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**The Psychology of Shoplifting:  
Empirical Development of a New Typology for Repeated Shoplifting**

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Empirical Development of a New Typology for Repeated Shoplifting**

by

**Miranda Mei Nadeau**

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## **Abstract**

# **The Psychology of Shoplifting: Empirical Development of a New Typology for Repeated Shoplifting**

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Despite the deleterious effects of shoplifting on mental health, the current literature offers little guidance to clinicians who seek to help clients change their shoplifting behavior. Critically, the literature has thus far failed to use empirically and theoretically sound methodologies to identify the diverse characteristics and motivations of individuals who shoplift. The present study was conducted to address this gap in the literature by developing an empirically and theoretically supported typology of the varied individuals who shoplift. This study also considered the role of a typically adaptive construct, self-compassion, in shoplifting behavior. Study participants included 202 individuals who reported repeated shoplifting. Recruited from Mechanical Turk, participants provided information about their experiences of shoplifting, motivations, mental health, ethical attitudes, personal histories, and life circumstances. Cluster analyses revealed that the sample could be divided into six discrete groups of individuals. These clusters comprise a typology of individuals who shoplift, including a Loss-Reactive Type (28% of the sample), Impulsive Type (20%), Depressed Type (18%), Hobbyist Type (18%), Addictive-Compulsive Type (9%), and Economically Disadvantaged Type (7%). In the Depressed Type, greater self-compassion was associated with more instances of shoplifting across the lifespan. In the other five types, self-compassion was not related to participants' incidence of shoplifting. Each of these types calls for different approaches to reducing shoplifting or related distress. Clinical implications, future directions for research, and study limitations are discussed.

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## Chapter 1: Introduction

Shoplifting, or wrongfully taking merchandise from a place of business, results in a range of negative consequences and implications for businesses, other shoppers, and the economy. Collectively, shoplifting cost U.S. retailers \$17.8 billion in 2015, a figure that grows every year (National Retail Federation, 2016). These costs are passed on; consumers worldwide pay an additional \$335 each per year due to shoplifting losses (The Smart Cube, 2015).

People who shoplift also experience a host of consequences associated with their behavior. Between 11.3% (Blanco et al., 2008) and 60% (Klemke, 1982; Kraut, 1976) of people in the United States report that they have shoplifted at least once in their lives. While only 1 in every 20 to 40 individuals who shoplift are apprehended and face possible legal ramifications (Griffin, 1984), shoplifting can result in criminal charges, jail or prison time, fines, restitution, civil liability, and permanent criminal records, all of which have profound implications for lifetime employment, well-being, and mental health (Freudenberg, 2002; Mace, Rohde, & Gnau, 1997; Schnittker & John, 2007; Theriot & Segal, 2005; Western, Kling, & Weiman, 2001). For example, involvement with the criminal justice system has been associated with drug dependence and greater psychological disability (Theriot & Segal, 2005).

Importantly, the negative consequences of shoplifting are not limited to those who are caught and arrested. For many people who shoplift, even those who are not caught, shoplifting is ego-dystonic, or seen to be unacceptable or inconsistent with one's self-concept, and is a behavior that causes considerable distress (American Psychiatric Association, 2013; Cupchik, 2002; Forney, Crutsinger, & Forney, 2006; Geyer, 2000; Krasnovsky & Lane, 1998; Sarasalo, Bergman, & Toth, 1997). Extant research shows that shoplifting is associated with a number of negative factors, including depression, suicide, lifetime psychiatric diagnoses, personality

disorder, impulsivity, nicotine dependence, alcohol use disorder, hopelessness, antisocial behavior, and shame (see Appendix A: Shoplifting and Mental Health).

The prevalence of shoplifting and its consequences call for individualized counseling interventions that can address distressing, ego-dystonic shoplifting behavior. Importantly, however, sparse research to date has been conducted on how to help these individuals. Part of the challenge is a lack of understanding of different motivations or causes of the behavior. Further, attempts to develop interventions are complicated by the diversity of experiences and motivations of people who shoplift. In fact, most of the extant literature on shoplifting comes from the psychiatry and criminology communities, which capture only a subset of individuals who shoplift (see Appendix B for the history of the study of shoplifting).

For clinicians and researchers to develop these interventions, they must first gain a more comprehensive understanding of the people who shoplift and what drives them to do so. To improve outcomes for individuals who shoplift, the present research sought to illuminate the varied patterns of shoplifting behavior to unite past research in developing a single conceptual typology of individuals who shoplift. This study examined correlates and facets of varied shoplifting behavior using a large sample to identify a typology of six unique types.

To date, researchers and clinicians in the field of shoplifting have drawn on diverse theories (see Appendix C: Theoretical Approaches to Shoplifting) to suggest numerous distinct typologies for people who shoplift (see Appendix D: Categorizations of Shoplifting). In general, each has suggested between 2 and 16 “categories” of individuals who shoplift (e.g. Cameron, 1964, Brady, 2013). Overall, the themes around these typologies include demographics, past criminal behavior, economic motivation, comorbid disorders, motivation, forethought, and

others. See Appendix E for further discussion of the factors theorized to be involved in shoplifting.

Unfortunately, no consensus has been gathered on characterizations or types of individuals who shoplift. Furthermore, none of these suggested typologies have been empirically tested nor corroborated by other theorists in the field. More commonly, the trend in the research is for each typology to be suggested in a single paper (e.g. McShane & Noonan, 1993) or throughout one clinician's body of work (e.g. Cupchik, 2002). These typologies are often based on qualitative observations of clients in a limited sample, with their structures untested in the literature.

As the current research stands, there is an absence of an agreed-upon understanding of individuals who shoplift. While many researchers have their own theories of shoplifting, these characterizations are so far largely qualitatively based, not empirically tested or validated, or based on varied and incomplete sets of factors (see Appendix D: Categorizations of Shoplifting for further discussion). Typologies are important in understanding individuals who shoplift, which is a critical first step to providing effective treatment. Clinicians may overgeneralize, erroneously stereotype, or otherwise misunderstand their clients if they apply limited perceptions of shoplifting to a diverse group of clients and fail to understand the varying types of clients who shoplift. Without an empirically tested way of characterizing individuals, researchers and clinicians cannot understand each person who shoplifts, compare those individuals, or build on each other's work to develop treatments.

In consideration of these limitations, the primary goal of this dissertation was to develop a typology of individuals who shoplift based on dimensions of shoplifting behavior. To do so, the researcher examined study participants' shoplifting frequency and incidence, motivations for

shoplifting, precipitating factors, and other aspects of the behavior as they relate to a range of psychosocial factors considered throughout the literature (see Appendix E: Factors Involved in Shoplifting). In this process, the researcher hoped to consider all of the factors named in the extant literature in order to provide a thorough analysis of the behavior, rooted in existing research and theory. The purpose of the analysis was to categorize individuals according to these dimensions to allow for a better understanding of the range of shoplifting behavior. Accomplishing this goal involved developing a set of distinct types of individuals, a classification of people who shoplift that places each individual into a separate, discrete category.

Another limitation of shoplifting research pertains to its lack of a connection to a theoretical model for treatment. Therefore, an inquiry into shoplifting behavior may also benefit from a heightened understanding of the relationship between shoplifting and adaptive qualities or traits of mental health. A particularly promising paradigm for contributing to these needs is self-compassion (see Appendix F: Self-Compassion and Related Interventions). Self-compassion is a positive way of viewing oneself that involves being kind to oneself, seeing one's experiences as part of the universal human condition, and being mindful of one's emotions (Neff, 2003a). This characteristic is highly associated with a number of positive mental health outcomes (reviewed in Appendix F: Self-Compassion and Related Interventions), and higher rates of self-compassion are associated with significantly reduced negative outcomes, including depression and anxiety (see MacBeth & Gumley, 2012 and Zessin, Dickhäuser, & Garbade, 2015 for meta-analytic reviews). Given these associations, the construct may have a relationship with behaviors like shoplifting.

In at least some cases, high self-compassion may be associated with reduced shoplifting behavior. Shoplifters Alternative, a rehabilitative branch of the National Association for Shoplifting Prevention, found in their study of 16,000 individuals that 72% of people who shoplift steal as a result of “impulse” (Shoplifters Alternative, 2002), which is inconsistent with the mindfulness component of self-compassion. Self-compassion may buffer some of the impulsivity that can lead to shoplifting.

Furthermore, some researchers have suggested that shoplifting is a reaction to comorbid psychological issues such as depression (Gibbens, 1962; Mace, Rohde, & Gnau, 1997; Neustatter, 1954; Russell, 1973; Sansone, Lam, & Wiederman, 2011) and loss (Cupchik & Acheson, 1983). Reduced depression and more adaptive responses to loss, as facilitated by high self-compassion, may minimize the chance of an individual shoplifting.

Self-compassion is also associated with being kind to oneself by seeking positive coping methods, instead of potentially destructive means like shoplifting. Furthermore, identifying with a common humanity, as in this construct, may be associated with prosocial behaviors instead of antisocial behaviors like shoplifting. Instead of shoplifting, individuals with high self-compassion may be more likely to be kind to themselves by developing healthy coping mechanisms and building stronger external resources. Several facets of self-compassion would seem to discourage shoplifting.

However, self-compassion may not be associated with reduced shoplifting behavior in all individuals. While shoplifting is associated with a number of negative mental health factors, some individuals who shoplift indicate that they do so not because of psychological distress but because of economic reasons, including not being able to afford necessary items and needing to sell stolen goods for income. Indeed, some shoplifting is driven by rational choice (Tonglet et al.,

2002). Other shoplifting is linked to individuals' antisociality (Blanco et al., 2008; Egan & Taylor, 2010; and Grant et al., 2011). Collectively, this implies that individuals either continually decide to shoplift or repeatedly fail to refrain from shoplifting. Repeated shoplifting behavior can therefore reflect a baseline comfort with breaking social norms and laws, activated by lower levels of shame (Tibbetts, 1997).

Shame is another relevant factor for individuals who shoplift. Individuals who stop shoplifting often do so because of feelings of shame (Krasnovsky & Lane, 1998), and shame sanctions have been used throughout history to reduce recidivism (see Harvard Law Review, 2003; Whitman, 1997; and Wortley, 1996 for reviews). Shame likely inhibits shoplifting behavior. However, the experience of shame runs counter to positive mental health and self-compassion (Gilbert & Proctor, 2006; Johnson & O'Brien, 2013; Leary et al., 2007; Tracy, Robins, & Tangney, 2007). In fact, part of being self-compassionate is being kind to oneself after doing something wrong, rather than taking on a self-judgmental or shaming stance. Therefore, in some individuals, self-compassion may prevent the shame that would otherwise reduce shoplifting behavior.

If high self-compassion reduces shame, self-compassion may be associated with more shoplifting in some individuals. Based on the existing literature on shoplifting behavior, self-compassion may be correlated with shoplifting incidence, perhaps negatively in those who shoplift due to impulse or emotional distress and positively in other individuals, like those who approach shoplifting with deliberate intention.

Therefore, a secondary goal in this study was to explore the relationship between shoplifting and self-compassion as it varies in different individuals. Given the different categories that emerge from the first goal, the researcher was interested in exploring the

relationship between self-compassion and shoplifting behavior as it ranges between the types. This study tested the hypothesis that self-compassion increases shoplifting behavior in some types of individuals who shoplift and decreases the behavior in others.

## Chapter 2: Methods

### PARTICIPANTS

Participants in this study were 245 individuals who completed the full set of measures related to their shoplifting behavior. These participants scored a mean of 13.40 ( $SD = 6.24$ ) on the Marlowe-Crowne Social Desirability Scale, similar to the mean score in the literature of 13.72 ( $SD = 5.78$ ; Crowne & Marlowe, 1960). Participants who were assessed to be “High Scorers” (i.e. scores equal to or greater than 20) on the scale were excluded from analysis. After excluding the “High Scorers,” the final sample for this study included 202 individuals.

The sample of 202 was comprised of 112 women and 90 men, and participants’ mean age was 35.56 ( $SD = 10.82$ ). A majority of participants were single, never married (52.0%), whereas 36.1% were married and 9.4% were divorced. 80.2% of participants endorsed that they are heterosexual or straight, 5.4% endorsed that they are gay or lesbian, and 14.4% endorsed that they are bisexual. A majority of participants self-identified as White / Caucasian (76.7%), with other participants identifying as Hispanic or Latino (6.4%), Black or African American (6.4%), Native American or American Indian (2.5%), or Asian / Pacific Islander (7.4%). Participants’ mean annual income was \$36,591.71 ( $SD = \$54,964.16$ ), and most participants identified as either middle class (36.6%) or lower-middle class (32.2%). 33.2% indicated that they lived in an urban area, 43.1% in a suburban area, and 23.8% in a rural area of the United States.

### MEASURES

Developing a typology of individuals who shoplift necessitated that individuals complete measures of the numerous factors that are related to shoplifting in the literature (see Appendix E: Factors Involved in Shoplifting). In the extant literature, many unique factors have been associated with shoplifting behavior. In order to test the relevance of each of these critical



variables and develop a typology that benefits from the extant literature, the present study utilized a large number of measures related to shoplifting behavior. Participants were asked to provide information about their shoplifting behavior, complete 16 measures of factors associated with shoplifting, and complete a measure of social desirability to ensure truthful responding in the final sample. Including a large number of measures, each of which aligned with previous theory in shoplifting (see Appendix D: Categorizations of Shoplifting, Appendix E: Factors Involved in Shoplifting), allowed for a comprehensive study based on the current literature.

### **Shoplifting behavior**

Participants were first asked a series of questions to determine their past and current shoplifting behavior. The use of self-report methods for identifying criminal behavior is well-supported in the literature (see Appendix G: Methodology in Studying Shoplifting). Participants were asked about the last time they shoplifted, frequency of shoplifting over a one-week period, frequency of shoplifting over a year-long period, their overall shoplifting frequency and incidence over the lifespan, and their history of arrest for shoplifting. This draws on and expands questions from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), as reported by Blanco et al. (2008).

### **Emotions before and after shoplifting**

Participants' feelings before and after shoplifting were assessed using items from the Kleptomania Symptom Assessment Scale (K-SAS; Grant & Kim, 2002). These items were administered because the DSM-5 notes that kleptomania involves feelings of tension before theft and feelings of pleasure after theft (American Psychiatric Association, 2013). The K-SAS was designed to measure changes in DSM-defined kleptomania symptoms over time in individuals diagnosed with the disorder. The scale is an 11-item self-rated measure that examines urges to

steal, thoughts of stealing, and emotions related to the theft. To measure the degree of tension before theft and pleasure after theft, the present study utilized the scale's items that assess for these emotions. The K-SAS demonstrates good internal consistency with a Cronbach's alpha of .90, 95% CI [.77, .97] (Grant & Kim, 2002), strong test-retest reliability with an intraclass correlation of .57, 95% CI [.47, .66] (Grant & Kim, 2002), and strong construct and convergent validity (Grant et al., 2003). The scale is also valid as a predictor of stress associated with shoplifting (Grant et al., 2003). In the present study, the K-SAS was reliable with an internal consistency of alpha = .85, 95% CI [.82, .88].

### **Motivations to shoplift**

To assess for the presence of different motivations for shoplifting, the researcher administered several items based on the extant literature on shoplifting. Extant research suggest that shoplifting can be due to economic motivation (reselling, trading, or professional shoplifting), peer pressure, opportunism, thrill seeking, psychosocial stressors, depression, impulsivity, mental impairment, anger, addiction, compulsivity, and loss or trauma history (see Appendix D). Some of those motivations have existing scales and are described below. Other factors, such as the presence of economic motivation in shoplifting, have no established scale. Therefore, the study implemented the below procedures.

To measure the presence of these motivators, the researcher asked participants about their motivation to shoplift using items rated on a Likert scale from Strongly disagree (1) to Strongly agree (7). For example, to assess economic motivation, the survey asked about the participants' endorsement of the statements, "I knew I could resell the item(s) later" and "I needed to provide for my family," which are discussed in the existing literature on economic motivation (Brady, 2013; Cameron, 1964). To assess for peer pressure (Brady, 2013), the survey assessed the

participants' endorsement of "I wanted to show my friends I could," "I knew it would make some people think more highly of me," and other statements related to peer influence. Participants' level of opportunism (Brady, 2013) was assessed through their endorsement of items including "The opportunity suddenly presented itself" and "I didn't think I would have the chance again." Thrill-seeking shoplifting (Brady, 2013; Shulman, 2004) was assessed by asking about participants' endorsement of "I was bored and wanted something to do" and "I like taking risks," characteristics named in the literature on thrill-seeking. Psychosocial stress (Moore, 1984) was also assessed by measuring the presence of "issues with a significant other" or "with my dating or romantic life." Still other individuals may have no idea why they shoplifted, and this tendency was measured with an item on not knowing one's motivations.

## **Depression**

To indicate their level of depression at the time they shoplifted, participants completed the Center for Epidemiological Studies – Depression 10 form (CES-D 10; Andresen, Malmgren, Carter, & Patrick, 1994; Radloff, 1977). The CES-D 10 is a measure used to screen for depression in the general population. Drawing from medically defined symptoms of Major Depressive Disorder, the scale asks participants about the presence of ten symptoms over the last week, such as "I could not 'get going'" and "I felt that everything I did was an effort." Respondents indicated the presence of these symptoms on a scale from 0 ("Rarely or none of the time (less than 1 day)") to 4 ("All of the time (5-7 days)"). In extant research, the measure exhibits good internal consistency with a Cronbach's alpha of .89, 95% CI [.88, .90] (Björgvinsson et al., 2013). The measure also has excellent test-retest reliability with an intraclass correlation of .87, 95% CI [.79, .93] (Miller et al., 2008), adequate inter-rater reliability with a correlation of .60, 95% CI [.54, .65] (Bassett et al., 1990), and excellent criterion validity

(Agrell & Dehlin, 1989; Caracciolo & Giaquinto, 2002). In the present study, the CES-D 10 exhibited adequate internal consistency with a Cronbach's alpha of .88, 95% CI [.85, .90].

### **Impulsivity**

Participants' levels of impulsiveness were measured using the Barratt Impulsivity Scale 11<sup>th</sup> version (BIS-11; Patton, Stanford, & Barratt, 1995). The scale is the most widely cited instrument for this purpose and has been developed over 50 years (Stanford et al., 2009). The BIS-11 is a 30-item measure of multiple dimensions of impulsivity: attention, cognitive instability, motor, perseverance, self-control, and cognitive complexity. The BIS asks respondents to indicate how often, on a scale from 1 (Rarely/Never) to 4 (Almost Always/Always), they exhibit a number of behaviors, such as "get easily bored when solving thought problems" and "act on the spur of the moment." In the last major study of the BIS-11, which included 1,577 participants (Stanford et al., 2009), the BIS-11 showed strong internal reliability with a Cronbach's  $\alpha$  of .83, 95% CI [.82, .84.], a test-retest reliability of .83, 95% CI [.77, .87], and strong convergent validity. The internal consistency of the BIS-11 in this study was  $\alpha = .82$ , 95% CI [.78, .85].

### **Mental impairment**

To assess the extent of mental impairment at the time of shoplifting, the researcher administered the Cognitive Function Instrument (Amariglio et al., 2015). This 14-item self-report scale is a measure of cognitive functional decline over time and was developed to identify dementia. The instrument asks respondents to indicate their perceived change in various cognitive abilities over the last year, though in this study, participants were instructed to consider changes from the year leading up to the last time they shoplifted. Items were also changed from present tense to past tense for use in this study. In the instrument, respondents rated their

functional changes as 1 (Yes, changed), 0 (No, unchanged), or 0.5 (Maybe). One of the 14 items asks respondents to indicate, “Had you been misplacing things more often?” Another asks, “Had your work performance (paid or volunteer) declined significantly compared to one year before?” The instrument yields a score reflecting functional abilities, with higher scores reflecting weaker abilities compared to in the past. Extant research shows that this scale is associated with clinical measures of functional abilities (Amariglio et al., 2015; Walsh et al., 2006). The internal consistency of the scale is strong; Amariglio et al. (2015) found that the Cronbach’s alpha for the scale was .78, 95% CI [.75, .81]. In the present study, the Cronbach’s alpha for the scale was .88, 95% CI [.85, .90].

### **Presence of anger**

Anger was measured with the Dimensions of Anger Reactions-5 scale (Forbes et al., 2014), which was designed to be used as a brief screening tool. Anger was assessed because the DSM-5 (American Psychiatric Association, 2013) categorizes kleptomania as specifically excluding theft committed that is related to “anger or vengeance.” The DAR-5 includes five items in which respondents indicate the presence of anger symptoms over the last 4 weeks on a Likert-type scale ranging from 1 (None or almost none of the time) to 5 (All or almost all of the time). For example, one item asks respondents to indicate their experience with the statement “When I got angry, I stayed angry.” In the extant literature, the internal consistency of the scale is high,  $\alpha = .90$ , 95% CI [.89, .91]. The scale also exhibits strong convergent validity, concurrent validity, and discriminant validity (Forbes et al., 2014). The internal consistency of the DAR-5 in this study was high,  $\alpha = .90$ , 95% CI [.88, .92].

### **Presence of addiction**

The role of addiction in shoplifting was assessed using the Bergen Shopping Addiction Scale (Andreassen et al., 2015). Recent research conceptualizes shoplifting as a behavioral addiction (see Appendix C: Theoretical Approaches to Shoplifting), and some researchers categorize individuals who shoplift based on the presence or absence of addictive tendencies. To test the theory that shoplifting is an addictive behavior, the researcher adapted the Bergen Shopping Addiction Scale to pertain to shoplifting. The Bergen Shopping Addiction Scale is a measure of shopping addiction that assesses the basic components of addiction (Brown, 1993; Griffiths, 1996), including salience, mood modification, conflict, tolerance, withdrawal, relapse, and problems associated with the behavior. The measure includes 7 statements to which respondents indicate their agreement on a Likert scale from 0 (Completely Disagree) to 4 (Completely Agree), where higher scores indicate higher levels of addiction. One item on the scale asks respondents how much they agree with the statement “I feel I have to shop/buy more and more to obtain the same satisfaction as before.” This item, as well as all of the other items in the measure, was adapted to reflect shoplifting: “I feel I have to shoplift more and more to obtain the same satisfaction as before.” The initial validation of the scale, which was conducted with 23,537 individuals, yielded an internal consistency estimate of .87, 95% CI [.87, .87] (Andreassen et al., 2015), and the estimate in the present study was .91, 95% CI [.89, .93]. Extant literature also supports the convergent validity and discriminative validity of the scale (Andreassen et al., 2015).

### **Compulsivity**

To assess for the role of compulsivity in shoplifting, the researcher administered an adapted version of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS; Goodman et al., 1989). Compulsivity was assessed because some recent research characterizes shoplifting as a

compulsive behavior, fitting into the obsessive compulsive realm of psychopathology. The Y-BOCS assesses the severity of obsessive-compulsive disorder symptoms in ten items, five of which address obsessions and five of which address compulsions. Each of the ten items asks a different question with a different set of responses. For example, one question asks, “How much of an effort do you make to resist the obsessive thoughts?” with options from “Always make an effort to resist, or don’t even need to resist” (0) to “Completely and willingly yield to all obsessions” (4). Another item asks, “How much time do you spend performing compulsive behaviors?” and presents options from “None” (0) to “More than 8 hours per day” (4). Higher scores on the scale indicate more severe symptoms. For the present study, this scale was adapted to assess obsessive thoughts about shoplifting and compulsions to shoplift. For example, the latter question above was changed to “How much time do you spend shoplifting?” The Y-BOCS exhibits good internal consistency with a reliability estimate in the extant literature of .87, 95% CI [.86, .89] (Goodman et al., 1989). The scale also has excellent inter-rater reliability, acceptable test-retest reliability, and strong convergent validity with similar measures (Woody, Steketee, & Chambless, 1995). In the present study, the internal consistency estimate for the Y-BOCS was .86, 95% CI [.83, .89].

### **Attitudes about shoplifting**

Participants’ ethical attitudes toward shoplifting behavior were measured using the Multidimensional Ethics Scale (Reidenbach & Robin, 1990) short form. This scale is an eight-item measure of ethical judgments on three dimensions: moral equity, or justness and fairness; contractualism, or the extent to which behavior is seen to violate rules; and relativism, or the extent to which a behavior is culturally accepted. These items are measured using a 6-point Likert scale where higher scores indicate more traditional moral judgments about a given

scenario. In this study, the scenario used as the prompt for the Multidimensional Ethics Scale was drawn from Babin and Babin's study of moral cognitions and shoplifting (1996). Extant studies using the scale have produced a reliability estimate of .80, 95% CI [.75, .85] (Reidenbach & Robin, 1990), and the estimate in the present study was .83, 95% CI [.79, .86].

### **Loss history**

To test the impact of a history of loss on shoplifting behavior, the researcher assessed the presence of loss events in respondents' lifetimes using an adapted version of the Holmes-Rahe Life Stress Inventory (Holmes & Rahe, 1967). Loss history was assessed because Cupchik (1997) and Tyminski (2014) theorize that shoplifting is related to a history of loss (see Appendix D: Categorizations of Shoplifting). The Holmes-Rahe Life Stress Inventory is a catalog of stressful events in which respondents indicate the experiences they have undergone in the last year. The inventory was adapted for use in this study by including only the items that relate to loss, including death of spouse, divorce, marital separation from one's mate, death of a close family member, and child leaving home. The scale was also adapted to ask about events across the lifespan, instead of just in the last year, and to assess for the number of times each loss was experienced. The scale has strong face validity (Turner & Wheaton, 1995), criterion validity (Bhugra, Desai, & Baldwin, 1999; Spurgeon, Jackson, & Beach, 2001), validity in predicting mental illness and stress (Holmes & Rahe, 1967; Theorell & Rahe, 1971; Thomson & Kendrie, 1972), and test-retest reliability (Gerst, Grant, Yager, & Sweetwood, 1978).

