FOOD FOR TALK

A conversation game for young adults with eating disorders and their social network

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PREFACE

Before you, you will find the results of my thesis for the master's Design for Interaction at the faculty of Industrial Design Engineering at the Deflt University of Technology.

One of the privileges I have experienced in life is using my creativity to contribute to the lives of others. This project has given me the opportunity to explore my interest in psychology, mental healthcare and playful design. It has been an absolute dream and pleasure to be able to work on this project and shed light on the topic of eating disorders.

As someone who has personally grappled with an eating disorder, I know how isolating and shameful it can be. Therefore, I wanted to contribute to spreading knowledge and creating more understanding about eating disorders. I hope my contribution becomes a small part of a movement that increases openness regarding mental health and reduces stigma and taboo so that no one has to bear the weight of an eating disorder alone.

First of all, I am forever thankful to all the women who were so brave and honest in sharing their most fragile memories, experiences and emotions about their eating disorders with me. This project would not have been possible without you. Thank you for trusting me.

To all the family, friends and partners who have taken the time to talk about their experiences of seeing a loved one struggle with an eating disorder, I am in awe of the unconditional support and love you provide. Thank you for sharing your perspective.

I would like to thank all the healthcare providers who have made time for me in their tight schedules. Your passion and drive to help others was very inspiring, and I hope to be able to collaborate more often!

A very special thank you to my supervisory team. I would like to thank Niko Vegt, Mailin Lemke and Lotte Jacobse for all the patience, constructive feedback and motivation. I am very grateful for all the support and for helping me navigate this complex project. I couldn't wish for a better team!

To Mick, thank you so much for always being there, thinking with me and listening to my brain going 100000km/h when talking about ideas. I think by now you can call yourself an Industrial Designer as well!

Above all, I wish to thank my family and friends for supporting me in my own journey. Thank you for all the years of support, love and encouragement while I was searching for the study that suited me the most. I have finally found what I love to do!

- Jacqueline
Blok

EXECUTIVE SUMMARY

Eating disorders are a growing problem in the Netherlands. Eating disorders are most prevalent among young adults between 18 and 30 years old and, on average, go undiagnosed for four years. There is no single cause for eating disorders, and are often accompanied by other mental illnesses such as depression and anxiety. Because of the complexity, there is no ready-made solution. Eating disorders occur because they offer instant gratification to cope with emotional distress. Individuals often do not seek help because of denial, guilt, shame and stigmatisation caused by a lack of general knowledge.

The main aim of this research has been to explore the needs of young adults living with an eating disorder who seek support in addressing their disorder.

Throughout this graduation project, Redesigning Psychiatry (a project which details an ideal future vision of mental healthcare in the Netherlands) was consulted to provide guidance in making decisions for design directions.

The research consisted of a theoretical background study, contextmapping (a qualitative user research approach using generative tools and interviews) and research through design method (including activities such as rapid prototyping and testing).

The theoretical background and context mapping insights resulted in a theoretical model that provided detailed insights into factors that influence the help-seeking behaviour in young adults with eating disorders. The model created an overview of the research insights and Redesigning Psychiatry was consulted to highlight the importance of including the social network of young adults with eating disorders in the design.

Based on this design decision, the goal for the design was to design a tool that enables the initiation of a conversation about eating disorders between young adults with eating disorders and their social network so that both parties can set boundaries for their involved support while maintaining their original relationship.

The design should aim to:
Increase others understanding eating disorders
Increase openness in communication about eating disorders
Increase knowing how to communicate about eating disorders
Enable the development of personalised care
Creates a safe and controlled feeling over the interaction

The goal resulted in Food for Talk, which is a conversation game for young adults with eating disorders and their social network to communicate experiences, emotions and needs surrounding the topic of eating disorders. The conversation game facilitates the conversation through several game elements such as a board, conversation cards and tokens. Food for talk is intended to be distributed through therapists of young adults with eating disorders.

Finally, the game Food for talk has been evaluated with young adults with eating disorders and their social networks. The design was successful in supporting in-depth conversations between young adults and their social network, increased openness and knowledge and removed hesitance in the conversation. However, further research is needed to validate the effects of the final design. The final design should be evaluated between young adults with eating disorders and their social networks in a long-term study as well as with different types of social networks.

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INTRODUCTION

Figure 1 - Screenshots of newspaper articles about eating disorders

Context of project and relevance

An eating disorder is a behavioural condition characterised by a disturbance in eating behaviours and associated distressing thoughts and emotions (most common disorders are anorexia nervosa, bulimia nervosa and binge eating disorder). Eating disorders can come in combinations with different psychological disorders such as depression and health problems and has a high mortality rate, including suicide (Smink et al., 2012). According to the Voedingscentrum (n.d.), an estimated 200.000 people in the Netherlands have an eating disorder. Eating disorders are most prevalent between the ages of 20 − 29 and have increased by 44% since 1990 (Our World in Data, n.d.). Eating disorders require complex care and may result in long waiting times, high costs and an inadequate ability to meet people's needs; this is an increasing problem within the Netherlands.

Eating disorders are getting more attention in the news. Recently, there were numerous articles in the NRC, Volkskrant, Correspondent and NOS (see Figure 1) whereby the gezondheidsraad in the Netherlands advised the ministry of health for a national approach whereby eating disorders can be recognised and treated earlier. Early recognition of eating disorders is essential for fast recovery; according to the gezondheidsraad (health council), it takes an average of four years for young adults with an eating disorder to seek help (Ministerie van Volksgezondheid, 2020). The articles acknowledge the complexity of eating disorders, a lack of (general) knowledge about eating disorders, increased waiting times for the GGZ and the absence of a ready-made solution.

Because I have personally grappled with these issues, I would like to contribute to improving the existing approach to eating disorder recovery in the Netherlands by researching this context and designing a (product)service that positively influences the well-being of young adults living with an eating disorder.

Redesigning psychiatry

This project is carried out in collaboration with Redesigning Psychiatry (RP). Redesigning Psychiatry is a project which details an ideal future vision of mental healthcare in the Netherlands (GGZ). In this project, philosophers and designers came together with organisations to create a vision for 2030, which proposes changes for the current GGZ in the Netherlands by putting human values first.

Within the project, it was important to look at what is happening in mental healthcare. There is a consant movement and change within the GGZ, and how do we as a society perceive this change? If we were to look back a few hundred years ago, mental illnesses were seen as witchcraft and women who, for example, suffered from hysteria were condemned to burning at the stake (Quintanilla, 2020). Now, if someone has an illness, they need to be cured. This concept of needing to be cured is beginning to become outdated.

RP is creating a movement to shift the perception of a problem belonging to an individual to an interaction problem surrounding an individual. RP defines this shift in perception through 'Omdenkstappen' (directly translates to rethinking steps). Each Omdenkstap describes a different way of thinking than what currently occurs in the GGZ. These Omdenkstappen support RPs' debate about their belief that the GGZ needs a radical change.

