

Figured world of eating disorders: Occupations of illness

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Abstract

Background. *The biomedical diagnosis of eating disorders signifies a mental illness with complex physical symptomology. The socio-cultural determinants and impact of eating disorders on daily occupations are not adequately addressed in this classification.* **Purpose.** *This paper introduces the concept of a figured world as a framework for how eating disorders exist in daily activity and social discourse. How occupations become ascribed with meaning generated by an eating disorder will be proposed through the voice of a composite character in the figured world.* **Key Issues.** *Central elements to contextualizing figured worlds include positional identity, self-authoring, and semiotic mediation. The generation of meaning in illness arises from the integration of these elements into this specific figured world.* **Implications.** *The competing agendas of the biomedical model and figured world permit a new understanding of the challenges associated with recovery. For occupational therapists, these challenges require the reattribution of meaning of daily occupations.*

Abrégé

Description. *Le diagnostic biomédical d'un trouble de l'alimentation est une maladie mentale accompagnée d'une symptomologie physique complexe. Toutefois, les déterminants socioculturels et l'impact des troubles de l'alimentation sur les occupations quotidiennes ne sont pas abordés adéquatement dans cette classification.* **But.** *Cet article utilise le concept du monde figuré comme cadre pour décrire comment les troubles de l'alimentation se manifestent dans les activités quotidiennes et le discours social. La façon dont on attribue un sens aux occupations en raison d'un trouble de l'alimentation sera proposée par l'intermédiaire de la voix d'un personnage composite dans le monde figuré.* **Questions clés.** *Les éléments centraux pour contextualiser les mondes figurés sont : l'identité positionnelle, l'autocréation et la médiation sémiotique. La création de sens face à une maladie provient de l'intégration de ces éléments dans ce monde figuré spécifique.* **Conséquences.** *Les programmes concurrentiels du modèle biomédical et du monde figuré favorisent une nouvelle compréhension des défis associés au rétablissement. Pour les ergothérapeutes, ces défis exigent la réattribution d'un sens aux occupations quotidiennes.*

This paper extends the boundaries of the traditional biomedical model of eating disorders through the introduction of a “figured” or “lived” world framework (Holland, Cain, Lachicotte, & Skinner, 1998; Holland & Skinner, 1997). The terms “figured” and “lived” world will be used interchangeably throughout this paper because not only do they imply the lived experience, but also that lived experience figures in a socio-culturally constructed manner (Holland & Skinner, 1997). In this figured world framework, a basic assumption is that eating disorder/illness behaviours, thoughts, occupations, and resulting identities are appropriated and supported in a manner not fully captured by the medical model. The paper will begin with the introduction of the normative biomedical perspective of eating disorders, and then this perspective will be contrasted with the co-existing, yet competing, discourse from the figured world of eating disorders. This will be followed

by a discussion of the way in which daily occupations become subsumed into the eating disorder through three theoretical concepts of figured worlds: positional identities, self-authoring, and semiotic mediation. Implications for occupational therapy practice using the conceptualization of illness-derived meaning in occupation will be acknowledged. The character of Anne, a representative member of this figured world, is introduced as the voice of the paper. She is an amalgamation of the many stories and personally constructed narratives that exist and were witnessed by the author in an eating disorder treatment setting. Using this composite voice affords Anne the cumulative attributes to fully illustrate the theoretical-figured world concepts being introduced without adding the complexity of concurrent background stories. Bruner (1990) claimed that the significance of the narrative matters not in whether it is real or imagined. Though the individual character of Anne may not be real, her narrative is real because of the multiple truths and voices it represents.

Looks Can Be Deceiving

Anne is a tall, slim woman with a thoughtfully cultivated sense of style. She works in a downtown office as a manager of a personal relations company, servicing many corporate contracts. She is single; her small circle of friends joke that she is married to her work as she rarely dates, though privately, she yearns for companionship. Long days at the office mixed with after-hour work functions prevent her from establishing her new house with the warmth and decorative appeal that makes a house a home. Anne's strong and dedicated work ethic, drawn from the desire to achieve the success she and her parents always envisioned, has contributed to her securing this managerial position. Anne's life, from an outsider's perspective, appears successful. This has come at a cost, for she has sacrificed personal relationships and opportunities, developing a lifestyle not conducive to wellness or balance.

