just the worker. I was the one that would do the things dainty girls in the family couldn't do. I was the big strong Dutchgirl, that's what I was, like a workhorse...stripped of any femininity or beauty at all. Totally.

Negative and mixed messages regarding work and career followed Marcia throughout her growing-up and early adult years. These messages included being told that all she was good for was "to be a farmer's wife." After high school Marcia attempted to get a job after being told by her parents that she must. She was totally confused, "you told me that I was gonna be a farmer's wife, now you're telling me that I can't stay on the farm and work?" When Marcia did get a job, the response from her Mother was "who do you think is gonna do the work around here?"

Which ever direction she turned in, Marcia felt undermined. When she finally obtained a long-term care aide certificate, at her mother's urging, she asked if her parents would attend her graduation but once more she was rejected, "my mom goes 'no that's not important,
what you did was nothing'...and I didn't even go to my graduation...it was totally nothing."

All of the early messages left Marcia feeling insecure about herself and her abilities to learn or work. Everytime she would get on her feet, attempt a new job, she would receive the same doubting messages from her family "you've got a good job, you've got a good job? They couldn't believe it. It wasn't expected from Marcia. My mom would constantly call me, 'are you still O.K. at work?'"

In a similar fashion to Marcia, Pam experienced ongoing invalidation of her abilities and choices in terms of career. As a little girl Pam was interested in nursing, she knew she was a "caring person", but also remembers the family message "smart girls didn't become nurses." So following the family example, and wanting to be accepted by the family, Pam went to university to study engineering (the family business). She recalled being told by "everybody" that she was "too stupid and too dumb" and that she "would never make it." After a few unhappy years of engineering jobs she didn't enjoy she quit. When Pam phoned her Dad to let him know, she received rather dubious support. "What took you so long?" he asked. "Are you so stupid you couldn't see
what you were doing?" Pam entered the second phase of her career plan, to pursue an MBA. When she got into the program she received the same mixed-support from her Dad. He responded, "go to hell you didn't, ... I never thought you could do it."

For some of the women, families did not directly attack their career aspirations. Phoebe was directed toward a practical career in social work and away from her more creative endeavours as a writer. Even recently when she spoke to her Dad about returning to university to do a Masters in Creative Writing he responded with, "well what about Social Work?" Phoebe's Dad was more interested in her pursuing "a working degree", but it left a question "maybe he doesn't have a lot of confidence in my writing?" Two of the women described a lack of interest or encouragement by their families. Tracy summed up her parents' stance towards her career in one word, "ambivalence." Allie did not recall "ever being outwardly encouraged" about her career in art history/interior design. She also recounted a similar questioning stance in her family to Phoebe's family, "my family has always kind of joked, 'what the hell are you going to do with an art history degree? What job are you going to get with that?"
The invalidation with regard to career, school and work stretched beyond the family for most of these women. With the criticism from both inside and outside the family, many of these women, to varying degrees, relinquished or severely doubted their original direction. Allie recalled how she experienced harsh criticism "by an art teacher" and "just stopped drawing." She was "afraid to try" anymore. Dana recalled the lack of support from school friends toward her chosen route to law school; telling her that she had "wasted two years" of her life and that she would never get "into law school without doing an undergrad" degree. She would have to "start back at square one". Shelly, looking back at one job experience remembered, "I had a lot of opposition. I had people tell me that I couldn't do it....Without having my own natural sense of 'I'm good at this' I was relying on everyone else." Slowly Shelly began to doubt her ability to do her job, even though she could identify aspects of her work she was good at, she found "that no matter how well I thought I did in something, I would find out that somebody else thought I wasn't doing well." Eventually she thought "maybe what they were saying was true... I couldn't cope...."
Although the women in this study responded to the external invalidation in a variety of ways from hurt and anger to a sense of "I'll show you", at some point all of them stopped and listened to the doubting messages they were receiving and questioned who they were and where they were going. Pam best summed it up when asked how the negative responses made her feel about herself. She said simply, "I was just more confused ... I'm kind of stuck, where do you want me to go?"

Chapter 3: Usurped

The freedom of this group of women to decide on and pursue their career goals was encroached upon by the influence of their parents. They were directed by their parents to follow, or not follow, particular career directions.

The usurping of their power to determine their own career path was accomplished in a variety of ways. Some parents became directly involved in decisions relating to jobs or education. Other parents planted seeds of doubt about their daughters' ideas. For still others, concerns over their daughters' future job security overshadowed their recognition of their daughters' interests. One of the women experienced her parents' over-involvement in her original career decision to the
extent that she never had a chance to explore any other
oopions. A couple of other women experienced little
interference, but felt a need to please their parents
with their career choices. Overall, these women
experienced little autonomy over their career
development. When parental influence on career was
examined for this group of women, one quote stood out
among the rest. Liz stated "I don't remember thinking
about what I was gonna be when I grew up...kind of
because I thought perhaps that this was almost going to
be decided for me. And it turned out it sort of was."

How were these decisions influenced, or made, for
these women? Some were directly told what to do, or not
to do. For example, Pam wanted to study metallurgical
engineering, but her father told her that she would
"never make it", he didn't "want to see her get hurt" so
directed her into agricultural engineering. Although
Pam had no interest in this area she "decided" that
that's what she should do since she "wasn't smart enough
to be a metallurgical engineer."

Parents were often anxious for their daughters to
secure a career with a viable job-option attached to it
and pushed these women to accept parental options.
Marcia ended-up applying to nursing school at one point
on her career path. Did she want to do nursing? "No, God no ... I guess my mom just wanted something for me. So she helped me write to the college and like she pushed and pushed and pushed and I did it." Later after many attempts at various jobs Marcia joined the military reserves. Although this eventually offered her training, her choice to join was again originally inspired by her mother:

I remember being in church one day with my mom, there were some army girls and they were in their military dress cause they were cadets ... and she said, 'you know you should do that, I'd like to see you in a uniform'.

For Phoebe and Liz the parental influence was most felt around their educational choices. Phoebe applied for both creative writing and social work at university. She describes this difference as "applying for my passion and the practical side."

Looking back Phoebe can now see the extent of her parents' influence on her choice to go into social work. She stated, "I decided that it was more practical, and a way to make money, and I think they could see me graduating with a degree in social work which is something you can use." Now Phoebe realized that choosing social work was "important" to her because it was "important to [her] parents." Although social work
interested Phoebe, and matched certain qualities she recognized in herself, she now believes that "my mother really formed my career to a certain degree." She credits her decision making to a few factors, she had learned that she must be "very practical" and that she "had to be able to take care of" herself. In addition, she sees herself as "being fearful and still depending on them" and realizing that her mother valued social work for her as she "was going to be helping people." The final factor was the family's overall attitude towards an area like creative writing. Education was a major factor in her family and Phoebe laughed as she explained, "I'm the only kid that's gone to university and she wants an Arts degree. A creative writing, fine arts degree, like great!"

Liz's parents also had an enormous impact on her career and education path. The first time Liz went to university she actually pursued a degree that she was interested in. Although she did not really have any idea about her own career, in reaction to her parents both being teachers, Liz "swore" she'd never be a teacher, "I won't be a teacher, I won't be a teacher...so when I got into university I went into theatre arts and some English ...." Now in reflection
Liz mused, "The only reason I think that was allowed was that it would give me a Bachelor of Arts and that was good enough in my parents' eyes."

When Liz undertook her first career change after becoming disillusioned with her job in the film industry, she remembered that her family "was on my back constantly about what I was gonna do with the rest of my life." This time, however, her parents were more directive. She recalled:

My parents suggested to me when I was journeying around that why don't I just go back to university and do some school. And I'd always been very successful at school so it was a wonderful escape. And rather than just go to school and do my thing, they suggested that I do my education program because at least at the end of your one year you'll get something.

Twice Liz entered programs in reaction to her parents' view of her. Now she reflected, "If I were to turn back the clock I think I would have worried less about the end result...because it always had to be an end result according to the family dynamic."

In the recent past Liz made her third major career move, out of teaching and back into her creative world. Although she now felt free from her parents' influence on her choices, she still had to contend with their
reaction to the change. When asked how they reacted Liz responded:

We had a huge fight. I guess it would be a year and a half ago, with my dad really upset, crying about the fact I was quitting teaching. To this day, as recently as last week he was saying to my aunt 'she would have been all that if she'd just been able to stay in the system a little longer.' Not understanding that if I'd stayed in the system a little bit longer I might have killed myself. Like he just didn't get it.

The one woman who had a markedly different experience of parental influence was Dana. Dana had decided at age eight to become a lawyer. She remembered that the family "took a couple of years to accept it and then that was just what it was." From that point on Dana's career resembled a family project. Family holidays became educational oppportunities, "we'd skip the museum and go visit the courthouse because Dana was going to be a lawyer." In addition, the family would rent old lawyer movies for her. Dana recalled that she was given any new book relating to law, and her mom, "would cut out all the newspaper articles and I'd have a big scrapbook of all the articles on all the Bork stuff and all the supreme court justices...just everything on the topic that was related to law."

Although Dana's experience of parental influence appears to be wholly different from the other women's
experiences the result was similar. Dana recently realized that she had never really had free choice about her career:

I realize I never stopped to think about what it really meant. You know, once the momentum of everybody else started going then that was it, like you just got caught up in the wave and it just went. And I didn't know what it really meant and I was really happy with the whole thing because everyone had kind of accepted that this was what I was going to do and it was a nice respectable thing to do.

So like the others, in essence Dana made decisions for someone else.

Shelly also never experienced overt career direction from her parents. The influence on Shelly was much more subtle. Part of the pressure for Shelly came from her need to live up to her father's pride in her as he valued his daughter's "spunk" and independence and the fact that she could take care of herself. The more negative influence came from Shelly's perception of her mom's work identity which had a profound impact on her own career development.

Shelly was always "embarrassed" by her mom's jobs, seeing them as demeaning, "stupid jobs." Shelly's mom pursued a variety of jobs to help with family income and would end up quitting them all. Shelly described her mom as discontent and dissatisfied with work; "she never
pushed herself mentally." Shelly was tearful as she reflected how she had "pity" in her heart when she thinks of her mom and work. She stated, "I'm trying to solve my mom's problems and I can't." However, Shelly's mom encouraged her when it came to work. She was proud that Shelly had surpassed her. "You've got to grow, you've got to learn, you've got to do this," she would tell Shelly. In retrospect, Shelly realized that her mom was encouraging her in a way that led to Shelly accomplishing her goals for others and not for herself; "part of me is to outlive my mother. Part of me is to excel past what my mother ever did."