I would like to use the vision and Omdenkstappen of RP within this graduation project as a guiding perspective. Because this project is not large enough to produce fundamental research on mental healthcare in the Netherlands, RPs' perspectives will be used as guidance to help clarify insights and make decisions for the design direction. The Omdenkstappen and how these are implemented will be explained further in chapter 5 of this report.
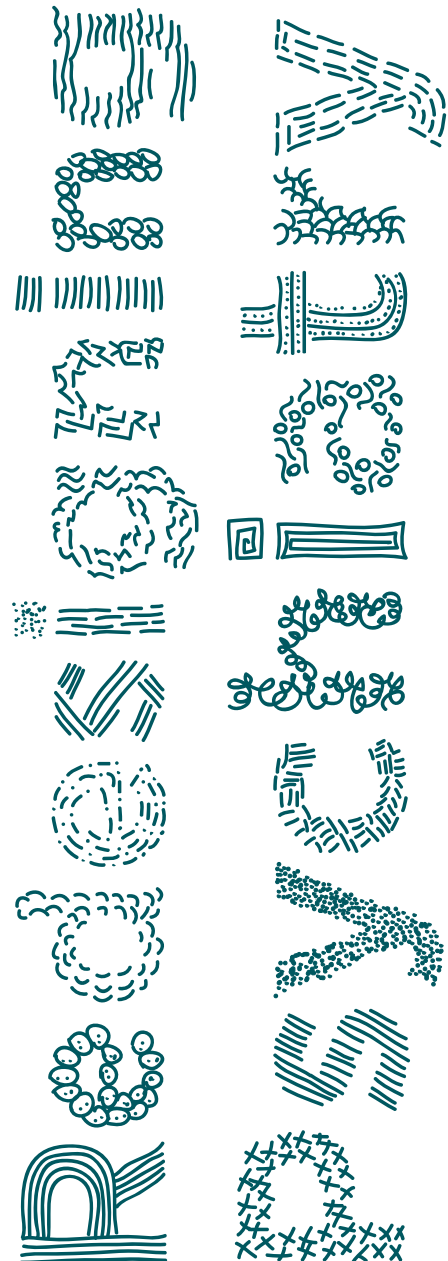
The goal of the project

The goal of this project is to explore the needs of young adults living with an eating disorder who seek support in addressing their disorder. Based on the gathered insights, including the involved emotions, a (product)service concept will be developed which aims to increase well-being through improving the fit of care and will be tested by stakeholders.

The initial research questions of this project were
- What is an eating disorder, and what are the health and social implications of eating disorders?
- What influences help-seeking attitudes among young adults with an eating disorder?
- What are the barriers and drivers young adults with an eating disorder encounter during the help-seeking process?

Project approach

In this project, I used the double diamond approach. Within the double diamond approach, I included various research and design methods to diverge and converge ideas. Methods and tools used were contextmapping (including generative tools such as sensitising booklets), interviews, rapid prototyping and evaluation of prototypes. These methods resulted in insights that result in an understanding of the context, principles for ideation and evaluation of the concept. The following page explains the approach and the various methods used throughout this project.

Double diamond approach

This project followed the double diamond approach to explore the topic through divergent and convergent thinking (see figure 1). There are four phases within this approach

1. Discover
2. Define
3. Develop
4. Deliver

The Discover phase focuses on gaining insight into the problem using a user-centred and empathetic approach. The Define phase scopes down the focus by looking at needs and values to define the problem. The Develop phase is to generate different solutions through brainstorming, prototyping, and testing. The Deliver phase is to present solutions by evaluating, processing feedback, and then detailing them.
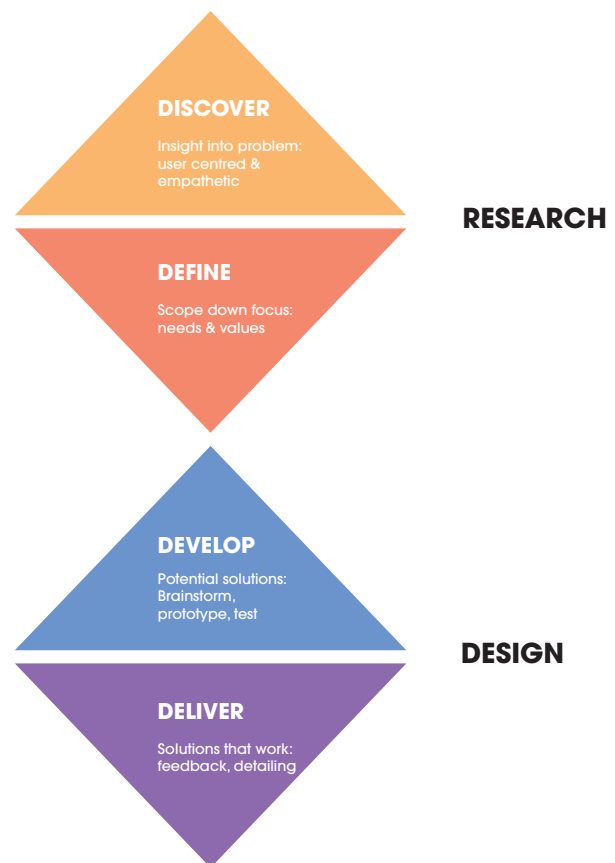
Figure 2 - Overview of the project's design process

Figure 3 illustrates an overview of all the activities completed throughout the phases of the double diamond. The overview also represents the structure of this report.

DOUBLE DIAMOND PHASES & ACTIVITIES

Primary research: Contextmapping
Interviews and generative session with with young adults recovered from an eating disorder. Interviews with the social network of young adults with an eating disorder

Problem exploration & research
Desktop research, explorative interviews with healthcare providers and preparation of primary research (sensitizing & interview guide)

Defining project goals
Creating design principles, interaction vision and detailed project goal for the design phase

Analysis of research
Clustering and analysing insights from desktop research, interviews and generative tools.

Evaluation moments
Evaluation and co-creation moments with stakeholders including young adults with eating disorders and their social network

Ideation
Ideation moments including generative methods such as brainstorms, drawing, prototyping, storytelling and game design

Deliverables
A final prototype and the final evaluation of the prototype. Report and presentation deliverables