### **Trauma history**

Participants' trauma history was measured using the Trauma History Questionnaire (THQ; Green, 1996), developed for the National Center for PTSD. Trauma history was relevant to the present study because Cupchik hypothesizes that some individuals shoplift because of their



trauma history (1997). The THQ is a 24-item self-report questionnaire that assesses for the occurrence of crime-related events, general disasters, and traumatic physical and sexual experiences using a binary yes/no format. Over the last 21 years, the THQ has been found to be a reliable and valid measure of trauma history (Hooper et al., 2011). As an inventory of various experiences, the THQ cannot be assessed for its internal consistency; however, its construct validity, cultural validity, test-retest reliability, and interrater reliability are strongly supported in published research (Hooper et al., 2011).

### **Antisociality**

The presence of antisocial features in individuals who shoplift was measured using the Levenson Self-Report Psychopathy Scale (LSRP; Levenson, Kiehl, & Fitzpatrick, 1995). The DSM-5 distinguishes between shoplifting associated with antisociality and not associated with antisociality (American Psychiatric Association, 2013). Brady also uses antisociality as a differentiating factor between types of individuals who shoplift (2013; see Appendix C). The LSRP is a self-report scale that assesses the interpersonal, affective, and social deviance aspects of psychopathy. The scale asks respondents to indicate their agreement with 26 statements in two subscales on a scale from 1 (disagree strongly) to 4 (agree strongly). For example, respondents can disagree strongly, disagree somewhat, agree somewhat, or agree strongly to the statements “For me, what’s right is whatever I can get away with” and “I find myself in the same kinds of trouble, time after time.” Evidence for the scale’s internal consistency is strong; extant research supports a coefficient  $\alpha$  of .83, 95% CI [.80, .86] (Miller, Gaughan, & Pryor, 2008), and in this study the estimate was  $\alpha = .89$ , 95% CI [.87, .91]. The scale also exhibits strong convergent validity (Sellborn, 2011), discriminant validity (Sellborn, 2011), construct validity (Lynam, Whiteside, & Jones, 1999), divergent validity (Lynam, Whiteside, & Jones, 1999), and test-retest

reliability with an intraclass correlation of .83, 95% CI [.82, .84] (Lynam, Whiteside, & Jones, 1999).

### **Meaning in life and motivation to find purpose in life**

The degree of participants' personal meaning in life and the strength of motivation to find meaning in life were assessed using the Meaning in Life Questionnaire (MLQ; Steger, Frazier, Oishi, & Kaler, 2006). These facets were used to categorize individuals in McShane and Noonan's study of individuals who shoplift (2004). The MLQ is a 10-item measure of the presence of and search for meaning in life. It includes two subscales, one for Presence of meaning in life and one for Search for meaning, each consisting of five items. The items are statements to which respondents indicate their agreement from 1 (Absolutely Untrue) to 7 (Absolutely True). The Presence subscale includes items such as "My life has a clear sense of purpose" and "I have a good sense of what makes my life meaningful," and the Search subscale includes "I am looking for something that makes my life feel meaningful" and "I am seeking a purpose or mission for my life." Higher scores on the MLQ indicate a greater sense of meaning in life and greater motivation to find meaning in life. Both subscales exhibit strong internal consistency; the Presence subscale is reliable with a Cronbach's alpha of .86, 95% CI [.80, .91], and the Search subscale has an internal reliability estimate of .92, 95% CI [.89, .95] (Steger, Frazier, Oishi, & Kaler, 2006). The test-retest stability for both coefficients is also strong (Steger, Frazier, Oishi, & Kaler, 2006). Extant research also supports the convergent and discriminant validity of the scale (Steger, Frazier, Oishi, & Kaler, 2006). In the present study, the internal reliability estimate for the Presence subscale was  $\alpha = .94$ , 95% CI [.93, .95], and the estimate for the Search subscale was  $\alpha = .97$ , 95% CI [.96, .98].

### **Locus of control**

Locus of control was measured using the Rotter (1966) Internality-Externality Locus of Control scale. Brady (2013) categorizes individuals who shoplift based on their locus of control (see Appendix D: Categorizations of Shoplifting). He notes that some individuals have an external locus of control and are driven by outside forces. Locus of control describes the extent to which individuals believe that their own actions determine outcomes. Individuals with an internal locus of control see rewards in life as resulting from their own actions, whereas individuals with an external locus of control see rewards as outside of their control. The Rotter scale is a 29-item self-report questionnaire that measures generalized expectancies for internal versus external control. Each item on the scale includes two dichotomous statements, and respondents indicate which statement best describes how they feel. For example, in one item, respondents indicate whether they agree more with “Many of the unhappy things in people’s lives are partly due to bad luck” (external locus of control) or “People’s misfortunes result from the mistakes they make” (internal locus of control). The endorsements are summed to yield a score from 0 to 23, where 23 indicates a purely external locus of control and 0 indicates an internal locus of control. Extant research has found that the internal reliability coefficient estimate of the scale is as high as .93, 95% CI [.85, .98] (Beretvas et al., 2008). Test-retest reliability estimates are as high as .83, 95% CI [.79, .86] (Rotter, 1966). The scale also exhibits predictive validity and interrater reliability (Marsh, 1986). In this study, the internal reliability coefficient estimate was .76, 95% CI [.71, .81].

### **Shame and remorse**

Remorse at the time of getting caught shoplifting and overall shame were measured using the Personal Feelings Questionnaire-2 (PFQ-2; Harder & Lewis, 1987). The PFQ-2 is a 22-item measure that assesses for the feelings of guilt and shame. The scale asks participants to indicate

how much they have experienced a variety of feelings on a five-point scale from 0 (“I do not experience the feeling”) to 4 (“I experience the feeling very strongly”). Ten items assess for shame, including “feeling disgusting to others” and “self-consciousness,” 6 assess for guilt, including “feeling you deserve criticism for what you did,” and 6 are filler items that assess for euphoria and enjoyment. Instructions for the scale ask respondents to “indicate the degree to which you feel each of these emotions.” The PFQ-2 was used to assess for participants’ general shame and guilt and for their shame and guilt when caught shoplifting. For the scale administered when participants indicated they had been caught shoplifting, the instructions were amended to ask participants to consider their feelings when they were caught. The PFQ-2 exhibits strong reliability and validity. In its initial validation, the internal consistency estimate for the shame subscale was .78, 95% CI [.69, .85], and the estimate for the guilt subscale was .72, 95% CI [.61, .81] (Harder & Zalma, 1990). The subscales also have strong test-retest stability with correlations estimated at .91, 95% CI [.86, .94], for the shame subscale and .85, 95% CI [.77, .91], for the guilt subscale (Harder & Zalma, 1990). The PFQ-2 also exhibits strong construct validity; its scores are related significantly with depression, self-derogation, social anxiety, shyness, narcissism, self-consciousness, and social desirability (Harder & Zalma, 1990). The internal consistency of the scale was supported in this study with a reliability estimate of  $\alpha = .92$ , 95% CI [.90, .94] for the shame subscale and  $\alpha = .88$ , 95% CI [.85, .90] for the guilt subscale.

### **Self-compassion**

See Appendix H for discussion of the Self-Compassion Scale (Neff, 2003b). In the present study, the internal reliability estimate for the SCS was  $\alpha = .95$ , 95% CI [.94, .96].

### **Social desirability**

To ensure that data in this study were not compromised by socially desirable responding, participants completed the Marlowe-Crowne Social Desirability Scale (MC-SDS, Crowne & Marlowe, 1960). Self-report questionnaires are vulnerable to socially desirable reporting, or answering questions in a way that reflects a desire for social approval (King, Bruner, & Hensel, 1991). The MC-SDS is a reliable and valid measure of social desirability (Moss, 2016; Sarbescu, Costea, & Rusu, 2012) that indicates whether participants are responding truthfully or instead trying to manage their self-presentation. The scale includes 33 true/false items that are designed to capture socially approved yet unlikely responding. For example, one item asks respondents to indicate whether they agree with the statement, “I never hesitate to go out of my way to help someone in trouble.” In another item, respondents indicate whether “It is sometimes hard for me to go on with my work if I am not encouraged.” Higher scores indicate more socially desirable responding, and scores from 20 to 33 are considered “High Scorers,” characterized by “respond[ing] to test items in such a way as to avoid the disapproval of people who may read their responses.” Approximately 1/6 of respondents are High Scorers (Crowne & Marlowe, 1960). The scale yields strong internal consistency with reliability estimates from .70, 95% CI [.68, .72] (Crino, Svoboda, Rubenfeld, & White, 1983), to .79, 95% CI [.78, .80] (Tanaka-Matsumi & Kameoka, 1986). In the present study, the internal consistency estimate was  $\alpha = .78$ , 95% CI [.73, .82]. Test-retest reliability for the scale is also supported with a reliability estimate of .86, 95% CI [.86, .87] (Crino, Svoboda, Rubenfeld, & White, 1983).

## **PROCEDURE**

A community-based sample of people in the United States was recruited through Amazon’s Mechanical Turk (MTurk). Mechanical Turk is an online task marketplace that allows researchers or “requesters” to compensate workers for simple tasks. Originally used to categorize

Amazon products, MTurk has evolved into a reliable and robust method for administering surveys and collecting data in social sciences research. MTurk samples are shown to be highly comparable to standard Internet samples, though MTurk's samples are significantly more diverse than other samples and more representative of non-college populations than traditional samples (Gosling, Vazire, Srivastava, & John, 2004). Despite this, MTurk workers are not identical to the general population; they tend to be younger, more educated, less employed, less religious, and more liberal than the general population (Berinsky, Huber, & Lenz, 2012; Paolacci, Chandler, & Ipeirotis, 2010; & Shapiro, Chandler, & Mueller, 2013 cited in Paolacci & Chandler, 2014). Nevertheless, MTurk samples produce data of equal or superior quality to psychometric standards in published research (Buhrmester, Kwang, & Gosling, 2011). Research also suggests that MTurk workers tend to be honest in their self-report information (Rand, 2012; Shapiro, Chandler, & Mueller, 2013).

In this study, 695 adult MTurk workers from the United States were recruited for a “short demographics questionnaire” paying \$0.05 for approximately 5-10 seconds of work, which would yield an hourly rate of \$18.00–\$36.00. The questionnaire collected data related to the presence of shoplifting, including incidence of shoplifting and frequency over the lifespan. This screening established inclusion criteria, specifically determining that the qualifying participants were above the age of 18, lived in the United States, and had shoplifted at least two times in their lives, or taken an item from a store without permission. Three-hundred ninety-four of the screened individuals (56.5%) endorsed having ever shoplifted, “or taken property from a store without paying for it.” Of these individuals, 91 (23.3%) indicated they had shoplifted exactly one time before. The individuals who indicated they had shoplifted two or more times were invited to complete the full study.

Upon meeting inclusion criteria for the study, MTurk workers were invited to answer additional questions for a bonus of \$4.00. Each worker who completed the study was thus compensated a total hourly rate of \$8.00, given an average length of 30 minutes. In other tasks, MTurk workers complete tasks for a median hourly wage of \$1.38 (Horton & Chilton, 2010). Paolacci and Chandler (2014) note that workers complete tasks for extrinsic and intrinsic reasons, and according to Buhrmester, Kwang, and Gosling (2011), the primary motivation for workers is intrinsic enjoyment.

In order to ensure the quality of responses beyond that supported by Buhrmester, Kwang, and Gosling (2011), the MTurk task was set to require that each worker had completed more than 100 assignments with an approval rate greater than 95%, or the ratio of accepted, quality assignments. Known as reputation screening, this method of ensuring quality responding is supported by Peer, Vosgerau, and Acquisti (2014). In addition, a qualitative and open-ended question ensured thoroughness and thoughtfulness of responding. While this qualitative information was not analyzed for the present study, the responses to this question supported the attentiveness of participants to the study.

After providing consent, participants read that the researchers were “interested in learning about why people shoplift and about how to help people live the life they want to live, whether that means continuing to shoplift or reducing the behavior.” To normalize shoplifting, the questionnaire also stated that 60% of the population has shoplifted at least once in their lives.

Participants first provided information about their shoplifting behavior, including its recency, frequency, and incidence over the lifespan. Next, they completed a number of measures of the factors identified in the literature. These measures include reactions to getting caught, emotions surrounding the theft, motivations to shoplift, and psychological background factors

including depression (CES-D 10), impulsivity (BIS-11), mental impairment (Cognitive Function Instrument), anger (DAR-5), addictive behaviors (Bergen Shopping Addiction Scale), compulsivity (Y-BOCS), attitudes towards shoplifting as a crime (Multidimensional Ethics Scale), loss history (Holmes-Rahe Life Stress Inventory), trauma history (THQ), antisociality (LSRP), meaning in life (MLQ), and locus of control (Rotter's Internality-Externality Locus of Control). Individuals who had been caught shoplifting before completed the Personal Feelings Questionnaire-2 on guilt and shame at the time of being caught. Items from the Marlowe-Crowne Social Desirability Scale were interspersed throughout the other measures to covertly assess for socially desirable responding.

Participants then completed the Personal Feelings Questionnaire-2 on general guilt and shame, placed near the end so that thoughts of shoplifting would be salient, and the Self-Compassion Scale, placed at the end to avoid self-compassionate priming of other responses. Finally, participants completed a demographic questionnaire including sex, age, educational attainment, relationship status, sexual orientation, ethnicity, religion, urbanicity, income, socioeconomic status, and criminal history.

## **ANALYSIS METHODS**

Testing the hypotheses in this study involved a number of statistical analyses intended to group participants in distinct groups and to explore the relationship between self-compassion and shoplifting incidence. Cluster analysis is an exploratory method of data analysis that is relevant to pattern recognition and synthesis and can identify structures within a dataset (Tan, Steinbach, Karpatne, & Kumar, 2018). Cluster analysis is a means of meaningfully grouping participants such that individuals in the same cluster, or group, are more similar than those in other clusters, and it is critical to developing typologies (Bailey, 1989).



In performing the cluster analysis, the researcher began by conducting a principal components analysis with the scores from the relevant scales: economic motivation, collecting motivation, peer pressure motivation, opportunism, thrill-seeking, desire to shoplift, presence of interpersonal issues at the time of shoplifting, sophistication of shoplifting methods, cost of stolen items, ability to afford stolen items, shame, guilt, depression, cognitive impairment, anger, addictiveness, compulsiveness, impulsivity, orientation to traditional ethical values, lifetime stress, trauma history, antisociality, meaning in life, and locus of control. The principal components analysis was critical to addressing two key challenges in clustering: first, that the scores for different measures have different weights, and second, that correlations between variables could lead to a double counting of the constructs (Multivariate Solutions, 2017). This method of reducing the dimension of the data was particularly important given the large size of the dataset. Principal component analysis allowed the researcher to emphasize variations in the data and identify strong patterns in the dataset (Kelley, 2010).

Next, the researcher performed hierarchical clustering using Ward's method to determine how many clusters best described the data. The cluster analysis specifically aimed to group cases together, rather than variables, to identify similar individuals who shoplift. The agglomerative process of hierarchical clustering begins with calculating the sum of squared differences within  $N$  initial clusters and aggregating clusters based on combinations that minimize the increase in the overall sum of squares. Hierarchical clustering was critical in allowing the researcher to not make an assumption or premature decision about the number of clusters in the data (Multivariate Solutions, 2017). To determine the appropriate number of clusters in the data, the researcher examined the Agglomeration Schedule for the hierarchical clustering analysis, which indicates the distance coefficient for each stage of clustering, where each stage is a further reduction in the

number of assumed clusters. The researcher used the elbow method to identify the appropriate number of clusters in the data (Ketchen & Shook, 1996).

After determining how many clusters were in the dataset, the researcher performed a *k*-means cluster analysis to group the participants. In *k*-means clustering, cases are assigned to one of *k* clusters based on their proximity to the cluster's *k*-means, or prototypical values for the cluster (Norusis, 2011). *K*-means clustering improves on the partitions developed in hierarchical clustering (Kassambara, 2017). The *k*-means cluster analysis assigned each participant to one of *k* distinct clusters. To determine the quality of the clustering, the researcher calculated the silhouette value for the dataset, which indicates how similar cases are to others within the same cluster and how different they are to cases in other clusters (Rousseeuw, 1987).

Once the participants were assigned to the clusters, the researcher examined the composition and scores for each cluster to identify unique characteristics and themes. This theme identification was determined based on a review by the dissertation author and collaborators. First, the author and Aaron Rochlen, Ph.D., independently examined descriptive data for each cluster and identified key themes. They met to discuss their themes and agreed upon general and latent characteristics for each cluster. In a similar process, Robert Tyminski, DMH, independently examined descriptive data for each cluster, identified themes, and met with the author to compare notes. They agreed upon general themes and specific names for each type. Then, two doctoral-level graduate students in the author's graduate program completed back-translation of the cluster names. They were given scale means for all six clusters as well as a list of six type names, and they successfully matched each type's name to its descriptors.

To explore the relationship between self-compassion and the incidence of shoplifting across the lifespan, the researcher then analyzed the correlation between those variables in the

total dataset, as well as within each cluster. Noting a strong positive skew in the data on shoplifting incidence, the researcher used the Spearman rank correlation and Kendall's tau coefficient as measures of the relationship between self-compassion and shoplifting incidence. The researcher also conducted an analysis of covariance (ANCOVA) of this relationship to identify whether there were statistically significant differences in the relationship across the different clusters. To account for the positive skew in the data, the ANCOVA was conducted with the log-transformed values of shoplifting incidence.

### Chapter 3: Results

Two-hundred two individuals comprised the final sample for this study after meeting inclusion criteria, as adults in the United States who had shoplifted at least two times before, and passing the check on socially desirable responding. No data were missing from the participants' responses. These 202 individuals indicated that they had shoplifted between 2 and 1000 times with a mean of 28.60 times ( $SD = 104.23$ ). Table 1 presents the Pearson's  $r$  correlations between shoplifting incidence and demographic variables. None of the demographic variables measured were significantly associated with a greater incidence of shoplifting across the lifespan.

Table 1: Pearson's  $r$  Correlations Between Demographics and Shoplifting Incidence

	Shoplifting incidence	Gender	Age	Marital status	Sexual orientation	Ethnicity	Education level
Shoplifting incidence	1	0.09	-0.02	-0.01	0.1	0.07	0.05
Gender	0.09	1	0.02	0.15*	0.16**	0.15*	-0.02
Age	-0.02	0.02	1	0.38**	-0.16*	-0.12	-0.01
Marital status	-0.01	0.15*	0.38**	1	-0.03	-0.05	0.08
Sexual orientation	0.1	0.16**	-0.16*	-0.03	1	0.09	0.01
Ethnicity	0.07	0.15*	-0.12	-0.05	0.09	1	0.04
Education level	0.05	-0.02	-0.01	0.08	0.01	0.04	1
Employment status	0.02	0.1	0.05	-0.05	0.11	0.03	-0.13*
Annual income	0	-0.11	0.11	0.08	-0.1	0.02	0.07
Family income	-0.03	-0.02	-0.02	0.03	0.02	0.02	0.17**
People in household	0.02	0.21**	0.02	0.1	-0.03	0.01	-0.18**
Socio-economic status	-0.01	0.05	-0.01	0	0	0.07	-0.25**
Urbanicity	-0.1	0.03	0.09	-0.01	-0.08	-0.16*	-0.12
Religion	0.07	-0.11	-0.19**	-0.03	0.18**	-0.01	0.03

\* Correlation significant at the  $p < .05$  level. \*\* Correlation significant at the  $p < .01$  level.

Table 1, cont.

	Employment status	Annual income	Family income	People in household	Socio-economic status	Urbanicity	Religion
Shoplifting incidence	0.02	0	-0.03	0.02	-0.01	-0.1	0.07
Gender	0.1	-0.11	-0.02	0.21**	0.05	0.03	-0.11
Age	0.05	0.11	-0.02	0.02	-0.01	0.09	-0.19**
Marital status	-0.05	0.08	0.03	0.1	0	-0.01	-0.03
Sexual orientation	0.11	-0.1	0.02	-0.03	0	-0.08	0.18**
Ethnicity	0.03	0.02	0.02	0.01	0.07	-0.16*	-0.01
Education level	-0.13*	0.07	0.17**	-0.18**	-0.25**	-0.12	0.03
Employment status	1	-0.22**	-0.09	0.08	0.1	-0.03	0.03
Annual income	-0.22**	1	0.29**	0.05	-0.23**	-0.09	0.01
Family income	-0.09	0.29**	1	0.13*	-0.52**	0.02	-0.06
People in household	0.08	0.05	0.13*	1	0	0.16*	-0.06
Socio-economic status	0.1	-0.23**	-0.52**	0	1	0.01	0.14*
Urbanicity	-0.03	-0.09	0.02	0.16*	0.01	1	-0.03
Religion	0.03	0.01	-0.06	-0.06	0.14*	-0.03	1

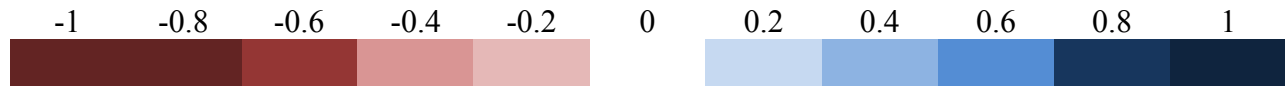
\* Correlation significant at the  $p < .05$  level. \*\* Correlation significant at the  $p < .01$  level

Pearson correlations between all study variables are presented in Table 2. A large number of variables were significantly correlated. Across all participants, individuals' incidence of shoplifting, or the number of times they endorsed shoplifting over their lifetime, was positively associated with their subjective desire to shoplift, the sophistication of means used to shoplift, the presence of stress directly before shoplifting, and self-compassion. Participants' incidence of shoplifting was negatively correlated with their degree of shame and guilt when caught and the degree to which they adhere to traditional ethical values.

Participant scores on the Self-Compassion Scale, another key measure in the study, were positively correlated with shoplifting incidence and with the presence of meaning in life. These scores were negatively correlated with shame and guilt when caught, depression, cognitive impairment, anger, impulsivity, a subscale of the Levenson Self-Report Psychopathy Scale that examines impulsivity, and searching for meaning in life.

The degree to which participants hold traditional values about shoplifting was also related to a number of measures. Endorsing traditional moral values was associated positively with participants' shame and guilt when caught and with their subjective presence of meaning in life. Participants who held traditional values about shoplifting also shoplifted fewer times overall; were less motivated by economic need, the desire to collect items, peer pressure, opportunism, thrill-seeking, desire to shoplift, and the presence of interpersonal issues; engaged in less sophisticated methods of shoplifting; had less overall shame; experienced less stress directly before shoplifting; and were lower in depression, cognitive impairment, anger, addictiveness, compulsiveness, impulsivity, and antisociality.

Table 2: Pearson's *r* Correlations Between All Study Measures



	Shoplifting incidence	Economic Motivation	Collecting Motivation	Peer Pressure Motivation	Opportunism Motivation
Shoplifting incidence	1	0.1	-0.01	-0.07	0.09
Economic Motivation	0.10	1	0.08	0.04	-0.07
Collecting Motivation	-0.01	0.08	1	0.07	0.28**
Peer Pressure Motivation	-0.07	0.04	0.07	1	0.18**
Opportunism Motivation	0.09	-0.07	0.28**	0.18**	1
Thrill-Seeking Motivation	-0.08	-0.04	0.21**	0.50**	0.32**
Desire Motivation	0.16*	-0.14*	0.19**	0.28**	0.38**
Interpersonal Issues Motivation	0.01	0.34**	0.20**	0.14*	0.17**
Sophistication of Methods	0.34**	0.24**	0.10	-0.09	-0.06
PFQ Shame when Caught	-0.26**	0.09	0.07	0.11	-0.08
PFQ Guilt when Caught	-0.19*	0.1	0.04	0.15	-0.10
PFQ Shame	-0.08	0.19**	0.04	0.04	0.05
PFQ Guilt	-0.08	0.16*	0.09	0.10	0.04

\* Correlation significant at the  $p < .05$  level. \*\* Correlation significant at the  $p < .01$  level. PFQ = Personal Feelings Questionnaire.



Table 2, cont.

	Shoplifting incidence	Economic Motivation	Collecting Motivation	Peer Pressure Motivation	Opportunism Motivation
CES-D	-0.08	0.22**	-0.04	-0.10	0.05
CFI	-0.03	0.28**	-0.01	-0.08	0.03
DAR5	0.03	0.12	0.03	0.06	0.16*
Bergen Addictiveness	0.11	0.26**	0.29**	0.10	0.20**
Compulsiveness	0.09	0.19**	0.16*	0.03	0.04
BIS	-0.08	0.09	0.01	0.03	-0.01
Ethics	-0.21**	-0.29**	-0.16*	-0.19**	-0.22**
Lifetime Stress	0.07	0.17*	-0.04	-0.02	-0.13
Stress before Shoplifting	0.28**	0.26**	-0.05	0.01	0.04
Trauma History	0.06	0.22**	-0.06	-0.09	-0.13*
Antisociality 1	0.1	0.24**	0.11	0.07	0.16*
Antisociality 2	-0.09	0.12	0.04	0.06	0.11
MLQ Presence	0.08	-0.04	0.05	0.1	0.03
MLQ Search	-0.11	0.08	-0.01	-0.05	0
Locus of Control	0.04	-0.03	0.11	-0.02	-0.1
Self-Compassion Scale	0.19**	0.06	0.01	0.07	-0.05

\* Correlation significant at the  $p < .05$  level. \*\* Correlation significant at the  $p < .01$  level. CES-D = Center for Epidemiological Studies – Depression Scale. CFI = Cognitive Function Instrument. DAR5 = Dimensions of Anger Reactions-5 scale. BIS = Barratt Impulsivity Scale 11<sup>th</sup> version. MLQ = Meaning in Life Questionnaire.

Table 2, cont.