Since her later years of high school, when she felt like an outsider who belonged everywhere and nowhere, Anne has struggled. She did not seem to meet the criteria for any one socially constructed peer group, and consequently she felt powerless to change her perceived lot in high school life. In response to the disconnection she felt equally from her classmates and her own self-worth, Anne sought means to assert control. Cultivating her own pursuit of perfection, Anne excelled academically. She took up running almost as a discipline and became a strict vegetarian, believing it was a means to live more ethically. She counted calories and weighed herself daily. Her parents assumed it was a phase, something that most girls grew out of. Anne never did, for she still engages in these behaviours today, many years later. Anne has an eating disorder.

She takes pride in her ability to exercise self-control at the functions she attends, where food and drink are readily available. Recently, however, Anne has begun keeping chocolates in her desk drawer, which she consumes prior to these events or in response to particularly stressful encounters. The office bathroom is a single room, which affords her the privacy to vomit in secret after eating from this illicit cache of food. Going home to a dark and empty house, Anne is often immobilized

by thoughts condemning her weaknesses and failures. Despite exhaustion, she will put on her shoes and go running into the night to escape these negative cognitions. She eats nothing but fat-free yogurt and drinks countless cups of coffee the following day as penance for her previous diet transgressions. Anne will return to the office prepared for the day's agenda and to continue the cycle of her dual realities. When asked if she is happy with her life, Anne characteristically just smiles. She speaks to her position and the opportunities it affords her. Then with the grace and charm of one in the communication business, she seamlessly changes the subject.

Competing Discourse

Within the eating disorder-figured world proposed in this paper, there is a competing discourse. The more familiar representation of the medical perspective of eating disorders as illness will be introduced first, followed by the figured world perspective of eating disorders as a normative aspect of life.

Medical Perspective

The American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders* (2010) defines eating disorders within the categories of anorexia nervosa, bulimia nervosa, binge eating disorder, and other specified feeding or eating disorders. This paper will include references to anorexia nervosa and bulimia nervosa (herein referred to as anorexia and bulimia), though all of the classifications exist within the proposed figured world. Hallmark features of anorexia are significantly low body weight, a fear of subsequent weight gain, and endorsement of means to maintain a restrictive intake of food (APA, 2010). Bulimia is characterized by regular patterns of binge-eating behaviours followed by compensatory measures to eliminate the food (purge), without the corresponding low body weight (Treasure, Claudino, & Zucker, 2010).

Eating disorders result from the complex interplay of physiological, psychological, and sociological forces producing cognitive distortions and conflicted interpersonal relationships (Cockell, Geller, & Linden, 2003). They are also strongly correlated with the creation of a disordered lifestyle (Lock, 2000). The multiplicity of variables affecting and being influenced by the illness and the high rate of relapse complicate the ability to definitively conclude rates of "successful recovery" (Wilson, 2005). Living with an eating disorder as opposed to recovering from it thus becomes a reality.

Many people with eating disorders struggle to fully cope with daily activities, whether they be grocery shopping, organizing time, or managing the demands of work or school (Lock, 2000). The chronicity of the illness (Holliday, Wall, Treasure, & Weinman, 2005; Steinhausen, 2002), particularly anorexia, infuses the daily occupations through the meanings ascribed to the activities structuring the day, and it becomes the lens through which the world is seen. Essentially, the meaning associated with engagement in everyday occupations becomes enveloped within eating disorder behaviours and cognitions. The construction of this meaning is an essential element in the propagation of the figured world of eating disorders.

Figured World

Anne's doctor is concerned for he believes, and has shared with her, that she endorses symptoms of a subtype of anorexia and encourages her to seek therapeutic support. Anne does not perceive herself as having an eating disorder, though. To her it is simply a way of life rather than an illness, granted a life that possesses many layers of restriction. The rigid eating patterns, cognitive distortions, and perfectionist determination contribute not to a symptomatically diagnosed problem, but to a self-identified way of participating in her life. The perspectives of illness (biomedical) and identity (figured world) co-exist, although through a competing discourse.

As social and cultural constructions, figured worlds are conceived to exist through the practices and interactions of collective groups of people, in variable environments, and with a range of symbolically derived artifacts (Holland et al., 1998). A figured world is conceptualized as an "as if" realm in which the social interaction or engagement in daily events creates symbolic, imagined, and culturally determined significance (Holland et al., 1998). The "as if" potential of a figured world indicates that, while people are participating in their everyday lives, they may be doing so concurrently engaged in a world with a specific interpretive dimension. In the figured world of eating disorders, members live as if the diagnostic symptomology were merely one part of their daily existence and, thus, not entirely outside the realm of "normalcy." There is an important mediational element to the development of figured worlds and, thus, this interpretive lens by which life is perceived is realized through the interaction of objects, rituals, traditions, and occupational and interpersonal roles of members (Holland & Skinner, 1997). Entrance into or exit from a figured world for an individual may be determined by his or her socially constructed position and personally generated narrative, both of which contribute to the formation of personal identity within this world. The fundamental elements of social position and personal identity will be more fully discussed in later sections.