On the whole, whether overt or covert, perceived as negative or positive, the influence and interference these women received from their families redesigned their career development.

Chapter 4: Fear and doubt

Fear slowly saturated these women's existence. It found expression in a pervasive sense of doubt in who they were, what they could accomplish, simply in their ability to navigate their worlds. The fear and doubt spread throughout their lives, affecting school, work and relationships. For some the fear became attached to concrete things, like a school course, for others it was
nebulous and permeated their very being. Nothing at
points could break through the wall of fear they
experienced. Remarkably, all of the women responded to
their fear by somehow forcing themselves to keep moving
forward. Some developed a stance of "I'll show you"
while others detoured around their fears. For all, fear
was an intrinsic factor in the development of an eating
disorder.

Fear of incompetence and failure resulted in
anxiety, doubt and at times a detour in their journey.
Most of the participants doubted their abilities at some
point in their lives. Tracy spoke of the fear involved
with going to university that began when she received
the university calendar. She was afraid to look at it,
afraid she could not understand it. Her fear of the
calendar itself represented the underlying doubt she
felt about her competency:

I was just afraid. I was afraid...I didn't go
to university because I didn't know if I could
do it, I didn't know if I could handle it....I
did not think I was smart enough. I always
thought I was going to go to university, but
then I was afraid I wasn't smart enough, and I
went to college instead. I thought that was
it...I was afraid that that was the level I
was capable of.

In a similar way, Phoebe was thrown off course at
university by coming up against a difficult subject:
I think I wanted to go for my psychology degree and probably a masters in psych...and I got to the stats course and was absolutely floored after three weeks, which had never happened to me before in my life, and so I just thought 'oh my god' and quit!

Fear of not having the capability to complete the statistics course pushed Phoebe to abandon her original decision and change majors from psychology to social work. Allie also experienced a great deal of uneasiness about her sufficiency. Fear and doubt created "a huge anxiety" about attending university, "I wasn't' sure I was cut out for it, I didn't know if I could make it, I felt stupid." Even when Allie received positive feedback, such as good marks, she was unable to integrate that information into a new competent view of herself. Fear undermined her confidence and ability to see herself differently. The remnants of fear remained with Allie. As she contemplated graduate school she stated, "I feel leary about that because I don't know if I can cut it...I still struggle with thoughts of 'I don't know if I'm smart enough to go on' or 'I don't know if I really have the book smarts'."

Pam continued to doubt her abilities even as she successfully proceeded through two university programs. She described her thoughts, "when I got out of engineering I thought I was totally and completely
incompetent. And then when I got out of the MBA school I thought I was totally and completely incompetent." Instead of being able to integrate and accept her accomplishments Pam only felt a "total, total sense of failure." From an engineering degree to an MBA to nursing school, with jobs in between, Pam described her feelings toward her progress with two words, "still scared." She recalled herself as "a terribly frightened being."

Dana also found that fear and doubt undermined her view of herself when it came to law school. During the year she took off school to prepare for admittance to law school, Dana's faith in herself waivered. She recalled:

There was a lot of doubt there, I thought, well maybe everyone was right. Maybe I should have done a B.A. Maybe I won't get in...that year was really, you know, 'what am I doing' and 'maybe I was wrong'.

Once at law school Dana again felt fear and doubt regarding her ability to master her new environment, "I was lost...people all seemed to have a couple of steps up on me. They knew what they were doing and I didn't have a clue." From the age of eight, Dana had never doubted her desire to become a lawyer, but as she floundered at law school, she doubted that she would "be
able to do it." She described this experience as "kind of a weird feeling given that I'd always been able to do it and all of a sudden it was so precarious at times...." Through all of her fears Dana persevered even though she sometimes "thought of quitting" believing that she "was not made for" the stress of law school.

The sense of fear and doubt also contaminated the work environment. The fear at work, like with school, involved the fear of not being seen as competent. From her very first job at age 14 Tracy recalled "being really scared" about what co-workers would think of her. She was afraid they would see her as "a loser" or think that she "was stupid." As her list of job experiences grew Tracy still felt fearful about herself. She was also unable to integrate compliments about her work, she reported that "it didn't have a lasting effect...I would go back into my doubts." As a consequence of her fear of failure she became "super-competent" at work so that she would not "be found out." She remembered:

I would never do anything wrong at work. Never...there was this book and there's rules that you go by, nobody goes by the rules...but I thought I should be on, that I shouldn't take time out and call my friend...I'd always feel really guilty like I was going to be caught....
Words like "scared", "petrified", "nervous" and "anxious" are constantly associated with their experience of work. Marcia found that her fear at work caused her to become physically ill, "I started getting hives. I started getting really, really anxious, anxious, anxious...I was always sick. I was anxious, I was very skinny. I was horribly skinny. I was really uptight and anxious." When it came to working, Marcia could not believe in herself, "I didn't think that I could do anything. I didn't think it was possible for me to do anything. I was so afraid.... Just feeling so inept in dealing with the work world." When Marcia had a job she would be gripped with fear approaching tasks thinking she would "do it, do it, do it, and get it out of there." Although eager to work and anxious about doing a good job Marcia recalled:

I was scared to look at myself, so I couldn't look at my work because that would be like a reflection of myself, like the mistakes and stuff, so I would never check it...and I mean that only leads to ineptitude...if you're so scared of course you're gonna make mistakes and of course you're gonna fumble and then something just comes crashing down.

Now that Allie is considering further education, she feels the necessity of working in the meantime for economic reasons. However, Allie recognized that she had missed out on "confidence building experiences
through work" that other young people had. Allie's fear of her abilities at school transferred to work and her way of dealing with this was to avoid work situations as much as possible. She reported that she "never had a job" until she was eighteen, "never worked during university" and would sometimes go to school in the summer to "avoid work." Allie was not lazy, she was fearful, "the thought of even finding a job is very stressful for me...the thought of being financially independent is very frightening for me. I've never really had to take care of anything for myself...." So at this crossroads in her life Allie still struggles with her fears and doubts:

I believe that all the issues are there about being scared about working, about what if I don't get into a masters program, what if I'm going to have to change locations, what if I'm going to have to go somewhere remote....I worry about all this. I worry about my ability to work in the future, to be able to sustain myself.

Marcia remembered that the fear at times in life was so overwhelming she "just wanted to die". She recalled, "I was scared to do anything." Looking back, Marcia saw fear everywhere "afraid at school, afraid at work, afraid everywhere. Afraid everywhere, afraid in relationships." Tracy recalled feeling "afraid that everyone else [was] getting on with their lives", these
fears grew until they "kind of bubbled up and burst." And in Allie's words, "I feel paralyzed by it at times, I need to move but I don't even know how, I don't know how."

Despite the seemingly insurmountable fears these women felt, they all found ways to keep going, in Tracy's words to keep "pushing at things." Some at times avoided and found ways around their fears, a couple changed directions, and Dana and Shelly responded to their fears by creating concrete challenges for themselves.

When Dana felt fearful that she would not attain her educational goals, she would set enormous goals to achieve. These often took the tone of proving herself. She stated, "If people thought I couldn't do it, then it was 'just to show you, I'll do it'". Unable perhaps to tolerate her own inner doubts, Dana was not going to tolerate others doubting her, "none of my friends thought I'd ever get in [to law school]. They're all gone now. I don't talk to them anymore." Similarly, Shelly created challenges out of the simplest tasks at work. Looking back Shelly believed that she made everything a challenge due to her own insecurities, "I never wanted someone to see me as stupid....I was so
unsure of myself, and yet, I was so adamant that nobody was going to think I was stupid. Nobody was going to think that."

At one time or another all of these women felt the need to "prove" that they were capable, not stupid, talented, or just okay. All survived their fears. Some, like Allie, still feel fearful a lot of the time but stated, "I'm going to push myself to not be scared, but to do it anyway." Marcia was able to overcome her fears:

Now I'm not afraid to do anything. If I have to do it, I'll just do it. All I can do is the best that I can do. And I might not be able to do everything, but at least I've tried.

When Pam reflected on her ability to keep moving forward in spite of all the fear she said "Well, you know, I had to. Either that or die."

The sense of fear and doubt did not stop these women, but it did contribute to a loss of self-identity and for all the development of an eating disorder. As Pam said, "I have been afraid of everything. I have been afraid of doing anything. And it was much easier to treat it with an eating disorder."
Chapter 5: Escape

Bulimia nervosa became a way to escape from feeling overwhelmed by fear and doubt. In it the participants found a temporary refuge from their anxiety. For some it became a way of coping with pressures, for others a way of avoiding situations or decisions. For all it offered a respite from a faltering sense of self.

Marcia saw her eating disorder as a means of not dealing with difficulties in her life and her feeling of incompetence when it came to work:

It allowed me to hide. It allowed me to take a step away from everybody and be on my own. I mean I had to. I isolated myself. It allowed me to stay home because I was so messed up that I couldn't work anyway and I couldn't make it through the day.

Being sick offered Marcia a legitimate reason for not being at work, "So if I was sick, I was sick, I can't go because I'm sick, I'm puking. And I was. It was legit. It was real."

Pam described "treating" her family problems and overwhelming fear ("I had always been scared from grade 1 until I graduated") with bulimia nervosa. The eating disorder became a means of escaping "scary things" going on outside in the world. When stressors increased to the point that Pam could not tolerate them she would run
back into the eating disorder. At one point she remembered saying to herself, "Fuck this, I can't deal with this anymore, somebody's got to help me. And then I just stopped eating and that was it. And I left the job, cracked up dealing with that, dealing with that you just crack." Pam used the eating disorder to hide from the responsibility of deciding to leave an unsatisfactory job and to find help for herself. Looking back, Pam readily accepted the concept of hiding in the eating disorder:

My brother still refers to it as the time I was hiding out. You know he's right, it was so much easier to deal with issues, I mean even with being sick, instead of having to face what I was, who I am....

Dana also used bulimia nervosa to regulate the pressure she felt. She referred to the eating disorder as her "cover" and related what happened when her fiancé discovered her hiding place. "Once the cover was blown, it actually was worse than before....The whole thing went right out of control and I didn't actually think I'd be able to finish [law school]. I thought I'd have to withdraw." With her 'cover' gone Dana no longer had a secret way of dealing with the fear and stress associated with school, work, and a diminishing sense of self.
Liz used eating as a way of "escaping from" her unhappiness in teaching, and referred to it as "that whole oblivion thing." In order to cope, Liz stated, "I planned my day, I did my day, I came home and ate."