	Thrill-Seeking Motivation	Desire Motivation	Interpersonal Issues Motivation	Sophistication of Methods	PFQ Shame when Caught
Shoplifting incidence	-0.08	0.16*	0.01	0.34**	-0.26**
Economic Motivation	-0.04	-0.14*	0.34**	0.24**	0.09
Collecting Motivation	0.21**	0.19**	0.20**	0.1	0.07
Peer Pressure Motivation	0.50**	0.28**	0.14*	-0.09	0.11
Opportunism Motivation	0.32**	0.38**	0.17**	-0.06	-0.08
Thrill-Seeking Motivation	1	0.74**	0.18**	0.09	0.04
Desire Motivation	0.74**	1	0.16*	0.14*	-0.18
Interpersonal Issues Motivation	0.18**	0.16*	1	0.06	0.1
Sophistication of Methods	0.09	0.14*	0.06	1	-0.24**
PFQ Shame when Caught	0.04	-0.18	0.1	-0.24**	1
PFQ Guilt when Caught	-0.01	-0.18*	0.11	-0.22*	0.83**
PFQ Shame	0.01	-0.05	0.29**	-0.08	0.22*
PFQ Guilt	0.06	-0.04	0.28**	-0.05	0.25**

\* Correlation significant at the  $p < .05$  level. \*\* Correlation significant at the  $p < .01$  level. PFQ = Personal Feelings Questionnaire.

Table 2, cont.

	Thrill-Seeking Motivation	Desire Motivation	Interpersonal Issues Motivation	Sophistication of Methods	PFQ Shame when Caught
CES-D	-0.01	-0.09	0.34**	0.01	0.17
CFI	0.06	-0.03	0.21**	0.09	-0.12
DAR5	0.17**	0.16*	0.32**	0.13*	-0.01
Bergen Addictiveness	0.23**	0.27**	0.41**	0.23**	0.03
Compulsiveness	0.16*	0.16*	0.24**	0.21**	-0.07
BIS	0.18**	0.13	0.15*	0.10	-0.11
Ethics	-0.20**	-0.17**	-0.25**	-0.27**	0.25**
Lifetime Stress	-0.09	-0.14*	-0.07	0.09	-0.05
Stress before Shoplifting	0.09	0.07	0.06	0.26**	-0.18
Trauma History	-0.11	-0.21**	-0.06	0.06	-0.05
Antisociality 1	0.25**	0.28**	0.22**	0.22**	-0.14
Antisociality 2	0.22**	0.19**	0.17**	0.10	-0.19*
MLQ Presence	0.01	0	-0.02	-0.06	0.06
MLQ Search	0.02	-0.02	0.13*	-0.09	0.16
Locus of Control	0.02	-0.01	-0.06	0	0.08
Self-Compassion Scale	0.01	-0.01	-0.06	-0.04	0.05

\* Correlation significant at the  $p < .05$  level. \*\* Correlation significant at the  $p < .01$  level. CES-D = Center for Epidemiological Studies – Depression Scale. CFI = Cognitive Function Instrument. DAR5 = Dimensions of Anger Reactions-5 scale. BIS = Barratt Impulsivity Scale 11<sup>th</sup> version. MLQ = Meaning in Life Questionnaire.

Table 2, cont.

	PFQ Guilt when Caught	PFQ Shame	PFQ Guilt	CES-D	CFI
Shoplifting incidence	-0.19*	-0.08	-0.08	-0.08	-0.03
Economic Motivation	0.1	0.19**	0.16*	0.22**	0.28**
Collecting Motivation	0.04	0.04	0.09	-0.04	-0.01
Peer Pressure Motivation	0.15	0.04	0.1	-0.10	-0.08
Opportunism Motivation	-0.1	0.05	0.04	0.05	0.03
Thrill-Seeking Motivation	-0.01	0.01	0.06	-0.01	0.06
Desire Motivation	-0.18*	-0.05	-0.04	-0.09	-0.03
Interpersonal Issues Motivation	0.11	0.29**	0.28**	0.34**	0.21**
Sophistication of Methods	-0.22*	-0.08	-0.05	0.01	0.09
PFQ Shame when Caught	0.83**	0.22*	0.25**	0.17	-0.12
PFQ Guilt when Caught	1	0.21*	0.24**	0.11	-0.02
PFQ Shame	0.21*	1	0.86**	0.40**	0.32**
PFQ Guilt	0.24**	0.86**	1	0.39**	0.29**

\* Correlation significant at the  $p < .05$  level. \*\* Correlation significant at the  $p < .01$  level. PFQ = Personal Feelings Questionnaire. CES-D = Center for Epidemiological Studies – Depression Scale. CFI = Cognitive Function Instrument.

Table 2, cont.

	PFQ Guilt when Caught	PFQ Shame	PFQ Guilt	CES-D	CFI
CES-D	0.11	0.40**	0.39**	1	0.43**
CFI	-0.02	0.32**	0.29**	0.43**	1
DAR5	-0.01	0.27**	0.24**	0.36**	0.27**
Bergen Addictiveness	0.03	0.20**	0.24**	0.18**	0.21**
Compulsiveness	0.04	0.20**	0.25**	0.11	0.14*
BIS	-0.17	0.19**	0.13*	0.15*	0.29**
Ethics	0.28**	-0.14*	-0.11	-0.13*	-0.13*
Lifetime Stress	-0.09	0.03	0.06	0.01	0.05
Stress before Shoplifting	-0.13	0.20**	0.22**	0.13*	0.21**
Trauma History	0.03	0.05	0.07	0.03	0.01
Antisociality 1	-0.14	0.08	-0.01	0.1	0.20**
Antisociality 2	-0.22*	0.21**	0.13*	0.19**	0.28**
MLQ Presence	0.03	-0.22**	-0.16*	-0.33**	-0.26**
MLQ Search	0.18	0.12	0.08	0.18**	0.25**
Locus of Control	0.07	-0.14*	-0.13	-0.25**	-0.21**
Self-Compassion Scale	0	-0.27**	-0.22**	-0.37**	-0.19**

\* Correlation significant at the  $p < .05$  level. \*\* Correlation significant at the  $p < .01$  level. PFQ = Personal Feelings Questionnaire. CES-D = Center for Epidemiological Studies – Depression Scale. CFI = Cognitive Function Instrument. DAR5 = Dimensions of Anger Reactions-5 scale. BIS = Barratt Impulsivity Scale 11<sup>th</sup> version. MLQ = Meaning in Life Questionnaire.

Table 2, cont.

	DAR5	Bergen Addictive- ness	Compulsive -ness	BIS	Ethics
Shoplifting incidence	0.03	0.11	0.09	-0.08	-0.21**
Economic Motivation	0.12	0.26**	0.19**	0.09	-0.29**
Collecting Motivation	0.03	0.28**	0.16*	0.01	-0.16*
Peer Pressure Motivation	0.06	0.10	0.03	0.03	-0.19**
Opportunism Motivation	0.16*	0.20**	0.04	-0.01	-0.22**
Thrill-Seeking Motivation	0.17**	0.23**	0.16*	0.18**	-0.20**
Desire Motivation	0.16*	0.27**	0.16*	0.13	-0.17**
Interpersonal Issues Motivation	0.32**	0.41**	0.24**	0.15*	-0.25**
Sophistication of Methods	0.13*	0.23**	0.21**	0.1	-0.27**
PFQ Shame when Caught	-0.01	0.03	-0.07	-0.11	0.25**
PFQ Guilt when Caught	-0.01	0.03	0.04	-0.17	0.28**
PFQ Shame	0.27**	0.20**	0.20**	0.19**	-0.14*
PFQ Guilt	0.24**	0.24**	0.25**	0.13*	-0.11

\* Correlation significant at the  $p < .05$  level. \*\* Correlation significant at the  $p < .01$  level. PFQ = Personal Feelings Questionnaire. DAR5 = Dimensions of Anger Reactions-5 scale. BIS = Barratt Impulsivity Scale 11<sup>th</sup> version.

Table 2, cont.

	DAR5	Bergen Addictiveness	Compulsiveness	BIS	Ethics
CES-D	0.36**	0.18**	0.11	0.15*	-0.13*
CFI	0.26**	0.21**	0.14*	0.29**	-0.13*
DAR5	1	0.35**	0.25**	0.34**	-0.20**
Bergen Addictiveness	0.35**	1	0.53**	0.32**	-0.21**
Compulsiveness	0.25**	0.53**	1	0.23**	-0.19**
BIS	0.34**	0.32**	0.23**	1	-0.18**
Ethics	-0.20**	-0.21**	-0.19**	-0.18**	1
Lifetime Stress	0.02	-0.04	0.08	-0.07	0.01
Stress before Shoplifting	0.24**	0.16*	0.23**	0.05	-0.13*
Trauma History	0	-0.06	0.04	0.02	-0.03
Antisociality 1	0.32**	0.22**	0.19**	0.28**	-0.30**
Antisociality 2	0.44**	0.31**	0.22**	0.68**	-0.24**
MLQ Presence	-0.13*	-0.09	-0.01	-0.28**	0.13*
MLQ Search	0.05	-0.01	-0.07	0.05	0.03
Locus of Control	-0.12	-0.10	-0.03	-0.15*	0.1
Self-Compassion Scale	-0.32**	-0.12	-0.06	-0.33**	0.03

\* Correlation significant at the  $p < .05$  level. \*\* Correlation significant at the  $p < .01$  level. CES-D = Center for Epidemiological Studies – Depression Scale. CFI = Cognitive Function Instrument. DAR5 = Dimensions of Anger Reactions-5 scale. BIS = Barratt Impulsivity Scale 11<sup>th</sup> version. MLQ = Meaning in Life Questionnaire.

Table 2, cont.

	Lifetime Stress	Stress before Shoplifting	Trauma History	Antisociality 1	Antisociality 2
Shoplifting incidence	0.07	0.29**	0.06	0.1	-0.09
Economic Motivation	0.17*	0.26**	0.21**	0.24**	0.12
Collecting Motivation	-0.04	-0.05	-0.06	0.11	0.04
Peer Pressure Motivation	-0.02	0.01	-0.09	0.07	0.06
Opportunism Motivation	-0.13	0.04	-0.13*	0.16*	0.11
Thrill-Seeking Motivation	-0.09	0.09	-0.11	0.25**	0.22**
Desire Motivation	-0.14*	0.07	-0.21**	0.28**	0.19**
Interpersonal Issues Motivation	-0.07	0.06	-0.06	0.22**	0.17**
Sophistication of Methods	0.09	0.26**	0.06	0.22**	0.1
PFQ Shame when Caught	-0.05	-0.18	-0.05	-0.14	-0.19*
PFQ Guilt when Caught	-0.09	-0.13	0.03	-0.14	-0.22*
PFQ Shame	0.03	0.20**	0.05	0.08	0.21**
PFQ Guilt	0.06	0.22**	0.07	-0.01	0.13*

\* Correlation significant at the  $p < .05$  level. \*\* Correlation significant at the  $p < .01$  level. PFQ = Personal Feelings Questionnaire.



Table 2, cont.

	Lifetime Stress	Stress before Shoplifting	Trauma History	Antisociality 1	Antisociality 2
CES-D	0.01	0.13*	0.03	0.1	0.19**
CFI	0.05	0.21**	0.01	0.20**	0.28**
DAR5	0.02	0.24**	0	0.32**	0.44**
Bergen Addictiveness	-0.04	0.16*	-0.06	0.22**	0.31**
Compulsiveness	0.08	0.23**	0.04	0.19**	0.22**
BIS	-0.07	0.05	0.02	0.28**	0.68**
Ethics	0.01	-0.13*	-0.03	-0.30**	-0.24**
Lifetime Stress	1	0.16*	0.34**	-0.14*	-0.03
Stress before Shoplifting	0.16*	1	0.19**	0.13*	0.04
Trauma History	0.34**	0.19**	1	-0.08	0.06
Antisociality 1	-0.14*	0.13*	-0.08	1	0.48**
Antisociality 2	-0.03	0.04	0.06	0.48**	1
MLQ Presence	-0.08	-0.03	-0.05	-0.17**	-0.32**
MLQ Search	0.01	0.02	0.03	0.05	0.11
Locus of Control	0.1	-0.01	0.07	-0.01	-0.26**
Self-Compassion Scale	0.01	0.01	-0.05	-0.11	-0.41**

\* Correlation significant at the  $p < .05$  level. \*\* Correlation significant at the  $p < .01$  level. CES-D = Center for Epidemiological Studies – Depression Scale. CFI = Cognitive Function Instrument. DAR5 = Dimensions of Anger Reactions-5 scale. BIS = Barratt Impulsivity Scale 11<sup>th</sup> version. MLQ = Meaning in Life Questionnaire.

Table 2, cont.

	MLQ Presence	MLQ Search	Locus of Control	Self-Compassion Scale
Shoplifting incidence	0.08	-0.11	0.04	0.19**
Economic Motivation	-0.04	0.08	-0.03	0.06
Collecting Motivation	0.05	-0.01	0.11	0.01
Peer Pressure Motivation	0.1	-0.05	-0.02	0.07
Opportunism Motivation	0.03	0	-0.1	-0.05
Thrill-Seeking Motivation	0.01	0.02	0.02	0.01
Desire Motivation	0	-0.02	-0.01	-0.01
Interpersonal Issues Motivation	-0.02	0.13*	-0.06	-0.06
Sophistication of Methods	-0.06	-0.09	0	-0.04
PFQ Shame when Caught	0.06	0.16	0.08	0.05
PFQ Guilt when Caught	0.03	0.18	0.07	0
PFQ Shame	-0.22**	0.12	-0.14*	-0.27**
PFQ Guilt	-0.16*	0.08	-0.13	-0.22**

\* Correlation significant at the  $p < .05$  level. \*\* Correlation significant at the  $p < .01$  level. PFQ = Personal Feelings Questionnaire. MLQ = Meaning in Life Questionnaire.

Table 2, cont.

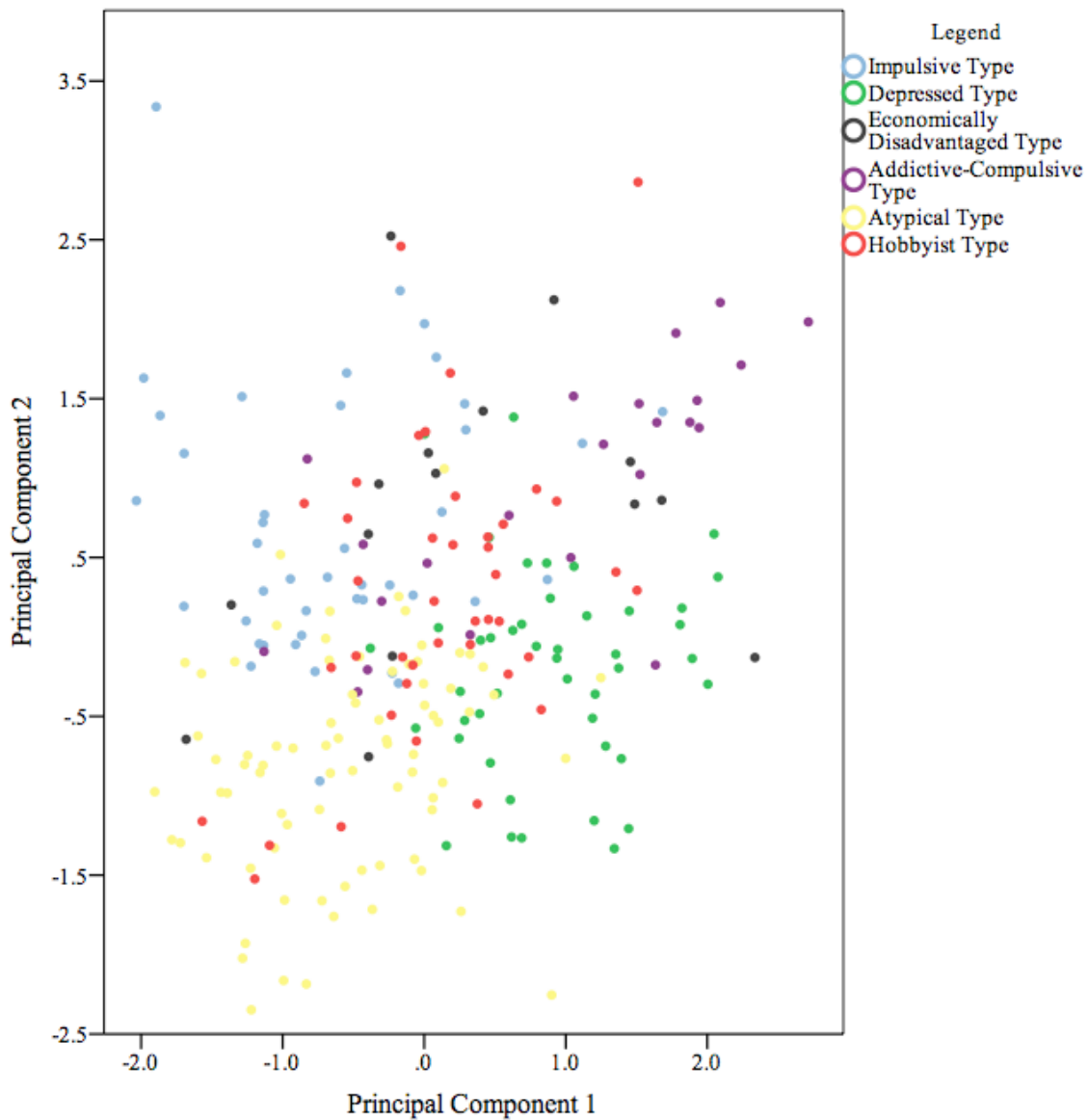
	MLQ Presence	MLQ Search	Locus of Control	Self-Compassion Scale
CES-D	-0.33**	0.18**	-0.25**	-0.37**
CFI	-0.26**	0.25**	-0.21**	-0.19**
DAR5	-0.13*	0.05	-0.12	-0.32**
Bergen Addictiveness	-0.09	-0.01	-0.1	-0.12
Compulsiveness	-0.01	-0.07	-0.03	-0.06
BIS	-0.28**	0.05	-0.15*	-0.33**
Ethics	0.13*	0.03	0.1	0.03
Lifetime Stress	-0.08	0.01	0.1	0.01
Stress before Shoplifting	-0.03	0.02	-0.01	0.01
Trauma History	-0.05	0.03	0.07	-0.05
Antisociality 1	-0.17**	0.05	-0.01	-0.11
Antisociality 2	-0.32**	0.11	-0.26**	-0.41**
MLQ Presence	1	-0.33**	0.30**	0.46**
MLQ Search	-0.33**	1	-0.24**	-0.21**
Locus of Control	0.30**	-0.24**	1	0.36**
Self-Compassion Scale	0.46**	-0.21**	0.36**	1

\* Correlation significant at the  $p < .05$  level. \*\* Correlation significant at the  $p < .01$  level. CES-D = Center for Epidemiological Studies – Depression Scale. CFI = Cognitive Function Instrument. DAR5 = Dimensions of Anger Reactions-5 scale. BIS = Barratt Impulsivity Scale 11<sup>th</sup> version. MLQ = Meaning in Life Questionnaire.

## TPOLOGY

As discussed in the Methods section, developing a typology in this study involved a principal components analysis, hierarchical clustering, and *k*-means clustering. The principal components analysis identified 8 principal components in the dataset. Figure 1 depicts the relationship between the first two components, grouped by the clusters determined later in the analysis. This figure supports the relevance of these components in grouping the clusters.

Figure 1: Primary Principal Components Used in Cluster Analysis



Next, hierarchical clustering using Ward’s method allowed the researcher to determine how many clusters best described the participants. Table 3 depicts an abbreviated Agglomeration Schedule for this hierarchical clustering. The Agglomeration Schedule indicated that the first 195 stages of clustering produced increases in distance coefficients of less than 50 (e.g., the difference between the coefficients in stages 194 and 195 was 48.88) but the last six stages produced increases in the coefficients of more than 65. These large coefficients indicated that dissimilar clusters were being combined. Using the elbow rule to identify the number of clusters, the researcher determined that the largest gap in coefficients occurred between stages 195 and 196, indicating a six-cluster solution.

Table 3: Abbreviated Agglomeration Schedule for Hierarchical Clustering

Stage	# of Clusters	Clusters Combined		Coefficients
		Cluster 1	Cluster 2	
1	N-1 = 201	86	240	0.20
...	...			
190	12	3	15	728.89
191	11	2	5	757.03
192	10	3	36	780.45
193	9	92	166	807.83
194	8	4	92	841.03
195	7	1	3	889.91
196	6	2	18	1005.28
197	5	1	19	1070.06
198	4	4	8	1135.22
199	3	1	13	1225.14
200	2	1	4	1367.27
201	1	1	2	1595.94

After determining that six clusters characterized the dataset, the researcher performed a *k*-means cluster analysis to group the participants into six distinct clusters. This analysis yielded a data set that was divided into six groups, whose values on each scale could be compared. Table 4 presents each cluster's mean score for each variable in the study. The quality of the clustering was supported by a silhouette coefficient of .55, indicating that participants in each cluster were similar to each other and different from participants in other clusters. Comparing scale scores for each cluster through a collaborative process, key themes emerged that defined each cluster.

Table 4: Cluster Values for Key Variables

	Loss-Reactive	Impulsive	Depressed	Hobbyist	Addictive-Compulsive	Economically Disadvantaged	All Types
<b>Gender</b>							
Male	41.8%	47.6%	40.0%	39.0%	60.9%	46.7%	44.1%
Female	58.2%	52.4%	60.0%	61.0%	39.1%	53.3%	55.9%
Other	0%	0%	0%	0%	0%	0%	0%
<b>Socio-economic status</b>							
Upper class	0%	0%	0%	0%	0%	0%	0%
Upper-middle class	2.5%	9.5%	2.2%	7.3%	8.7%	0%	4.9%
Middle class	50.6%	31.0%	35.6%	46.3%	30.4%	26.7%	40.4%
Lower-middle class	34.2%	33.3%	31.1%	19.5%	39.1%	13.3%	30.2%
Working class	12.7%	26.2%	31.1%	26.8%	21.7%	60.0%	24.5%
<b>Urbanicity</b>							
Urban	27.8%	38.1%	28.9%	34.1%	30.4%	40.0%	31.8%
Suburban	49.4%	52.4%	48.9%	34.1%	47.8%	26.7%	45.7%
Rural	22.8%	9.5%	22.2%	31.7%	21.7%	33.3%	22.4%
<b>Arrest for other crimes</b>							
None	83.5%	83.3%	86.7%	78.0%	82.6%	60.0%	81.6%
1+ arrests	16.5%	16.7%	13.3%	22.0%	17.4%	40.0%	18.4%
<b>Convictions for other crimes</b>							
None	84.8%	85.7%	84.4%	87.7%	95.7%	66.7%	85.3%
1+ convictions	15.2%	14.3%	15.6%	12.2%	4.3%	33.3%	14.7%
	Loss-Reactive	Impulsive	Depressed	Hobbyist	Addictive-Compulsive	Economically Disadvantaged	All Types
Total incidence of shoplifting	M = 11.98 (SD = 20.79)	11.68 (SD = 11.23)	13.78 (SD = 19.86)	59.39 (SD = 172)	14.33 (SD = 10.19)	123 (SD = 263.96)	28.6 (SD = 104.23)
Item cost	7.92 (SD = 8.94)	10.82 (SD = 15.8)	9.78 (SD = 11.03)	10.39 (SD = 11.27)	15.78 (SD = 9.06)	22.93 (SD = 51.31)	11.03 (SD = 17.54)
Ability to afford items	4.5 (SD = 2.36)	5.05 (SD = 2.18)	3.59 (SD = 2.34)	4.81 (SD = 2.03)	4.78 (SD = 1.87)	3.43 (SD = 2.07)	4.45 (SD = 2.25)

Table 4, cont.