The classroom serves as a representative example of a figured world that many people have experienced. In general, a classroom is conceived as a space in which knowledge dissemination and reception occurs. As a figured world, the classroom is a structured environment where cultural norms and rules are generated, contributing to the formation of student and teacher identities. The artifacts signifying a classroom include blackboards, desks, and books. These objects are neutral outside the classroom; however, in this figured world they assume the symbolic meaning of tools for learning, which is understood by all members. The social construction of the classroom ensures that members of this figured world, teachers and students, actively participate in the creation and maintenance of social norms, etiquette, and hierarchy. Occupations inherent in the classroom, such as teaching, studying, and playing become associated with the meaning the classroom-figured world affords.

The boundaries of a figured world are not confined to concrete, physical space as implied in the classroom example. Figured worlds are not necessarily represented in every occupational context or associated with different roles that people play in the course of their daily lives. Rather, what differenti-

ates a figured world from these other conceived realities are the symbolism, meanings, interpretations, and identity generation that emerge from the interaction of members with the associated occupations, objects, spaces, and fellow members. Cain (1991) and Holland et al. (1998) provide a detailed account of Alcoholics Anonymous to exemplify the symbolic dimension of the figured world construct. The process of attributing meaning to occupations occurring in the eating disorder-figured world will be introduced in the next section.

"Doing" in the Figured World

Christiansen and Townsend (2010) broadly defined occupation as the daily and active pursuits from which significance, meaning, and purpose are attributed to life. In other words, meaning is created through the participation and process of engagement rather than being inherent in the activity itself (Bruner, 1990; Singlehurst, Corrs, Griffiths, & Beaulieu, 2007). This connection between meaning and occupation can be translated to eating disorder behaviours as understood in the proposed figured world.

Concluding their studies on the meaning of self-starvation, Nordbo, Espeset, Gulliksen, and Skarderud (2006) determined that the symptomatic behaviours of eating disorder illness develop personal meaning and significance for the individual with the illness. These behaviours include restricting, binging, or purging. Using Christiansen and Townsend's (2010) definition of occupation, these diagnostically significant behaviours could be defined as occupation; they are meaningful, purposeful, and structure the daily routines in the eating disorder-figured world. To make such a statement challenges the implicit assumption in the definition that meaning in occupation is health promoting and life affirming. Kantartzis and Molineux (2011) argue the need for understanding and situating occupation within "alternate constructions of daily life" (p. 62), thus further challenging the traditional conceptualization of occupation.

This paper introduces the idea of illness-directed meaning and illness occupation, using figured world as an exemplar of the "alternate life construction," by translating Jackson's (1998) concept of complementarity poles to occupation. Jackson suggested that the broad understanding of a term can remain consistent across a continuum of representations. For example, the healthy, engaged experience of an occupation exists at one pole, contrasted with the other pole, whereby the same occupation exists in the figured world and is reinforced with illness-focused meaning. Alternatively, occupations emergent within the eating disorder experience itself, including binging, purging, or restricting, also exist along the continuum. Their positioning in proximity to the poles is dependent upon which competing discourse is most dominant, as will be discussed shortly.

Occupations associated with daily living, such as cooking, working, shopping, exercising, and grooming, can become enveloped within the eating disorder (Lock, 2000). In the figured world, everyday occupations that previously held a neutral affiliation afford space for eating disorder influences to emerge. Consequently, the meaning ascribed to such occu-

pations goes beyond the scope of productivity, self-care, or leisure (Kantartzis & Molineux, 2011). They exist at one end of the complementarity pole, where the meanings of certain occupations become associated with the negative and punitive elements of the eating disorder. In this figured world, cooking may become an occupation in which foods are carefully weighed, fats are excluded, or recipes are modified. The single occupation of cooking invokes a multiplicity of meaning, much of which is guided by eating disorder cognitions. Further examples of occupations from Anne's life, specifically shopping and running, will be discussed in subsequent sections.