Expert consultation
Talking to experts such as game designers, experience experts and therapists
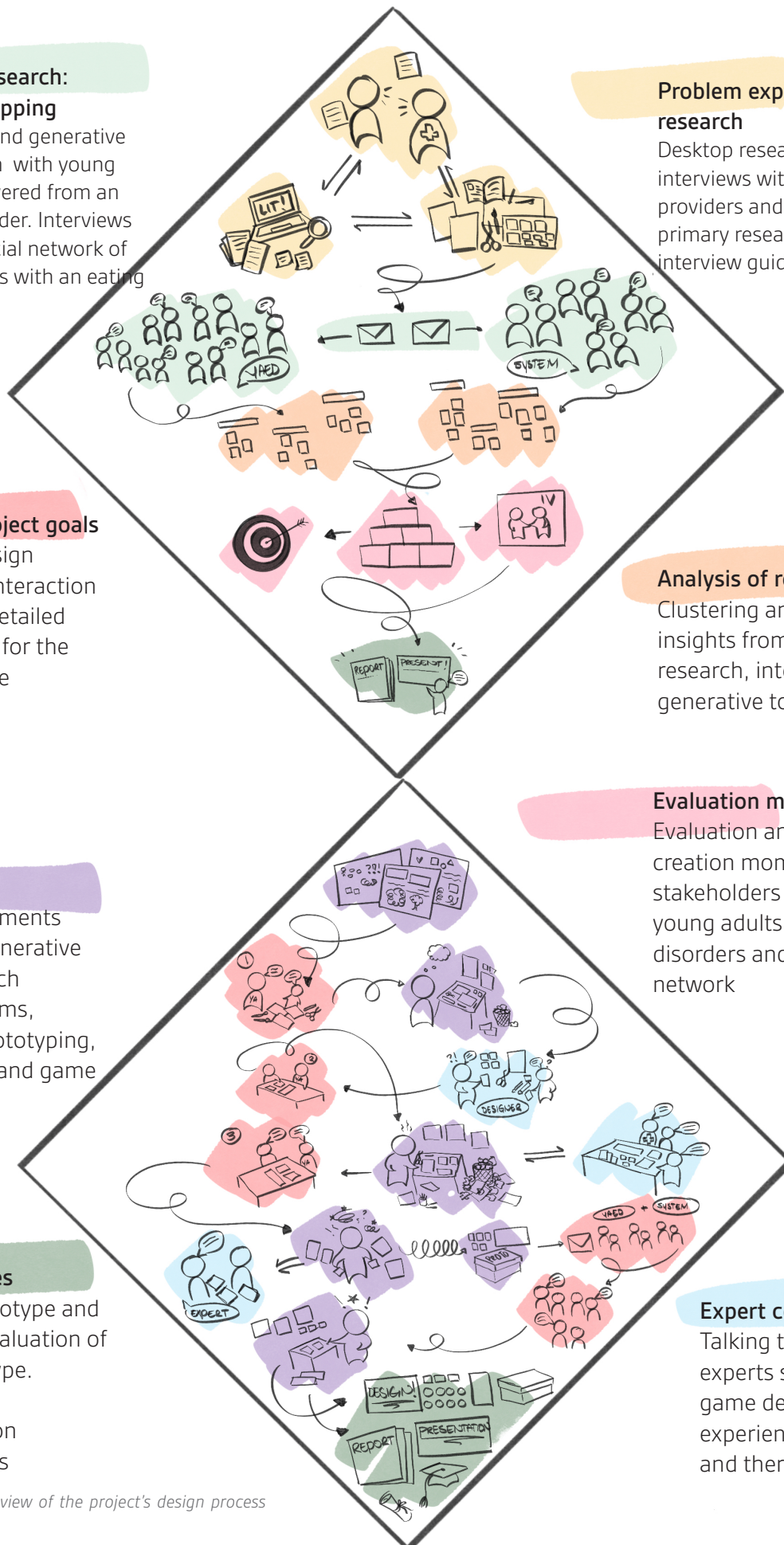
Figure 3 - Visual overview of the project's design process and activities

Discover

During the Discover phase, I conducted explorative interviews and literature research as a starting point for a patient journey map. A patient journey map is an overview of what a patient goes through. The map depicts, for example, different stages, emotions, goals, interactions, barriers and drivers a patient may encounter in their healthcare journey. The user journey map helps to pinpoint missing information (Boeijen et al., 2014) for contextmapping as the primary research method. Contextmapping is a "procedure for conducting contextual research with users, where tacit knowledge is gained about the context of the use of products" (Sleeswijk Visser et al., 2005). Throughout this project, stakeholders actively participate in the design process to understand what they know, feel and dream. Expressing their knowledge about their experiences is vital as part of the process and is done through generative techniques to guide the stakeholders. Generative techniques include sensitising booklets and creative interviews with collages.

Define

In the design phase, the contextmapping method is continued by analysing all insights from the discover phase. During the analysis, the insights were clustered to create themes resulting in a focus for this design project. The focus helped create design principles, a refined design goal and an interaction vision to help guide develop phase.

Develop

In the Develop phase, the output of the Define stage is taken as guidelines for the design. In an iterative process, the design is achieved through various divergent and convergent thinking techniques such as brainstorming, drawing, prototyping, storytelling, game design exploration, and evaluation moments to test the drawings, prototypes and stories. These evaluation moments are conducted with users such as young adults with eating disorders, their social networks and with experts such as healthcare providers and game designers.

Deliver

In the Deliver phase, the final evaluation results in feedback for the final design. A final iteration to improve the tested prototype is made, including recommendations for further testing of the prototype. Final deliverables such as a graduation report and presentation are delivered as well.

PHASE 1 |

DISCOVER

IN THE DISCOVER PHASE YOU WILL FIND
THE FOLLOWING

Primary research: Contextmapping
Interviews and generative session with with
young adults recovered from an eating disorder.
Interviews with the social network of young adults
with an eating disorder

Problem exploration & research
Desktop research, explorative interviews with
healthcare providers and preparation of primary
research (sensitizing & interview guide)

Chapter 1 - Theoretical background

In this chapter, I will provide a theoretical background on eating disorders. This chapter includes a method of literature research and insights into the explored literature to identify relevant questions, explore the added value of this project, and identify a gap in the literature to serve as parameters for the primary research. This chapter also includes insights from interviews with healthcare providers to support literature findings and clarify questions.

1.1 Methods and tools

1.1.1 Literature

A literature review was conducted to gain an understanding of the experience of someone with an eating disorder (ED). Several papers were collected for the desk research, including classic literature, recent literature, systematic reviews and design papers. Relevant sources were found through the TU Delft Library, TU Delft repository and Google Scholar. Keywords used were: eating disorders, behaviour change, motivation, stigma, help-seeking, recovery, self-esteem, negative emotions, drivers and barriers.

1.1.2 Interviews with healthcare providers

The desk research was done parallel to interviews with ED healthcare providers. The interviews served as a method to check insights from the literature and explore healthcare providers' perspectives. The perspectives of the healthcare providers offered insight into contextual experiences and real-life examples. The interviews were semi-structured (see appendix H for interview guide), and the questions were exploratory and mainly asked the healthcare providers to describe what is essential when talking to ED clients, what an ideal first meeting looks like and where in recovery crucial interactions with an ED client take place.

Participant sample
The healthcare providers were sampled through purposeful sampling, trying to cover multiple dimensions within the healthcare sector for diverse opinions. A total of n=6 participants were recruited and were females between the ages of 20-65 years old. All participants lived in the Netherlands and worked as healthcare providers, including experience experts, system therapists, clinical psychologists, manager innovation development, and dieticians.

Setting
Data was collected at the n=4 online and n=2 at the office of the participants. The interviews were conducted with each healthcareprovider separately and one researcher. The data was collected between 07/03/22 - 16-05-22.

The interviews took between 30 minutes and 1 hour, depending on the participant's availability. N=4 interviews were recorded using a TU Delft-issued voice recorder, and n=2 interviews were recorded by taking notes. Insights from the interview were collected in the form of quotes. Participants were allowed to listen to their recordings, read the transcripts and check quotes.

The insights from the literature and healthcare provider interviews are summarised in a visual timeline to provide an overview of the collected information. The summary visually portrays the stages of help-seeking behaviour and any benefits and barriers experienced. The visual aims to help identify themes, patterns and gaps within the existing literature.

The focus of this theoretical background review is to answer the following questions:

- What is an eating disorder, and what are the health and social implications of eating disorders?

- What influences help-seeking attitudes among young adults with an eating disorder?

- What are the barriers and drivers young adults with an eating disorder encounter during the help-seeking process?

1.2 Eating disorders

1.2.1 Manifestation

An eating disorder (ED) is an illness where people experience a disturbance in eating behaviour that can manifest in different types. The following list explains briefly what four different EDs look like (Polivy & Herman, 2002).

- Anorexia nervosa (AN) is a restricting type by refusing to eat food and engaging in excessive exercise.

- Binge eating disorder is characterised by eating an excessive amount of food in a short time.

- Bulimia nervosa (BN) engages in binge eating a large amount of food. However, it is followed by compensation behaviour such as purging to prevent weight gain.

- Eating disorder not otherwise specified (EDNOS) is a diagnosis for patients who do not meet the criteria for AN or BN.

Appendix A contains an overview of the types of ED and their characteristics.