	Loss- Reactive	Impulsive	Depressed	Hobbyist	Addictive- Compul- sive	Economic- ally Disadvan- tagged	All Types
Sophistication of methods	1.54 ( <i>SD</i> = 0.85)	1.88 ( <i>SD</i> = 1.03)	1.59 ( <i>SD</i> = 0.86)	1.89 ( <i>SD</i> = 0.85)	2.17 ( <i>SD</i> = 1.2)	4.21 ( <i>SD</i> = 1.67)	1.92 ( <i>SD</i> = 1.19)
Age	40.04 ( <i>SD</i> = 12.25)	31.05 ( <i>SD</i> = 7.33)	36.76 ( <i>SD</i> = 11.85)	36.58 ( <i>SD</i> = 9.81)	28.17 ( <i>SD</i> = 6.14)	34.57 ( <i>SD</i> = 8.85)	35.56 ( <i>SD</i> = 10.82)
Annual income	42009.39 ( <i>SD</i> = 51402.88)	28774.39 ( <i>SD</i> = 26030.62)	39094.59 ( <i>SD</i> = 104273.13)	40395.83 ( <i>SD</i> = 27044.23)	33000 ( <i>SD</i> = 21428.4)	26035.71 ( <i>SD</i> = 15889.6)	36591.71 ( <i>SD</i> = 54964.16)
Economic motivation	10.11 ( <i>SD</i> = 5.45)	8.29 ( <i>SD</i> = 4.07)	12.59 ( <i>SD</i> = 6.57)	10.08 ( <i>SD</i> = 4.16)	17.83 ( <i>SD</i> = 6.43)	19.36 ( <i>SD</i> = 8.11)	11.52 ( <i>SD</i> = 6.4)
Collecting motivation	2.8 ( <i>SD</i> = 1.91)	4.24 ( <i>SD</i> = 3.22)	3.38 ( <i>SD</i> = 1.99)	6.25 ( <i>SD</i> = 3.71)	6.83 ( <i>SD</i> = 3.15)	4.21 ( <i>SD</i> = 3.07)	4.27 ( <i>SD</i> = 3.11)
Peer pressure motivation	14.55 ( <i>SD</i> = 9.52)	10.9 ( <i>SD</i> = 7.44)	10.49 ( <i>SD</i> = 6.38)	10.89 ( <i>SD</i> = 6.68)	17.56 ( <i>SD</i> = 6.71)	9.36 ( <i>SD</i> = 6.96)	12.32 ( <i>SD</i> = 7.98)
Opportunism	21.46 ( <i>SD</i> = 6.6)	24.88 ( <i>SD</i> = 6.07)	22.19 ( <i>SD</i> = 7.06)	26.69 ( <i>SD</i> = 5.96)	30.06 ( <i>SD</i> = 6.48)	20.14 ( <i>SD</i> = 6.98)	23.9 ( <i>SD</i> = 7.01)
Thrill-seeking motivation	12.93 ( <i>SD</i> = 8.47)	16.68 ( <i>SD</i> = 8.04)	11.62 ( <i>SD</i> = 7.82)	18.08 ( <i>SD</i> = 8.33)	23.61 ( <i>SD</i> = 5.41)	13.64 ( <i>SD</i> = 9.35)	15.37 ( <i>SD</i> = 8.71)
Desire to shoplift	8.25 ( <i>SD</i> = 4.64)	11.95 ( <i>SD</i> = 4.59)	7.51 ( <i>SD</i> = 4.44)	13 ( <i>SD</i> = 4.08)	14.06 ( <i>SD</i> = 3.96)	8.36 ( <i>SD</i> = 5.98)	10.24 ( <i>SD</i> = 5.11)
Interpersonal issues motivation	6.13 ( <i>SD</i> = 2.13)	6.49 ( <i>SD</i> = 2.94)	9.81 ( <i>SD</i> = 6.42)	8.39 ( <i>SD</i> = 3.89)	17.89 ( <i>SD</i> = 7.68)	8.29 ( <i>SD</i> = 4.3)	8.48 ( <i>SD</i> = 5.46)
Shame	10.02 ( <i>SD</i> = 8.95)	9.68 ( <i>SD</i> = 9.33)	24.92 ( <i>SD</i> = 8.85)	15.06 ( <i>SD</i> = 9.1)	23.39 ( <i>SD</i> = 10.03)	16.07 ( <i>SD</i> = 13.48)	15.19 ( <i>SD</i> = 11.18)
Guilt	8.11 ( <i>SD</i> = 6.68)	5.49 ( <i>SD</i> = 5.99)	16.32 ( <i>SD</i> = 4.5)	11 ( <i>SD</i> = 5.48)	15.28 ( <i>SD</i> = 6.33)	10.93 ( <i>SD</i> = 7.35)	10.43 ( <i>SD</i> = 7.08)
Shame when caught	24.5 ( <i>SD</i> = 8.05)	22.88 ( <i>SD</i> = 9.92)	24.61 ( <i>SD</i> = 11.02)	20.17 ( <i>SD</i> = 9.13)	22.6 ( <i>SD</i> = 6.42)	17.67 ( <i>SD</i> = 12.08)	22.43 ( <i>SD</i> = 9.62)
Guilt when caught	14.67 ( <i>SD</i> = 6.35)	14.12 ( <i>SD</i> = 5.94)	15.28 ( <i>SD</i> = 6.05)	13.06 ( <i>SD</i> = 5.95)	15 ( <i>SD</i> = 4.27)	10.92 ( <i>SD</i> = 7.23)	13.97 ( <i>SD</i> = 6.09)
Depression	6.16 ( <i>SD</i> = 4.39)	8.98 ( <i>SD</i> = 7.08)	16.03 ( <i>SD</i> = 6.23)	7.28 ( <i>SD</i> = 4.69)	14.06 ( <i>SD</i> = 4.83)	10.79 ( <i>SD</i> = 5.81)	9.76 ( <i>SD</i> = 6.63)



Table 4, cont.

	Loss- Reactive	Impulsive	Depressed	Hobbyist	Addictive- Compul- sive	Economic- ally Disadvan- tagged	All Types
Cognitive impairment	0.88 (SD = 2.12)	2.16 (SD = 2.7)	3.95 (SD = 3.29)	0.79 (SD = 1.28)	6.31 (SD = 3.25)	4.07 (SD = 3.09)	2.39 (SD = 3.09)
Anger	2.71 (SD = 3.8)	6.54 (SD = 5.23)	6.08 (SD = 4.57)	6.36 (SD = 4.61)	11.28 (SD = 4)	11.21 (SD = 4.87)	6.11 (SD = 5.22)
Addictiveness	0.79 (SD = 2.31)	3 (SD = 4.11)	1.84 (SD = 3.28)	7.97 (SD = 5.3)	11.67 (SD = 6.55)	7.79 (SD = 7.53)	4.16 (SD = 5.65)
Compulsive- ness	3.68 (SD = 1.32)	4.63 (SD = 2.56)	5.51 (SD = 3.31)	11.44 (SD = 6.38)	12.72 (SD = 7.27)	10.29 (SD = 6.71)	6.86 (SD = 5.48)
Impulsivity	57.98 (SD = 8.29)	68.73 (SD = 10.36)	62.22 (SD = 10.33)	63.56 (SD = 10.83)	70.56 (SD = 7.38)	67.14 (SD = 12.82)	63.69 (SD = 10.71)
Traditional ethical values	45.13 (SD = 4.11)	43.9 (SD = 5.3)	43.84 (SD = 4.4)	43.83 (SD = 4.29)	35.89 (SD = 6.54)	38.79 (SD = 10.08)	43.15 (SD = 5.87)
Life stressors and loss	17.79 (SD = 17)	10.07 (SD = 8.96)	18.03 (SD = 13.48)	13.64 (SD = 9.57)	7.56 (SD = 4.68)	26.57 (SD = 15.47)	15.22 (SD = 13.57)
Life stressors and loss before shoplifting	0.55 (SD = 0.83)	0.37 (SD = 0.66)	1.51 (SD = 1.15)	1.19 (SD = 1.09)	1.39 (SD = 1.75)	4.14 (SD = 2.82)	1.13 (SD = 1.54)
Trauma history	6.39 (SD = 9.99)	4.54 (SD = 6.68)	7.03 (SD = 8.01)	5.33 (SD = 8.86)	3.94 (SD = 5.77)	16.29 (SD = 14.3)	6.41 (SD = 9.26)
Antisociality 1	12.54 (SD = 8.44)	19.1 (SD = 11.17)	13.43 (SD = 8.25)	14.33 (SD = 8.35)	24.61 (SD = 4.35)	21.71 (SD = 7.74)	16.06 (SD = 9.49)
Antisociality 2	7.41 (SD = 4.11)	14.93 (SD = 4.76)	10.59 (SD = 4.19)	11.31 (SD = 4.58)	15.11 (SD = 3.56)	13.36 (SD = 5.97)	11.31 (SD = 5.28)
Presence of meaning in life	24.38 (SD = 6.18)	16.98 (SD = 8.17)	17.51 (SD = 8.68)	23.69 (SD = 7.37)	20.5 (SD = 6.48)	20.07 (SD = 10.23)	20.85 (SD = 8.19)
Search for meaning in life	20.34 (SD = 7.63)	25.24 (SD = 7.89)	27.57 (SD = 6.63)	19.22 (SD = 8)	25.67 (SD = 6.12)	22.07 (SD = 9.79)	23.05 (SD = 8.17)
Locus of control	12.57 (SD = 4.35)	8.91 (SD = 4.51)	9.44 (SD = 3.34)	12.31 (SD = 4.28)	11.11 (SD = 3.57)	9.64 (SD = 5.13)	10.87 (SD = 4.43)
Self- Compassion	87.13 (SD = 21.19)	59.24 (SD = 19.63)	63.78 (SD = 13.48)	72.47 (SD = 21.16)	70.89 (SD = 14.01)	72.07 (SD = 24.78)	72.09 (SD = 21.82)

## **1. Loss-Reactive Type**

The most common cluster revealed in 27.7% of the sample (56 individuals) was labeled the Loss-Reactive Type. This type of individual was characterized by generally law-abiding behavior, stability in mental health, and the preponderance of lifetime loss and trauma. These individuals are similar to the Atypical Theft Offenders described by Cupchik (1997), who are generally law-abiding and steal as a reaction to loss or early trauma. The Loss-Reactive Type in the present study represented individuals who were unlikely to be arrested for another crime and who had the highest orientation to traditional ethical values, as compared to the other study participants. These individuals had a high incidence of lifetime losses and traumas. They generally felt a lack of agency and scored highest in external locus of control, compared to the other participants.

Interestingly, these participants were highest in self-compassion and presented with the lowest depression, lowest anger, lowest cognitive impairment, lowest addictiveness, lowest compulsiveness, lowest impulsivity, and lowest antisociality of all of the types identified in the study. Over the lifespan, individuals in the Loss-Reactive Type had shoplifted the least number of times (*Median* = 4, *M* = 11.98, *SD* = 20.79) and the least expensive items (*Median* = \$5.00, *M* = \$7.92, *SD* = \$8.94) compared to other types. They were most likely to only use their bare hands while shoplifting, instead of using more sophisticated tools (e.g. a bag with hidden compartments), and did not feel a sense of desire to shoplift. Loss-Reactive Type individuals also had the highest mean annual income of all types in the study (*M* = \$42,009, *SD* = \$51,403).

## **2. Impulsive Type**

The next cluster, which included 20.3% of the sample (41 participants), made up an Impulsive Type. These participants were characterized by high impulsivity; high antisociality 2,

a dimension that captures impulsivity; low self-control; and high urbanicity, or location in more urban or suburban areas. Impulsive Type individuals are presented with ample opportunities to shoplift in the urban or suburban environment and may carry out shoplifting as an impulsive behavior unhindered by self-control. This type was also characterized by having the most ability to pay for the stolen items, as compared to the other types; a higher sense of opportunism when committing the thefts; a low overall incidence of shoplifting across the lifespan; low shame; the lowest sense of guilt of any type; the lowest incidence of life stressors before the shoplifting; the lowest presence of meaning in life; the most internal locus of control; and the lowest self-compassion compared to the other types.

### **3. Depressed Type**

The next cluster, comprising 18.3% of the sample (37 individuals), was characterized primarily by experiencing acute depression and makes up a Depressed Type. Individuals of this type typically scored a 16.03 on the Center for Epidemiological Studies Depression Scale, on which 10 is the cutoff for clinically relevant depression (Andresen, Malmgren, Carter, & Patrick, 1994; Radloff, 1977). Depressed Type individuals may engage in shoplifting as a way of coping with depression or as a means to feel something in the presence of anhedonia and apathy. In this study, Depressed Type individuals were marked by the highest overall sense of guilt compared to other types, high shame, the lowest thrill seeking, and the lowest desire to shoplift. This type endorsed the strongest orientation to traditional ethical values and the highest sense of searching for meaning in life. Individuals in the Depressed Type had shoplifted fewer times than the average study participant and were the least likely to have been arrested for any other crime.

### **4. Hobbyist Type**

Another category of individuals identified in the study, comprising 17.8% of the sample (36 individuals), was named the Hobbyist Type. These participants were marked by an enjoyment of shoplifting and high psychological functioning and well-being. The Hobbyist Type had committed the second-most incidences of theft in the sample, with a mean total incidence of shoplifting of 59.39 times ( $SD = 172.00$ ). These individuals had a high orientation to traditional ethics yet did not experience distress, guilt, or shame, indicating that they may see themselves as above, outside, or exempt from the law. Hobbyists in the study had the highest presence of meaning in life, as compared to the other study participants, and scored low in depression, cognitive impairment, antisociality, and searching for meaning in life. For Hobbyists, shoplifting may represent an ego-syntonic and enjoyable activity.

### **5. Addictive-Compulsive Type**

The fifth cluster identified in these analyses, capturing 8.9% of the study participants (18 individuals), was characterized by an addictive and compulsive pattern of shoplifting with an enjoyment of the thrill of the behavior. This Addictive-Compulsive Type is marked by the highest sense of addictiveness, compulsiveness, impulsivity, thrill-seeking, opportunism, desire to shoplift, collecting motivation, and antisociality 1 (measuring general psychopathy) of all the types identified in the study. These individuals may enjoy the act of shoplifting and be motivated by an addictive-compulsive drive to shoplift. They have the lowest orientation to traditional ethical values and the lowest incidences of loss and trauma over the lifespan. On average, they stole the most expensive items of all types ( $Median = \$13.50$ ), and if caught shoplifting, they experienced the highest shame and guilt. Individuals in the Addictive-Compulsive Type were more likely to be male and were the youngest age at the time of study completion ( $Median = 27.50$  years).

## **6. Economically Disadvantaged Type**

The last cluster revealed in the analyses, comprised of 6.9% of the sample (14 individuals), was marked by the lowest annual income and socioeconomic status of all types. These individuals represent an Economically Disadvantaged Type of shoplifting behavior. These individuals were all highly motivated by economic advantages associated with shoplifting and typically stole more expensive items (*Median* = \$10.00, *M* = \$22.93, *SD* = \$51.31) that they had the least ability to pay for, compared with other types, which indicates economic need. They engaged in the most sophisticated methods to aid in their shoplifting, such as a bag lined with aluminum foil to evade radio frequency scanners. The Economically Disadvantaged Type had also shoplifted more times than any other type, a median of 36 times over the lifespan. Importantly, also, this type was characterized by having the highest degree of anger, the highest life stress, the highest incidence of life stressors before shoplifting, and the highest trauma history. If caught shoplifting, the Economically Disadvantaged Type experienced a low sense of shame and guilt. This may be related to the type's lack of adherence to traditional ethical values or to their sense of economic need, which could buffer against those negative self-perceptions. Overall, the individuals in this type were the most likely of all study participants to be arrested for another crime and to be convicted of another crime. The age and race or ethnicity of these individuals did not differ significantly from that of the rest of the sample.

### **SELF-COMPASSION AND SHOPLIFTING**

Of additional interest in this study was whether self-compassion has a relationship with shoplifting incidence. Tables 5 and 6 list the correlations between self-compassion and incidence for each type and for the data overall. Figure 2 displays a graph of these correlations, expressed as slopes of the relationship between self-compassion and shoplifting incidence, which was

transformed into a logarithmic scale to account for the skew in these data. Across all participants, self-compassion was not significantly correlated with the number of times an individual has ever shoplifted. In general, self-compassion was not associated with shoplifting incidence. However, there was a significant relationship between self-compassion and total shoplifting incidence in the Depressed Type. Among participants whose shoplifting was related to the experience of depression, individuals who were more kind with themselves, had a greater sense of common humanity, and were more mindful engaged in more instances of shoplifting over the lifespan.

Table 5: Spearman’s Rank Correlations: Self-Compassion and Shoplifting Incidence

	Spearman’s $\rho$ correlation	Significance
Loss-Reactive Type	.23	$p = .09$
Impulsive Type	.03	$p = .87$
Depressed Type	.44**	$p = .01$
Hobbyist Type	.19	$p = .28$
Addictive-Compulsive Type	-.22	$p = .38$
Economically Disadvantaged	.36	$p = .21$
All Types	.11	$p = .13$

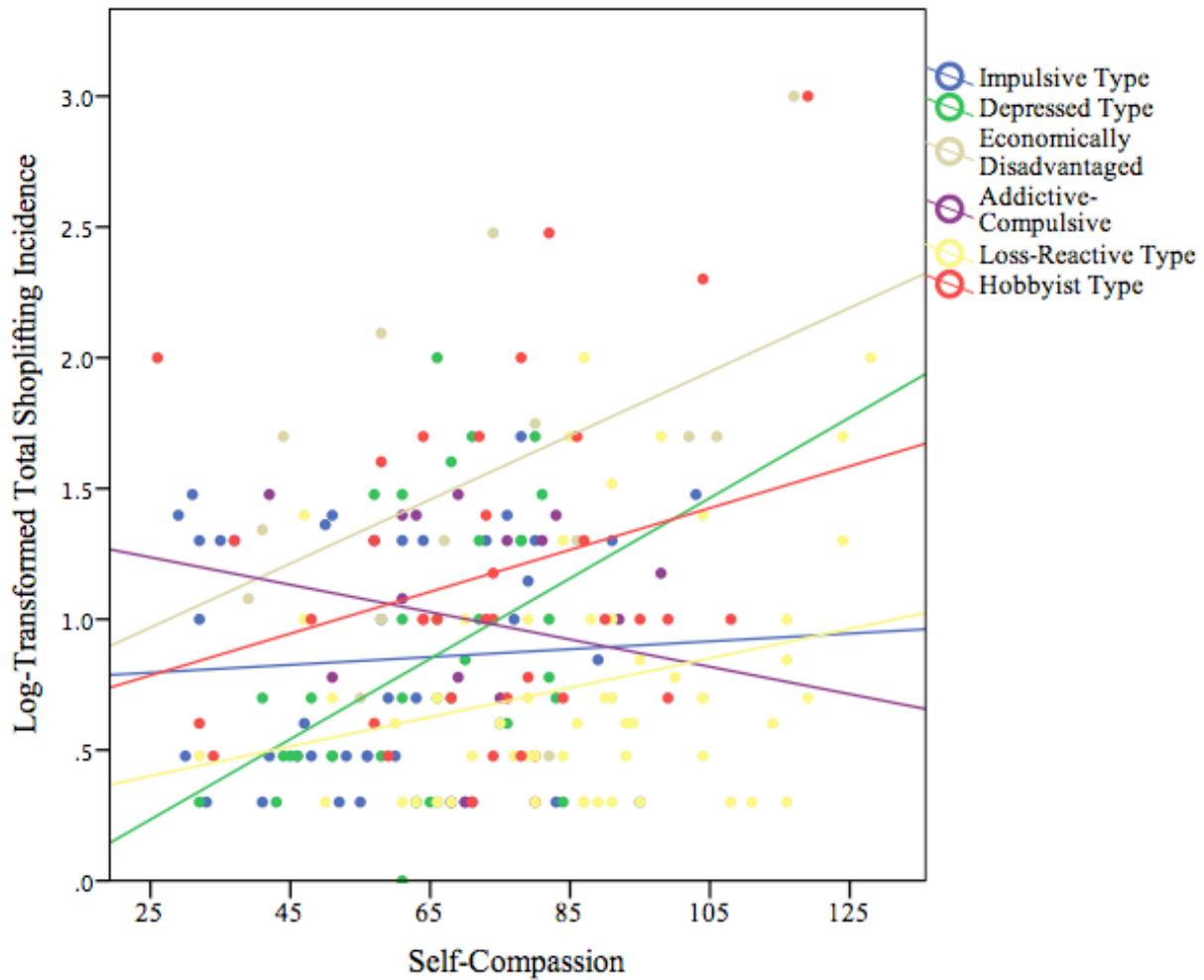
\*\* Significant at  $p < .01$ .

Table 6: Kendall Rank Correlations: Self-Compassion and Shoplifting Incidence

	Kendall tau-b correlation	Significance
Loss-Reactive Type	.17	$p = .09$
Impulsive Type	.03	$p = .77$
Depressed Type	.30*	$p = .01$
Hobbyist Type	.13	$p = .31$
Addictive-Compulsive Type	-.14	$p = .42$
Economically Disadvantaged	.27	$p = .19$
All Types	.08	$p = .13$

\* Significant at  $p < .05$ .

Figure 2: Relationship Between Self-Compassion and Shoplifting Incidence by Type



The researcher also conducted an analysis of covariance (ANCOVA) of the relationship between self-compassion and shoplifting incidence, transformed into a logarithmic scale given the strong positive skew in the data. The ANCOVA indicated that the relationship between self-compassion and shoplifting incidence did not differ significantly between clusters,  $F(5, 190) = 1.34, p = .25$ . In other words, across the six clusters, the correlations between self-compassion and shoplifting incidence were not distinguishably different from one another. A possible limitation in this ANCOVA is the heteroscedasticity of the errors. Further analyses may continue

to probe whether there is a difference in the relationship between self-compassion and shoplifting incidence in varying groups of individuals.

Self-compassion did not have a significant impact on shoplifting incidence for the Loss-Reactive Type, Impulsive Type, Addictive-Compulsive Type, Hobbyist Type, or Economically Disadvantaged Type. For the Depressed Type, higher self-compassion was associated with more shoplifting across the lifespan. However, this relationship was not significantly different from the correlations in the other types.



## Chapter 4: Discussion

### PARTICIPANTS

The demographic composition of the study participants generally corresponded with the population of adults in other MTurk studies, with the exception that the present study included more individuals who identified as gay, lesbian, or bisexual. 5.4% of participants endorsed being gay or lesbian and 14.4% endorsed being bisexual for a total of 19.8% of the sample identifying as LGB. This figure is considerably higher than population estimates from national, population-based surveys; for example, Gallup (Gates, 2017) found that only 4.1% of their sample identified as LGBT. Several factors may account for this difference in self-reported sexual orientation.

First, Mechanical Turk users are more likely to endorse having a sexual orientation that is not heterosexual; throughout research using MTurk participants, the proportion of lesbian, gay, and bisexual endorsements is higher than in the general U.S. population (Corrigan, Bink, Fokuo, & Schmidt, 2015; Reidy, Berke, Gentile, & Zeichner, 2014; Shapiro, Chandler, & Mueller, 2013). MTurk studies find that between 9 and 19% of their samples endorse being LGB (Coffman, Coffman, & Marzilli Ericson, 2016; Corrigan, Bink, Fokuo, & Schmidt, 2015). Researchers attribute this higher endorsement to the younger age of online populations, noting that young people are more likely to identify as LGB (Gates, 2017; Moore, 2015). Indeed, Gallup found that Millennials, born between 1980 and 1998, are more than twice as likely to identify as LGBT than other age groups (Gates, 2017). In the present study, whose participant mean age was 35.56 ( $SD = 10.82$ ), a majority of participants (65.8%) were born between 1980 and 1998. Younger age was likely a factor in the increased presence of LGB individuals in this study.

In addition, many individuals are reluctant or unwilling to disclose their identification with a sexual- or gender-minority group due to persistent stigma and discrimination (Institute of Medicine, 2011). This may be especially true in national, population-based surveys such as the National Health Interview Survey administered by the U.S. Census; only 2.2% of this survey's respondents endorsed being LGB (Gates, 2014). The format of MTurk, which is inherently private and anonymous, may allow for more honest responding to questions about sexual orientation.

Still, the proportion of LGB identifying participants in this study was higher than those in other MTurk samples. This may be due to the additional screenings conducted in this study that excluded many MTurk users. This study implemented reputation screening, requiring that MTurk users have completed at least 100 previous tasks with a greater than 95% acceptance rate. In addition, this study removed individuals from the dataset who were "High Scorers" on the Marlowe-Crowne Social Desirability Scale. Contemporary research finds that LGBT individuals are concerned with stigma and are reluctant to report their true sexual orientation, even in private and anonymous settings (Coffman, Coffman, & Marzilli Ericson, 2016). The additional screening conducted in the present study may have limited the untruthful responding of LGB individuals who would have otherwise endorsed being heterosexual. In support of this possibility, removing "High Scorers" from the dataset increased the proportion of individuals endorsing an LGB identity from 17.6% in the full set of 245 respondents to 19.8% in the final sample used for data analysis. Indeed, only 7% of the excluded "High Scorers," who responded to the questionnaire in ways that promoted their social desirability, was willing to identify as lesbian, gay, or bisexual, compared to 19.8% in the "Low" and "Medium Scorers." The reputation and social desirability screening in the present study may have led to more honest

reporting of sexual orientation in the final sample. Collectively, participants in this study were younger than the U.S. population, thus inflating the number of LGB individuals, and they may have been more honest in reporting their sexual orientation than in other studies.

### **TYPOLGY OF SHOPLIFTING BEHAVIOR**

The primary goal of the present research was to develop a robust typology of individuals who shoplift. Cluster analysis yielded a set of six types of individuals. The most predominant category identified in this study, the Loss-Reactive Type, aligned strongly with a documented category from the literature. Cupchik (1997) dedicated his career to studying the Atypical Theft Offender, who is characterized as being generally law-abiding and having experienced significant real or perceived losses or traumas (see Appendix D). Cupchik's "Loss-Substitution-by-Stealing" theory describes why these individuals shoplift, noting that shoplifting is a way for individuals to take unfairly to subconsciously compensate for an unfair loss. Although the present study could not assess the subconscious motives for shoplifting, the Atypical Theft Offender seems to be evident in the present study's Loss-Reactive Type. The presence of a Loss-Reactive Type in this study lends the first empirical support for Cupchik's theory. The Loss-Reactive Type, as with the other types identified in this study, was developed by combining a broad analysis of the full range of shoplifting correlates with a deep examination of existing theory and research in the field. This methodology has not been utilized previously in developing knowledge about shoplifting and individuals who shoplift.

The second most populous cluster was the Impulsive Type, individuals who are presented with opportunities to shoplift and may do so out of impulsivity and lack of self-control. This type bears some similarities with categories defined in the past literature. Moore (1984), for example, identified an "impulsive shoplifter," who was characterized by little planning and

greater impulsivity. Unlike Moore's "impulsive shoplifter," the Impulsive Type identified in this research was not characterized by only stealing inexpensive items. Furthermore, the individuals in the present study endorsed low guilt and shame, whereas Moore's "impulsive shoplifter" experienced intense guilt and shame. The Impulsive Type identified in this research also bears some similarities to historical designations of kleptomania: the type is characterized by impulsivity, like historically defined kleptomania, the ability to pay for stolen goods, and low economic motivation for theft.

The Depressed Type was characterized by the strong presence of depressive symptoms. This cluster was unique in the presence of depression in these individuals, and other characteristics support the presence of depression as the root of shoplifting behavior. This type is unique in the literature on shoplifting, which has so far not identified any types based on the predominance of depression symptoms alone. While this type does not parallel other models, it emerged clearly in the current study with 18.3% of the sample whose behavior seemed clearly linked to their high depressive symptoms.