Allie and Tracy also found that their eating disorder became a means of removing themselves from a situation or tolerating a work situation. Allie described a summer work experience when the eating disorder was "all consuming", her thoughts taken up by:

...am I going to eat today or am I not going to eat?, if I eat that am I going to go and exercise?, for how long? It was just this constant, constant scheduling in my mind around my eating or my exercising or my this or my that.

Eventually the pressure overcame Allie and she reported "wanting to go home and just be taken care of, just hide, I just wanted to hide." Allie went home and stopped eating "it was now out in the open", she too had blown her cover. Looking back Allie pondered, "maybe I was scared of the working because I couldn't handle it. I mean I still get anxiety about working."

Obsessing about food and/or weight is one way of dealing with a stressful situation. In Tracy's case she found her work situation difficult. She felt both scared and bored with her summer employment. Eating let her "not think about" her unhappiness:
I would concentrate on food all day long. Sitting there all day long concentrating on food, what I was going to eat for lunch, what I was going to eat for dinner, how much I'd eaten before I'd gone to work....in that sense work, like being dissatisfied in work there, led to an obsession with food.

Bulimia nervosa became a way of dealing with feeling trapped by fear and doubt in a situation, not knowing how to make decisions to change, and ultimately needing a way to escape.

**The experience of bulimia nervosa and work**

Although bulimia nervosa did not allow the majority of the participants to physically escape from having to work, it did offer a way of escaping mentally from the pressure associated with work. There were many perceived detrimental effects on work such as decreased coping ability, increased stress, physical illness, fatigue, and lack of concentration. Bulimia interfered with work because it took up time. It also undermined confidence. Although they were struggling with the ravages of bulimia nervosa these women worked extremely hard and kept the quality of their work intact. As much as the effects of the bulimic symptoms were felt at work, the majority did not allow their eating behaviours to actually infiltrate the work place.
The participants discussed the ways in which their struggles with bulimia nervosa affected or interfered with work. Allie noted that it became "a huge distractor from anything" and "created more insecurity." The eating disorder "affected my confidence, my ability to do anything." Tracy also found herself feeling "blocked" because of her "obsession." At various points in her career path she recalled feeling like she could not "do things [she] wanted to do."

Some of the women felt that they were living a secret life, that there were parts of themselves they had to hide from others. The effect on career identity of feeling like this was described by Liz:

There was this thing, the whole hidden aspect of it, the whole secrecy of it. You know, it's almost like you can't really know me, don't say these things about me because look at this other thing that I have....Everything that you think about me is invalid because look there's this big thing, you don't know anything about me.

With these thoughts, Liz discounted herself and any rewards or opportunities that would come her way. Reflecting back Liz recognized the effects this created, self-doubt, lowered confidence, and never giving herself credit for her abilities.

For some of the participants it became a question of how to fit work into the eating disorder. Allie
recalled worrying, "Where am I going to fit in exercise, where am I going to do my aerobics?" She would try to design her life, including work, around having bulimia nervosa.

For Marcia, Shelly, and Dana, flexible work situations meant being able to accommodate their eating patterns. In one job Marcia worked alone and could "choose" her hours. The flexibility meant that her job could be molded to allow for her disordered eating patterns. Alone at work Marcia could binge or leave work if having a particularly difficult time. Shelly also experienced a work situation where she was alone on night shifts. Like Marcia, this offered the opportunity to binge at work if necessary:

Binging was a big part of that year at work. So by now it had infiltrated the workplace because there were so many stresses,...and I had so much opportunity. You know, I'd be there all night. I mean, I was bored. I was trying to stay awake....It was just a whole mess in a lot of things and, so I was probably at my worst emotionally in that year. And I carried that right through my job. I'm sure I did.

For Dana having a flexible job meant being able to leave work if she needed to binge to handle stressful feelings and then being able to make up those hours later in the day when she felt stronger.
Having bulimia nervosa while working created many challenges. One way in which some of the women experienced difficulty was with concentration and the amount of time bulimia nervosa took-up.

Tracy describes how the eating disorder absorbed so much of her:

I was so obsessed with it, with my looks and with what I was eating all day. It took up so much time....I mean it was the first thing I thought about when I got up in the morning. It dictated how I felt about the day. I constantly thought about it.

She also remembered being lethargic and tired all of the time and having great difficulty concentrating. Pam also recalled feeling "...so sick I couldn't concentrate. The only way I could get myself to concentrate was to eat and throw up and then study for a little while and then eat and throw up and then study for a little while." Likewise, Dana reported how her eating disorder interrupted her school life:

...it interfered in terms of time. Just because it took up so much time that I could have been studying or doing something else and I was obsessing over fitting clothes and what I was going to eat and then what I hadn't eaten.

Only now when Dana is beyond this point in her life does she recognize the tremendous interrupting effect having
bulimia nervosa had, and how "it was just an ever present thought."

Allie also experienced having bulimia nervosa as "very, very consuming." Not only did it lead to her feeling depressed and sick to the point she would sometimes miss classes, "it permeated" her thought time. About university Allie remembered how hard it was to focus on school work when all she could think about was her physical pain.

Shelly and Dana found that bulimia nervosa undermined their ability to deal with stress at work. For Shelly, the effects of bulimia nervosa undermined her confidence in herself as a worker, "I couldn't cope emotionally,...I couldn't cope with the physical demands of the position. I think that was a lot of it. I handled stress poorly...."

Dana reported how having bulimia nervosa stripped her of her coping ability. She recalled, "I lost my coping mechanism. Stress became completely out of control. Any little stress became twenty times bigger than it was." Dana attributed many of the difficulties she experienced at law school and in subsequent jobs to this inability to deal with stress because of the effects of bulimia nervosa. She recalled dealing with a
very difficult boss, "I know that one of the reasons I couldn't handle him as well as I should have been able to was because I was so torn apart by the eating disorder."

In spite of all the difficulties having bulimia nervosa created for these women, the majority believed that they did not let having an eating disorder affect the quality of their work, and most never allowed the actual behaviours of binging and purging to occur at their work sites. Because they were acutely aware of their difficulties some, like Tracy and Shelly "overcompensated" at work and tried to do everything extremely well. Phoebe also suggested that the eating disorder pushed her "to try to be a bit more perfectionistic and really go out of my way, beyond the call...." Pam recalled times when she was very sick with the eating disorder, but when it came to work she was "getting the work done." Liz would face her day of teaching and committees and "trying to look like I was in control of my eating." She made sure she kept eating separate from the work place, but would get home after school and do the "3 o'clock to 11 o'clock feed."

Dana's experience was comparable. At the height of her eating disorder she remembered the difficulty in
getting through the day, "When I lost it in the middle of the day, I could go home for an hour, it didn't matter as long as I put in my hours." She would go home and attempt to get herself "back together" through binging and purging as this would "focus the stress and get it together." Then Dana would return to work to complete her day no matter how long.

Like Dana, Allie was also working hard at the height of her eating disorder. She described her experience as an administrative assistant for a professional theatre company:

I was in pain. I just emotionally...I went and I did my job and kept a smile on my face, and I did my job well. I was always there.

I'd either be going to work and I'd be up all night taking laxatives and being sick, so I wasn't rested, or I was just consumed with the thought of 'when am I going to get my next binge', 'when am I going to get all my exercise in?' Whichever tangent I was on, it just was bad. But I tried to do my job well because I wanted to be a good employee, I wanted to do things right....

Phoebe also never missed work due to her eating disorder, or let the eating disorder "interrupt" her work; "it was never like I had to get up and leave to go and eat and I'd miss work, or I was lying, I was never, it was never like that. Never." In Phoebe's words, it "never infected work."
In one way or another these women experienced the impact of bulimia nervosa on their work, but also struggled to keep the eating disorder separate from work. As Phoebe put it, "you can be eating disordered or not eating disordered and do a crappy job...." To the contrary, all of the participants prided themselves on being hard workers and caring deeply about the quality of their work.

Chapter 6: The lost self

The experience of loss of self is intangible. It is not about other people or a specific feeling like fear, it is a felt sense of losing direction, self-knowledge, a sense of wholeness or cohesiveness. It is feeling as if one has ceased to exist. Each participant struggled to hold on to their waning sense of self, but at a point of exhaustion simply felt that they could not continue to do so. Similar language is used to describe this experience such as: "I just lost it emotionally"; "I lost all my coping mechanisms"; "I just broke, just truly broke"; or "I had a breakdown."

Liz described how she kept fighting against the feeling of losing herself:

I can remember going lunch hour after lunch hour to eat from the same table with the same women and finding incredible reassurance from that.... Just struggling to find something to
calm me down cause I think I felt very isolated....

Liz struggled to continue in a career that robbed her of her very sense of self, "I think I made my mistake thinking I would get my whole life out of teaching...I let it be all that I was." She felt "panicked" by her role, and now is able to identify the factors that contributed to her loss of self. She "had absolutely no goals in the field", "no ambition", she constantly felt "overwhelmed" with having to motivate other people and never felt that people were there to motivate or encourage her. In the end Liz reported, "I just exhausted my self." For five years Liz lost her "personal initiative and drive." She described this experience like "swirling around down the drain." During this period of her life Liz had "suicidal thoughts every day."

Marcia also remembered her inner struggle to not let go:

Inside of me, you know, I kept screaming that, what they were saying was wrong because it was not how I felt, but by that time anything I had felt about myself or my life seemed totally invalid to me.

During a period of fragmentation of the self these women felt as if they had become separated from themselves and were no longer able to keep their
identity in sight. Tracy stated "I didn't know who I was", so she began relying on other people to gain some view of herself, "it was all external, I depended on external reactions. I had no sense of my internal measurement." Likewise, Marcia recalled using other people in an attempt to regain some sense of herself:

I was so mixed-up that I couldn't think because I didn't have my own identity so I was constantly fitting into other people's identities...I wasn't thinking in terms of myself. I was thinking in terms of, 'I wish I was like her'...and so I wasn't even myself. So I mean it wasn't valid. I was totally invalid.