1.2.2 Causes of eating disorders

There is no single cause of eating disorders; Polivy & Herman (2002) explore different factors such as sociocultural contributors, familial influence and individual risk factors. These factors include, for example, genetics, trauma and abuse, parents with EDs, negative moods, stress, low self-esteem and body dissatisfaction. An overview of these insights of potential causes by Polivy & Herman (2002) can be found in appendix B.

There are a plethora of factors that can influence EDs among people, and different EDs have different symptoms. There is no exact aetiology (manner of causation) of eating disorders; eating disorders may have multiple and shared etiologies. There is a lack of understanding of the interactions between the different causes of

eating disorders due to the complexity (Rikani et al., 2013; Policy & Herman, 2002; Striegel-Moore & Cachelin, 2001). Therefore the focus should not be on a specific type of ED but on contributing factors. Within this project's scope, I have chosen to focus on individual risk factors, consisting of personal experiences of the environment and individual. This thesis will continue to explore the individual risk factors and the effect on help-seeking among YAEDs. Specific topics of interest are experiences contributing to ED behaviour and affective influences.

1.3 Individual risk factors and effect on help-seeking

1.3.1 Experiences contributing to EDs

Polivy & Herman (2002) explore experiences that contribute to ED development. The paper depicts that it is often interpersonal experiences such as trauma, abuse, and teasing that contribute to the development of EDs. These experiences affect emotions, causing intolerable emotions and undermining one's identity. The ED is then used as a way to cope with lacking a sense of self. The ED offers a gain in emotional control by focusing attention on one's weight and shape and results in feelings of emotional gratification and relief and offers an escape to avoid dealing with underlying issues. The emotional gratification and relief are accompanied by feelings of pride which maintain the ED behaviour. Pride, for instance, can result from positive feedback about weight loss from family members, such as "you look better", which proves that ED behaviour is working and should be continued (Schoen et al., 2011). On the other hand, negative feedback on weight loss may be perceived as hurtful and contributes to emotional distancing.

Interactions with others appear to have a significant impact on help-seeking attitudes. Helpful interactions were described as "showing concern, goal-directed and came from a trusted source", and positive feedback about weight

changes could also soothe any concerns one may have about their appearance (Schoen et al., 2011). However, Akey et al. (2012) stated that friends and family might also cause more harm than good when trying to help due to a lack of knowledge or training. Family and friends may not know what to say or what they can do to help and therefore not be able to provide support. Also, participants concealed their illness from their friends and family because they did not want to cause pain.

Negative family and cultural attitudes toward seeking help may be a barrier for individuals with an ED to seek help and according to Akey et al. (2012). Similarly, previous experiences with psychological help influence help-seeking attitude significantly. Positive experiences with psychological help include feeling understood, non-judgemental, and showing understanding and trust. These positive experiences make individuals feel they can talk about their problems and be open without fear of judgement. Negative experiences such as unsuccessful treatment, not being taken seriously, or when healthcare workers have no people skills result in feelings of shame, judgement, distrust, frustration and disappointment (Schoen et al., 2011; Evans et al., 2011).

1.3.2 Stigmatisation

Stigmatisation is another contributing factor to concealing EDs. Because EDs are complex, there is a lack of understanding of what an ED is. The widely perceived belief of EDs is often the extreme example that the media have portrayed. For example, the documentary 'Emma wilt leven' (Villerius, 2016) portrays the life of Emma see figure 4.
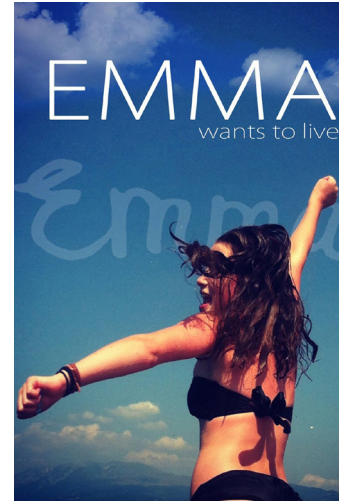
Figure 4 - Documentary cover page: Emma wil leven (Villerius, 2016)

She is an extreme case of anorexia which can result in certain stigmatised beliefs around EDs, for example, that individuals can only have AN when they are extremely underweight.

Figure 5 - Image of Emma from Emma wil leven (Althuisius, 2016)

Griffiths et al. (2015) investigates the effects of stigmatisation on EDs and found that the "attitudes and beliefs towards people with EDs are centre on themes of personal responsibility, attention-seeking, weakness of character and of EDs being a problem that should be easy to overcome". These beliefs can have negative consequences such as increased ED symptoms, low self-esteem, feelings of shame, and decreased treatment-seeking behaviours (Griffiths et al.,2015; Brelet et al., 2021)

Brelet et al. (2021) describe three types of stigma components:

1 Cognitive

Stereotypes (positive or negative) about social group members, e.g. all people with EDs are skinny, weak, incompetent and responsible for their condition.

2 Emotional

Prejudice consists of unfavourable attitudes toward people with EDs because of their social group membership. They may feel sorry for them and want to help but also feelings of uncertainty and discomfort.

3 Behavioural

Discrimination consists of negative behaviours directed toward someone because they belong to a specific social group. For example, individuals with mental health conditions may receive fewer callbacks when applying for jobs.

These stigmas may burden individuals and lead to self-stigmatization, whereby individuals start to believe the stereotypes and prejudices themselves; this self-stigma may result in increased symptoms (Brelet et al., 2021). Some of the most destructive thoughts of internalised stigma in EDs found in Griffiths et al. (2015) are:

- I should be able to just 'pull myself together'

- I don't have a 'real' condition

- I am personally responsible for my condition

- I am Incompetent

- I am Disgusting

- I am an attention seeker

- I am shameful

- I have no self-control

The negative effect of stigmas may be isolating due to keeping others at a distance as an attempt to protect oneself. These negative experiences contribute to negative thoughts and emotions, also known as affective influences

1.3.3 Affective influences

Affective influences refer to individuals' attitudes and emotions about themselves or their environment (Polivy & Herman, 2002). These may stem from experiences that contribute to EDs. The ED provides temporary relief when there are negative affective experiences such as emotional distress, depression, anxiety, loneliness and perceived stress (Harney et al., 2014). Negative emotions follow the temporary relief, including "denial, self-hate, fear of consequences, shame, pride and hopelessness" (Schoen et al., 2011). These negative emotions harm help-seeking attitudes due to feelings of pride that prevent individuals from admitting the problem. Similarly, shame is linked to what others may think

> *"I think it's very shameful to talk about this stuff. The others will think, oh, she is not very determined. Fail the diet, and you go vomit" - (Schoen et al., 2011).*

Thoughts like these may be isolating and result in feelings of loneliness.

Loneliness can negatively affect individuals with EDs, such as increased body dissatisfaction, food consumption and a desire to binge. A study by Harney et al. (2014) explores the negative affective experiences of depression, anxiety and loneliness at different stages of recovery. Harney et al. (2014) found that the levels of loneliness may decrease if individuals make visible changes such as weight regain and friends and family respond positively.

Similarly, Linville et al. (2012) report that participants expressed the need for social support especially connecting to people who understood the ED recovery process, which

decreased isolation. Literature suggests that it is essential to provide support regardless of weight gain or loss. If the support is only provided when individuals are underweight, it reinforces that there is a value for this low weight. A sole focus on weight has been pointed out to be unhelpful. Moreover, many individuals with EDs are not always under or overweight; therefore, support should be provided regardless of weight.