The derivation of illness-infused meaning from occupations is a different way to understand occupational engagement generally and the occupational challenges of people with eating disorders more specifically. Hasselkus (2002) referred to occupation as "the vehicle by which life is experienced" (p. 69), a representation from which the meaning associated with illness experiences can overpower those occupations of daily living. This meaning becomes the frame of reference from which occupations are undertaken in the creation of an eating disorder identity in the figured world. In summary, members in the figured world of eating disorders actively participate in both diagnostically identified illness behaviours, herein understood as occupations, and the previously neutral occupations aligned with illness-derived meaning. Figured worlds exist through active occupational engagement, but such worlds are also structured on the pertinent social themes of positional identities, self-authoring, and semiotic mediation (Holland et al., 1998). Each of these components will be discussed through the lens of the eating disorder significance in Anne's daily occupations.

Positional Identity

Identity creation and maintenance in figured worlds is multifaceted. One aspect is the personal narrative, internally generated and socially constructed, inherent in the daily engagement of activity. Another is more nuanced, emerging from the interrelational domain of social position. Holland et al. (1998) defined these as positional identities, in which the expression of self is bounded by the hierarchical and categorical nature of social relations. Positional identities are often an implicitly formed outcome of participation in daily activities. They emerge as representations of power and privilege, continually reproduced within the social and cultural construction of the figured world (Holland et al., 1998). Returning to the earlier example of the classroom, positional identities develop from the hierarchy of teacher and student. Neither student nor teacher may be given explicit instructions as to what role each plays or the manner in which they play it, and, yet, in classrooms this positional identity is regularly reproduced. Reflecting on Anne's life experience in this eating disorder world, she participates in social environments that contribute to the creation of a relational sense of self from differing social positions.

One source of pride for Anne is her ability to demonstrate restraint when eating in public. She also runs regularly and thus receives the admiration of her colleagues. Within the figured world, Anne assumes an influential position. Anorexia as

a diagnosis and collection of occupations is seen by those with eating disorders as more socially acceptable, requiring greater commitment, control and strength than bulimia (Brooks, LeCouteur, & Hepworth, 1998). The occupations Anne demonstrates as symptomatic of anorexia include overexercising and restrictive eating. She does occasionally binge eat and purge; however, she has concealed that aspect of her identity, fearing it would cast a negative light on her perceived competency in the workplace. Such occupations would also lower her esteemed position within the anorexia domain of this figured world (Brooks et al., 1998; Broussard, 2006; Rich, 2006). In maintaining this social position, there is a significant amount of occupational engagement and time consumed: exercising, counting calories, comparing herself to others, deception, and planning how and when she might exercise or eat (Patching & Lawlor, 2009). Eating disorder-specific occupations thus exist within the complementarity poles, though their positions are dependent upon their hierarchical nature.

A caveat to this representation of eating disorder occupations, specifically those regarding exercise and weight management, is that outside the figured world these are normalized. Advertising and media representations (Bishop, 2001), as well as health literature (Healthy People, 2010), support engagement in healthy eating and exercise for optimal well-being. How this message is interpreted is where the difference lies: in one lived world, these are strongly encouraged methods to be and stay healthy; in this figured world, they become edicts and endorsements for furthering the eating disorder. Such a distinction reflects the same occupations as existing in the complementarity poles of meaning interpretation.

Anne also takes pride in her influential managerial position. Her morning routine entails a meticulous grooming regime, consistent with the self-care occupations of people with eating disorders (Gardiner & Brown, 2010). Anne tries on multiple outfits before selecting the one which she believes makes her look the least fat. She believes that how she looks is a reflection of how she does her job, and so feels tremendous pressure to appear as though she is worthy of her executive position. Anne's ability to succeed in this managerial role has required her to battle the defeating thoughts which dominate her inner world. Thoughts of being incompetent, useless, stupid, and fat are a daily reminder of the cognitive distortions associated with the illness (Cockell et al., 2003). In her professional circle, Anne assumes an occupational position of authority; in the figured world, this high social status is garnered by the eating disorder, leaving Anne in an emotionally subservient position (Patching & Lawlor, 2009; Weaver, Wuest, & Ciliska, 2005). The tension imbued in the disparate social positions contributes to the creation of Anne's sense of herself in the figured world. Her personal narrative is also the product of the interrelational negotiation occurring in the social environments.