At this point in their lives the glue that held them together disintegrated and they felt as if they ceased to be. Pam stated, "I didn't know what I was doing...I couldn't see where I was going" and finally, "I was just gone." Allie remembered that all she wanted to do was "to hide in a corner." And Marcia used the following phrases: "I was incomplete"; "I always felt invisible"; "I couldn't trust myself"; "I had nothing"; "my life was a lie, I was a lie." She summed it up when she said, "I felt all wrong. I felt all wrong. All wrong. It felt like I was constantly wearing my clothes backwards."
The sense of being lost was painfully remembered by the participants. Looking back, Marcia painted this picture:

I'm like that spider I keep seeing, the one I sliced in half with a weedeater. And I remember her hanging on her web with two hands, two of her, whatever, legs I guess, and gathering her innards with the other four. And I see that, and I see that picture and that is me...I'm just always constantly trying to gather into myself the parts that are scattered.

However painful, the experience of being deprived of a sense of cohesiveness was one more step in their journey back to reclaiming their identity and their direction.

**Chapter 7: Restoration**

The arduous process of finding their way back to who they originally knew themselves to be usually began with counselling. All of the participants credit the changes made in their current career development to the process of self-discovery.

With the process of rebuilding a sense of self came renewed self-respect, acceptance and confidence. As they reclaimed their identities, fear, doubt and the need to escape subsided. Reconnecting with the self led to feeling the freedom to break away from external
influences and to finally choose their own career direction.

During this period of time, the majority of these women redefined their career goals and changed jobs, left work, or returned to school. All of the participants found themselves restored to a path they had detoured from years ago. Resuming their direction resulted in a renewed sense of purpose and assurance about what they were able to accomplish. Career had finally become integrated into their overall sense of self-identity.

All of the participants initially entered counselling to deal with the devastation of their eating disorder. Due to the type of counselling they chose, either person-centered or psychodynamic (mainly self psychology and/or object relations), they found that instead of focusing on their eating difficulties they explored their overall sense of identity. Reestablishing a 'work self' became a pivotal part of their recovery process.

Counselling gave Marcia back a sense of dignity. She recalled, "I remember walking out of [counselling] and I could hold my head up. I could hold my head up and walk straight and that was the first time...I felt
equal to other human beings..." Regaining her self-respect allowed her to finally contemplate what she truly wanted to do, and she eventually entered art school. Allie credited counselling with helping her become "more confident in my ideas and in myself." Now she is planning to pursue graduate work in her chosen area of design. The process of career change for Phoebe was more one of inclusion. Phoebe continued in social work, but returned to complete her degree in Creative Writing. Upon reflection she understood her progress in this way:

I think [the changes were] directly related to counselling...recognizing I wasn't happy...I ended up exploring all these other things about myself and I think part of that was recognizing that that job [in the Ministry] really wasn't what I wanted to be doing,...I wasn't happy, I hated it. So why was I doing it?

I think I was beginning to change personally and that was part of the old identity in a way, or that old person. And it was related to the bulimia...so I was working on me and I was changing, and so that was part of that process and that's also when I went back to Creative Writing, that's when I started to touch base or go back to that....

Although she did not totally understand the process, Phoebe believed that beginning counselling and returning to creative writing were connected. Both activities
were a part of her getting back "in touch" with who she really was.

In a similar fashion, Pam realized a lot of progress when counselling came together with a change in career paths:

I don't know why, but I know this counselling ... started to instill confidence where I...this is who I am...like there wasn't a 'who I am' and through the work [of counselling] and through being at school,...the nursing coupled with the counselling started to bring into focus different parts of me, like who I am and what I am....

Looking back Pam stated, "although it's not a distinct point, it's the counselling that comes on after [the eating disorder] that's where you find somebody that can help you straighten out that mess and bring you back on track."

Shelly mentioned the positive impact that counselling had had on her work situation:

I'm very positive about therapy and the whole idea of working through...this is a part of growth and part of any growth is the initial personal growth. I've brought that into my position [at work] which has helped me greatly handle different situations. And if you talk about employee relations, I think being able to understand myself better helps me to work with people. I'd like to think so anyway!

In addition to enjoying her work environment more, Shelly made two major career changes during her
counselling process; she became a technical writer and found employment in her field, and she recently returned to university with the dream of pursuing speech therapy, an early recognized career interest.

All of these women used the process of counselling to explore many alternative aspects of the person they were becoming, and were able to see how they were, in Liz's words, "putting the pieces together."

According to Tracy:

...the whole process is one of self-discovery. Like beginning to look at the eating disorder and figure out what's going on with this, right, 'I'm not happy', you know like kind of beginning there, and working on as that broke down and ceased to be a problem. Then I had a bumpy road of finding my own abilities. I could see cracks of myself, so I began to explore them. It was very slow, and I still am exploring.

Tracy was at university during this whole process of discovery and became more and more sure of her direction. She began focusing on courses that interested her and felt that her career direction came together.

During the interview it was pointed out to Tracy that her enjoyment and interest in teaching dated back to her early career interests. Tracy had reclaimed a part of her identity that she had once known, then lost. She responded:
Yeah! That totally fits. Talk about remembering your past because, like for so many years my past...is this big black spot, but now I'm remembering different parts of my past... I'm remembering more who I was, and I'm able to connect with myself....

Tracy finally had a view of herself as getting from point A to point B, something she could never recognize before. In reviewing her progress she stated, "I had a lot of obstacles but I kept at things....I'm beginning to put all the pieces together."

Pam shared Tracy's experience of being able to reconstruct her past in light of her newly found sense of self:

I used to see it as a series of total and complete failures. You know, I failed at this, I failed at that, I failed at everything else. And then as I look back, it's more a series of gratuitous events. You know, like nobody can problem solve like engineers, so I have this structure for problem solving. Nobody does business stuff like MBAs and the analysis of business. Now I'm heading out into this world of uncertainty in nursing where I have all the caring skills and the nursing skills. I have problem solving skills that other nurses don't have. I have business analysis skills that other nurses don't have. If I could get out, you can't help but say, my God, what potential I could have if I can figure out how to put everything together right....

Being able to identify and accept their newly emerging identity led some of the women to reflect on their career process to date. Shelly, Phoebe and Dana
explained how their career paths came to be. Shelly stated, "I kind of fell into it...since I was a child, I haven't looked at my life and said, 'I want to be this and I become that'." Phoebe saw the process in this way, "you just sort of funnel into something, so if something is remotely interesting to you then you go in that direction." Dana, who never questioned her path to becoming a lawyer, realized that she had "regrets" about that because she "never stopped to think about it once the momentum took over...." The progress for these women was from a place in the decision making process of feeling like they were not making "driven choices" but "just meandering" as Phoebe put it, to one of decisiveness, freedom of choice, and ownership.

A number of the participants discussed the experience of finally making a career choice for themselves, after feeling that previous choices had been based on other external pressures. Phoebe described her decision to choose social work as being based on practical reasons as opposed to what she truly wanted, "I knew I needed to do something...and I wanted to be able to make a living." However, when she reflected on whether she would have felt differently about her career had she chosen to pursue creative writing she stated,
"It would have been different. I would have been, I think, more career driven,...if I had gone into writing...." Phoebe recognizes now that following her original dream of writing would have led to more feeling of purpose in her career.

In her experience of having many different jobs, Tracy recalled the first time she took a job based only on the question "what do I want to do?"

That's when I really felt I was enjoying my job...for what I was doing and what I could contribute....It wasn't for the money at all. It was for the job itself...it was for working with people and working in something I believe in because I really believed in the Arts Centre.

Tracy was "proud" of herself for taking the job, in spite of the low pay and having no experience in the area, because she overcame some of her insecurities and decided for herself, "I felt really it was a strong decision for me, personally for me....there was something about me that I got the job. It was about me as a person...."

Although Dana followed through on her decision to become a lawyer, it was only in the process of reconnecting with herself that she finally began to feel the freedom to choose law as her career:

I guess I kind of look at [being a lawyer] as not a given now.... if this is in fact what I
want to keep doing, I know that I have the ability to do it.

I realize now that it's not 'I'm not able to continue with it' it's 'I don't want to'. If I had stopped doing the articling cause it was such an awful year, it would have been a 'can't complete'. Now, no matter what [direction] I take, it will be an 'I don't want to' choice, as opposed to 'you can't do it'.

Liz and Shelly shared similar sentiments with the others in regard to recent career decisions. Liz found that the new path she had chosen gave her a reason "to wake up in the morning." Part of the reason, she stated, was due to:

The feeling of it's my choice, and I have my accountability. The reason things are working out is because of what I have done for better or for worse, and owning that ... but it's not because I was told that that was what I could do by my family.

Shelly responded to the feeling of "freedom" in choosing at this stage of her life. In the past she had chosen jobs on the basis that she "would be like" her brothers, but this time it was different:

This decision to become a technical writer was for me. I was a good writer, good at English. I was good at learning technical things. It seems Shelly's decision for the first time in my life.

I think if I'm going to put myself through school and I do see this, doing that on my own,... it's very important for me to be able to independently make this decision. I don't need anyone to help me through this
because I don't want that to determine my decisions....

For these women, work had essentially become integrated into their complete selves. Work had also become essential to 'who' they were and 'why' they were. Finding a sense of a work self was an integral part in the recovery process.

Phoebe drew a parallel between her eating disorder and her career identity, "I think it would be fair to say my career identity was very close to sort of the way I was when I was eating disordered,...it was out of control, it was a huge issue." Through counselling work, and her personal evolution, she has had a chance to develop her "true self" and hence her career choice. Liz who had felt so constrained by the role of teacher now relishes her work identity, "I just love the fact that I can be myself in my work and I love the fact that so much of it is, all the things that I'm doing, don't require me to take on what was this role."

As Pam gets close to graduating from nursing, she is learning to be herself at work. She is beginning to identify her own unique style and way of handling things and described this as "a real joy." After years of feeling like she "couldn't fit into the world" Pam found a fit between work and her sense of self; "I can be
happy where I'm working because of the kind of relationship that I've developed with me. I take that with me, rather than the job making me happy."

Tracy cannot imagine life without work, or herself without work, for that matter. Tracy explained the meaning and importance of work to her:

You spend so much time in your work, it's your identity. Like to me those are two closely linked things. I don't see work as work, as the drudgery of 9 to 5, I see it as something that you do, an expression of yourself, and if it's not an expression of yourself, then it's a means of letting yourself express yourself....