TAKE-AWAYS

In conclusion, different factors contribute to help-seeking attitudes.

- EDs are a coping mechanism to provide temporary relief when experiencing emotional distress; however, feelings of shame and pride follow the temporary relief and may result in concealing behaviour.

- A prominent observation is that social interactions appear to have significant effects on individuals with EDs. Social interactions can act as drivers and barriers when it comes to help-seeking activities. This depends on the nature of the relationship (family, friends, acquaintances and romantic partners) as well as their level of knowledge, understanding of EDs and ability to provide appropriate support.

- Negative experiences with psychological help and negative family and cultural attitudes toward help-seeking behaviour may cause a negative attitude towards seeking help in individuals with EDs.

- Stigmatisation is caused by a lack of knowledge and increases negative affective such as feelings of shame and guilt and may cause individuals to conceal their EDs. This concealment results in isolation and feelings of loneliness which may contribute to the need to engage in ED activities.

- Therefore social support is expressed to be needed, especially during recovery and should be regardless of weight. This contributes to decreasing loneliness.

1.4 Help-seeking process

1.4.1 Treatment

The most prevalent form of treating eating disorders is cognitive behavioural therapy (CBT). CBT is a psychological intervention which involves monitoring thoughts, feelings or behaviour with respect to the symptom and subsequently finding alternative ways to cope with the target symptom (National Collaborating Centre for Mental Health UK, 2004).

Before enrolling in treatment, there needs to be a wish to change ED behaviour. In the following paragraphs, a theoretical model is applied to the context of help-seeking and what steps are involved specifically for seeking ED treatment. The theoretical model is applied to help to structure the different insights collected during the literature review. The insights are clustered in the different stages of the theoretical model and can be found in the summarising visual in figure 11.

1.4.2 Theory: the transtheoretical model of health behaviour change

Prochaska and DiClemente developed the Transtheoretical Model (TTM) to study the experiences of smokers who were able to quit on their own and others were needing treatment and to understand why some were able to quit by themselves. The outcome was that people who quit smoking were ready to do so. The scope for TTM quickly expanded to mental health behaviours, including eating disorders. Therefore, in this graduation project's scope, the TTM offers a starting framework to analyse the current behaviours of young adults with eating disorders (YAEDs). Below the TTM is explained and subsequently applied to the help-seeking process of EDs.

Prochaska & Velicer (1997) explain in their paper that behaviour change is a process through a series of six stages:

Stage 1: Precontemplation
People have no intention to take action in the foreseeable future (six months) because of no/ lack of information about the consequences of their behaviour

Stage 2: Contemplation
People are intending to change in the foreseeable future (six months), and they have more knowledge about the pros and cons of changing. The indecision by weighing the benefits and barriers of changing can cause people to get stuck in this stage for long periods of time.

Stage 3: Preparation
People intend to take action in the immediate future (one month); they have taken some action by creating a plan of action, talking to a physician, consulting with a counsellor and turning to self-help methods.

Stage 4: Action
People have made changes in their lifestyles within the past six months; these actions need to fulfil a criterion sufficient to reduce disease risks.

Stage 5: Maintenance
People are working to present a relapse; they are confident they can continue change and do not apply change processes as often as people in the action stage do. Maintenance can range from six months to five years.

Stage 6: Termination
People have no more temptation and are sure they will not return to old unhealthy behaviours.

Within the TTM there is a chance of relapse, defined as a form of regression whereby people return to an earlier stage. For example, when someone is in the action stage may relapse and return to the preparation stage.

1.4.3 Applying the TTM in the context of EDs: stages 3 to 6

In the following paragraph, the TTM will be explained in the context of ED recovery. The stages of the TTM are split into two sections.

- Stages 3 to 6 are explained first in the context of ED recovery. These stages can be seen as actionable stages where YAEDs actively engage in activities for their recovery (see figure 6).

- Second, stages 1 and 2 are explained; these are cognitive activities and applied to the context of ED recovery using another model.

Stages 3 to 6 can be seen as 'logistic' steps that are taken towards seeking help.
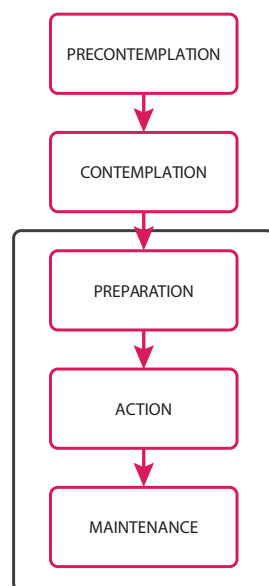
Figure 6 - TTM model highlighting stages 3 to 6

Stages 3 to 6 can be seen as 'logistic' steps that are taken towards seeking help. In the Netherlands, the government website (Ministerie van Algemene Zaken, 2022) suggests that to seek help, YAEDs need to first make an appointment with a general practitioner (GP). YAEDs may receive a referral to a primary (dietician, social worker psychologist) or secondary (clinics, specialists or ED care organisations) healthcare provider, and from there on, they go through numerous stages:

- Visit GP for referral to a primary or secondary healthcare provider

- Contact a primary or secondary healthcare provider for an intake appointment

- Waiting period for intake (4 weeks on average for secondary healthcare providers. Primary healthcare providers have shorter waiting times depending on their availability)

- Have an intake for primary or secondary healthcare provider

- Waiting period (10 weeks on average for secondary healthcare providers. 4 weeks on average for primary healthcare providers)

- Enrol in therapy course (duration depending on diagnosis and severity of symptoms)

- Termination of therapy and enrol in aftercare

An overview of the logistic steps can be found in figure 8. These logistic steps are not always this linear but represent the general steps taken for access to mental health care.

PREPARATION			ACTION		MAINTENANCE	
Visit GP for referral to primary or secondary healthcare provider	Contact primary or secondary healthcare provider for intake appointment	Waiting period (4 weeks on average for secondary healthcare providers)	Intake primary or secondary healthcare provider	Waiting period (10 weeks on average for secondary healthcare providers)	Enrol in a therapy course (duration depending on diagnosis and severity of symptoms)	Termination of therapy and enrol in aftercare

Figure 8 - Overview of TTM stages 3 to 6 and the logistic steps taken in the Netherlands to access care for EDs

As you can see from figure 8 , access to care begins when a YAED is prepared to make a change. The care logistics do not cater to YAEDs who are still in their ED's pre-contemplation and contemplation stages. According to the TTM, before an individual takes a step towards help, they must first pass through stages 1 and 2 (see figure 7). Stages 1 and 2 appear to be a separate process among young adults with eating disorders and can be explained through the transient awareness model.
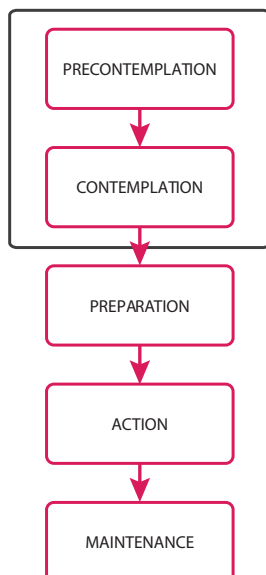
Figure 7 - TTM stages 1 and 2 highlighted

1.4.4 Applying the TTM in the context of EDs: stages 1 and 2

YAEDs pass through the stages of change in the TTM to change their behaviour. Cooper et al. (2007) discuss several strategies that are engaged in progress throughout the stages:

- Changes in beliefs regarding pros and cons and functions of the ED

- Possessing personal strength, self-confidence and feeling understood and empathised with are essential when experiencing the feeling of readiness for change