Self-authoring

Self-authoring is the process of creating one's own personal identity through the appropriation of relevant social discourse (Holland et al., 1998). By navigating through multiple and

competing voices of perspective, the self is internalized and expressed with personally significant characterizations (Asaba, 2005). Holland et al. (1998) conceived that we make meaning of ourselves through the process of self authoring. This occurs through the dialogic orchestration of distinct “voices” present in the social world in concert with our own inner voice. In a figured world, the creation of personal identity is influenced not only by active engagement in ordinary occupations and social positioning, but also by the interpretation of competing labels, categories, or inferences made through the figured world’s collective social discourse. In this paper, that competing discourse exists between the biomedical perspective of illness and the normative perspective inherent in the figured world.

Christiansen (1999) asserted that “one of the most compelling needs that every human being has is to be able to express his or her unique identity in a manner that gives meaning to life” (p. 548). In this figured world, identity is in part expressed through occupations associated with the eating disorder, giving rise to meaningful association between behaviours, thoughts, and self (Garrett, 1997; Holliday et al., 2005; Nordbo et al., 2006). When identity is formulated by the illness experience, without recognition of the distinction between “I have an illness” and “I am my illness,” meaning may be constructed in those occupations that reaffirm illness identity (Hannam, 1997).

The traditional medical representation of mental illness disassociates people from their illness insofar as it claims that the disease is affecting a person rather than becoming the person (Holland et al., 1998). Eating disorders are a psychiatric illness and, thus, according to the biomedical opinion voiced in Holland et al. (1998), separate from the construction of self-identity. Due to the presence of dialogically opposed views, the eating disorder literature, imbued with the voices of people living in the figured world alongside Anne, would disagree. Matussek and Knudsen (2009) wrote about the “master narrative,” the culturally dominant perspective of the appropriate ways to experience and behave in the world. Shohet (2007) referred to this master narrative as originating from the medical etiological discourse of illness. There is, however, an alternate master narrative emergent in the illness experience that also guides and directs behaviour. In the figured world, the diagnostic label of anorexia may be viewed as a label of power rather than illness (Garrett, 1996). Yet, in the representation of eating disorders by popular media, those living with the illness are referred to as “victims” (Bishop, 2001), perpetuating the stigmatizing nature of eating disorders under the mental illness banner (Garrett, 1996). These oppositional viewpoints represent the competing voices within the figured world; the voice of the illness, which is both highly regarded and reflective of its seriousness (Rich, 2006), and the cultural discourse, which problematizes the illness (Saukko, 2000).

Anne navigates the dual realities both within and outside the figured world, where contradictory messages impede her own ability to assert the voice of which she is most innately connected. If you were to ask Anne which voice that was, the response would likely be dependent upon the day. Her daily occupations are infused with eating disorder-derived mean-

ing alongside identity-generating elements. They are also the occupations that give shape to her days and which the general public believes are healthy. Take for example her occupation of running. In the figured world, Anne runs to purge calories, to distance herself from the onslaught of negative thoughts, to relieve her building anxiety, and because the loudest voice she hears is the one telling her that she “must” (Dignon, Beardsmore, Spain, & Kuan, 2006). It helps her feel special, taking satisfaction in her ability to do what others cannot (Weaver et al., 2005), which is to push her body past the point of exhaustion. Outside this figured world, running is a socially acceptable leisure pursuit offering multiple meanings depending on personal connection to this occupation (Primeau, 1996). In both lived worlds, the occupation of running and occupational identity as a runner appears similar. Yet in self-authoring, the conventional social discourse (healthy activity) and Anne’s internal dialogue (punishment and escape) possess diametrically opposed meanings in how she navigates and participates in this single occupation.

Semiotic Mediation

The previous two constructs pertain to the creation of identity in figured worlds through social positioning and self-authoring. The final construct discusses the creation of symbolic meaning for an otherwise neutral object or behaviour, the use of which is then to affect a different subjective experience. This is referred to as semiotic mediation (Holland et al., 1998). The acquisition of such symbolic artifacts is through active and collective engagement in the socially constructed lived world (Holland et al., 1998). Time and sustained use of these powerful objects create symbolic meaning and invite the construction of a new relationship between self and object. The symbolic associations to previously neutral artifacts (Rich, 2006) are strongly present in the figured world of eating disorders.

The weigh scale is generally used to provide basic information about a person’s body weight. That same scale in Anne’s world is the instrument against which her self-worth is measured. It guides her choice of food and clothing as well as her occupational decisions for the day—will she join a friend for lunch or cancel in order to restrict; will she buy that new scarf she has been eyeing or avoid spending money because she does not deserve anything new? The scale becomes a symbol for how eating disorder-driven Anne’s day will be.