Being able to claim a work identity or direction became a milestone to some of the participants. Dana, Phoebe, Marcia, Shelly, and Tracy all described this. Dana reported when people asked her what she does, "it's become easy and natural to say 'I'm a criminal defense lawyer'." Claiming this identity is important to her and if she were to change directions she still would need a career with an identity, "I would need to go do something else that had that same sense of identity...I don't think I'd really be happy going to just do something else without being 'a something', you know." Shelly was also "proud" of being able to claim her work identity and to say that she was a technical writer, "I like saying that, it has its identity", and Tracy
reported feeling like she finally had "direction" by knowing that she was going into teaching.

The accomplishment of being able to claim a part of oneself that was once denied was evident in both Phoebe and Marcia. With help Phoebe came to acknowledge her identity as a writer:

I had a good friend a couple of years ago...keep saying 'you're a writer, just say you're a writer, you're a writer'. So then...I'd go to him and I'd say 'I'm a writer'... I believe it now. I am a writer.

Marcia reported recently saying "I'm an artist." She finally claimed that identity for herself after years of "pushing it away."

Overall, these women began to experience their work selves in positive ways. They were able to identify the enjoyment work now brought and to speak of their abilities with confidence. Finding their renewed sense of career direction brought purpose to their lives. For example, Shelly has always seen work as an aspect of her life that brings dignity, "It's such a large component...I mean I've got to go out and support myself. I spend 40 hours a week at this thing. I want to be able to say I'm good at what I do."

For Pam, finding herself at work means living with less fear, "...I'm not incompetent, like I can do it."
I can....I know that I can handle it. You know, one way or another, if I have to put it together, I'm not as afraid."

Phoebe described how she now understands her work identity, especially the "old person" compared to the new person:

I think it goes back to the real self and the false self stuff and definitely that's been big for me... [social work is] where the false self thrives and thrives and thrives....Plus the false self for me is a very confident, achieving, together, works from an extremely intellectual base, that's my false self. And people see me as extremely confident, assertive, pleasant, high achieving, you know, that's what people who don't know me well would say, that that was me...that's the work self in a lot of ways. And I think that's part of the reason why I don't like to talk about work sometimes, because to me that's talking about the false self.

Now, Phoebe sees her false self as a part of her identity that is becoming integrated into her real self:

I think it's blending now because some of that false self has to be the real self. I think I do feel very confident about work. I know I do well....I really was this capable, competent, achieving, and I'm not a dummy, I'm kind of smart, so I have some of those things and they still carry over and they are true to me.

When Phoebe was asked how her creative writing self was closer to who she was, she simply replied, "because it is me. It is me. I don't know how else to answer that. That's about fun and playing and laughing and my soul."
From a place of doubt and fear about ever finding a sense of direction, Tracy emerged with a newly acquired sense of enjoyment and capability. This is evident as she speaks about tutoring, her first step in her new teaching career: "Then I went into tutoring and I got more of a sense of identity, and I really liked that job"; "I liked the one-on-one, in a lot of ways it was like the highlight of my week...I really enjoyed it"; "I felt like I was helping her, and that was really important to me"; "I felt excitement." Tracy had found a sense of direction and purpose.

Marcia saw the majority of her work life as a detour from the path she was meant to be on. In her terms, "that was purely survival." Marcia never totally lost sight of her original knowledge of herself as an artist but could never express this side of herself because she "wasn't supposed to." Looking back at this stage of her life she described what it was like catching glimpses of herself:

It was only a vision. It was only a vision. It was elusive. It was mysterious...there I was always wondering why is that there when I'm such an ugly, stupid, horrible person. And yet I could visualize such beauty and enjoy it.

For her, the turning point was becoming pregnant with her son, in her view, "...it was the most beautiful
thing that had ever happened to me. It was inspiring... it was joyful because I was creating, I was creating, the first thing that I ever created was my son."

Marcia, too, had found a sense of purpose which translated into her acceptance of her true identity as an artist. Although she still struggled with this career identity, Marcia realized "it was real", "I was creative in everything I did...I mean it was always in every part of my life." For Marcia, finding her true self in work gave her a way of reordering her world. Her work and study as an artist gave her "a voice" and a way to "go back and see the events of the world" in a way that made sense to her and allowed her to "integrate them into" her life and her whole self.

Like others, Liz found a way for work to become integrated into the overall context of her life. For Liz, this meant leaving behind a career in teaching. "I had to leave teaching to make a change to find out who I was, to find out what I was going to be able to do." Liz left the safety net of a solid career, with all of its benefits, but is learning how to use her "life as a perk." Teaching was just too "all consuming" and inhibited Liz in her quest "to find any sense of self." Now Liz has pieced together a new direction for herself.
She has studied script supervising and is working her way back toward employment in the creative industry she started out in. In addition Liz has undertaken editing, film making and other entrepreneurial endeavours, such as designing, making and selling Teddy Bears. With regard to her new work-style Liz said, "Everyday I have more to do and I'm happier than I have ever been. So for me the real thrust right now is 'Liz it's great that you're happy, it's great that you're doing what you want'." With regard to finding a sense of purpose as opposed to her past, Liz stated, "I don't want to escape. I have bears to make, I have people to call, I have things to do, you know, and it's incredible the difference".

Reconnecting with their original sense of direction, in terms of career interests, not only gave back to these women a sense of purpose and efficacy it was a strategic link in their re-establishing a more overall sense of wholeness or "I-amness". There is now a sense of acceptance as they talk about themselves. Allie looked forward at her life and said, "I'm not all there yet, I'm not, I mean I'm still working on things definitely, but no, I think I'll be just fine emotionally." Pam has also accepted more sides of
herself, "...there's parts of me I don't like and there are parts of me that I do like", and, "you know, it's really okay to be what I am, who I am, where I am,..." About the difference this has made in her work and life she stated, "I don't have to hide from everybody. I don't have to hide from my employers. I don't have to hide from the world. I don't have to hide from me either."

Marcia and Tracy really captured the essence of the experience of reconnecting with their true selves. In Marcia's words, "I have nothing. I am nothing. And now I am." Tracy spoke of finding a "fulfillment" in work and life that she had never before experienced along with a sense of direction, "tomorrow I can kind of see", but most strikingly Tracy referred to finding herself in work in this way, "Right now this is where my passion lies.... I used to always say that, 'I have to find my passion, I have to find my passion'". When asked if she had Tracy answered with only two words, "Found me!"

**Epilogue: Reflecting on the impact of bulimia nervosa on career development**

Finally, the participants reflected on whether or not they believed that having an eating disorder, such
as bulimia nervosa, had had a serious impact on their overall career development. The answer appeared to be both yes and no. The majority of the women felt that the psychological dimensions, or as some called it "the personality factors" had an impact on the decisions they made regarding career. However, the majority did not cite the behaviours of bulimia nervosa as pertinent.

Experiencing bulimia nervosa had been a turning point in these women's lives. Their success in integrating their experiences in meaningful and constructive ways appears to be an important factor in their overall recovery.

Tracy answered "definitely" to the question of whether or not her eating disorder had affected her career development, "It's part of me, who I am, so it's going to impact my career path. Not the actual disorder, but the personality factors that got me into it...." When asked the same question, Pam replied:

...the answer to that depends on whether or not you decide that the eating disorder was specifically the behaviours of binging and purging. I believe that my personality characteristics that led into the eating disorder culminated in it. Yes, I think they hurt my career path. It made it terribly difficult for me to struggle through engineering school, perfectionism and not being good enough, being scared all the time, the having to hide. I think that made things
a lot tougher than they had to be....That was all there pre-behaviours.

Liz also focused on her overall sense of identity when examining the impact on her career path:

...it's been difficult to create a sense of self and therefore a sense of career because of the eating disorder, because the sense of self is so wrecked with the eating disorder. Because you become so much two people. The person on the outside and the person on the inside. So you really have a struggle with how am I ever going to get an identity going here and therefore how am I ever gonna get a sense of my skills and my abilities and my strengths.

Both Phoebe and Allie's interpretations are comparable. Phoebe believed that the eating disorder had a significant impact on her career path because of how it affected her choices. When looking at her choice between social work and creative writing, Phoebe saw her choice of social work as connected to the eating disorder, "it's another avenue to be meeting everybody else's needs but my own, having no sense of self, but taking care of everybody else." And to choose writing?, "would be to be thinking only of myself and what I needed and what I wanted...." Allie, described the eating disorder as interrupting her career path in the sense that she had "no self-esteem" or belief in her abilities which "created the block." Allie, like all the others, did not focus on the behaviours of bulimia
nervosa as impacting her career development. She stated, "The terrible self-esteem I had was the thing that crippled me more so than the actual physical nature of bulimia....it was the emotional demon in me that came out in the eating disorder...."

These women believed that having bulimia nervosa made a difference in their career development. However, they believed that it was not the actual disorder that hindered their development but the predisposing aspects of their self-structure or personality.

In fact, the majority of participants integrated the experience of having bulimia nervosa into their overall sense of identity in a positive way. They see having the eating disorder as an opportunity to reevaluate and to move forward. Pam stated that having the eating disorder "gave me potential for my life." In terms of her career development she stated:

... whatever was in my personality stopped me from doing the engineering, metallurgical engineering that I wanted to do. It stopped me from doing the MBA work which I could have somehow if I had been a different person going on ahead, but because of having to stop and look at the eating disorder and deal with that, and having changed through that where you can look and say, you know, it doesn't matter. The future is no brighter now than when I graduated from engineering school, but there is a difference in my looking at it. There's more of a confidence of looking at it rather than as we've said, hide it all....
Shelly also saw the experience of having bulimia nervosa as a milestone in her life:

I'm very positive about the whole thing, even the eating disorder, I think, I mean it's not something you want to hang on to, but it's been a good marker in my life for me. I think it's helped me to grow.

Shelly believed that the necessity of having to stop and deal with the eating disorder aided her career development, "not so much in the physical career path, but in developing an understanding of the career path" that she has taken. She said, "I have a real positive attitude towards the eating disorder because it led to having to recognize that there are issues in my life that I'm not working out." Shelly believed that without stopping to reassess her life she would have probably been in a dissatisfying job without understanding why.

Tracy also acknowledged the enhancing side of having bulimia nervosa taking into consideration what she "went through" and what she "did with it." Tracy does not credit "the disorder itself" as the catalyst for change, but the time and effort she spent "working it out." Liz too used the eating disorder as a catalyst for positive change. The realization of the devastating effects of bulimia nervosa on her life pushed Liz to
enter counselling and ultimately to make a major career change.