Another unique category captured in the present research was the Hobbyist Type. This category was notable in that these individuals' shoplifting behavior seemed to be ego-syntonic, or in accordance with how someone would like to see themselves. Individuals in this category enjoyed the behavior of shoplifting and did not feel conflicted about their values (traditional ethics) and their actions (a mean of 59.39 instances of shoplifting across the lifespan). The Hobbyist Type has likely not been captured in extant research because Hobbyists do not seek psychological help and are not usually caught shoplifting, the two primary sources of recruitment in past research. Conducting a study with the general population, as in the present study, may have allowed for the capture of this well-adapted, Hobbyist individual.

Another type identified in the study was the Addictive-Compulsive Type. This group, which may shoplift in an addictive-compulsive pattern similar to other addictive behaviors, could be motivated by enjoyment of the thrill of shoplifting. This type is similar to a number of categories identified in previous literature. Shulman's (2004) Addictive-Compulsive group and Brady's (2013) Compulsive (Impulse-Driven) group include individuals motivated by repressed anger, addictiveness, and compulsiveness who experience guilt and shame when caught. The Addictive-Compulsive Type identified in the present study is also similar to Shulman's (2004) Thrill Seekers and Brady's (2013) Thrill Seeker (Psychologically Motivated). These individuals are described as motivated by dare, excitement, desire, or peer pressure to shoplift "high risk" (or expensive) items. Brady (2013) also suggested a Provisional/Delinquent Shoplifter, characterized by antisociality, hedonism (or a desire to shoplift), peer pressure, and adolescence. The present study found that all of these elements can be found in one generally homogenous group of addictive-compulsive individuals who are motivated by thrill and enjoyment.

The last type identified in the cluster analysis was the Economically Disadvantaged Type. In these individuals, shoplifting was connected to economic need. This type bears many similarities with other types identified in the literature on shoplifting behavior. Cupchik (1997) described what he calls the Typical Theft Offender, an economically motivated individual who consciously steals and does not experience remorse. Shulman (2004) and Brady (2013) identified an Impoverished [Economically Disadvantaged] shoplifter who is motivated by economic need and is hostile against the system (has high anger), both of which were found in this study's Economically Disadvantaged Type. Unlike Shulman's (2004) and Brady's (2013) type, however, Economically Disadvantaged individuals in the present study did not experience remorse when caught. Another type identified by Shulman (2004) and Brady (2013), the Professionals, were

marked by economic motivation, stole expensive items using sophisticated means, and did not experience remorse or other emotions if caught. This bears many similarities to the present study's Economically Disadvantaged Type, except that the individuals in this research did not sell or trade their stolen items any more than other types. Past and current research indicates that a subset of individuals who shoplift do so out of economic necessity and may be motivated by hostility toward the system that has created a context of disadvantage.

This typology can be used to differentiate between individuals who shoplift and develop specialized interventions. These findings represent a significant contribution to the extant research, which has not so far utilized an extensive literature review and statistical analysis to determine a typology. As discussed in Appendix D, most of the extant typologies fail to exercise quantitative or statistical methods to determine categories, which are critical to individualizing treatment for those who shoplift. While McShane and Noonan (1993) did use a cluster analysis in their study, they considered only a limited number of factors. Collecting and analyzing data on the large number of factors related to shoplifting, drawing from multidisciplinary research on shoplifting, and capturing information across more than 16 scales allowed for a deeper, more structured, and more rigorous analysis of the behavior of shoplifting. The cluster analysis in the present study addresses the limitations of past research and theory to reveal a thorough and empirically based typology of individuals who shoplift.

#### **SELF-COMPASSION AND SHOPLIFTING**

This study also examined the hypothesis that self-compassion has a relationship with shoplifting incidence. To test this hypothesis, the researcher examined the correlations between self-compassion and shoplifting incidence in each type. Overall, the analyses did not support the initial hypothesis. Higher self-compassion was associated with more shoplifting behavior in

individuals characterized by Depressed Type shoplifting, but this relationship was not significant when comparing all of the types. Across all types, self-compassion was not associated with any more or less shoplifting behavior.

Self-compassion may encourage depression-related shoplifting in individuals who are experiencing symptoms of depression. In the Depressed Type, individuals may shoplift as a means of coping with depression symptoms or of feeling something in the presence of anhedonia. Indeed, higher self-compassion, which includes being kind to oneself, could facilitate the use of shoplifting as a self-care behavior. Individuals in this type may draw on the benefits of shoplifting, such as gaining something for nothing, as compensation or repair for their distress. As a self-care behavior, shoplifting could act as a desirable tool for coping with depression. Future research should explore the relationship between self-compassion and shoplifting incidence in individuals whose shoplifting is related to symptoms of depression.

However, these potential implications are undermined by the ANCOVA, which indicated that the relationship between self-compassion and shoplifting incidence did not differ significantly between types. The present study failed to provide support for the expected link between self-compassion and shoplifting behavior. However, the results of this study did support the relationship between self-compassion and reduced shame and guilt when caught, depression, cognitive impairment, anger, and impulsivity. Collectively, the findings in this study fit with the extant research on self-compassion, which has thus far only connected it to positive outcomes. Continued research is needed to establish whether self-compassion has any effect on shoplifting across these six types of individuals. Other research can also expand on this work by exploring other potentially adaptive constructs that can help in treating distressing shoplifting. Still, the results of this study point to some possible means of helping individuals who shoplift.

## CLINICAL IMPLICATIONS

The present study conducted an exploration of the types of shoplifting with the ultimate aim of improving the well-being of individuals who shoplift. Having considered these types, it is worthwhile to consider how these individuals may be helped in the clinical setting. What follows are tentative suggestions that have not yet been empirically tested.

In the current study, not all individuals who shoplifted experienced distress, shame, guilt, or remorse as a result of their shoplifting behavior. Therefore, not every person who shoplifts may require an intervention that directly addresses shoplifting behavior. Furthermore, not every person may want to stop or reduce their shoplifting. Nevertheless, given the profound risks associated with continued shoplifting, clinicians can play a role in reducing shoplifting behavior in all of these individuals.

In the Loss-Reactive Type, shoplifting may be connected to a history of loss and trauma. Previous researchers (e.g. Cupchik, 1997) have indicated that this behavior is a result of attempting to make up for unfair losses and trauma in life. Therefore, reducing shoplifting behavior in this type would call for interventions that specifically address and resolve loss and trauma. Loss-Reactive individuals may benefit from direct interventions that help them process and move on from losses and traumas. With a reduced need to compensate for unfair losses, Loss-Reactive individuals may shoplift less and experience less shoplifting-related distress.

Impulsive Type individuals may shoplift as a result of impulsivity and lowered levels of self-control. Reducing shoplifting behavior in these individuals, then, would call for interventions that help people reduce impulsive behavior. Mindfulness exercises or interventions in the ADHD treatment literature may help to mitigate the effects of impulsivity on shoplifting



behavior. Ultimately, these individuals will shoplift less when they are better able to manage their impulses and act deliberately.

Depressed Type individuals who shoplift may do so as a means of coping with their depressed mood or feeling something in the face of anhedonia. In this type, shoplifting is related to the degree of symptoms these individuals experience. Therefore, reducing shoplifting in Depressed Type individuals calls for direct interventions to address depression. It is likely that merely reducing depressive symptoms may reduce shoplifting behavior. Depending on a clinician's theoretical approach, they may utilize a variety of interventions to address depressive symptoms and, as a result, reduce shoplifting.

The Hobbyist Type is unique in that shoplifting seems to be an ego-syntonic activity, seen to be in alignment with one's ideal self. These individuals may not experience distress, guilt, or shame as a result of shoplifting and seem to enjoy the activity. Therefore, they are not likely to be motivated to decrease their shoplifting behavior. Still, clinicians may aim to help these individuals reduce their behavior because of the profound legal risks of continued shoplifting. Though a Hobbyist individual may enjoy shoplifting, their behavior puts them at risk of criminal charges, jail or prison time, fines, restitution, civil liability, and permanent criminal records, all of which have profound implications for lifetime employment, well-being, and mental health (Freudenberg, 2002; Mace, Rohde, & Gnau, 1997; Schnittker & John, 2007; Theriot & Segal, 2005; Western, Kling, & Weiman, 2001). Clinicians who see themselves as having a role in mitigating against these risks will likely be interested in helping Hobbyist individuals identify other, legal means of satisfying their desire to shoplift. These clinicians and clients may explore the utility of shoplifting, the factors that make the behavior enjoyable, and how to achieve the same ends without profound legal and social risk.

Individuals who fit into the Addictive-Compulsive Type also seem to enjoy their shoplifting behavior. However, when caught, they experience the highest shame and guilt. Clinicians who aim to help Addictive-Compulsive individuals will benefit from the large body of research on other addictive behaviors and dependencies. Treating these individuals may benefit from approaching shoplifting in the same manner as substance use, gambling, or other behavioral addictions. Clinicians who are working with an Addictive-Compulsive individual who shoplifts can draw on established addiction treatments to reduce or eliminate shoplifting behavior.

Individuals in the Economically Disadvantaged Type shoplift out of economic need and do not experience shame and guilt connected with their shoplifting behavior. Because the behavior is so related to economic need in this type, reducing shoplifting is equally a sociological and economic concern as a clinical question. Clinicians who are working with an Economically Disadvantaged client may find that the priority of treatment is coping with difficult financial circumstances, rather than changing pathological behavior. Indeed, shoplifting in these individuals should not be treated as a pathological behavior but instead as a product of economic and social conditions. Individuals in this type are characterized as having the highest life stress, the highest incidence of life stressors directly before shoplifting, and the highest trauma history in this study. Addressing shoplifting in these individuals should concern adaptively coping with difficult life circumstances.

## **FUTURE DIRECTIONS**

Collectively, these findings support the notions that individuals who shoplift are characterized by different emotions, motivations, and behaviors and that a wide range of individuals shoplift. Findings suggest that individuals who shoplift can be characterized as one of six types, which can inform their treatment and recovery from shoplifting behavior if desired.

Future research must explore how to help different individuals reach their behavioral goals, whether they include decreasing shoplifting or targeting other aspects of their mental health. This research can build on the present study to further explore the utility and effects of shoplifting for different types of individuals who shoplift.

Specifically, future research should consider shoplifting in each type and should investigate how to intervene with each type. Preliminary suggestions have been offered in Clinical Implications, above; future research should directly test these hypotheses to develop empirically supported treatments for each type of individual who shoplifts. Future studies could independently consider different types of individuals and assess the effects of different treatment approaches in reducing shoplifting behavior.

Additional research should also continue investigating the relationship between adaptive constructs like self-compassion and shoplifting in these different types. Data in the present study supported the relationship between self-compassion and shoplifting in the Depressed Type but failed to differentiate this correlation from the relationship in other types. Future research should continue exploring the potential role of self-compassion and other adaptive constructs in shoplifting. In addition, future research should explore whether self-compassion has a predictive impact on shoplifting in Depressed Type individuals, rather than merely correlating with the behavior. This may help identify whether self-compassion can indeed ever be maladaptive. Scant research has explored potentially negative effects of self-compassion. If future research can identify that self-compassion has a predictive impact on shoplifting, clinicians will need to exercise care in conducting self-compassion interventions when a client's objectives include reducing shoplifting behavior. Research that builds on the present dissertation can further

illuminate the role of self-compassion and other adaptive constructs in continued shoplifting behavior.

## **LIMITATIONS**

In considering the implications of this study, it is important to discuss possible limitations to this investigation. First, while the MTurk participants in this study represented a sample of ethnic, sex, and sexual orientation diversity, MTurk workers are not perfectly representative of the U.S. population. While MTurk participants are more diverse than convenience sampling methods, they do not perfectly align with the demographics of the U.S. population. Participants in this study may be younger, more educated, less employed, less religious, more liberal, and more likely to identify as gay, lesbian, or bisexual than the general population (Berinsky, Huber, & Lenz, 2012; Paolacci, Chandler, & Ipeirotis, 2010; and Shapiro, Chandler, & Mueller, 2013 cited in Paolacci & Chandler, 2014). Most of these demographics are either not associated with the study's factors of interest in extant research (age, education, and employment) or are not likely to be related to the factors of interest. To assess for the effect of sampling on the study results, the researcher collected demographic information that included these factors and measured the relationship between these factors and the factors of interest in this study. The data indicated that there were no correlations between MTurk-related demographics and the study factors of interest. Therefore, while MTurk samples may be limited compared to the general population, this limitation did not likely impact the results of the study.

Still, the results of the present study may be skewed by lack of access to two important subsets of the United States population. Collecting data using MTurk inherently neglected populations who have limited access to the internet, including homeless individuals and incarcerated individuals. The circumstances of homelessness lead individuals to engage in more

shoplifting and other crime (Fischer, Marybeth, Patrick, & Tsemberis, 2008). In addition, amongst the homeless population, 20-25% suffer from a severe mental illness, and a similar proportion has a chronic substance use disorder (Department of Housing and Urban Development, 2016). Severe mental illness and substance use are both strongly associated with shoplifting (Allen, 2005; Best, Sidwell, Gossop, Harris, & Strang, 2001). In fact, drug users studied in one large meta-analysis were three to four times likely to shoplift and commit other criminal offenses than non-drug users (Bennett, Holloway, & Farrington, 2008). Lack of access to the homeless population may have resulted in underestimates for the proportion of individuals in the Economically Disadvantaged Type. In addition, lack of access to this population may explain the absence of clusters marked by serious mental illness or by the motivation to support drug or alcohol use, types identified by Brady (2013).

These implications also hold for individuals who are currently incarcerated. As in the homeless population, of which 25-50% was previously incarcerated (Metraux & Culhane, 2006; Tejani, Rosenheck, Tsai, Kaspro, & McGuire, 2013), incarcerated individuals are more likely to suffer from severe mental illness and substance use disorders even preceding incarceration (Steadman, Osher, Robbins, Case, & Samuels, 2009). Furthermore, drug offenses account for the incarceration of 46.3% of current inmates in the United States (Federal Bureau of Prisons, 2017). Given the association between serious, prolonged narcotics use and theft (Allen, 2005; Best, Sidwell, Gossop, Harris, & Strang, 2001), it is likely that a considerable proportion of incarcerated individuals would meet inclusion criteria for the present study. As with the homeless population, lack of access to the incarcerated population may have contributed to the present study's absence of clusters associated with serious mental illness and drug use. Furthermore, compared to non-incarcerated people, incarcerated individuals had a 41% lower

median annual income even before incarceration (Rabury & Kopf, 2015). Therefore, lack of access to this population may lead to an underestimate of the prevalence of the Economically Disadvantaged Type.

Compared to similar countries, homelessness and incarceration are especially prevalent in the United States (National Alliance to End Homelessness, 2016; World Prison Brief, 2018). Still, absolute numbers of currently homeless individuals (0.18% of the U.S. population; National Alliance to End Homelessness, 2016) and incarcerated individuals (0.67% of the U.S. population; World Prison Brief, 2018) are small when compared to the general population of the United States. Therefore, lack of access to these populations may not have largely skewed results in the current study. Still, future research could expand on the current study's findings with a more comprehensive sample.

A further limitation of this study concerns the use of self-report measures. While respondents in past research are generally willing to self-report criminal behavior (Porterfield, 1943; Wallerstein & Wylie, 1947), they still tend to underreport this behavior (Thornberry & Krohn, 2000). Therefore, while participants were likely to be honest about whether or not they had shoplifted before, they may have underestimated the frequency or incidence of their behavior. To mitigate the effects of underreporting, the researcher administered the Marlowe-Crowne Social Desirability Scale and discarded data for individuals who were "High Scorers" on the scale.

In addition, the Cognitive Function Instrument (Amariglio et al., 2015) may not adequately capture the presence of mental impairment during the act of shoplifting. This measure was administered because Shulman (2004) categorizes individuals who shoplift based on the presence of mental impairment. However, while the measure is robustly associated with clinical

measures of functional abilities (Amariglio et al., 2015), it cannot undoubtedly prove the presence of impairments during shoplifting. Individuals may not be aware of their mental impairments. Furthermore, their responding may be subject to fallible memories; if they have not shoplifted for a long period of time, individuals may not remember what their mental functioning was like during the last incidence.

Similarly, the CES-D 10 scale was administered to assess for depression at the time of shoplifting, but its validity may have been limited by memory. If a long period of time passed since the shoplifting behavior, individuals may have underestimated or overestimated the presence of depression symptoms during that time. This may be especially true if their depression symptoms have changed since the shoplifting behavior.

Beyond these limitations, while the present study comprehensively examined factors involved in traditional shoplifting behavior from physical stores, it did not examine characteristics of other types of theft and fraud. Theories about shoplifting also apply to other types of theft. For example, characterizations from the DSM-5 (American Psychiatric Association, 2013), Cupchik (1997), Shulman (2004), and Tyminski (2014) also capture behaviors related to theft from other individuals, employee theft, return fraud, robbery, and online theft or piracy. The National Retail Security Survey (National Retail Federation, 2016) notes that employee theft is the second greatest cause of inventory shrink after shoplifting, and the average loss from dishonest employee cases is over \$1,200. Online piracy, which 46% of U.S. adults engage in (The American Assembly, 2011) and which costs the U.S. economy \$12.5 billion per year for music piracy alone (Siwek, 2007), can be conceptualized as a theft behavior that has received almost no attention in the psychological literature. The construct and types of theft may be complicated by the use of technology. Overall, the present research did not capture

the range of these problematic behaviors. Future research can examine whether similar patterns of typology exist in more broadly defined shoplifting and in other types of theft.

In addition, the focus in the present study on traditional shoplifting, defined to participants as “[taking] property from a store without paying for it,” may have limited the findings. Individuals who commit other fraudulent acts in the store setting, like placing a lower price tag on an item or entering in a conventional price code for organic produce, were likely not captured in this study if they did not identify with having taken property “without paying.” Studying and defining shoplifting in its conventional form may have led to underestimates of theft behavior or may have excluded screening participants who would have qualified for the study. Researchers in this field should study the many types of theft and related fraud to bolster and expand on the results in this study.

Despite these limitations, the results of this study provide a starting point for understanding and helping individuals who shoplift. The key challenge for researchers and clinicians interested in shoplifting remains developing interventions to help individuals who shoplift. The present research provides guidelines for how individuals who shoplift can be differentiated between and further studied. Moving forward, further research examining interventions for these individuals will assist in developing treatments for the many who struggle with shoplifting.



## Appendices

### APPENDIX A: SHOPLIFTING AND MENTAL HEALTH

Shoplifting is significantly associated with lifetime mental health. In their 2008 study, Blanco et al. examined nationally representative data on more than 43,000 individuals, both shoplifting and non-shoplifting, and compared these two populations. They used data collected from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) in the 2001-2002 period, and the final sample oversampled African Americans, Latinos, and young adults (ages 18-24) and weighted participants according to the 2000 decennial census. An examination of the data revealed that the individuals who had shoplifted before were significantly more likely to have a lifetime DSM axis I disorder (87.14%, 95% CI [85.91%, 88.28%], versus 47.09%, 95% CI [45.29%, 48.91%]), personality disorder, nicotine dependence, and alcohol use disorder. They also scored lower on the social, emotional, and mental health scales of the Short-Form Health Survey-12 and were twice as likely to have sought psychiatric treatment. Individuals who had shoplifted before were five times more likely to have had any psychiatric hospitalization or emergency room visit than their non-shoplifting counterparts.

Other research has found shoplifting is associated with borderline personality symptomatology (Sansone, Lam, & Wiederman, 2011); impulsivity (Sarasalo, Bergman, & Toth, 1997); low self-concept, feelings of guilt, loneliness, fright, confusion, and conflict (Beck & McIntyre, 1977; Beers, 1974; Gibbens, 1962; Neustatter, 1954; Rourke, 1957; Russell, 1973; Woodis, 1957); and shame (Kolman & Wasserman, 1991; Krasnovsky & Lane, 1998; Tibbetts, 1997). In a 2011 study, Grant et al. studied the relationship between shoplifting and other factors in a sample of approximately 4,000 high school students. All of the 15.2% of students who had

stolen something experienced poorer grades, higher alcohol and drug use, more regular smoking, more sadness, more hopelessness, and more antisocial behaviors than those who had not stolen.

Individuals who shoplift are also at higher risk of suicide (Cupchik, 2002; Odlaug, Grant, & Kim, 2012). Indeed, one study from Odlaug, Grant, and Kim (2012) found that 24.3% of a sample of individuals diagnosed with kleptomania had at least one suicide attempt, 93% for whom the attempt was “directly or indirectly due to their kleptomania symptoms (e.g., shame over the behavior; legal or personal problems resulting from shoplifting).”

These results are not limited only to individuals who shoplift regularly. Even carrying out a single shoplifting act, Brady (2014) describes, “results in a psychosocial reidentity stamping procedure whereby the shoplifter surrenders his or her positive preshoplifting self-identity and mentally replaces it with a very negative postshoplifting identity.” One instance can shift an individual’s view of himself and lead to the negative outcomes identified in the literature.

Some of these negative effects may also be the result of concurrent behaviors or conditions. However, shoplifting is also likely to have a unique effect. Shoplifting may independently lead to negative mental health outcomes including increased shame, poorer interpersonal relationships, general distress, dissonance between one’s ideal and real selves, and other risk-taking behaviors.

## APPENDIX B: A HISTORY OF SHOPLIFTING

While theft as a practice has existed since the beginning of mankind (in the Garden of Eden, some would argue), shoplifting emerged in London in the sixteenth century. During this period of urbanization and relative prosperity, shops in the center of London began selling expensive household objects, fabrics, and lace (Shteir, 2012). To attract shoppers, these shops displayed their wares in storefront windows, which also had the effect of attracting window shoppers and inviting shoplifting.

The first documentation of shoplifting, or “lifting,” as it was called then, was a 1591 privately published pamphlet called *The Second Part of Conny-Catching* (Greene). Distributed by a self-identified “conny,” or con artist, the pamphlet described the “lift,” or the shoplifting act, as it could be executed in central London. Shoplifting at the time was carried out by groups of men who stole from stores and resold their goods on the black market—an organized criminal act.

In the decades after the pamphlet was published, London continued to grow; as it became the largest and wealthiest city, the luxury goods business expanded. Historians argue that shoplifting had become the most common crime committed in the city (Shteir, 2012). In 1699, Parliament under William III passed the Shoplifting Act, one of many “Bloody Codes” passed during the 18th century. Under the Shoplifting Act, shoplifting an item over five shillings warranted public hanging. Shoplifting was socially conceptualized as a grave crime.

In the 18th century, however, writers also started depicting shoplifting as an act carried out by troubled women. *The Fortunes and Misfortunes of the Famous Moll Flanders* (Defoe, 1722), a novel, describes a woman’s turn to shoplifting when she needs to support her children, following an upbringing with a mother guided by “the devil,” prostitution, and becoming a

widow. Flanders is depicted as a heroine and is rewarded with a happy ending of wealth and romance in America, where she is transported as punishment after her confession. While this period in time described male shoplifters as organized criminals, female shoplifters started being depicted as victims of circumstance. In one widely publicized case, a woman named Mary Jones was hanged for shoplifting a piece of fabric to clothe her baby. The public protested this “murder...of this woman by law” (Meredith, 1771).

The early 19th century saw a shift in studies of shoplifting from a practice of misfortunate women to a disease or affliction. In the first decade of that century, Gall, the famed phrenologist, and his partner Spurzheim began studying the brains of criminals, including murderers and robbers (Spurzheim, 1810). They conceptualized these brains as diseased and sought to differentiate them from the brains of law-abiding citizens. In 1816, Andre Matthey first used the word “klopemania,” later kleptomania, to describe an illness involving a desire to steal without need: “stealing” and “insanity.” In 1838, the physician of the French king studied insanity and attributed kleptomania to experiences of melancholy and dread (Esquirol & Hunt, 1845). Each of these scholars characterized shoplifting as a disease.

As the 19th century progressed, however, the idea of kleptomania became criticized as a false plague of wealthy women that allowed them to escape harsh punishments. Bucknill (1880), for example, characterized kleptomaniacs as manipulating judges and the public. Twain stated, “In these days...if a person of good family and high social standing steals anything, they call it kleptomania, and send him to the lunatic asylum” rather than to prison (1888). The 1905 film *The Kleptomaniac* (Porter) depicts the trials of two women arrested for shoplifting: one wealthy woman who steals clothing and an impoverished mother who steals day-old bread from a

doorstep. In the film, the wealthy woman, labeled a “kleptomaniac,” goes free while the impoverished mother is jailed.

The first explicitly psychological consideration of shoplifting was imagined by Freud’s disciples, who around 1906 described kleptomania as emerging from female sexual repression and the Oedipal complex. Otto Gross, for example, described shoplifting as sexual release (1907). Another disciple, Wilhelm Stekel, connected kleptomania to the repressed id and gratification of the sexual instinct (1911). Following World War I, psychoanalysts began to conceptualize shoplifting as resulting from trauma. Stekel described a combination of psychoanalytic theory and discussion of mass trauma, seeing shoplifting as an act of compulsive winning: “The act in itself has its significant stolen value; it stands for some other act which is a part of the subject’s past and it amounts to a game; it is a compulsive repetition” (Stekel, 1924). In the United States, however, kleptomania or shoplifting behavior generally was not described in the first edition of the DSM (1952), and its first conceptualization was as a political act.

The 1970s saw a major shift in conceptualizations of shoplifting. Most recently, shoplifting was seen as a criminal disease; in this decade, however, it became part of a countercultural movement, a revolution. In 1970, two books were published that described the crime as an act of political activism, *Do It: Scenarios of the Revolution* and *The Anarchist Cookbook*. Both of these books referred to shoplifting as a revolutionary practice. In 1971, Abbie Hoffman published the book *Steal This Book*, which endorsed shoplifting and described many methods by which to carry out the act. The book was highly controversial, and many bookstores refused to carry it. Others placed the book behind the shelf to avoid shoplifting the book itself. Hoffman gained fame and notoriety for his book, and a “shoplifting craze” followed him (Shteir, 2012). Later, the countercultural magazine *Adbusters* endorsed “Steal Something Day,” which

sought to endorse “Knock[ing] rich people off their perches!” In 2002, a collection of anonymous essays called *Days of War, Nights of Love: Crimethink for Beginners* was published, including the essay “Why I Love Shoplifting from Big Corporations,” which describes the relation and benefits associated with shoplifting.