Clothing size is also a mediating device incorporated into the occupation of shopping. It affords a shopper the knowledge of whether an item is likely to fit based on the historical association with that particular item. In the figured world, clothing size serves a similar role as the scale, though it too has a historical element. Anne will not buy any item of clothing if it is not the size she believes is the “right” one for her. When her own clothing of that same size no longer fits, this symbolizes either success (too loose) or failure (too tight) in her eating disorder occupations, and she must respond accordingly. Ironically, Anne likes shopping. She enjoys the aesthetic experiences, the colors, textures, and opportunity for creatively matching items. She also enjoys the feeling of being able to slip into the smallest sizes; a reality she recognizes is not afforded to everyone.

Semiotic mediation is not confined simply to tangible artifacts in the figured world. The bathroom at Anne's place of work retains eating disorder meaning, for this is where she secretly engages in purging. Consequently it is a daily reminder of her inability to control herself around food. Anne's home also possesses a duality. Her career success has independently afforded her the opportunity to purchase a beautiful house, yet the house's lack of communal warmth embodies her loneliness..

Discussion

This paper has introduced figured worlds as the perspective from which eating disorders co-exist as both identity generating and symptomatic of illness. Elements of the figured world pertaining to identity construction, social discourse, and symbolic meaning have been discussed to support this assertion. Engagement in illness occupations, cognitive distortions, and ascription of eating disorder meaning to daily occupations is reflected as the norm in this world. How might an individual begin to reconfigure this figured world should meaning no longer assert its dominant influence through the eating disorder? The following metaphorical reference provides insight into the challenges recovery entails.

In the film *The Shawshank Redemption*, one of the central characters describes life in prison in such a way as to facilitate understanding of figured world. The character Red speaks about the obstacles facing a newly released Brooks, an older man who had spent the previous 50 years incarcerated. In jail, Brooks was an important man, an esteemed and educated man. He knew how the prison, and his life in it, was socially and institutionally structured. Beyond the security and protection afforded by those prison walls though, Brooks was a "nobody." He did not possess the basic skills from which to navigate the fast-paced, often confusing outside world. His occupational repertoire and knowledge were ineffectual in creating a sense of freedom; thus, Brooks longed to return to his familiar confinement.

While eating disorders are not prisons in the literal sense, they can imprison individuals in a figured world. There are parallel realities between Brooks' world and Anne's world, including the transformation of meaning over time. For Brooks, the prison walls initially signified incarceration and punishment, though over time they became the familiar walls of security. Anne's proverbial walls of security provided by the eating disorder have also been shaped through routine, trust, and time. Physical and social environments both constrain and support the propagation of figured worlds. Disconnection does exist between figured worlds and other lived worlds; thus, the way in which a person exits the figured world becomes a complicated process. The personal narrative literature on recovery from an eating disorder cites a transformative process whereby a new self is authored (Weaver et al., 2005) and created in the temporally disjunctive space between past and future selves (Shohet, 2007). Exiting the figured world necessitates the cessation of eating disorder occupations and transitioning previously held illness-ascribed meaning toward wellness in daily occupations. If Anne were to exit the figured world, however, she would likely not require a vastly different occupational profile. She

would need to connect with her current occupations in a new way, creating a different understanding of what those activities personally represent (Broussard, 2005; Garrett, 1997). In so doing, she would begin the process of positioning herself outside the figured world of eating disorders and authoring a new sense of self as part of the recovery journey.

Implications for Occupational Therapy

To enable the reconfiguring of the relationship between occupation and meaning, occupational therapists need to extend this awareness to the assimilation of meaning and illness in occupation. Traditionally occupational therapy has worked within the sphere of the medical model, which in the figured world operates in direct opposition to the life experience of eating disorder illness. Anne's transition from this figured world, should she ever be motivated to seek recovery and begin to live life in a different way, would require the therapeutic partnership to begin the process of: exploration of meaning construction; environmental, temporal, and social reorganization; lifestyle balance; and occupational analysis.

Anne's ability to begin taking action toward changing how she engages in her daily occupations is predicated on her existing motivation, availability of personal supports and resources, capacity to challenge distorted thoughts, and trust in the therapeutic relationship. Acknowledging the tension between leaving the familiarity of the figured world and the potentially harmful realities of untreated illness requires a sensitive approach. The bridge between the figured world and the medical/treatment world is heavily traveled with bidirectional member movement between recovery and relapse. Occupation is a means by which meaning, identity, and position are assumed in both worlds; thus, occupational therapists play a valuable role in navigating the flow of traffic across this metaphorical bridge.