- Having a sense of control over treatment

- Supportive and empathetic relationships (with friends, professionals and families)

However, this study by Cooper et al. (2007) was done with participants who were already in treatment, whereas Schoen et al. (2012) explored the process of change experienced prior to treatment. As mentioned earlier, stigmatisation was one factor that may contribute to the reluctance to seek help. Other reasons for low help-seeking rates include:

- Poor mental health literacy (lack of knowledge)

- Feelings of shame

- Low motivation to change

- The belief that one could or should handle the problem alone

- Low social support

Schoen et al. (2012) dive deeper into how the factors mentioned above come together in a model that visually portrays a process prior to help-seeking. The model includes components of denial and awareness, feedback, critical incidents, emotions, attitudes towards help-seeking and perceptions of treatment. The model is portrayed in figure 9 and explained in the following paragraphs.
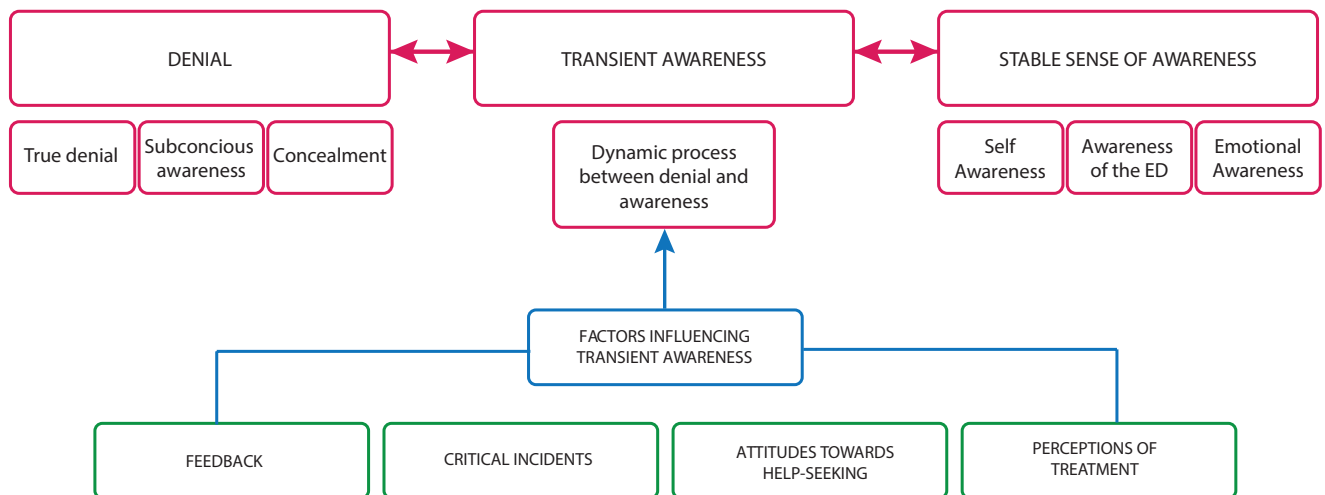
Figure 9 - Transient awareness model

1.4.4 Transient awareness model

Denial and awareness

"The core process in this model was termed "transient awareness" and describes a cyclical process of weaving in and out of awareness and denial about the following issues: the severity of the eating disorder, the individual meaning of the illness, and the need for help and support" (Schoen et al., 2012). Transient awareness can be influenced by feedback from loved ones or physiological feedback (such as fatigue, brittle nails, eroded tooth enamel etc.), which results in moments of distress, causing women to be more willing to seek help. Feedback may not be enough and can result in thoughts such as "It is not that bad", and denial returns, stopping them from thinking about their health. A critical incident may be more likely to jolt an individual with an ED out of their denial. Schoen et al. (2012) define critical incidents as a caring confrontation by a loved one or serious physiological symptoms

such as fainting or severe fatigue. A critical incident may increase awareness; however, the awareness may wane, and the individual with an ED may slip back into denial. Therefore it is essential to take action in seeking help when there is an increased sense of awareness of the illness to move to a stable sense of awareness, thus becoming actively engaged in seeking and committing to treatment.

In figure 10 the transient awareness model is applied to the TTM. This visualisation is used as a tool to help identify missing information which will be discussed in the following paragraphs about patient journey maps. Furthermore, the denial awareness cycle appears to be present throughout the help-seeking journey of an individual with an ED. A healthcare provider confirmed this statement in an interview for this project

"This process is like a mechanism; I see it occurring throughout recovery and even after recovery" - HP3

PRECONTEMPLATION

True denial, denying severity of illness, concealment (hiding symptoms)

Feedback from own body or from social contacts (may help break through denial or drive further into denial)

CONTEMPLATION

Critical incident, an occurence jolting the individual with ED ouf of denial. Incidents such as pysiological or a goal oriented talk from a loved oen

Stable sense of awareness, becoming active about the illness and aware of severity of illness

Figure 10 - TTM stages 1 and 2 applied to the transient awareness model

1.4.5 Visual summary of literature insights

The visual summary (figure 11) of the literature is used to create an overview of the processes that occur within YAEDs when moving from denial to seeking help. The visual combines the first two stages of the TTM and the transient awareness model. The visual shows barriers and drivers that influence the awareness of the ED before a YAED prepares to seek help.

The visual summary helped me organise important findings of the literature and helped me pinpoint what I lacked in knowledge. It quickly became evident that I lacked personal experiences, thoughts and emotions. As per context mapping terms, I lacked tacit and latent information. "Tacit information is the knowledge that refers to things we know but cannot verbally communicate, and latent knowledge refers to thoughts and ideas that we have not experienced yet but on which we can form an opinion based on past experiences" (Sanders & Stappers, 2012). In chapter 3, missing information is achieved through primary research, which includes interviews with generative tools.

PRECONTEMPLATION

INTERNAL PROCESS OF SHIFTING AWARENES

Denial
True denial, denying severity of illness, concealment (hiding of symptoms)

Feedback
Verbal, physiological and interpersonal feedback. To break through complete denial

EXPERIENCES

"I don't want him walking around thinking 'my girlfriend's half a whack job." (Akey et al., 2012)

"It's nothing too serious to me. I'm not like, 'oh my god, I might have a heart attack tomorrow." (Akey et al., 2012)

DRIVERS TO AWARNESS & SEEKING HELP

interactions with self
- Cost of the disorder such as missing out on activities (level of interference with life roles)
- Increasingly severe physical symptoms such as fatigue, fainting, sever distractedness, brittle hair, eroded tooth enamel, osteopenia, insomnia and dizziness (critical incident)
- High levels of distress
- Other psychological concerns

(Akey et al., 2012; Evans et al., 2011; Schoen et al., 2011)

Interactions with others
- Goal oriented feedback coming from a trusted source (mother, best friend or boyfriend)
- Caring confrontation
- Positive feedback about appearance can soothe concerns
- Positive experiences with healthcare
- Positive social support (encouragement of friends and family)

(Akey et al., 2012; Evans et al., 2011; Schoen et al., 2011)