As the 20th century continued, researchers began closely examining the motivations and statistics behind shoplifting behavior (e.g., Krasnovsky & Lane, 1998). Krasnovsky and Lane were instrumental in describing the behavior as it is practiced worldwide. They noted that approximately 1 in every 12 shoppers shoplift, that 30 to 40% of adolescents repeatedly shoplift, and only one in every 20 to 40 shoplifters is apprehended (1998). The researchers noted that at the time, shoplifting had previously “received little attention by the research community.”

In 2013, the American Psychiatric Association published the *DSM-5*, which characterizes kleptomania as an impulse control disorder. The inclusion of the behavior in this diagnostic manual indicates an approach to shoplifting that focuses on it as a disorder. According to the *DSM-5*, kleptomania involves increasing tension leading up to theft and feelings of gratification or relief after carrying out the behavior. While kleptomania is still seen as only one form of shoplifting behavior, its inclusion in the *DSM-5* indicates that psychiatrists currently see the behavior as a disorder. The current body of research focuses on deficiencies that shoplifters hold in comparison to non-shoplifters and looks especially at deficits in the brain. For example, a study published in the *Canadian Journal of Psychiatry* (2000) examined shoplifting behavior in individuals with eating disorders and other psychiatric patients. Researchers in this study found that women with eating disorders were more likely to have shoplifted. In addition, the researchers noted that shoplifting was associated with low self-esteem and depression. Another more recent study also demonstrates this approach to shoplifting. Grant, Chamberlain, Schreiber,

and Odlaug (2012) examined the brains of shoplifters and non-shoplifters and found that people who shoplift have deficits in working memory.

Shoplifting has also in recent years been the focus of criminology study. Shoplifting recently surpassed employee theft as the “greatest cause of inventory shrink,” according to the National Retail Security Survey (National Retail Federation, 2016), and a large body of work is dedicated to shoplifting as a consumer behavior.

Despite these conceptualizations in the psychiatry and criminology communities, shoplifting must be considered from a counseling perspective. Shoplifting is highly ego-dystonic (Cupchik, 2002; Forney, Crutsinger, & Forney, 2006; Geyer, 2000; Krasnovsky & Lane, 1998; Sarasalo, Bergman, & Toth, 1997), and the behavior is associated with shame, suicidality, poorer interpersonal relationships, general distress, dissonance between one’s ideal and real selves, and other risk-taking behaviors. The focus of research on shoplifting should be ensuring help for the many individuals who shoplift and suffer the psychological consequences.

## **APPENDIX C: THEORETICAL APPROACHES TO SHOPLIFTING**

Shoplifting is currently conceptualized through a number of frameworks, including impulsivity, personality, psychodynamic, obsessive compulsive, and addiction models. In the DSM-5, kleptomania is categorized as an impulse control disorder. The manual notes that shoplifting occurs out of a “failure to resist impulses” and “poor impulse control.” There is considerable support in the literature for shoplifting as an act of impulsivity. Sarasalo, Bergman, and Toth (1997), for example, studied a sample of people with kleptomania and another who had been apprehended for shoplifting. They found that a majority of individuals in each group endorsed impulsivity. Other scholars have linked shoplifting to borderline personality disorder and identify “inherent impulsivity” as a link between the two (Sansone, Lam, & Wiederman, 2011). Indeed, kleptomania diagnoses are highly associated with other impulsive disorders (Grant, 2006), and people who shoplift endorse higher impulsivity than controls (Grant, Chamberlain, Schreiber, & Odlaug, 2012).

Still other researchers view shoplifting in a personality framework. Egan and Taylor (2010), for example, use personality as the driving factor behind shoplifting. They examined Big 5 personality traits of people who shoplift and found that shoplifting attitudes are predicted by lower emotional stability, higher extraversion, lower agreeableness, lower conscientiousness, and lower openness. They theorize that this personality can be activated to shoplift through opportunity to produce unethical consumer behavior.

Since the first decade of the 1900s, some clinicians and researchers have conceptualized shoplifting from a psychodynamic perspective. The earliest theorists described kleptomania as emerging from female sexual repression and the Oedipal complex, and Gross (1907) described shoplifting as sexual release. Stekel noted that shoplifting was a form of exercising a repressed id



and gratifying the sexual instinct (1911). Even as those theories have fallen out of vogue, other psychodynamic theories have taken their place. Contemporary psychologist Robert Tyminski (2014), for example, conceptualizes individuals who shoplift in terms of their unconscious motives. Some individuals, he describes, shoplift because they feel entitled to the items and enact a fantasy in which “the victim suffers...[the loss] will humiliate and weaken him.” He notes that other individuals steal in order to get caught and “learn from an act of restitution.”

Other current researchers have suggested that shoplifting can be seen as an obsessive compulsive disorder. Grant and Potenza (2006) note that kleptomania involves repetitive behaviors suggestive of compulsions and that most individuals with clinically diagnosed kleptomania hoard items. The researchers also note that kleptomania and obsessive-compulsive disorder both appear during late adolescence or early adulthood and may co-occur with each other. However, one of the researchers who suggested the link between kleptomania and obsessive-compulsive disorder also cites significant differences between the two (Grant, 2006).

More recent research characterizes shoplifting in a behavioral addiction model. Grant (2006) identifies several links between kleptomania and substance use disorders, including:

- 1) an urge to engage in a behavior with negative consequences;
- 2) mounting tension unless the behavior is completed;
- 3) rapid but temporary reduction of the urge after completion of the behavior;
- 4) return of the urge over hours, days or weeks;
- 5) external cues unique to the behavior;
- 6) secondary conditioning by external and internal cues (dysphoria, boredom) and
- 7) hedonic feeling early in the addiction (p. 84)

Shulman, one of the most visible clinicians in shoplifting behavior, reports that the largest number of people who shoplift are “Addictive-Compulsive” (2004). He notes that this shoplifting is not based on impulse but rather on addictive compulsions that have been developed

over time. He also notes ever-present tension and pleasure or relief after the theft as commonalities between shoplifting and other addictions.

Beyond these similarities, kleptomania also shares a high comorbidity with substance use disorders. Between 29% (McElroy, Pope, Hudson, Keck, & White, 1991) and 50% (Grant, 2003) of individuals with kleptomania also suffer from substance use disorders, and individuals in Shulman's Addictive-Compulsive group also engage in addictive behaviors such as overeating, shopping, drug use, and gambling. Further supporting this link, some research has provided evidence that an opioid antagonist approved for opiate and alcohol use disorders, naltrexone, is effective in treating kleptomania (Dannon, Iancu, & Grunhaus, 1999; Grant & Potenza, 2004)

Just as there is no consensus as to the types of shoplifters, researchers do not agree on how to frame the study of shoplifting behavior. Recent literature considers shoplifting from an impulse control, personality, psychodynamic, obsessive compulsive, and addiction model. Clearly, further research is needed to better understand the nature of shoplifting. Ideally, this research should determine the closest framework through which individuals who shoplift experience the behavior.

## APPENDIX D: CATEGORIZATIONS OF SHOPLIFTING

Attempts to categorize individuals who shoplift have been made for almost as long as the behavior has been part of social awareness. While shoplifting was once seen as a purely criminal enterprise with malicious and economic intent (Appendix B: A History of Shoplifting), the 19<sup>th</sup> century saw the rise of the notion of kleptomania, a specific “insanity” of stealing attributed only to some individuals. Kleptomania was seen as an uncontrolled madness, a disease that primarily affected people of “good family and high social standing” (Twain, 1888). Other individuals who shoplifted, such as the impoverished, were seen as simply delinquent.

Today, the psychiatric and medical community categorizes shoplifting by differentiating between kleptomania and other theft. Clinically significant kleptomania, a pattern of theft, is defined as an impulse control disorder in the *Diagnostic and Statistical Manual of Mental Disorders 5* (American Psychiatric Association, 2013). The DSM-5 describes kleptomania as involving:

- A. Recurrent failure to resist impulses to steal objects that are not needed for personal use or for their monetary value.
- B. Increasing sense of tension immediately before committing the theft.
- C. Pleasure, gratification, or relief at the time of committing the theft.

The DSM-5 emphasizes the emotions before and during the shoplifting act. The diagnostic manual describes the items stolen as typically of “little value” to the individual and notes that the individual typically gives away, discards, hoards, or surreptitiously returns the shoplifted item. Kleptomania is associated with impulsivity, and the theft is not typically preplanned. Kleptomania excludes theft that is committed to express “anger or vengeance” or is related to a delusion or hallucination. It also excludes theft better explained by conduct disorders,

mania, or antisocial personality disorder. Despite that women and men shoplift equally as often (National Association for Shoplifting Prevention, n.d.), the DSM-5 notes that females with kleptomania outnumber men by 3 to 1.

While the DSM-5 does not note the prevalence of kleptomania in all people who shoplift, it states that 4-24% of individuals who are arrested for shoplifting meet criteria for kleptomania. In the general population, while between 11.3% and 60% of people have shoplifted (Blanco, et al., 2008; Klemke, 1982; Kraut, 1976), only 0.3%-0.6% of the population would meet criteria for kleptomania. Despite this small prevalence, the manual and the psychiatric community do not discuss the many people who shoplift who do not meet these criteria. However, the diagnosis does create a category of individuals based on their level of impulsivity, utility of the stolen items, economic motivation, emotions before the behavior, and the emotional experience of the behavior.

Conceptualizations of shoplifting moved beyond kleptomania and criminal theft in the 1960s with Cameron's observations of department store arrests. Since then, researchers and clinicians have suggested more than twelve typologies, only some of which correspond loosely to other theories. These typologies differ in their methodology of development, factors considered, and applicable populations, and no consensus has been established regarding types of individuals who shoplift. Consideration of each of these typologies is important to determining a need to develop a robust, empirically supported typology and enumerating the factors that are seen as important to categorizing shoplifting.

Cameron (1964) made the first attempt to study and categorize individuals who shoplift in her study of department store arrests. Using a sample of individuals who were arrested in a Chicago department store, Cameron developed a delineation of individuals who shoplift. She

identified two categories: “boosters” and “snitches.” Boosters, 10% of the sample, were described as professional thieves who stole items to resell them and were connected with criminal subcultures. Snitches, 90%, were described as chronic shoplifters who did not resell their items and were otherwise “respectable” citizens. Cameron’s typology suffers from several limitations. Firstly, her sample was limited to individuals who had been arrested for shoplifting, despite that very few individuals who shoplift are ever caught. Second, Cameron generalized results from a small sample of individuals in one location. In addition, the typology was based on qualitative, single-rater observation. Nevertheless, Cameron’s work was significant as the first to closely consider shoplifting and established several factors in distinguishing types of shoplifters: economic motivation, criminal background, and intent to resell goods.

Hellman (1970) and Stirling (1974) drew from Cameron’s work in also describing the booster and the snitch but added a third type of shoplifter. These writers re-characterized shoplifting as taking place on a continuum from professional to amateur shoplifting. Between boosters and snitches, they described, are “shadow” professionals, who supplement their incomes by stealing. Because of their reliance on Cameron’s work and observational methods, these researchers suffer from the same limitations.

Three years after Stirling published his paper on shoplifting, Arboleda-Florez et al. (1977) published their own typology based on descriptions of 32 cases. The researchers studied 32 individuals referred for assessment and, based on qualitative observation, outlined three categories. First, they identified 50% of their cases as aligned with Cameron’s snitch, the chronic shoplifters who were otherwise “respectable” citizens. They identified the next 40% as “unusual” and attributed this shoplifting behavior to interpersonal problems. Third, Arboleda-Florez and his colleagues identified the “psychotic” type, comprising 10% of their sample. They noted that

these individuals were experiencing delusions during the behavior. This research from Arboleda-Florez has several limitations. Their sample was comprised of individuals referred for psychiatric assessment, so the sample was skewed toward having strong psychological influences. They also based their categories on qualitative observation without empirical validation. Their sample was furthermore limited to only 32 clients. However, their research is helpful in identifying more factors related to shoplifting: interpersonal problems and presence of delusions.

In 1986, Murphy published a book on the ethnography of shoplifting and described categories that align with Cameron's booster and snitch. Based on observations of individuals apprehended in Britain, Murphy described a set of two types of individuals. Much like Cameron's work, Murphy identified the "snitch" and the professional or commercial shoplifter. The snitch, like Cameron's, was generally law-abiding and did not have a previous criminal record. The snitch was also an opportunist who stole small merchandise for personal use. He was generally law-abiding with no criminal record and did not perceive himself as a criminal. On the other side were professional or commercial shoplifters, who stole for financial gain. Again, this work was based on apprehended shoplifters and suffers from the same limitations as Cameron's work. However, it contributes to the literature by outlining an additional factor associated with shoplifting: the value of the items stolen.

Moore (1984) significantly expanded previous typologies with a sample of 300 convicted shoplifters. Moore assessed these individuals on five dimensions, including frequency of shoplifting, primary precipitating factors, attitude toward shoplifting, use of stolen goods, and reactions to the behavior. The analysis yielded five types of individuals who shoplift.

The first type, 15.4% of the sample, was the "impulse shoplifter," who had shoplifted only once or twice before. The behavior was not planned and the item taken was inexpensive.

For impulse shoplifters, being stopped by security resulted in intense guilt and shame. The second type, 15% of the sample, was the “occasional shoplifter,” who had shoplifted 3-10 times over the last year. The behavior was motivated by carrying out a challenge or complying with peer pressure. 1.7% of the sample was described as “episodic shoplifters,” who periodically shoplifted as a means to “satisfy intense needs for self-punishment.” These shoplifters presented with emotional and psychological problems, including depression and guilt, and the behavior was usually precipitated by psychosocial stressors.

The largest group of Moore’s sample, 56.4%, were “amateur shoplifters,” who stole approximately weekly. The behavior was conducted consciously, and the stolen items were typically small and easy to conceal. The behavior was also somewhat rational, as it was based on assessments of risks and benefits. The final group, 11.7% of the subjects, was “semi-professional shoplifters” who shoplifted at least weekly. These individuals were primarily motivated by financial benefit and resold their merchandise. They also typically perceived themselves as treated unfairly by society and stole as a way to compensate for the injustice.

Moore expanded significantly beyond previous conceptualizations. Notably, he used a quantitative, self-report method to measure shoplifter traits. The researcher also used a sizable sample of 300 individuals and incorporated more factors involved in shoplifting, including frequency of shoplifting, precipitating factors, attitudes toward shoplifting, and use of goods. However, his research did entail some limitations. Namely, the researcher used a sample of individuals who had been convicted, a very small proportion of individuals who shoplift. He also relied on creative analysis of descriptive data, rather than statistically sound methodology such as cluster analysis to develop the typology. In addition, Moore neglected some other important

factors that had already been established in the literature, including the presence of psychotic symptoms and many others that would be delineated in future research.

Schulz, O'Neal, Hickey, and Sieler (1989) differentiated individuals who shoplift based on only one factor: the extent to which the behavior was goal-driven. They described two types of individuals, "rational" and "nonrational," based on the goal-driven behavior. They described the rational shoplifter as having a particular goal in mind when shoplifting and the non-rational shoplifter as not motivated by need or desire. The researchers found that the two types of shoplifters did not differ in behavior or other characteristics. In failing to identify these differences, the researchers' findings are limited—they do not adequately define distinct groups. They also used a sample of individuals who had been apprehended and used qualitative observation. However, they were the first to consider the degree of intent in shoplifting behavior.

McShane and Noonan's 1993 study was the first to use quantitative, statistical analysis in developing a typology of individuals who shoplift. Using a sample of 75 suspected shoplifting offenders, the researchers administered two key measures and conducted a cluster analysis of the data. Specifically, the researchers studied the participants' demographics, past criminal behavior, scores on the Purpose in Life scale, and scores on the Seeking of Noetic Goals tests. In their sample, 18.6% were "Rebels," typically younger females with a previous history of criminal behavior. They found that Rebels shoplifted based on stresses, typically relationship-based, and felt a lack of meaning or purpose in life. Reactionaries (27%), the second type, were typically middle-aged men who shoplift to relieve stresses based on workplace situations. Enigmas (41.4%) were described as middle-aged men and women with no indicated psychosocial stresses and enough money to pay for the items. The last category, the Infirm (27.1%), was made up of older people with stresses related to physical health. This study is notable for being the first to



use statistical analysis to develop a typology. Nevertheless, the study had several limitations. First, it did not take into account frequency or patterns in the behavior and over-relied on demographic stratifications, despite that most people who shoplift have done so for many periods of their life (National Association for Shoplifting Prevention, n.d.). The researchers also did not identify any of the many individuals who shoplift out of economic need. The study also prioritized the role of stress but didn't take into account other psychological factors. Furthermore, the study included data only on individuals who had been caught shoplifting, a limited sample, and was collected almost immediately after arrest. The emotional experience of being caught likely affected the researchers' measures of interest.

Cupchik, a researcher and clinician, published his book *Why Honest People Shoplift* (1997) on his findings throughout decades of work in a psychiatric clinic. He based his categories of individuals on case studies who were referred to him by judicial officials who found the offenders didn't fit the "profile" of a shoplifter. He most differentiated individuals according to their psychological history and motivation to shoplift. He defined what he imagined to be the stereotypical theft offender and then contrasted that with the notion of the "Atypical Theft Offender." He described a "Typical Theft Offender" as greed-motivated with no remorse for theft. He saw these individuals as consciously taking goods for personal use or for resale.

In contrast, Atypical Theft Offenders were otherwise law-abiding individuals who committed theft as a reaction to real or perceived losses or early traumas. He found that 83.3% of the Atypical Theft Offenders he treated had committed theft in reaction to a trauma much earlier in life and that 62% experienced a loss shortly before engaging in the behavior. He developed a "Loss-Substitution-by-Stealing" theory to describe why these individuals shoplift, noting that shoplifting was a way to take unfairly to compensate for an unfair loss. Cupchik also described a

“Mixed-Type” with characteristics of both Typical and Atypical theft behavior and a Kleptomania type, for whom shoplifting is compulsive and impulsive and not related to revenge or anger. He noted that of the shoplifters he studied with colleague J. Donald Atcheson, “less than four or five...we assessed over a period of 12 years between 1979 and 1991 would legitimately qualify as suffering from kleptomania” (Cupchik, 1997).

Despite basing decades of clinical work and research on this typology, Cupchik’s typology is not a model categorization. His sample was comprised of people who were already selected for being atypical offenders and therefore did not include the full range of people who shoplift. His typology also doesn’t consider other psychological issues besides loss, such as impulsivity and addictive behavior. Cupchik discusses shoplifting as an acute reaction to loss and therefore neglects to characterize people who shoplift continually throughout time. In addition, his typology is based on qualitative observation and has not been empirically validated.

Shulman is another clinician who developed his typology based on observations of his clients. In considering the clients he has seen as director of The Shulman Center for Compulsive Theft, Spending and Hoarding and founder of Cleptomaniacs and Shoplifters Anonymous, Shulman has theorized seven categories of individuals (2004).

The first group, which he estimates comprises 48% of individuals who shoplift, is Addictive-Compulsive. These individuals have repressed anger and experience other compulsive addictions, such as overeating, shopping, drug use, and gambling. They often steal inexpensive items that are given as gifts and experience guilt, shame, or remorse when caught. The second group, comprising 15% of individuals, are Professionals, who are motivated to shoplift by profit or lifestyle. Shulman theorizes that they shoplift multiple high-end, expensive items at a time using sophisticated means. These individuals do not show remorse or emotion if caught and

often try to resist arrest. The Impoverished group (15%) is motivated by economic need and usually steal necessities. They show remorse if caught and, like Brady's Impoverished [Economically Disadvantaged] Shoplifter, they are often hostile against the "system."

The fourth group, Thrill Seekers (15%), is motivated by a dare or excitement. These individuals are often adolescents who steal in groups. Drug and Gambling Addicts (15%) are motivated by the need to provide for their lifestyle and are less careful than the Professional shoplifter. They are also likely to resist arrest if caught. The next group, Kleptomaniacs (1%), steal "for no reason" and are generally impulsive and careless. Shulman theorizes that they steal items that are not needed and do not experience remorse or shame. Finally, the Absent Minded group (1%), is comprised of people who are in a hurry or the elderly with cognitive or memory issues.

Shulman's typology successfully accounts for many of the factors presented in the literature, including the presence of repressed anger; compulsive addictive behavior; the experience of guilt, shame, or remorse; economic motivation; cost of items; sophistication of means; and the presence of excitement. Unfortunately, the typology suffers from some limitations. Firstly, the categories are developed through qualitative observation of the clinician's clients. The proportions assigned to each group are also based on the clinician's personal judgments. In addition, Shulman's typology only addresses emotional reactions to being caught shoplifting and neglects emotions associated with the act itself. Finally, Shulman's typology is based on clients who presented for treatment with an expert in shoplifting. While shoplifting is ego-dystonic for many individuals, those who seek help are but a small subset of the population of people who shoplift.

In his book *Why Rich Women Shoplift—When They Have It All*, Brady (2013) enumerates 16 categories of shoplifters based on his observations in the clinical setting. He also draws on four case studies with whom he conducted deeper psychological assessment. He describes each category according to qualitative judgments and uses a variety of factors, including locus of control, the utility of shoplifting, compulsivity, addictive factors, presence of remorse, impulsivity, age, collecting behavior, presence of peer pressure, opportunism, economic motivation, antisociality, and mental impairment. Specifically, his categories include:

1. The Externalizer (Impulse-Driven), characterized by
  - external locus of control
  - shoplifting as a way of expressing anger or legitimizing personal aggression
  - outside forces that serve as “negative psychological drivers”
2. The Compulsive (Impulse-Driven), characterized by
  - shoplifting as a compulsive behavior
  - accompanied by other addictive behaviors (e.g. gambling, shopping)
  - remorse when caught
3. The Atypical Shoplifter (Impulse-Driven), characterized by
  - basis in Cupchik’s Atypical Theft Offender
  - no economic motivation
4. The Kleptomaniac (Psychologically Motivated), characterized by
  - impulsive shoplifting
  - not an act of anger or vengeance
5. The Thrill Seeker (Psychologically Motivated), characterized by

- “high risk” shoplifting
  - intrinsic excitement of illegal behavior
  - a need for a sense of autonomy
  - a history of failure in one’s personal life
6. The Trophy Shoplifter (Psychologically Motivated), characterized by
- the need to have “the best of everything”
  - collecting behavior
7. The Binge-Spree Shoplifter (Psychologically Motivated), characterized by
- adolescent age
  - weak impulses
  - wanting to impress peers
  - periods of abstinence and bingeing behavior
8. The Equalizer (Psychologically Motivated), characterized by
- perception that something has been taken from the individual
  - shoplifting as “retaliatory justification”
  - a “chip on their shoulders”
  - agitation, edginess, and resistance to treatment
9. The Situational Shoplifter (Psychologically Motivated), characterized by
- opportunism
  - the item holds appeal to the individual
  - “almost unconscious” behavior
  - occasional shoplifting
10. The Professional (Economically Motivated), characterized by

- theft for profit
- lack of remorse
- resisting arrest

11. The Impoverished [Economically Disadvantaged] Shoplifter (Economically Motivated), characterized by

- theft out of necessity
- theft of basic necessities
- remorse when caught
- hostility toward the “system”

12. The Provisional/Delinquent Shoplifter (Age-Determined), characterized by

- antisociality
- elements of hedonism and peer pressure
- adolescence

13. The Drug or Alcohol Addict (Alcohol and Substance Connected), characterized by

- shoplifting to support an addictive habit
- little pre-planning

14. The Alzheimer’s Sufferer/Amnesiac (Medically/Mentally Impaired), characterized by

- medically or mentally impaired
- forgetting to pay or not realizing the individual hasn’t paid

15. The Chemically/Alcohol Driven Shoplifter (Medically/Mentally Impaired)

- altered state of awareness

- shoplifting due to “confusion, psychomotor agitation, memory lapse, disorientation, nervousness, and perceptual disturbance”

16. The Inadvertent/Amateur Shoplifter (“No identifiable psychosocial drivers”), characterized by:

- no psychological or physiological disorder
- forgot to pay for an item

In his typology, Brady significantly expanded characterizations of individuals who shoplift. He considered several factors that did not exist in previous research, including collecting behavior, peer pressure, opportunism, and antisociality. However, as Brady acknowledged, this typology is not exhaustive or mutually exclusive. This prevents the typology from being used as a way to identify and treat different individuals. The typology is also not empirically based, instead drawn from the researcher’s theorizing about clients and prominent individuals in the media.

Jungian psychologist Robert Tyminski suggests five types of individuals in his book *The Psychology of Theft and Loss: Stolen and Fleeced* (2014). These individuals are categorized based on the unconscious motives for their behavior and are united in “attempt[ing] to avoid consciousness of loss.” The first type steals “to right a wrong,” reacting to an original deprivation. The second steals to maintain power or status. This type of individual, Tyminski notes, fears shame and defeat and steals in order to get around social limitations that are “demeaning or degrading.” The third type steals because he or she feels entitled to what others have and fantasizes about humiliating the victim. The fourth type is comprised of adolescents who are hesitant to develop as adults and fail to exercise foresight and self-control. Tyminski describes a fifth type as “Promethean” shoplifting. This theft is carried out in order to move

forward in understanding an unconscious feeling or resolving an unconscious dilemma. In his typology, Tyminski is primarily concerned with internal motivation and focuses on the unconscious over other characteristics of the individual or theft behavior. As he acknowledges, this typology is not exhaustive of all individuals who shoplift, and it is theory-driven rather than based on measurement of individuals who shoplift.