Dana did not change career paths, but she found a new strength and belief in herself that she credits to having bulimia nervosa:

I think the eating disorder, in my case, added an extra obstacle to the course. It was kind of like there were obstacles there. If you took a horse jumping course, there'd be two bars there, so what I wanted to do in my eating disorder added another three... every time that you took a turn you had to jump higher because that was there. It just made the whole thing more difficult and convoluted than it could have been.

But now I'm at this point. I think that having survived and having done everything I was able to do, on top of having an eating disorder, just made me stronger.

Allie graduated with her degree in Fine Arts only four days before doing the interview and gave some credit for her success to the fact that she realized she had to get help for her eating disorder:

I think through learning about what the eating disorder is, and it's what's eating you and not what you're eating, it's helped. Through the process of learning about it, I am learning about myself. I've been able to gain more sense of myself. A sense of direction.

Allie offered another insight into the contribution her eating disorder made, "the eating disorder is just a really smart, smart coping mechanism. It's an intelligent way of adapting to insanity around you,
because if you don't, you will curl up and die because you have exhausted your Self."

All of the women in this study turned their experiences with a devastating disorder into opportunities for change. They changed their relationships with work as well as their fundamental relationships with themselves.

**The Fundamental Structure**

A fundamental structure, or common story of the career development of women with bulimia nervosa emerged from the interviews with the eight women who participated in this study. Of course, individual differences exist in the histories of these women.

Like all stories, this one has a beginning, a middle, and an end. The beginning of the career development of these women can be identified in childhood or early adolescence when they had an awareness of their abilities and interests. The middle encompasses the loss of self-identity, direction, and the emergence of bulimia nervosa. The end is represented by the acknowledgement of their difficulties and resultant counselling. These two factors led to a reconnecting with the true self and with original career interests and abilities.
Following is a description of the common story of the career development of women with bulimia nervosa. The seven life chapters and epilogue previously described are essential to this narrative.

The Common Story

The women were able to identify knowledge of their potential career interests in childhood or early adolescence. For some this self-knowledge came from an awareness of their abilities, for others it was from enjoying certain activities and a few were able to actually name careers that interested them as children. There appeared to be a sureness to their early self-knowledge, and an excitement as they discovered and played with early interests.

With the exception of one of the women, all the others gradually relinquished what they knew about themselves. It would be many years, for the majority, before they once again embraced their capabilities and goals.

All of the women grew up in families that were middle-class. The majority had fathers who were professional, and mothers who worked, but mainly for economic reasons. None had "career" mothers. By and large, these families imparted work values that were
respectful of work: work is good; honest work should be respected; work brings dignity; work hard; and do your best. In a positive sense, these were hard working families who placed importance on providing for the family.

However, encouragement of the participants' early abilities and interests was not necessarily the norm. In fact, many of the women experienced a sense of being invalidated from within their families. The invalidation ranged from mild to severe, from being told that they were ugly or stupid to just getting a vague sense that what they were doing was not good enough.

Many of the families also took a negative stance toward the women's career aspirations. Some women experienced direct criticism of their interests, while others experienced a lack of encouragement or a perceived disinterest in their career goals. Unfortunately, the invalidation did not necessarily limit itself to the family but was also received from others including teachers, friends and co-workers. Perhaps, these women were sensitized to the perceived invalidation due to the experience of being invalidated within the family. Regardless, the effects were the
same, an increasing sense of confusion, hurt, anger and loss.

Hand in hand with the experience of invalidation in the family came a strong dose of parental influence over career directions. Many of the women experienced their parents becoming directly involved in decisions regarding school or career, others felt they were directed by their parents, or strongly influenced, to follow or not follow specific interests or goals.

Looking back, these women were able to recognize that their parents were acting out of real concern for their future: concern that they would get a job; choose a practical degree program; be able to support themselves. However, during this process, these women were drifting further and further away from being able to pursue a path of development that coincided with their interests and abilities. Coupled with the sense of being invalidated, the strong parental influence resulted in a perceived lack of freedom to choose their own career path. Even the one woman who experienced the total opposite of negative influence ended up feeling she had no freedom of choice. When her career choice became the family project, her ownership of this aspect of herself ceased. Not until years later in a process
of reevaluation did she truly claim her career identity for herself.

An overwhelming sense of fear and self-doubt became a common experience for these women. As their worlds began to broaden to include high school, university and work, their sense of anxiety and doubt about themselves increased. The family environment had challenged their inherent self-knowledge regarding feelings, goals and decision making abilities. One of the results was fear and doubt regarding their competence and abilities to navigate their worlds as more and more decisions and risks were required. Some of the women changed directions to avoid their fears; most relied on opinions of others to direct them; some took on an "I'll show you" attitude, a kind of bravado; all became over-achievers to compensate for their doubts; and all kept moving forward, sometimes blinded by their fears.

By this point in their lives, regardless of chronological age, their self-identity had become enmeshed with self-doubt. New information in the form of positive feedback was quickly discounted within the context of fear. Even tangible successes, such as degrees, were experienced as suspect or outright failure. Many of the women struggled with a sense of
"if only they knew" when it came to accepting personal advancement in school or work.

Finally, for most, the fears simply overtook them. The majority of the women described feeling "lost" during this period of their lives. It is also during this time that the symptoms of bulimia nervosa emerged.

The experience of loss of self-identity was described as a loss of direction, a loss of self-knowledge, and a diminished sense of wholeness or cohesiveness. Many of the women began grasping at external reference points, relying more and more on others as a way of establishing any sense of who they were. Bulimia nervosa also became a way of dealing with the increasing sense of fear and loss.

While feeling frightened and lost, bulimia nervosa afforded a place to hide. It became a way of focusing anxiety, relieving stress, and for some, a means of avoiding fearful situations or decisions. Bulimia nervosa became one means of handling an increasing sense of loss of control. When it came to school or work the behaviours of bulimia nervosa served many purposes, including: legitimized absences from school or work due to sickness; afforded a reason to be alone; sometimes forced a decision such as quitting a job; relieved
pressure and stress; took up time in otherwise boring work situations; and overall soothed the experience of feeling trapped.

When it came to the practicalities of dealing with bulimia nervosa while pursuing work, all of the women point out the detrimental effects. It was not unusual for the women to often feel lethargic, fatigued and physically sick from the recurring symptoms of bulimia nervosa. In addition, they were often troubled by an inability to concentrate, distractibility, and depression. A major difficulty at work became an increasing sense of insecurity due to their perceived inability to deal with stress. Even though they were all proceeding to deal with stressful situations, such as continuing university or work while struggling with an eating disorder, many perceived themselves an unable to cope. The more they experienced themselves in this way, the higher their stress level became.

In spite of all the emotional and physical difficulties resulting from the bulimia nervosa, these women rarely, if ever, allowed the behaviours of bulimia nervosa to occur at their work place. If they did experience bouts of bulimia nervosa at work it was usually during a phase of work where they worked alone,
for example on night shift. For most, the fear of being "found out", drove them to become super-employees, often going above and beyond the call of duty to ensure they would be judged to be hard-working and valuable employees.

For all of the women interviewed, the experience of bulimia nervosa led them to seek help. As such, it was the catalyst for them to begin the journey back to restoring their long lost sense of self. All chose counselling that focused on their personal growth and self-identity, such as person-centred or psychodynamic counselling. None participated in counselling that emphasized correcting the behaviours associated with bulimia nervosa. Instead, counselling was a way of exploring many different aspects of who they were. For all, a crucial aspect of self-discovery became the rediscovery of career interests.

During their tenure of therapy all the women involved reexamined their career paths. The majority ended-up changing jobs, leaving work, or returning to school. All of the women have chosen to pursue career goals that match with what they knew about themselves when they were young.
As these women worked toward developing a stronger sense of identity they finally experienced the ability to ask "what do I want to do?" They began to establish a positive sense of themselves at work, the freedom to make choices, and accountability for their decisions. A work identity became established as part of the overall self-system and with that came an increased sense of purpose and self-confidence.

In terms of the overall impact having bulimia nervosa had on the career development of these women, the women themselves reported that it did have an impact. However, they all pointed out that it was not the physical nature of the disorder that affected their career development, but preexisting aspects of their own self-identity, such as being unable to express their own needs, a need to please others, perfectionism, and an overall diminished sense of self-confidence, self-esteem, and self-identity.

Finally, the women were able to bring meaning to the experience of having bulimia nervosa by identifying the opportunity it represented in their lives. For most, having an eating disorder necessitated having to stop in their tracks and to assess the directions their lives were taking. As such, the experience became a
means of understanding themselves and their career development. For this, the women were grateful. The end of the story for these women represented a new beginning, a chance for them to finally pursue the potential they knew resided within them.
CHAPTER V: DISCUSSION

This chapter covers the findings and limitations of this study. Implications for theory, practice, and future research are discussed. The chapter concludes with a summary of this research project.

Summary of Purpose and Results

The general purpose of this study was to gain a meaningful understanding of the experience of career development in women with bulimia nervosa. An analysis of the interviews led to the identification of seven Chapters in the chronology of the participants' experiences of career development and an Epilogue of their reflections regarding their career development. The Chapters are:

1: Knowing my Self;
2: Invalidation;
3: Usurped;
4: Fear & doubt;
5: Escape;
6: The lost Self; and
7: Restoration.

and:

Epilogue: Reflecting on the impact of bulimia nervosa on career development.
The common story which evolved from the seven Chapters is a synthesis of the participants' experiences.

**Limitations**

The limitations of this research focus on factors related to the participants and the researcher. First, the study was conducted with a small group of participants (eight women), specifically selected for this study. Second, the homogeneity of the group in regards to race (all were Caucasian), socioeconomic class (lower- to upper-middle class), educational level (all had attained or were in the midst of acquiring college or university educations), all were "career-minded" in the sense that they were engaged in or pursuing full-time careers, and six out of the eight women came from families where at least one parent was a professional. Third, all of the participants had been diagnosed with bulimia nervosa therefore it cannot be assumed that the findings are applicable to women with other classifications of eating disorders, other clinical populations, or the normal population. Fourth, the results were limited to the conscious recollections of participants, their capacity to articulate their experiences, and their willingness to share this information. Fifth, all of the participants had
participated in client-centred or psychodynamic counselling. Finally, the researcher's expertise in the field of eating disorders and clinical skill, while potentially enhancing the research process, may also be seen as a possible source of bias.