Interactions with environment
- Increased community awareness
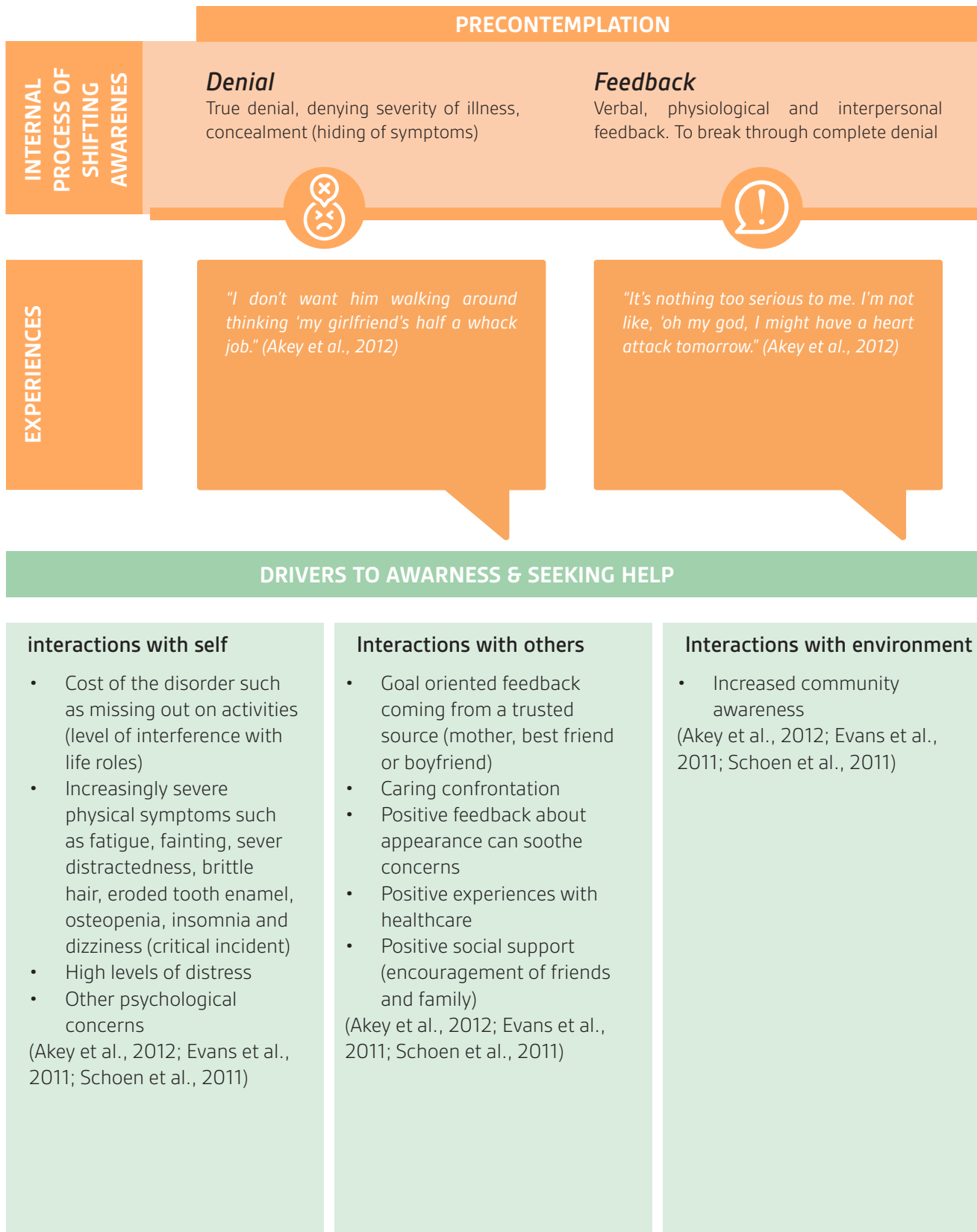
(Akey et al., 2012; Evans et al., 2011; Schoen et al., 2011)

Figure 11 - Summary of literature findings

CONTEMPLATION

Critical incident
An occurrence that jolts the YA out of their denial

Transient awareness
Temporary insight and emotional awareness of the illness

Stable sense of awareness
becoming active about illness through insight and awareness of severity of illness

"I think a lot of people deep down have always considered getting help, but it kind of has to take something big, or a snapping moment." (Schoen et al., 2011)

"I guess in my head I feel like it's not that big of a deal and then other days it'll be so bad that I'll just be like just call, just go, just see someone, but I never do, and I don't know why." (Schoen et al., 2011)

"I guess it was the fact that I was so involved with my disease that I wasn't really ready for it. And now I am ready for it, ready for recovery from surrendering to the disease." (Akey et al., 2012)

BARRIERS TO AWARNESS & SEEKING HELP

Interactions with self
- Emotional gratification, control and relief ED offers
- Negative emotions such as feelings of pride, shame, guilt
- Loneliness
- Internalised stigmas
- Undermined identity
- Hiding symptoms as an attempt to no cause pain to friends and family
- Low mental health literacy
- Low motivation for change
- Inability to recognize severity of the ED

(Akey et al., 2012; Brelet et al., 2021; Evans et al., 2011; Griffiths et al., 2015; Schoen et al., 2011)

Interactions with others
- Positive compliments about weightloss suggests food restriction is working and needs to be continued
- Compliments on weight loss from family members "you look better"
- Negative feedback on weight loss perceived as hurtful and contributes to emotional distancing
- Lack of knowledge or training from friends (don;t knwow aht to say or what to do to help)
- Negative experiences with healthcare
- Low social support (unwillingness to get involved with serous issues

(Schoen et al., 2011)

Interactions with environment
- Negative family and cultural attitudes towards seeking help
- Stigmatisation
- Costs of healthcare

(Akey et al., 2012; Brelet et al., 2021; Evans et al., 2011; Griffiths et al., 2015; Schoen et al., 2011)

TAKE-AWAYS

The literature review revealed several factors that influence the experience of an eating disorder and help seeking process. For the next phase of the research, I am interested in exploring factors that influence transient awareness within the help-seeking process of YAs to address their EDs. The influencing factors (feedback, critical incidents, attitudes towards help-seeking and perceptions of treatment) from the Schoen et al. (2012) model appear to stem from interactions with others resulting in behaviour that influences transient awareness.
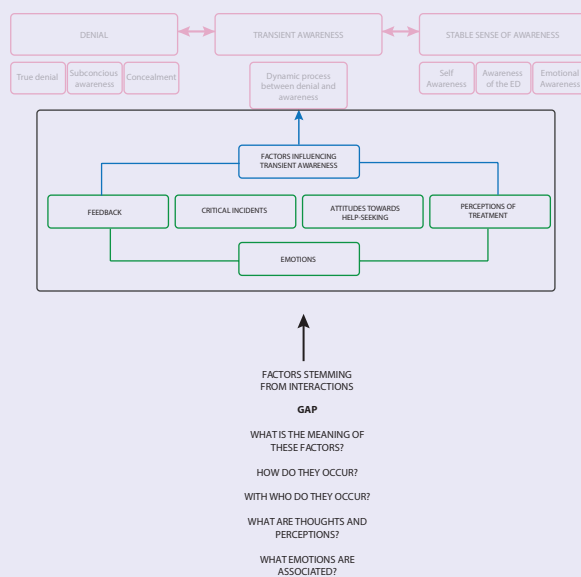
The model is missing information that is necessary for this project. The following questions are explorative and provide a starting point for gathering the necessary information in chapter 2.

- How do interactions with others occur?

- What do interactions with others look like?

- When do interactions with others take place?

- With whom do these interactions occur?

- What are the thoughts and emotions surrounding interactions between YAEDs and their system?

- What other factors influence transient awareness and thus influence the readiness to take a step towards seeking support?

These questions are the first iteration of the identified gap and will be further iterated in the next chapter of the patient journey map.