There are numerous typologies suggested in the literature. However, no one typology serves as a comprehensive characterization of individuals that takes into account all of the many factors that direct shoplifting behavior though an empirically supported and quantitative methodology. Many of the categories in the extant literature favor some aspects of the behavior while neglecting other important factors. The literature is also predominantly comprised of qualitative observations instead of sound statistical analysis. The typologies were all developed using limited samples, people who have been referred for assessment, arrested, or even convicted, instead of all people who have shoplifted. Furthermore, many of the typologies do not delineate exclusive categories, which undermines their utility. Researchers and clinicians alike need a rigorously developed and comprehensive way to differentiate between individuals in order to further research in this area and successfully treat the many diverse individuals who shoplift.



## APPENDIX E: FACTORS INVOLVED IN SHOPLIFTING

As detailed in Appendix D, the extant literature in shoplifting categorizes individuals according to a host of various factors. From the first entry of kleptomania in the DSM to Brady's 2013 book, the literature has considered:

American Psychiatric Association	<ul style="list-style-type: none"> <li>• impulsivity</li> <li>• necessity of stolen item</li> <li>• emotions before theft</li> <li>• pleasure during theft</li> <li>• presence of anger</li> <li>• antisociality</li> </ul>
Cameron, 1964	<ul style="list-style-type: none"> <li>• economic motivation</li> <li>• criminal background</li> <li>• intent to resell goods</li> </ul>
Arboleda-Florez et al., 1977	<ul style="list-style-type: none"> <li>• presence of interpersonal issues</li> <li>• presence of delusions</li> </ul>
Moore, 1984	<ul style="list-style-type: none"> <li>• frequency of shoplifting</li> <li>• primary precipitating factors, including depression and psychosocial stressors</li> <li>• attitudes toward shoplifting</li> <li>• use of stolen item</li> <li>• reactions to behavior</li> </ul>
Murphy, 1986	<ul style="list-style-type: none"> <li>• value of stolen item</li> </ul>

Schulueeter, O’Neal, Hickey, & Sieler, 1989	<ul style="list-style-type: none"> <li>• degree of intent</li> </ul>
McShane & Noonan, 1993	<ul style="list-style-type: none"> <li>• sense of purpose or meaning in life</li> <li>• motivation to find meaning in life</li> </ul>
Cupchik, 1997	<ul style="list-style-type: none"> <li>• psychological history, including presence of loss and trauma</li> <li>• desire to substitute for a loss</li> </ul>
Shulman, 2004	<ul style="list-style-type: none"> <li>• presence of addictive behaviors</li> <li>• experience of guilt, shame, or remorse after the act</li> <li>• sophistication of means</li> <li>• presence of excitement in the act</li> <li>• presence of mental impairment</li> </ul>
Brady, 2013	<ul style="list-style-type: none"> <li>• compulsivity of the behavior</li> <li>• locus of control</li> <li>• age of individual</li> <li>• presence of collecting behavior</li> <li>• presence of peer pressure</li> <li>• degree of opportunism</li> </ul>
Tyminski, 2014	<ul style="list-style-type: none"> <li>• unconscious motivation</li> </ul>

These factors can be better organized and considered in their relation to each other.

Collectively, the extant literature has considered two demographic variables in categorizing

individuals who shoplift: age of individual (Brady, 2013) and criminal background (Cameron, 1964). Sex has also served as a descriptive factor (American Psychiatric Association, 2013).

The literature catalogues a number of psychological background factors that are related to shoplifting, including:

- psychological history, including presence of loss and trauma (Cupchik, 1997)
- presence of anger (American Psychiatric Association, 2013)
- presence of interpersonal issues (Arboleda-Florez et al., 1977)
- presence of delusions (Arboleda-Florez et al., 1977)
- impulsivity (American Psychiatric Association, 2013)
- antisociality (American Psychiatric Association, 2013)
- presence of addictive behaviors (Shulman, 2004) and compulsivity (Brady, 2013)
- presence of mental impairment (Shulman, 2004)
- sense of purpose or meaning in life (McShane & Noonan, 1993)
- motivation to find meaning in life (McShane & Noonan, 1993)
- locus of control (Brady, 2013)
- experience of guilt, shame, or remorse (Shulman, 2004)

Several factors involving shoplifting motivation are involved in the typologies, including:

- economic motivation (Cameron, 1964)
- unconscious motivation (Tyminski, 2014), which cannot be evaluated in the present study's methodology
- degree of intent (Schulzeter, O'Neal, Hickey, & Sieler, 1989)
- degree of opportunism (Brady, 2013)

- presence of peer pressure (Brady, 2013)
- desire to substitute for a loss (Cupchik, 1997)

The experience of the behavior is characterized by:

- primary precipitating factors, including depression and psychosocial stressors (Moore, 1984)
- emotions before theft (American Psychiatric Association, 2013)
- excitement (Shulman, 2004) or pleasure during theft (American Psychiatric Association, 2013)
- emotions after theft (Shulman, 2004)
- sophistication of means (Shulman, 2004)
- frequency of shoplifting (Moore, 1984)

The extant typologies also consider the characteristics of the stolen items in differentiating between individuals. These characteristics include:

- necessity of stolen item (American Psychiatric Association, 2013)
- value of stolen item (Murphy, 1986)
- use of stolen item (Moore, 1984)
- intent to resell goods (Cameron, 1964)
- collecting behavior (Brady, 2013)

Altogether, these characteristics serve as the determinants for the extant literature's categorizations of individuals who shoplift. While not all may be critical to developing a robust

typology of individuals, considering these can ensure a comprehensive examination of shoplifting.

## **APPENDIX F: SELF-COMPASSION AND RELATED INTERVENTIONS**

Self-compassion, a positive attitude toward oneself, has been increasingly researched since Neff's original conceptualization of the construct (2003a). Self-compassion is made up of three primary attributes: being kind to oneself, a sense of common humanity, and mindfulness of negative emotions. Self-kindness is especially extended during difficult life events, as opposed to judgment and self-criticism. Individuals who practice self-kindness nurture and comfort themselves with a warm tone, and they are concerned with the alleviation of their own suffering. Self-kindness stands in contrast to the self-criticism and blaming that can be characteristic of depression. Self-compassion also involves seeing one's experience as part of the human experience, instead of seeing oneself as alone in their suffering. This sense of common humanity involves recognizing that suffering is a part of life, instead of a unique and isolating experience. Finally, self-compassion is characterized by mindfulness, the ability to be present with unpleasant things in the moment and avoid over-identifying with painful feelings. Self-compassion means meeting one's feelings of suffering and inadequacy with insight, understanding, and kindness (Neff, 2009). These three aspects of self-compassion, as well as their dichotomies, are captured in Neff's (2003b) Self-Compassion Scale, which is utilized in the present study. Further, self-compassion involves a focus on internally valuing the self rather than being dependent upon external circumstances and temporary successes, in contrast with the widely researched construct of self-esteem (Neff & Vonk, 2009).

As Neff argued in her initial theory of self-compassion, the construct should be associated with lower depression, lower anxiety, and greater satisfaction with life (Neff, 2003a). Indeed, self-compassion has a robust relationship with lowered rates of depression and other negative mental health outcomes (see MacBeth & Gumley, 2012 and Zessin, Dickhäuser, &

Garbade, 2015 for meta-analytic reviews). In MacBeth and Gumley's meta-analysis, the researchers compiled results from 20 samples in 14 eligible studies in the field of self-compassion, involving a total of 4,007 participants. All of the studies utilized the Self-Compassion Scale (Neff, 2003b) and measures of depression (including the Beck Depression Inventory, BDI-II, and Hamilton Rating Scale for Depression), anxiety (including the State Trait Anxiety Inventory – Trait Version and Generalized Anxiety Disorder Questionnaire-IV), or stress (including the Symptoms of Stress Inventory). A systematic review of this literature revealed that self-compassion has a strong effect on depression and other mental health outcomes, including anxiety and stress.

Although self-compassion has been linked to reductions in negative psychological outcomes, it has also been related to the generation of positive mind-states, including quality of life and life satisfaction (Neff, 2003b; Van Dam, Sheppard, Forsyth, & Earleywine, 2011). In Van Dam, Sheppard, Forsyth, and Earleywine (2011), the authors compared the effects of self-compassion to the effects of mindfulness, one of the aspects of self-compassion, on outcomes including negative outcomes and quality of life. After administering a battery of scales to 504 participants, the experimenters found support for a strong predictive relationship between self-compassion and quality of life, depression, anxiety, and worry. The data also showed that mindfulness predicts these outcomes, though less completely than the definition of self-compassion. This further provides evidence that self-compassion includes an important predictor of well-being, mindfulness, but is distinct from and more predictive than this component alone. Other research on positive outcomes has related self-compassion to happiness (Hollis-Walker & Colosimo, 2011; Neff, Rude, & Kirkpatrick, 2007), connectedness (Neff, 2003b; Neff,

Kirkpatrick, & Rude, 2007; Neff & McGehee, 2010), self-confidence (Neff, Hsieh, & Dejitterat, 2005), and optimism, inspiration, and curiosity (Neff, Rude, & Kirkpatrick, 2007).

Interventions designed to increase self-compassion appear to have a significant impact on negative mood-states and psychopathological outcomes. For instance, Shapira and Mongrain (2010) found that writing a self-compassionate letter to oneself once a day for seven days decreased depression for six months. In their study, Shapira and Mongrain hypothesized that self-compassion and optimism exercises administered online increase happiness, decrease depression, and decrease self-criticism, as compared to a control intervention. In the self-compassion condition, participants completed a daily exercise for seven days in which they imagined a distressing event from their day and wrote a compassionate letter to themselves. Specifically, they were instructed to first “feel that part of you that can be kind and understanding of others.” They considered what they would say to a friend in their position and channel an understanding of the distress. The participants were asked to write about “what you think you need to hear in order to feel nurtured and soothed.” In the control condition, participants wrote about an early memory in detail every day for a week. The authors found that participants who were assigned to the self-compassion condition were less depressed than the control after one week, one month, three months, and still after six months. They also reported significant increases in happiness over these periods of time. Self-compassion interventions improved depression outcomes over time.

Research from Neff and Germer (2013) also reflects a positive effect of self-compassion interventions on depression symptoms. The two studies in their 2013 research aimed to measure the effectiveness of the Mindful Self-Compassion (MSC) program. The program is designed to increase trait levels of self-compassion and mindfulness skills in both the general public and



clinical populations. In the MSC program, participants meet once a week for eight weeks with two clinical psychologists experienced in mindfulness and psychotherapy. The eight sessions each focus on different topics, including psychoeducation about self-compassion, mindfulness, and applying self-compassion to life; practice developing a compassionate inner voice; elucidating core values; learning to deal with difficult emotions and relationships; and developing appreciation for oneself and one's life. Participants also attend a half-day retreat involving silence, meditation, yoga, and mindful eating. In addition to the eight sessions and half-day retreat, participants complete at least 40 minutes of self-compassionate practice every day.

The program seeks to increase self-compassion by teaching the core aspects of self-compassion, self-kindness, common humanity, and mindfulness. Participants learn self-kindness through psychoeducation and exercises, including writing a letter to themselves from the point of view of a compassionate friend and participating in loving-kindness meditations. The program involves group work and interpersonal exercises to help foster feelings of common humanity. Mindfulness is developed through formal meditation.

In Neff and Germer's first study, the researchers conducted the eight-week program with participants and measured their levels of self-compassion, depression, and other outcomes at various times throughout the program. They found that the intervention significantly increased self-compassion over time and decreased depression symptomatology. The intervention was also linked with other outcomes, including anxiety, stress, and psychological well-being. In their second study, the researchers compared the MSC program to a waitlist control group. Comparing the trait-level outcomes for the MSC condition with the control condition, the researchers found that the MSC program significantly increased self-compassion as compared to the control.

Again, they found that the MSC program significantly decreased depression. These effects lasted for at least a year. Overall, they found that self-compassion can be increased with an intervention and that self-compassion interventions can decrease depression.

On the state level, Arch et al. (2014) found that brief self-compassion training can reduce anxiety and maladaptive physiological response to social threat. In their study, participants took part in the Trier Social Stress Test, which evokes acute social stress through a judge-observed presentation and mental arithmetic exercise. The control group exhibited expected stress responses to the test with elevated sympathetic response, cardiac parasympathetic response, and anxiety. After meditating on kindness and acceptance toward the self, however, intervention-group participants displayed diminished sympathetic, cardiac parasympathetic, and subjective anxiety responses.

It is clear that self-compassion has a powerful effect on mental health outcomes and that mental health and self-compassion are impacted by self-compassion interventions. If shoplifting behavior is exacerbated by low self-compassion, elucidating the pathways by which increasing self-compassion decreases negative outcomes may lead to even stronger interventions for shoplifting. Thus, research in this field should explore whether shoplifting behavior can be reduced through self-compassion interventions.

## **APPENDIX G: METHODOLOGY IN STUDYING SHOPLIFTING**

Self-report questionnaires are the richest sources of information on delinquent behavior. As Thorsten Sellin observed in 1931, “the value of a crime rate for index purposes decreases as the distance from the crime itself in terms of procedure increases.” Following this, researchers note that prison data are less useful than court data, which are themselves less useful than police data, given that these rely on the reactions of the criminal justice systems, victims, and witnesses. Furthermore, substantial crimes are not reported, and many crimes that are reported are not officially recorded (Junger-Tas & Marshall, 1999; Thornberry & Krohn, 2000). Short of observing the behavior taking place, self-reports are the nearest data source.

Despite the stigma associated with committing crime, studies throughout criminology history have shown that respondents are willing to self-report their criminal behavior (Porterfield, 1943; Wallerstein & Wylie, 1947). Furthermore, recent studies in the literature have provided ample evidence for the reliability and validity of self-report questionnaires of criminal behavior. Internal consistency is not relevant to these questionnaires, as committing one type of crime is not necessarily correlated with other specific behavior, but the research shows robust evidence for test-retest reliability. Self-report questionnaires of criminal behavior also generally show reasonable content validity, very strong construct validity, and “moderate-to-strong” criterion validity (Thornberry & Krohn, 2000). Still, some studies show that some respondents may conceal or forget some past criminal behavior. “Although the majority of respondents report their crimes and the majority of all offenses are reported, there is still considerable underreporting” (Thornberry & Krohn, 2000, p. 58). The trend of underreporting is strongest in more serious crimes. Overall, despite the lack of more robust evidence for criterion validity, self-report questionnaires are important and useful measures of criminal behavior.

## **APPENDIX H: PROPERTIES OF THE SELF-COMPASSION SCALE**

The three aspects of self-compassion and their dichotomies are captured in Neff's Self-Compassion Scale (2003b). The Self-Compassion Scale was created for use with the worldwide adult population. It is a self-report questionnaire with 26 items measuring each component of self-compassion and its opposite. Each item is presented as a statement to which respondents indicate how often they act in that manner from 1 (almost never) to 5 (almost always). One item asks respondents to indicate how often they "try to be understanding and patient toward those aspects of my personality [they] don't like." Another allows respondents to indicate how often they identify with, "When I'm feeling down I tend to obsess and fixate on everything that's wrong." Half of the items are negatively scored so that the final score, ranging from 26 to 130, assesses the degree of self-compassion, with higher scores indicating higher self-compassion.

A number of studies have provided evidence for the scale's validity and reliability. In her 2003 study, Neff administered 71 items to a sample of 391 students from an educational psychology subject pool at a large university. The sample included 166 men and 225 women, mean age 20.91 years. The sample was reasonably diverse with 58% reporting White ethnicity, 21% Asian, 11% Hispanic, 4% Black, and 6% "Other." Neff's ultimate goal in this study was to identify significant items using exploratory factor analysis and confirmatory factor analysis. These analyses yielded the scale of 26 items, related with a Cronbach's alpha of .92, 95% CI [.908, .931]. This first study provided strong evidence for the scale's internal consistency.

Evidence for the internal consistency of the Self-Compassion Scale has also been presented in other research studies. In Neff, Kirkpatrick, and Rude (2007), the authors studied the relationship between self-compassion and psychological health using a sample of 91 undergraduates (22 men, 69 women, mean age of 20.9 years) from an educational psychology

subject pool at a large university, the same source as in the 2003 study. The participants in this study were similar in diversity to the 2003 study with 42% identifying as Caucasian, 34% African American, 18% Asian, and 6% “Other.” The Cronbach’s alpha calculated for the Self-Compassion scale was .94, 95% CI [.921, .956], indicating high internal consistency.

Another study from Neff, written in collaboration with Beretvas (2013), provided further evidence for the reliability of the Self-Compassion Scale. This study examined the role of self-compassion in romantic relationships and recruited 104 couples ( $N = 208$ ) to participate in the study. The couples were recruited using newspaper announcements in a large southwestern city and offered compensation of two free movie tickets in exchange for completing an online survey. The sample included 208 heterosexual individuals aged 18-44 (mean age was 26.9 years) who were limited in diversity, with 82% White respondents, 6% Hispanic, 5% Black, 2% Asian, and 5% mixed/other. The authors noted that 92% of the participants had some college education. Participants in the study completed the Self-Compassion Scale for themselves and for their partners. This study yielded strong evidence for the internal consistency of the Self-Compassion Scale. The Cronbach’s alpha for the scale was .92, 95% CI [.903, .935]. They also measured the internal consistency of the Self-Compassion Scale as assessed by the participant’s partner and found compelling evidence with a Cronbach’s alpha of .95, 95% CI [.940, .959]. This study demonstrated the scale’s reliability as both a self-rating and other-rating scale.

Leary et al. (2007) found some support for the internal consistency of the scale. These researchers used a sample of 123 students from a psychology department subject pool, of which 70 were men and 53 were women, ages 19-22 (mean not specified). Other participant demographics, including ethnicity, were not reported. The researchers’ goal was to compare people who are high and low in self-compassion. This study yielded only modest evidence for

the scale internal consistency; Cronbach's alpha was .73, 95% CI [.656, .794]. Overall, still, the extant literature shows strong evidence for the internal consistency of the Self-Compassion scale.

Extant research has also established strong test-retest reliability for the Self-Compassion Scale. To assess test-retest reliability, Neff (2003b) administered the Self-Compassion Scale to 391 student participants twice over three weeks. Scores were generally consistent between time point 1 and time point 2. The test-retest correlation for the scale was .93, 95% CI [.916, .942]. This study shows persuasive evidence for the test-retest reliability of the scale.

Other research has provided evidence for the inter-rater agreement of the scale. Neff and Beretvas (2013) studied the relationship between self- and partner-ratings of self-compassion in their study of 104 couples recruited in a newspaper. They administered the Self-Compassion Scale to each of the 208 participants and also asked them to assess their partners using the scale. Participants' self-rated self-compassion was correlated with their partner-rated self-compassion at  $r = .70$ , 95% CI [.624, .763]. This provides good evidence for the scale's inter-rater agreement.

Still other researchers have examined criterion-related evidence of the scale's validity. The construct of self-compassion involves being kind to oneself; therefore, Leary et al. (2007) hypothesized that Self-Compassion Scale scores relate to endorsements on an item measuring participants' propensity to "[try] to be kind to themselves and make themselves feel better." In their study of 123 students from a psychology department subject pool, they found a strong .73 correlation between the scale score and this item endorsement, 95% CI [.636, .803]. This finding provides persuasive evidence for the scale's criterion validity.

The above four studies provide evidence for the Self-Compassion Scale's internal consistency, test-retest reliability, inter-rater agreement, and criterion-related validity. Internal consistency was higher than .9 in three studies, indicating that the items in the scale all generally

measure the same construct, though the reliability estimate ranged in a confidence interval of .656 to .794 in another study. However, all of these studies were conducted with either college students or college-educated participants, which limits their generalizability to other education, socioeconomic, and literacy levels.

The scale seems to exhibit good test-retest reliability, as evidenced by Neff's 2003 study measuring self-compassion at two time points. There is also some limited evidence for the scale's inter-rater agreement, or the correspondence between multiple respondents on the same scale. This could indicate that self-compassion is a more private judgment that is difficult to assess from the outside. Extant research shows strong criterion-related evidence of the scale's validity; the scale is actually related to the outcomes it hopes to measure. Altogether, these studies support the scale's use in younger adults with some exposure to higher education.

Future research should be conducted to bolster evidence for the validity and reliability of the Self-Compassion Scale. First, its reliability should be assessed by examining internal consistency in a sample that closely resembles the worldwide population, for which the scale hopes to be applicable. Most studies here were conducted using university students or predominantly college-educated participants, and furthermore, most of the studies in this meta-analysis involved the same educational psychology subject pool of students. In addition, across all four studies, the mean age of the participants was in the 20s and each of the samples was limited in racial diversity. Further research should seek to provide evidence for the scale's validity and reliability in older adult and minority-race populations. The present study, conducted on a sample of individuals recruited through Mechanical Turk, could provide evidence of the scale's properties in a sample that reflects these broader demographics.

## APPENDIX I: FULL STUDY QUESTIONNAIRE

Thank you for taking part in this study on shoplifting. We are interested in learning about why people shoplift and about how to help people live the life they want to live, whether that means continuing to shoplift or reducing the behavior. Studying people who have shoplifted one time or 1000 times will help us learn this information. As you participate in this study, please be honest and thoughtful.

60% of the population has shoplifted at least once in their lives. If you are part of this 60%, we are interested in learning from you and appreciate your answers.

When is the last time you shoplifted an item?

*Please approximate a date based on the last time you shoplifted from a store.*

\_\_\_\_\_

In the last week that you shoplifted at least one item, how many times did you shoplift? Count each instance of leaving a store without paying for an item.

\_\_\_\_\_

How many times do you estimate you have **ever** shoplifted?

\_\_\_\_\_



Compared to in the past, I currently shoplift

- I do not shoplift now
- Much less frequently than in the past
- Less frequently than in the past
- About the same as in the past
- More frequently than in the past
- Much more frequently than in the past

I know the exact cost for the items I steal.

1	2	3	4	5	6	7
Strongly disagree	Disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Agree	Strongly agree

If I wanted to pay for them, I could afford the items I steal with my own money.

1	2	3	4	5	6	7
Strongly disagree	Disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Agree	Strongly agree

The average cost for each item I steal is (in dollars):

\_\_\_\_\_

If I wanted to pay for them, I could afford to pay for the items I steal with my own money.

*Indicate your agreement with this statement.*

1	2	3	4	5	6	7
Strongly disagree	Disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Agree	Strongly agree

---

### **Sophistication of methods**

When I shoplift, I use (select any and all that apply):

Just my bare hands

My clothing or bag

Baggier clothing than usual

A bag with secret or small compartments

A small knife, scissors, or something else to cut

Shopping bags from other stores

Shopping bags from the store I'm stealing from

A booster bag, or aluminum-lined bag to block radio sensors

A radially magnetized NdFeB magnet, or something that takes off ink tags

Pliers

A sensormatic hook to take off a plastic Super Tag

Other tools (Please specify: \_\_\_\_\_)

Indicate whether this statement is true or false as it applies to you.

. 1. Before voting I thoroughly investigate the qualifications of all the candidates. TRUE or FALSE

.....

. 2. I never hesitate to go out of my way to help someone in trouble. TRUE or FALSE

---

### Reactions to getting caught and criminal history

How many times have you ever been caught shoplifting by a *family member or friend*?

\_\_\_\_\_

How many times have you ever been caught shoplifting by a *law enforcement official or store employee*?

\_\_\_\_\_

*If > 0*

How many times have you ever been *arrested* for shoplifting?

\_\_\_\_\_

*If > 0*

If you have ever been *convicted* of theft/shoplifting, how serious was the conviction?

<p>Never convicted of theft for shoplifting</p> <p>Misdemeanor</p> <p>Felony</p>
<p><i>If Misdemeanor or Felony</i></p> <p>Have you ever spent time in prison for shoplifting? If so, how long?</p> <p>Yes; ____ total days</p> <p>No</p>

For each of the following listed feelings, indicate the degree to which you felt each of these emotions *when you were caught shoplifting*. Read each item and then mark the appropriate answer in the space next to the word. Use the following scale to record your answers.

4 = I experienced the feeling **very strongly**

3 = I experienced the feeling **strongly**

2 = I experienced the feeling **moderately**

1 = I experienced the feeling **a little bit**

0 = I **did not** experience the feeling

Embarrassment

Mild guilt

Feeling ridiculous

Worry about hurting or injuring someone

Sadness

Self-consciousness

Feeling humiliated

Intense guilt

Euphoria

Feeling "stupid"

Regret

Feeling "childish"

Mild happiness

Feeling helpless, paralyzed

Depression

Feelings of blushing

Feeling you deserve criticism for what you did.

Feeling laughable

Rage

Enjoyment

Feeling disgusting to others

Remorse

How did your shoplifting change after you were caught?

- I never shoplifted again
- It was much less frequent than before
- It was less frequent than before
- No change
- It was more frequent than before

- It was much more frequent than before

Indicate whether this statement is true or false as it applies to you.

. 3. \*It is sometimes hard for me to go on with my work if I am not encouraged. TRUE or FALSE

.....

. 4. I have never intensely disliked anyone. TRUE or FALSE

---

**Emotions before and after theft**

1. During the past WEEK, on average, how much tension or excitement did you have shortly before you committed a theft? If you did not actually steal anything, please estimate how much anticipatory tension or excitement you believe you would have experienced if you had committed a theft.

None	Minimal	Moderate	Much	Very Much
0	1	2	3	4

2. During the past WEEK, on average, how much pleasure or enjoyment did you have shortly before you committed a theft? If you did not actually steal anything, please estimate how much anticipatory tension or excitement you believe you would have experienced if you had committed a theft.

None	Minimal	Moderate	Much	Very Much
0	1	2	3	4

3. During the past WEEK, on average, how much excitement and pleasure did you feel when you successfully committed a theft? If you did not actually steal, please estimate how much excitement and pleasure you believe you would have experienced if you had committed a theft.

None	Minimal	Moderate	Much	Very Much
0	1	2	3	4

Indicate whether the statement is true or false as it applies to you.

. 5. \*On occasion I have had doubts about my ability to succeed in life. TRUE or FALSE

.....

. 6. \*I sometimes feel resentful when I don't get my way. TRUE or FALSE

---

### **Shoplifting motivation**

Think of a typical time you shoplifted. It may have been ten years ago or it may have been earlier today.