**Theoretical Implications**

This exploratory study is unique in two ways: first, it focuses on an issue such as career which is usually overlooked in this population of women with bulimia nervosa and, second, it uses a qualitative method in order to gain a deeper understanding of the phenomenon. As such, the results of this study can only be compared in a general sense to any existing research in this area which relied on quantitative methods and addressed the area of work in a cursory manner. In addition, this study was not designed to confirm or disconfirm any existing theories on eating disorders and career development, but can relate to and expand upon what is known so far about the career development of women with bulimia nervosa as noted in both research and clinical observations.

**Bulimia Nervosa and Career Development**

As noted in Chapter II, there exists only a small amount of research and theory that relates to the area
of work or career development in women with bulimia nervosa. The literature that does exist focused, not exclusively on bulimia nervosa, but also on women with anorexia nervosa. The results of this study only directly address women with bulimia nervosa, but may inform and stimulate discussion of career development in women with other classifications of eating disorders such as anorexia nervosa.

Empirical research has never focused on the career development of women with eating disorders. Cursory mention of their "work adjustment" has been noted in a few studies surveying the overall "life adjustment" of this group of women (Herzog, Pepose, Norman, & Rigotti, 1985; Johnson & Berndt, 1983; Norman & Herzog, 1984; and Thompson & Schwartz, 1982). These survey studies asked about work during the period of time in which these women were experiencing symptoms of the eating disorder. They did not in any way address career development over time.

These studies found that women with bulimia nervosa (and anorexia nervosa) had "poor work adjustment." This was defined in these studies by such factors as: losing time from work due to "illness"; friction with co-workers; feeling generally inadequate at work;
experiencing diminished interest in work; feeling unable to keep up with work; feeling ashamed of their level of performance; and feeling upset or worried in the workplace or classroom. In general, these studies painted a rather bleak picture of these women at work, but offered no context within which "poor work adjustment" could be understood.

The results of this study found that during the period of their lives when they were experiencing bulimia, the majority of the women in the current study held work in a place of personal importance and strove to be considered "good employees". Very few of the women were absent from work due to their bulimia. The majority struggled to get to work and stay at work regardless of how sick, fatigued, anxious, or depressed they felt. Certainly, many of the women in this study often felt concerned about their competency at work given the stress that they were experiencing due to bulimia nervosa and they often reported a lack of interest in the type of work they were employed in at that time of their lives. However, instead of allowing these internal pressures to diminish their work performance, they drove themselves to become "super" employees. They often went out of their way to
overcompensate for their insecurities at work by working harder, staying longer hours, and attempting to please everyone.

Unlike previous survey studies, the women in this study did not report conflictual work relationships, nor did they describe being "ashamed" of their work performance. In fact, the women in this study spoke of themselves as "good employees" and "hard workers."

In agreement with one of the research factors, the majority of women in this study did experience a "diminished interest" in their work at the time they experienced bulimia nervosa. However, the lack of interest in their jobs at that time did not reflect a lack of interest in working, but rather the fact that they were not involved in work that mirrored their interests or abilities. Once these women reconnected with their interests and found renewed confidence in their capabilities their interest in work soared.

The overall impression given by empirical studies that mention work, portray this group of women as not achieving, poor workers, and enfeebled by their "illness" (bulimia nervosa). The women who participated in this study are the antithesis of this profile. During the time they were experiencing bulimia nervosa,
all of the women were either employed full-time, or part-time while they attended university or college. Some were already involved in professional careers (e.g., teacher, lawyer, engineer/MBA, technical writer, social worker) while others were supporting their education by working in clerical, retail, or service industries, often more than one part-time job simultaneously (e.g., banking, clerical, waitressing, tutoring). At the time of the study all of the women had reaffirmed their sense of career direction, for most this involved major change: for example, teacher to entrepreneur in creative industries such as publishing and film production; engineer/MBA to nurse; technical writer to speech therapist; social worker to playwright; clerical worker to artist. Two women at the completion of their university studies were pursuing teaching and interior design or landscape architecture. Only one participant remained in the same career, but had gone through a process of personal re-commitment to her career as a criminal defense lawyer.

Theoretical or clinical observations of the career development of women with eating disorders, and in specific bulimia nervosa, are few. Most observations made in regard to work or career development are linked
to a deficit in self-identity development, autonomy, and the social milieu in which development took place.

Theorists and clinicians such as Bruch (1973, 1978, 1985, 1988), Goodsitt (1969, 1977, 1985), Orbach (1985), Boskind-White (1979), Reisner (1988) and Bergmann (1988) noted that deficits in the sense of self-identity and autonomy could be seen reflected in these women's inability to make decisions for themselves about their future and an over-reliance on others as external sources of self-information. In addition, the developmental environment was often out-of-sync with, or unresponsive to, the needs of the growing child.

The results of this study confirm the above observations. The women in this study reported an increasing sense of "losing themselves" which appeared to culminate in the development of bulimia nervosa. By this point in their lives, they felt unable to make decisions regarding work or career as they "did not know themselves". For many of the women in this study their own perceived lack of decision-making ability in terms of their future was directly related to the constant undermining received from significant caretakers.

Some of the women experienced direct criticism of their choices, abilities, and overall self-development.
Others had parents who "directed" them into career choices that did not consider the growing child's or adolescent's needs, but reflected the parent's occupation, interests, or needs (i.e., for recognition, status, or stability). A couple of the women experienced no parental direction in terms of school or work choices. And almost all, at varying points, experienced questioning of their direction. It was the constant questioning of their self-knowledge, most of the women reported, that led to an overwhelming sense of doubt in one's ability to make decisions for themselves, or to even trust what they knew about themselves. The increasing sense of doubt eventually became experienced as overriding fear and the relinquishing of decision-making to those around them who appeared to know better.

It has been suggested in the literature that eating disorders develop in adolescence as this stage of life is characterized by a multitude of new experiences, expectations, choices, and conflicts. Bruch (1985) sees an eating disorder as an attempt to make time stand still or to halt development. Wooley and Wooley (1985) suggest that these women are caught between their fear
of a future of dependency and their perceived inability to move forward and make changes.

The results of this study concur with the above with one caveat. For the participants of this study, the symptoms of bulimia nervosa did not always manifest in adolescence, for some the symptoms began in early adult years. The emergence of the symptoms of bulimia nervosa represented an adaptive response to feeling unable to traverse the increasing number of demands placed on the participants both intra- and inter-personally. The women interviewed found bulimia nervosa to be "a place to hide" from the increasing stresses of their changing worlds. Without a strong sense of self-identity, and in the face of ongoing invalidation, they felt unable to handle the stress and fear associated with growing expectations and choices. The results of this study suggest that these women conceived of bulimia nervosa as a legitimate reason to seek help in order to "re-do" the developmental process. In addition, the shared story of the participants' struggles suggest an understanding of bulimia nervosa vastly separate from its physical symptomology.
Career Development

Especially relevant to the current study were theories of career development that took a life-span developmental approach and highlighted the interaction between career and identity development. The results of this study closely align with the self-identity theory of Erikson (1959, 1968) and Munley's (1977) application of Erikson's theories to difficulties in career development. It is also of interest to review the results of the current study within the context of Identity Status Theory as exemplified by the work of Marcia (1966) and Waterman (1985).

All of the women in this study described a strong sense of knowing themselves when they were children. They had a sense of what they were good at doing and were able to identify their interests. In addition, some were able to recall feeling that they had the potential to do "important" things in their lives as they grew-up. However, the majority of these women, at some point in their early development, relinquished their dreams, goals, and interests. They eventually experienced a loss of self-identity and direction.

The seven Chapters identified in the career development of this group of women bear a strong
similarity in nature to the first five stages of Erikson's theory of self-identity development. Chapter one, Knowing my Self, reflects the emerging sense of self trust essential to Erikson's first stage, Trust vs. Mistrust. Chapters two (Invalidation) and three (Usurped) appear to be associated with the emergence of shame and doubt associated with the second stage of Erikson's theory, Autonomy vs. Shame and doubt. Chapter four, Fear and Doubt, reflects the loss of initiative and subsequent self-doubt related to Erikson's third stage, Initiative vs. Guilt. Chapter five, Escape, incorporates the feelings of inferiority and subsequent turning away from self-activation reflective of Erikson's Stage four, Industry vs. Inferiority. Chapters six (The lost Self) and seven (Restoration) correspond to Stage five of Erikson's theory, Identity vs. Identity Diffusion. In light of the above similarities, Erikson's theory may offer one means of approaching an understanding of the developmental nature of career development in this group of women.

The career development of the women in this study also reflected Munley's interpretation of career difficulties associated with the first five stages of Erikson's theory of self-development. These
difficulties include: inability to make career commitments; doubt in one's capacities; inability to decide on work activities; coerced or inappropriate vocational choices; anxiety and self-restriction when initiating activity; feelings of inadequacy and inferiority; diminished enjoyment of work; and, finally, disruption in the sense of work-identity.

Erikson stated that the fifth stage, identity vs. identity diffusion, is crucial as it is the stage in which the adolescent declares "this is what and who I am". It is also a time of new experiences, choices, and commitments, including vocational choices. Disruption of identity consolidation during this stage may manifest in a preoccupation with a one-sided activity according to Erikson. For the women in this study, bulimia nervosa could be seen as the one-sided activity that offered relief from the anxiety associated with this stage of identity development.

Identity status theory involves the fifth stage of Erikson's theory—identity vs. identity diffusion—and has been applied to career choice as well as other life domains. Marcia (1966) suggested that the presence or absence of exploration and commitment characterized the four identity statuses. For example: identity-
achievement status contains both elements, exploration and commitment where identity-diffusion status lacks commitment and exploration; moratorium status contains exploration, but not yet commitment; and foreclosure status is identified by commitment without exploration.

The results of this study suggest that the vocational choice process of this group of women could be seen as falling into two of the identity statuses, namely foreclosure and identity-diffusion. Waterman (1982) suggested that foreclosure in vocational choice was likely if the adolescent had experienced an over-identification with, or over involvement of, parents thus leading to the adolescent committing to the parents' vocational plan for them. Vocational identity-diffusion arises from an environment that is neglecting, rejecting or too permissive, thereby leaving the adolescent without support or positive direction for career planning.

For the women in this study, the crisis of bulimia nervosa compelled them to seek counselling. During their tenure in therapy awareness of the need to reexamine career decisions was awakened. In Marcia's terms, this awareness thrust them into a moratorium status, a crisis status characterized by intense
exploration and a struggle to find a compromise between parental, individual, and societal career goals. The outcome of therapy for each of these women was the attainment of identity-achievement status. The women interviewed described rebuilding a sense of self-identity in therapy. In relation to career development, all of the women in this study reconnected with the childhood knowledge they had of their interests and abilities, and were pursuing careers that had once been relegated to long lost dreams.