Conclusion

This paper introduces the figured world, a unique perspective from which one can conceptualize the occupational experiences of a person with an eating disorder. It is well documented that meaning and identity are generated through, and transformed by, engagement in occupation. In the figured world, behaviours symptomatic of eating disorders are occupations, and previously neutral daily occupations and artifacts become subsumed into the illness experience. They all contribute to the construction of the occupational identity by which a person meaningfully participates in his or her world.

The theoretical frameworks presented here provide a different lens from which to understand the occupational reality of individuals with eating disorders. They bring a deeper dimension to understanding the complementarity poles of meaning in occupation, replete with both illness and wellness meaning. The figured world also highlights the significant challenge that recovery poses, requiring the transformation of the meaning and foundation on which life has been constructed. For a therapist working with Anne, understanding her as a member of a figured world creates a perspective on how illness has become the meaningful construction for her occupational

experiences. Transitioning out of this figured world requires a reconstruction of this meaning leading to future possibilities for self-identification.

Key Messages

- A figured world is an “as if” realm in which social interaction in daily activities creates symbolic, imagined, and culturally determined significance. This alternate representation of eating disorders reflects the dynamic aspects of identity construction in illness.
- Meaning is created in the occupations, thoughts, and behaviours of an eating disorder illness existing in a figured world.
- The concept of occupation can be understood as having complementarity poles; the health-affirming potential of occupation existing opposite the illness-derived meaning in occupation.

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References

- American Psychiatric Association. (2010). *Diagnostic and statistical manual of mental disorders* (5th ed., proposed.). Washington, DC: Author.
- Asaba, E. (2005). *“I’m not much different”: Occupation, identity, and spinal cord injury in America*. Unpublished doctoral dissertation, University of Southern California, Los Angeles.
- Bishop, R. (2001). The pursuit of perfection: A narrative analysis of how women's magazines cover eating disorders. *Howard Journal of Communications*, 12, 221-240. doi:10.1080/106461701753287732
- Brooks, A., LeCouteur, A., & Hepworth, J. (1998). Accounts of experiences of bulimia: A discourse analytic study. *International Journal of Eating Disorders*, 24, 193-205. doi:10.1002/(SICI)1098-108X(199809)24:2<193::AID-EAT9>3.0.CO;2-9
- Broussard, B. B. (2005). Women's experiences of bulimia nervosa. *Journal of Advanced Nursing*, 49, 43-50. doi:10.1111/j.1365-2648.2004.03262.x
- Bruner, J. (1990). *Acts of meaning*. Cambridge, MA: Harvard University Press.
- Cain, C. (1991). Personal stories: Identity acquisition and self-understanding in Alcoholics Anonymous. *Ethos*, 19, 210-253. doi:10.1525/eth.1991.19.2.02a00040
- Christiansen, C. (1999). Defining lives: Occupation as identity: An essay on competence, coherence, and the creation of meaning. *American Journal of Occupational Therapy*, 53, 547-558.
- Christiansen, C. H., & Townsend, E. A. (2010). An introduction to occupation. In C. H. Christiansen & E. A. Townsend (Eds.), *Introduction to occupation: The art and science of living* (2nd ed., pp. 1-34). Upper Saddle River, NJ: Pearson Education.
- Cockell, S., Geller, J., & Linden, W. (2003). Decisional balance in anorexia nervosa: Capitalizing on ambivalence. *European Eating Disorders Review*, 11, 75-89.
- Dignon, A., Beardsmore, A., Spain, S., & Kuan, A. (2006). ‘Why I won't eat’: Patient testimony from 15 anorexics concerning the causes of their disorder. *Journal of Health Psychology*, 11, 942-956. doi: 10.1177/1359105306069097.
- Gardiner, C., & Brown, N. (2010). Is there a role for occupational therapy within a specialist child and adolescent mental health eating disorder service? *British Journal of Occupational Therapy*, 73, 38-43. doi: 10.4276/030802210X12629548272745
- Garrett, C. (1996). Recovery from anorexia nervosa: A Durkheimian interpretation. *Social Science and Medicine*, 43, 1489-1506. doi:10.1016/0277-9536(96)00088-3
- Garrett, C. (1997). Recovery from anorexia nervosa: A sociological perspective. *International Journal of Eating Disorders*, 21, 261-272. doi:10.1002/(SICI)1098-108X(199704)21:3<261::AID-EAT6>3.3.CO;2-X
- Hannam, D. (1997). More than a cup of tea: Meaning construction in an everyday occupation. *Journal of Occupational Science: Australia*, 4, 69-74.
- Hasselkus, B. (2002). *The meaning of everyday occupation*. Thorofare, NJ: Slack.
- Healthy People. (2010). *Be a healthy person*. Retrieved from <http://www.healthypeople.gov/BeHealthy/>
- Holland, D., Lachicotte, W., Skinner, D., & Cain, C. (1998). *Identity and agency in cultural worlds*. Cambridge, MA: Harvard University Press.
- Holland, D., & Skinner, D. (1997). The co-development of identity, agency, and lived worlds. In J. Tudge, M. Shanahan, & J. Valsiner (Eds.), *Comparisons in human development: Understanding time and context* (pp. 193-221). New York, NY: Cambridge University Press.
- Holliday, J., Wall, E., Treasure, J., & Weinman, J. (2005). Perceptions of illness in individuals with anorexia nervosa: A comparison with lay men and women. *International Journal of Eating Disorders*, 37, 50-56. doi:10.1002/eat.20056
- Jackson, M. (1998). *Minima ethnographica: Intersubjectivity and the anthropological project*. Chicago, IL: University of Chicago Press.
- Kantartzis, S., & Molineux, M. (2011). The influence of Western society's construction of a healthy daily life on the conceptualization of occupation. *Journal of Occupational Science*, 18, 62-80. doi:10.1080/14427591.2011.566917
- Lock, L. (2000). Reoccupying the preoccupied: Occupational therapy for sufferers of eating disorders. In T. Hinmarch (Ed.), *Eating disorders: A professional approach* (pp. 70-87). London, UK: Whurr Publishers.
- Matusek, J. A., & Knudsen, R. (2009). Rethinking recovery from eating disorders: Spiritual and political dimensions. *Qualitative Health Research*, 19, 697-707. doi: 10.1177/1049832309334077.
- Nordbø, R. H. S., Espeset, E. M. S., Gulliksen, K. S., & Skårderud,