What did you take from the store that day?

---

Consider why you shoplifted that item or those items and indicate your agreement with the following.

1	2	3	4	5	6	7
Strongly disagree	Disagree	Disagree somewhat	Neither agree nor disagree	Agree somewhat	Agree	Strongly agree

Typically, I shoplifted because:

1. I do not have any idea about why I shoplifted
2. I knew I could resell the item(s) later
3. I knew I could trade the item(s) for something else I needed
4. I needed to provide for my family
5. I or someone else was hungry
6. I needed the item(s) and didn't have the money
7. I was collecting the item or something similar
8. I wanted to add to my stock of the item
9. I wanted to show my friends I could
10. Someone else asked me or told me to
11. I knew it would make some people think more highly of me
12. Everyone else was doing it
13. My friends had done it before



Typically, I shoplifted because:

1. The opportunity suddenly presented itself
2. I didn't think I would have the chance again
3. I suddenly saw something I had to have and couldn't resist
4. I was in a hurry and didn't want to go through the process of paying
5. The line to check out was long
6. I didn't think I would get into trouble for it
7. No one would notice
8. It seemed like it would be a good challenge
9. I was bored and wanted something to do
10. It seemed like it would be exciting
11. I like taking risks
12. There's something naturally fun about breaking the law

Typically, I shoplifted because:

I enjoy doing it

I wanted to

It feels good

I was having issues with a significant other

I was having issues with a neighbor, friend, or relative

I was having issues at work

I was preoccupied thinking about something someone had said to me

Something stressful was going on with my dating or romantic life

Indicate whether the statement is true or false as it applies to you.

. 7. I am always careful about my manner of dress. TRUE or FALSE

.....

. 8. My table manners at home are as good as when I eat out at a restaurant. TRUE or FALSE

---

**Center for Epidemiologic Studies Depression Scale (CES-D)**

Remembering a typical time you shoplifted, think about what you felt like that day.

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week before shoplifting by checking the appropriate box for each question.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
1. I was bothered by things that usually don't bother me.				
2. I had trouble keeping my mind on what I was				

doing				
3. I felt depressed.				
4. I felt that everything I did was an effort.				
5. I felt hopeful about the future.				
6. I felt fearful.				
7. My sleep was restless.				
8. I was happy.				
9. I felt lonely.				
10. I could not “get going.”				

Indicate whether the statement is true or false as it applies to you.

. 9. \*If I could get into a movie without paying and be sure I was not seen I would probably do it.

TRUE or FALSE

.....

. 10. \*On a few occasions I have given up doing something because I thought too little of my ability. TRUE or FALSE

---

**Cognitive Function Instrument**

Think about the last time you shoplifted. Answer these questions with reference to one year before the last time you shoplifted.

1. Compared to one year before, do you feel that your memory had declined substantially? Yes No Maybe
2. Did others tell you that you tended to repeat questions over and over? Yes No Maybe
3. Had you been misplacing things more often? Yes No Maybe
4. Did you find that lately you were relying more on written reminders (e.g., shopping lists, calendars)? Yes No Maybe
5. Did you need more help from others to remember appointments, family occasions or holidays? Yes No Maybe
6. Did you have more trouble recalling names, finding the right word, or completing sentences? Yes No Maybe
7. Did you have more trouble driving (e.g., did you drive more slowly, have more trouble at night, tend to get lost, have accidents)? Yes No Maybe
8. Compared to one year before, did you have more difficulty managing money (e.g., paying bills, calculating change, completing tax forms)? Yes No Maybe
9. Were you less involved in social activities? Yes No Maybe
10. Had your work performance (paid or volunteer) declined significantly compared to one year before? Yes No Maybe
11. Did you have more trouble following the news, or the plots of books, movies or TV shows, compared to one year before? Yes No Maybe

12. Were there any activities (e.g., hobbies, such as card games, crafts) that were substantially more difficult for you compared to one year before? Yes No Maybe
13. Were you more likely to become disoriented, or get lost, for example when traveling to another city? Yes No Maybe
14. Did you have more difficulty using household appliances (such as the washing machine, VCR or computer)? Yes No Maybe

Indicate whether the statement is true or false as it applies to you.

- No matter who I'm talking to, I'm always a good listener. TRUE or FALSE
- I can remember "playing sick" to get out of something. TRUE or FALSE

### Presence of anger

Remember a vivid memory of shoplifting, whether it was years ago or today. Thinking *over the past 4 weeks* before the shoplifting, indicate what describes the amount of time you felt that way.

	None or almost none of the time	A little of the time	Some of the time	Most of the time	All or almost all of the time
I found myself getting angry at people or situations.	1	2	3	4	5

When I got angry, I got really mad.	1	2	3	4	5
When I got angry, I stayed angry.	1	2	3	4	5
When I got angry at someone I wanted to hit them.	1	2	3	4	5
My anger prevented me from getting along with people as well as I'd have liked to.	1	2	3	4	5

Indicate whether the statement is true or false as it applies to you.

- There have been occasions when I took advantage of someone. TRUE or FALSE
- I am always willing to admit when I made a mistake. TRUE or FALSE

---

**Addictive behaviors: Bergen Shopping Addiction Scale (Adapted)**

For each item tick the response alternative (ranging from “completely disagree” to “completely agree”) that best describes you.

The statements relate to your thoughts, feelings and actions in the last 12 months.

Completely disagree	Disagree	Neither disagree nor agree	Agree	Completely agree
0	1	2	3	4

1. I think about shoplifting all the time.
2. I shoplift in order to change my mood.
3. I shoplift so much that it negatively affects my daily obligations (e.g., school and work).
4. I feel I have to shoplift more and more to obtain the same satisfaction as before.
5. I have decided to shoplift less but have not been able to do so.
6. I feel bad if I for some reason am prevented from shoplifting.
7. I shoplift so much that it has impaired my well-being.

Indicate whether the statement is true or false as it applies to you.

- I always try to practice what I preach. TRUE or FALSE
- I don't find it particularly difficult to get along with loud-mouthed, obnoxious people.

TRUE or FALSE

**Compulsivity: Y-BOCS**

Before you begin the test, read the following definitions and examples of “obsessions” and “compulsions” and consider how your shoplifting behavior might fit into them.

Obsessions are unwelcome or distressing ideas, thoughts, images or impulses that repeatedly enter your mind. They may seem to occur against your will. They may be repugnant to you, are often senseless, and may not fit your actual personality at all (*for example, the recurrent thought or impulse to shoplift, even if you don't want to*).

Compulsions are behaviors or acts that you feel driven to perform, even though you may recognize them as senseless or excessive. At times, you may try to resist doing them, but this may prove difficult. You may experience anxiety that does not diminish until the behavior is completed.

Answer each question based on the average occurrence of each item over the past week. The first 5 questions relate to obsessive thoughts, and the last 5 questions relate to compulsive behaviors.

1. How much of your time is occupied by obsessive thoughts of shoplifting?
  - None
  - Less than 1 hour per day
  - 1-3 hours per day
  - 3-8 hours per day
  - More than 8 hours per day
  
2. How much do your obsessive thoughts about shoplifting interfere with functioning in your social, work, or other roles?
  - None
  - Slight interference, but no impairment
  - Definite interference, but manageable



- Substantial interference
  - Extreme interference, incapacitating
3. How much distress do your obsessive thoughts of shoplifting cause you?
- None
  - Mild, not too disturbing
  - Moderate, disturbing, but still manageable
  - Severe, very disturbing
  - Extreme, near constant and disabling distress
4. How much of an effort do you make to resist the obsessive thoughts about shoplifting?
- Always make an effort to resist, or don't even need to resist
  - Try to resist most of the time
  - Make some effort to resist
  - Reluctantly yield to all obsessive thoughts
  - Completely and willingly yield to all obsessions
5. How much control do you have over your obsessive thoughts about shoplifting?
- Complete control
  - Much control, usually able to stop or divert obsessions with some effort and concentration
  - Moderate control, sometimes able to stop or divert obsessions
  - Little control, rarely successful in stopping or dismissing obsessions
  - No control, rarely able to even momentarily alter obsessive thinking
6. How much time do you spend shoplifting?
- None

- Less than 1 hour per day
  - 1-3 hours per day
  - 3-8 hours per day
  - More than 8 hours per day
7. How much does shoplifting interfere with functioning in your social, work, or other roles?
- None
  - Slight interference, but no impairment
  - Definite interference, but manageable
  - Substantial interference
  - Extreme interference, incapacitating
8. How anxious would you become if you were prevented from shoplifting?
- No anxiety
  - Only slightly anxious
  - Some anxiety, but manageable
  - Prominent and disturbing anxiety
  - Extreme, incapacitating anxiety
9. How much of an effort do you make to resist the compulsion to shoplift?
- Always make an effort to resist, or don't even need to resist
- Try to resist most of the time
- Make some effort to resist
- Reluctantly yield to all compulsions to shoplift
- Completely and willingly yield to all compulsions to shoplift

10. How much control do you have over the compulsion to shoplift?

Complete control

Much control, usually able to stop or divert shoplifting with some effort and concentration

Moderate control, sometimes able to stop or divert shoplifting

Little control, rarely successful in stopping or dismissing shoplifting

No control, rarely able to even momentarily alter shoplifting behavior

Indicate whether the statement is true or false as it applies to you.

- I sometimes try to get even rather than forgive and forget. TRUE or FALSE
- When I don't know something, I don't mind at all admitting it. TRUE or FALSE

---

### **Impulsivity**

Now think about how you are on an everyday basis.

People differ in the ways they act and think in different situations. This is a test to measure some of the ways in which you act and think. Read each statement and indicate how often you think or act that way. Do not spend too much time on any statement. Answer quickly and honestly.

Rarely/Never	Occasionally	Often	Almost
--------------	--------------	-------	--------

			Always/Always
1	2	3	4

1. I plan tasks carefully.
2. I do things without thinking.
3. I make-up my mind quickly.
4. I am happy-go-lucky.
5. I don't "pay attention."
6. I have "racing" thoughts.
7. I plan trips well ahead of time.
8. I am self controlled.
9. I concentrate easily.
10. I save regularly.
11. I "squirm" at plays or lectures.
12. I am a careful thinker.
13. I plan for job security.
14. I say things without thinking.
15. I like to think about complex problems.
16. I change jobs.
17. I act "on impulse."
18. I get easily bored when solving thought problems.
19. I act on the spur of the moment.
20. I am a steady thinker.

21. I change residences.
22. I buy things on impulse.
23. I can only think about one thing at a time.
24. I change hobbies.
25. I spend or charge more than I earn.
26. I often have extraneous thoughts when thinking.
27. I am more interested in the present than the future.
28. I am restless at the theater or lectures.
29. I like puzzles.
30. I am future oriented.

Indicate whether the statement is true or false as it applies to you.

- I like to gossip at times. TRUE or FALSE
- There have been times when I felt like rebelling against people in authority, even though I knew they were right. TRUE or FALSE

---

### **Attitudes toward shoplifting as a crime: Multidimensional Ethics Scale**

Please consider this scenario as you answer the next 8 questions.

Pat is shopping at a retail store and passes near the electronics counter. When a sales clerk leaves the electronics counter, Pat notices that the clerk has left several small electronics out in the open. While the clerk is distracted, Pat hides one of the items in a large coat and leaves the store.

Rate the following sentences.

Pat's behavior is just.	1 Just	2	3	4	5	6 Unjust
Pat's actions are unfair.	Fair					Unfair
Pat's behavior is morally right.	Morally Right					Not Morally Right
In my family, Pat's behavior would be unacceptable.	Acceptable to my Family					Not Acceptable to my Family
Considering the way things are today, Pat's actions are culturally acceptable.	Culturally Acceptable					Culturally Unacceptable
Pat's behavior is traditionally unacceptable to society.	Traditionally Acceptable					Traditionally Unacceptable
Pat's behavior did not violate an unspoken promise in his/her peer group.	Does Not Violate an Unspoken Promise					Violates an Unspoken Promise
Pat's actions violated unwritten rules of his/her peer group.	Does Not Violate an Unwritten Contract					Violates an Unwritten Contract

Indicate whether the statement is true or false as it applies to you.

- I am always courteous, even to people who are disagreeable. TRUE or FALSE
  - At times I have really insisted on having things my own way. TRUE or FALSE
- 

### **Loss history: Holmes-Rahe Life Stress Inventory**

Indicate how often each of these life events has ever happened to you. For each event that has happened to you, indicate whether it happened shortly before you shoplifted.

Death of spouse

Death of child

Miscarriage or stillbirth

Divorce

Marital separation

Death of a close family member

Loss of health, mobility, or ability

Fired at work

Retirement

Significant reduction in income

Death of a close friend

Foreclosure of mortgage or loan

Son or daughter leaving home

Graduate or drop out of school

Move to a new country

Move to a new city

Move to a new house

Death or loss of a pet

Indicate whether the statement is true or false as it applies to you.

- There have been occasions when I felt like smashing things. TRUE or FALSE
  - I never resent being asked to return a favor. TRUE or FALSE
- 

### **Trauma History: Trauma History Questionnaire**

The following is a series of questions about serious or traumatic life events. These types of events actually occur with some regularity, although we would like to believe they are rare, and they affect how people feel about, react to, and/or think about things subsequently.

For each event, please indicate the number of times it happened.

No

Yes, \_\_\_\_ times

- Has anyone ever tried to take something directly from you by using force or the threat of force, such as a stick-up or mugging?
- Has anyone ever attempted to rob you or actually robbed you (i.e., stolen your personal belongings)?
- Has anyone ever attempted to or succeeded in breaking into your home when you were not there?



- Has anyone ever attempted to or succeed in breaking into your home while you were there?
- Have you ever had a serious accident at work, in a car, or somewhere else?
- Have you ever experienced a natural disaster such as a tornado, hurricane, flood or major earthquake, etc., where you felt you or your loved ones were in danger of death or injury?
- Have you ever experienced a “man-made” disaster such as a train crash, building collapse, bank robbery, fire, etc., where you felt you or your loved ones were in danger of death or injury?
- Have you ever been exposed to dangerous chemicals or radioactivity that might threaten your health?
- Have you ever been in any other situation in which you were seriously injured?
- Have you ever been in any other situation in which you feared you might be killed or seriously injured?
- Have you ever seen someone seriously injured or killed?
- Have you ever seen dead bodies (other than at a funeral) or had to handle dead bodies for any reason?
- Have you ever had a close friend or family member murdered, or killed by a drunk driver?
- Have you ever had a spouse, romantic partner, or child die?
- Have you ever had a serious or life-threatening illness?
- Have you ever received news of a serious injury, life-threatening illness, or unexpected death of someone close to you?

- Have you ever had to engage in combat while in military service in an official or unofficial war zone?
- Has anyone ever made you have intercourse or oral or anal sex against your will?
- Has anyone ever touched private parts of your body, or made you touch theirs, under force or threat?
- Other than incidents mentioned in Questions 18 and 19, have there been any other situations in which another person tried to force you to have an unwanted sexual contact?
- Has anyone, including family members or friends, ever attacked you with a gun, knife, or some other weapon?
- Has anyone, including family members or friends, ever attacked you without a weapon and seriously injured you?
- Has anyone in your family ever beaten, spanked, or pushed you hard enough to cause injury?
- Have you experienced any other extraordinarily stressful situation or event that is not covered above?

Indicate whether the statement is true or false as it applies to you.

- I have never been irked when people expressed ideas very different from my own. TRUE or FALSE
- I never make a long trip without checking the safety of my car. TRUE or FALSE

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**Antisociality: Levenson Self-Report Psychopathy Scale**

## Antisociality 1

To what degree do you agree with the following statements about yourself?

	Disagree Strongly	Disagree Somewhat	Agree Somewhat	Agree Strongly
Success is based on survival of the fittest; I am not concerned about the losers	0	1	2	3
For me, what's right is whatever I can get away with	0	1	2	3
In today's world, I feel justified in doing anything I can get away with to succeed	0	1	2	3
My main purpose in life is getting as many goodies as I can	0	1	2	3
Making a lot of money is my most important goal	0	1	2	3
I let others worry about higher values; my main concern is with the bottom line	0	1	2	3
People who are stupid enough to get ripped off usually deserve it	0	1	2	3

Looking out for myself is my top priority	0	1	2	3
I tell other people what they want to hear so that they will do what I want them to do	0	1	2	3
I would be upset if my success came at someone else's expense	3	2	1	0
I often admire a really clever scam	0	1	2	3
I make a point of trying not to hurt others in pursuit of my goals	3	2	1	0
I enjoy manipulating other people's feelings	0	1	2	3
I feel bad if my words or actions cause someone else to feel emotional pain	3	2	1	0
Even if I were trying very hard to sell something, I wouldn't lie about it	3	2	1	0
Cheating is not justified because it is unfair to others	3	2	1	0

## Antisociality 2

To what degree do you agree with the following statements about yourself?

	Disagree Strongly	Disagree Somewhat	Agree Somewhat	Agree Strongly
I find myself in the same kinds of trouble, time after time	0	1	2	3
I am often bored	0	1	2	3
I find that I am able to pursue one goal for a long time	3	2	1	0
I don't plan anything very far in advance	0	1	2	3
I quickly lose interest in tasks I start	0	1	2	3
Most of my problems are due to the fact that other people just don't understand me.	0	1	2	3
Before I do anything, I carefully consider the possible consequences.	3	2	1	0
I have been in a lot of shouting matches with other people	0	1	2	3
When I get frustrated, I often "let off steam" by blowing my top	0	1	2	3
Love is overrated	0	1	2	3

Indicate whether the statement is true or false as it applies to you.

- There have been times when I was quite jealous of the good fortune of others. TRUE or FALSE
  - I have almost never felt the urge to tell someone off. TRUE or FALSE
- 

### The Meaning in Life Questionnaire

Please take a moment to think about what makes your life feel important to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers.

Absolutely Untrue	Mostly Untrue	Somewhat Untrue	Can't Say True or False	Somewhat True	Mostly True	Absolutely True
1	2	3	4	5	6	7

1. I understand my life's meaning.
2. I am looking for something that makes my life feel meaningful.
3. I am always looking to find my life's purpose.
4. My life has a clear sense of purpose.
5. I have a good sense of what makes my life meaningful.
6. I have discovered a satisfying life purpose.
7. I am always searching for something that makes my life feel significant.

8. I am seeking a purpose or mission for my life.

9. My life has no clear purpose.

10. I am searching for meaning in my life.

Indicate whether the statement is true or false as it applies to you.

- I am sometimes irritated by people who ask favors of me. TRUE or FALSE
  - I have never felt that I was punished without cause. TRUE or FALSE
- 

### **Rotter Locus of Control Scale**

For each question select the statement that you agree with the most.

1. a. Children get into trouble because their parents punish them too much.

b. The trouble with most children nowadays is that their parents are too easy with them.

2. a. Many of the unhappy things in people's lives are partly due to bad luck.

b. People's misfortunes result from the mistakes they make.

3. a. One of the major reasons why we have wars is because people don't take enough interest in politics.

b. There will always be wars, no matter how hard people try to prevent them.

4. a. In the long run people get the respect they deserve in this world

b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries

5. a. The idea that teachers are unfair to students is nonsense.

b. Most students don't realize the extent to which their grades are influenced by accidental happenings.

6. a. Without the right breaks one cannot be an effective leader.
- b. Capable people who fail to become leaders have not taken advantage of their opportunities.
7. a. No matter how hard you try some people just don't like you.
- b. People who can't get others to like them don't understand how to get along with others.
8. a. Heredity plays the major role in determining one's personality
- b. It is one's experiences in life which determine what they're like.
9. a. I have often found that what is going to happen will happen.
- b. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.
10. a. In the case of the well prepared student there is rarely if ever such a thing as an unfair test.
- b. Many times exam questions tend to be so unrelated to course work that studying is really useless.
11. a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
- b. Getting a good job depends mainly on being in the right place at the right time.
12. a. The average citizen can have an influence in government decisions.
- b. This world is run by the few people in power, and there is not much the little guy can do about it.
13. a. When I make plans, I am almost certain that I can make them work.
- b. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune anyhow.
14. a. There are certain people who are just no good.
- b. There is some good in everybody.
15. a. In my case getting what I want has little or nothing to do with luck.



- b. Many times we might just as well decide what to do by flipping a coin.
16. a. Who gets to be the boss often depends on who was lucky enough to be in the right place first.
- b. Getting people to do the right thing depends upon ability. Luck has little or nothing to do with it.
17. a. As far as world affairs are concerned, most of us are the victims of forces we can neither understand, nor control.
- b. By taking an active part in political and social affairs the people can control world events.
18. a. Most people don't realize the extent to which their lives are controlled by accidental happenings.
- b. There really is no such thing as "luck."
19. a. One should always be willing to admit mistakes.
- b. It is usually best to cover up one's mistakes.
20. a. It is hard to know whether or not a person really likes you.
- b. How many friends you have depends upon how nice a person you are.
21. a. In the long run the bad things that happen to us are balanced by the good ones.
- b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.
22. a. With enough effort we can wipe out political corruption.
- b. It is difficult for people to have much control over the things politicians do in office.
23. a. Sometimes I can't understand how teachers arrive at the grades they give.
- b. There is a direct connection between how hard I study and the grades I get.
24. a. A good leader expects people to decide for themselves what they should do.
- b. A good leader makes it clear to everybody what their jobs are.

25. a. Many times I feel that I have little influence over the things that happen to me.  
b. It is impossible for me to believe that chance or luck plays an important role in my life.
26. a. People are lonely because they don't try to be friendly.  
b. There's not much use in trying too hard to please people, if they like you, they like you.
27. a. There is too much emphasis on athletics in high school.  
b. Team sports are an excellent way to build character.
28. a. What happens to me is my own doing.  
b. Sometimes I feel that I don't have enough control over the direction my life is taking.
29. a. Most of the time I can't understand why politicians behave the way they do.  
b. In the long run the people are responsible for bad government on a national as well as on a local level.

Indicate whether the statement is true or false as it applies to you.

- I sometimes think when people have a misfortune they only got what they deserved.  
TRUE or FALSE
- I have never deliberately said something that hurt someone's feelings. TRUE or FALSE

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## Personal Feelings Questionnaire - 2

For each of the following listed feelings, indicate the degree to which you feel each of these emotions. Read each item and then mark the appropriate answer in the space next to the word.

Use the following scale to record your answers.

4 = I experience the feeling very strongly

3 = I experience the feeling strongly

2 = I experience the feeling moderately

1 = I experience the feeling a little bit

0 = I do not experience the feeling

1. Embarrassment
2. Mild guilt
3. Feeling ridiculous
4. Worry about hurting or injuring someone
5. Sadness
6. Self-consciousness
7. Feeling humiliated
8. Intense guilt
9. Euphoria
10. Feeling "stupid"
11. Regret
12. Feeling "childish"
13. Mild happiness
14. Feeling helpless, paralyzed
15. Depression
16. Feelings of blushing

- 17. Feeling you deserve criticism for what you did.
- 18. Feeling laughable
- 19. Rage
- 20. Enjoyment
- 21. Feeling disgusting to others
- 22. Remorse

**Self-Compassion Scale**

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never				Almost always
1	2	3	4	5

- 1. I'm disapproving and judgmental about my own flaws and inadequacies.
- 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
- 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.

5. I try to be loving towards myself when I'm feeling emotional pain.
6. When I fail at something important to me I become consumed by feelings of inadequacy.
7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.
8. When times are really difficult, I tend to be tough on myself.
9. When something upsets me I try to keep my emotions in balance.
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
11. I'm intolerant and impatient towards those aspects of my personality I don't like.
12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
14. When something painful happens I try to take a balanced view of the situation.
15. I try to see my failings as part of the human condition.
16. When I see aspects of myself that I don't like, I get down on myself.
17. When I fail at something important to me I try to keep things in perspective.
18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
19. I'm kind to myself when I'm experiencing suffering.
20. When something upsets me I get carried away with my feelings.
21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.

22. When I'm feeling down I try to approach my feelings with curiosity and openness.
  23. I'm tolerant of my own flaws and inadequacies.
  24. When something painful happens I tend to blow the incident out of proportion.
  25. When I fail at something that's important to me, I tend to feel alone in my failure.
  26. I try to be understanding and patient towards those aspects of my personality I don't like.
- 

## **Demographics**

What is your gender?

Male

Female

Other \_\_\_\_\_

What is your age?

\_\_\_\_\_

What is your marital status?

Single (never married)

Married

Separated

Widowed

Divorced

Do you consider yourself to be:

Heterosexual or straight

Gay or lesbian

Bisexual

Which of the following best represents your race or ethnicity?

White

Hispanic or Latino

Black or African American

Native American or American Indian

Asian / Pacific Islander

Other

Which of the following best describes your highest achieved education level?

Some high school

High school

Some college, no degree

Associates degree

Bachelor's degree

Graduate degree (Masters, Doctorate, etc.)

Employment Status: Are you currently...?

Employed for wages

Self-employed

Out of work and looking for work

Out of work but not currently looking for work

A homemaker

A student

Military

Retired

Unable to work

What is your annual income?

\_\_\_\_\_

Last year, what was your total family income from all sources?

\_\_\_\_\_

How many people live in your household (excluding roommates)?

\_\_\_\_\_

In terms of education and income, would you say you are:

Upper class

Upper-middle class

Middle class

Lower-middle class

Working class

Which of the following best describes the area you live in?

Urban

Suburban

Rural

What is your home country?

\_\_\_\_\_

How would you describe your religion?

Christian



Evangelical Protestant

Mainline Protestant

Historically Black Protestant

Catholic

Mormon

Orthodox Christian

Jehovah's Witness

Other Christian

Non-Christian Faiths

Jewish

Muslim

Buddhist

Hindu

Unaffiliated

Atheist

Agnostic

Nothing in particular

Have you ever been arrested for any crime other than theft/shoplifting?

Yes

No

Have you ever been convicted of a crime other than theft/shoplifting?

Yes

No

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