The point of this research was not to confirm or disconfirm clinical observations and/or research findings. The purpose was to uncover the factors associated with career development in this group of women and to focus on how these factors organize themselves into a meaningful pattern.

Implications for Practice

In terms of practice, the results of this study have important implications for counselling women with bulimia nervosa. This study suggests that career development is a highly relevant area of discussion within the therapeutic process.

It is important for counsellors to recognize that career development and the development of an eating
disorder such as bulimia nervosa represent long-term developmental processes. The results of this study indicate that counsellors would find a developmental perspective useful for understanding the career development of women with bulimia nervosa. Erikson's (1959, 1968) theory of self-identity development offers a useful framework for both counsellor and client to understand developmental issues associated with career development. In addition, the counsellor's validation and support of the client's struggles over time are beneficial. It is necessary for both client and counsellor to recognize that recovery in terms of career development and eating involve a long-term process. It is useful for counsellors to reassure clients that it is not unusual for such a process to take time and to not always assume a smooth, upward progression.

Beginning therapy itself represents a developmental transition for the client. According to this study's findings, clients often present for counselling when they are "feeling lost" in terms of struggling with the symptoms of bulimia nervosa. It is important for counsellors to acknowledge and validate the experiences of the client's eating difficulties but to not allow the
dramatic symptoms of bulimia nervosa to become the focal point of counselling.

The results of this study indicate that bulimia nervosa afforded the participants a "place to hide" from the changes taking place in their world and from any demands or choices they were facing. In counselling, as the underlying issues of the eating disorder are addressed, (i.e., self-identity, autonomy, separation) clients may experience a rise in fear and doubt in their abilities to traverse these developmental issues. It may be expected that clients may retreat into discussion of symptoms such as binging, purging, weight or body-shape concerns as an unconscious attempt to recreate their hiding place. In particular, discussions involving career development may highlight the necessity of the client articulating their self-identity in an adult world. Discussion of career development issues may reactivate the client's sense of "being lost" or losing direction which may lead to a temporary backlash of feelings of fear and self-doubt.

The dynamics revealed by this study suggest that with the counsellor's ongoing support and validation the client can begin to understand the process of career development, its relationship to self-identity and the
development of bulimia nervosa, and can begin the process of exploration needed for the establishment of this aspect of self-identity.

Perhaps of most relevance to this study is the finding that for this group of women reactivating their career development became an integral part of their recovery from bulimia nervosa. The reestablishment of career exploration, usually followed by a change of employment or return to school, restored both meaning and purpose to their lives. Unfortunately, many traditional treatment programs for eating disorders either ignore or discourage career activity. Day programs or in-patient programs, by necessity, often remove the individual from their school or work environment. Unless, of course, someone's physical health is severely compromised, this course of action would seem contra-indicated by the results of this study. Instead, the results of this study suggest that an environment that encourages career exploration and work activity throughout the counselling process would help keep the client connected to this crucial aspect of self-identity and provide a mirror through which they can begin to distinguish their own interests, needs, and abilities from those proffered by others.
The common story of the career development of women with bulimia nervosa and the chapters from which it is comprised, that were revealed through this study may be of interest and use to both counsellors and clients. Given that so little information is available in the literature regarding the experience of career development in this group of women, the story and its elements could serve as a basis for counselling dialogue and may provide useful insights for clients. This group of women often felt alone and lost, without support or direction and being able to read of other women's experiences and ultimate success may alleviate some fear and instill a sense of hope.

Implications for Future Research

Several implications for future research arise from this study. The multiple-case design employing in-depth interviews proved to be an effective method of gaining a deep understanding of the career development of women with bulimia nervosa. Given that there is a dearth of information in this area, additional case studies are recommended to confirm and extend the information gained in the current study. In addition, since it is a new focus of inquiry in the field of eating disorders, future studies of a quantitative nature could only add
to a limited knowledge base and provide a springboard for further in-depth qualitative explorations.

This study focused specifically on women with bulimia nervosa. However, given that there is an overlap of personality characteristics in women with anorexia nervosa, it would be judicious to explore the patterns of career development in women with anorexia nervosa, as well as other types of eating disorders such as compulsive eating and obesity. The identification of commonalities and variations between those groups would heighten our understanding of this aspect of identity development, with a future eye to planning intervention strategies. In addition, although women make up the majority suffering with eating disorder such as bulimia nervosa, it would be interesting to examine the career development of men with bulimia nervosa for possible gender differences.

Given that career development is a developmental process, it would be useful to explore the career knowledge and plans of adolescent women identified as having bulimia nervosa. If, using the current study as a model, certain difficulties could be identified, intervention may be possible to offset potential long-term difficulties in career development.
Longitudinal studies would also enrich our knowledge of this area. The further career development of women who had experienced the pattern revealed in this study, could be explored in terms of such factors as ongoing career satisfaction; further career transitions; and continuing self-identity development.

Finally, further investigation of the career development of women with eating disorders may provide a useful model to examine this area of development with other clinical populations.

**Summary**

This study explored the experience of career development in eight women with bulimia nervosa. The results of this study revealed seven major life chapters as well as the common story of their career development over their life span, including how bulimia nervosa became a factor in their career development. These results relate to and expand upon the few findings of previous research and clinical observations pertaining to the area of work in this group of women. Therefore, the results of this study add substantially to our knowledge-base in this field. In addition, the results point to a number of possible future areas of research.
References


APPENDIX A

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 B

Letter to Therapists

Dear Colleague:

RE: Research project - The development of career identity in eating disordered women

As a doctoral candidate in the Dept. of Counselling Psychology at U.B.C., I am conducting a study on the development of career identity in eating disordered women, specifically women who have been diagnosed with bulimia nervosa as per the DSM-IV criteria. It is my goal to understand the factors and events which may have helped or hindered the development of a career identity.

Participation in the study will involve interviews and the preparation of a short timeline during one of the interviews that identifies important points in one's life regarding career development. The entire study will require approximately 5 to 6 hours to complete.

Involvement in the study will provide participants with the opportunity to reflect upon their experiences and to examine them in greater detail. Participants will have the opportunity to review and discuss the interview material with the researcher as a way of furthering their personal growth.

We hope that being involved in the study will be both an interesting and useful experience. Participation is completely voluntary and participants are free to withdraw from the study at any time. All identifying information will be deleted from the interview material to ensure confidentiality and privacy for participants.

Should you know of any women who meet the above criteria and who you believe would be interested in participating in this study, would you please pass on the enclosed information letter so that they may contact me for further information or to volunteer.

Yours sincerely,

Toby I. Silverton, M.A., R.C.C.
Registered Clinical Counsellor

Contact: 737-2304
APPENDIX C

Information Letter to Participants

To potential research participants:

The study that I am conducting is an investigation of the development of career identity in women with eating disorders, particularly bulimia nervosa. This project is being completed as a doctoral research study under the supervision of Dr. Norm Amundson, Dept. of Counselling Psychology, U.B.C.

The purpose of the study is to obtain in-depth, detailed descriptions of the individual's experience in forming their attitudes, choices, and sense of identity with regard to work and career development.

Participation in the study will involve interviews and during one of the interviews, the preparation of a short timeline that identifies important points in one's life regarding career development. The entire study will require approximately 5 to 6 hours to complete. Involvement in the study will provide participants with the opportunity to reflect upon their experience and to examine it in greater detail. It is hoped that being involved in the study will be both interesting and useful experience, and that the outcome of the study will have a positive impact upon the possible future treatment of eating disorders.

All identifying information will be deleted from the data in order to ensure confidentiality and to protect participant's privacy. Participation in the study is completing voluntary and participants are free to withdraw from the study at any time without jeopardizing any future treatment programmes.

If you are interested in participating in the above project, or if you would like any additional information regarding the study, please contact the researcher at the number listed below.

Sincerely,

Toby I. Silverton, M.A., R.C.C.

(737-2304)

Supervisor: Dr. N. Amundson, Dept. of Counselling Psychology
(822-6757)
APPENDIX D

Participant Consent Form

CONSENT FORM

Research Project: The development of career identity in eating disordered women

Researcher: Toby I. Silverton, M.A., R.C.C. (737-2304)

Supervisor: Dr. N. Amundson, Dept. of Counselling Psychology
           University of British Columbia (822-6757)

The above doctoral research study concerns the development of career identity in women who have experienced an eating disorder such as bulimia nervosa. The research will strive to identify various factors which may have helped or hindered the development of a career identity and subsequent career choices.

Participation will involve interviews and during one of the interviews, the preparation of a short timeline indicating various decision points regarding career development. It is anticipated that the entire experience will require approximately 5 to 6 hours to complete. All sessions will be audiotaped and erased at the end of the project. Interview material will be transcribed and all identifying information will be deleted to ensure confidentiality and to protect participants' privacy.

Participants are free to ask any questions concerning the project at any time, and will have the opportunity to review summaries of the interviews. Participants are free to withdraw from the project 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.

Participant's signature __________________________ Date

(Approved by U.B.C. Behavioural Sciences Screening Committee for Research Involving Human Subjects)
Orienting Statement and Interview Questions

Orienting Statement

I am interested in the career development of women who have experienced bulimia nervosa and whether your eating disorder has had any impact on your career development. I see 'career development' as different from a 'job history', so although the types of jobs you have had are of interest, I would like us to move beyond 'jobs' to also explore areas such as family, school, illness, or any other area you feel is relevant to your career path.

Initial Interview Question

If you think of your career development, not as a series of jobs but as a story that unfolds for you, do you remember a starting point where you had an idea in the back of your head about what you might have wanted to do in your life?

Additional Interview Questions

The following questions were asked of participants if they had not covered these areas in their interview:
- Do you remember making conscious decisions about your career path or did it just evolve for you?
- What did you hear or learn about work from your family as you were growing up?
- Were choices made for you by the family or were you encouraged or discouraged in making your own choices?
- Did having an eating disorder affect the way you saw yourself as a worker?
- Did the eating disorder interfere in your work in practical ways?
- Do you believe that having an eating disorder had a significant impact on your overall career path?
- Is there anything I've forgotten to ask you about your career development and your life with an eating disorder that you think is important for me to know?