- F. (2006). The meaning of self-starvation: Qualitative study of patients' perception of anorexia nervosa. *International Journal of Eating Disorders*, 39, 556-564. doi:10.1002/eat.20276
- Patching, J., & Lawlor, J. (2009). Understanding women's experiences of developing an eating disorder and recovering: A life-history approach. *Nursing Inquiry*, 16, 10-21. doi:10.1111/j.1440-1800.2009.00436.x
- Primeau, L. (1996). Running as an occupation: Multiple meanings and purposes. In R. Zemke & F. Clark (Eds.), *Occupational science: The evolving discipline* (pp. 275-286). Philadelphia, PA: F.A. Davis Company.
- Rich, E. (2006). Anorexic dis(connection): Managing anorexia as an illness and an identity. *Sociology of Health and Illness*, 28, 284-305. doi:10.1111/j.1467-9566.2006.00493.x
- Saukko, P. (2000). Between voice and discourse: Quilting interviews on anorexia. *Qualitative Inquiry*, 6, 299-317. doi: 10.1177/107780040000600301.
- Shohet, M. (2007). Narrating anorexia: "Full" and "struggling" genres of recovery. *Ethos*, 35, 344-382. doi:10.1525/eth.2007.35.3.344
- Singlehurst, H., Corrs, S., Griffiths, S., & Beaulieu, K. (2007). The impact of binge eating disorder on occupation: A pilot study. *British Journal of Occupational Therapy*, 70, 493-501.
- Steinhausen, H. (2002). The outcome of anorexia nervosa in the 20th century. *American Journal of Psychiatry*, 159, 1284-1293. doi:10.1176/appi.ajp.159.8.1284
- Treasure, J., Claudino, A., & Zucker, N. (2010). Eating disorders. *Lancet*, 375, 583-593. doi: 10.1016/S01406736(09)61748-7.
- Weaver, K., Wuest, J., & Ciliska, D. (2005). Understanding women's journey of recovering from anorexia nervosa. *Qualitative Health Research*, 15, 188-206. doi:10.1177/1049732304270819
- Wilson, G. T. (2005). Psychological treatment of eating disorders. *Annual Review of Clinical Psychology*, 1, 439-465. doi:10.1146/annurev.clinpsy.1.102803.144250
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