Figure 12 - Identifying the gap in the literature

Chapter 2 - Contextual Research

In this chapter, the methods for contextual research are explained. This is followed by insights collected from research activities such as sensitising booklets, interviews and generative tools sessions. The insights include personal experiences, thoughts and emotions of young adults with eating disorders and their social networks, during the process of seeking help.

2.1 Context mapping method

2.1.1 Contextmapping
The main method used during this project is context mapping. Context mapping is "a co-creative design approach to solve complex problems and identifying future opportunities" (Sanders & Stappers, 2012). Context mapping is a method where designers, users and other relevant stakeholders participate in the design process. Users and other relevant stakeholders can provide insights into the context where a product will be used; this includes information about factors that influence the interaction between user and product. These insights into the context are discovered through explorative techniques to uncover tacit and latent knowledge, which includes the needs, wishes, motivations and experiences of users and relevant stakeholders.
The explorative techniques used in this contextual research are sensitising materials, interviews and generative tools. These are explained in the following paragraphs.

Sensitising booklet
Sensitising booklets are used to immerse participants in making observations and reflecting on experiences before the interview.

Figure 13 - Sensitising booklet for YAEDs

During the interview, the experiences are further discussed (Sanders & Stappers, 2012). The content of the sensitising booklet is based on the literature insights and focuses on current and past experiences of EDs and interactions within the YAED self and their social network (SN). The sensitising booklets were also used as a conversation starter; for example, the participants were asked to introduce themselves based on what they wrote in the booklet. The booklet also functioned as a guide throughout the interview. The participants were prompted to be creative with drawings, stickers and writing.

Figure 14 - Sensitising introductory page

Semi-structured interview
A semi-structured interview guide (see Appendix G) was written based on insights from the literature and exercises in the sensitising booklet. The questions go deeper into the exercises of the booklets and aim to uncover latent knowledge. A semi-structured interview was used to leave room for conversation for the participants to discuss what they find important, resulting in data-rich personal insights and experiences.

An interview guide was created to ensure that the researcher conducted each interview consistently. The guide included an introduction and disclosure of data collection, the objective

of the interview, an explanation of generative tools, and how long it will take. Reassuring the participants and stating their rights was necessary due to the topic's sensitive nature.

Generative tools
Generative tools were used during the interviews allowing the participants to express themselves and create a visual of experiences, emotions and needs. The visual was created together with the researcher while the participants were talking. The generative tools included visual materials such as images related to YAED experiences to stimulate image search, feelings and dreams about possible futures and subsequently generate and express new ideas relating to future experiences.
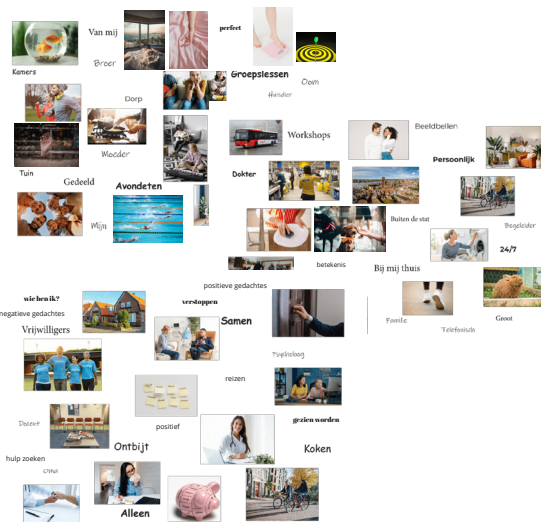

Figure 15 - generative tools: images and words

Similarly, a list of words was included related to the topic to facilitate the expression of ideas and experiences. The participants were in charge of selecting words and images, and the researcher helped to cut these out while the participants spoke about their experiences.

Gift
For the interviews with the young adults, a small gift was given as a token of appreciation for their time and willingness to share their personal experiences.

Safety of context mapping materials
Supervisors and psychologists reviewed the materials before participants were approached.

2.1.2 Analysis of contextmapping

Analysis of interviews
The interviews were analysed with the 'analysis on the wall' approach; the approach includes:
- Transcription

The interview recordings were fully written out in text to interpret and highlight important insights, patterns and consistencies with the literature.
- Person profiles

Summaries of the interview participants based on the first impression of the interview to create a memorable picture of the participant and their experiences (this is more as a reminder for the researcher)
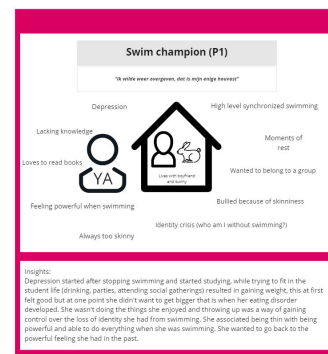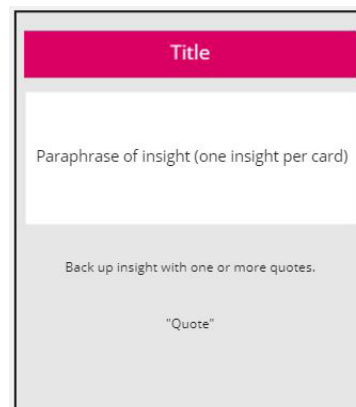

Figure 16 - Person profile example

- Statement cards

Statement cards are a format to make the interpretations and patterns of the interviews explicit. The statement cards contain quote(s) of the important insights found in the interviews, a paraphrase of the quote and a title.

The important insights in the interviews were highlighted based on insights from the literature; this included searching for words such as identity, support/help, judgement, shame and knowledge. Other essential insights were found through an intuitive approach, such as recognising patterns that reveal themselves (letting yourself be surprised by the transcriptions). These insights were created into statement cards that were clustered thematically based on the titles and paraphrases. The clustering is an iterative process; different clusters were created before the final clusters were made. Moreover, the generative tools were used to highlight the most important moments the participants experienced (positive or negative) during their ED recovery process and visuals communicating the ideal experience of ED recovery. The insights collected from the sensitising booklets, interviews and generative tools were used as design guidelines for the development process.

2.1.3 Participant selection

Young adults with eating disorders
- Sample

Participants were sampled through convenience sampling from my own network and social media and snowball sampling, whereby my own network helped reach out to others. A total of n=6 participants were recruited. Participants have approached either face to face, via telephone or on WhatsApp.
- Demographics

The participants recruited were all female between the ages of 18 and 30 years old. All participants lived in the Netherlands, and n=5 participants had completed a therapy course for an eating disorder; n=1 participant was treated for postpartum depression. The insights collected from the participant with the postpartum depression diagnosis was not included as they did not have an ED diagnosis.

- Setting of data collection

Data were collected at the homes of the participants. No one else was present during the research except for the participant and me. The

data was collected between 28/03/22 - 18-04-22.

Social network of young adults with eating disorders
- Sample

Participants were sampled through convenience sampling from my own network and snowball sampling, whereby their own network helped reach out to others. A total of n=5 participants were recruited. Participants were approached either face to face, via telephone or on WhatsApp.
- Demographics

Participants recruited were n=2 female between the ages of 18 and 25 years old and n=3 male between the ages of 25 - 50 years old. All participants lived in the Netherlands and were closely involved throughout the recovery journey of the young adult with an eating disorder.
- Setting of data collection

Data was collected at the n=1 online and n=4 at the homes of the participants. No one else was present during the research except for the participant and me. The data was collected between 11/04/22 - 18-04-22.

2.1.4 Data collection
The model in figure 17 shows an overview of how the data for the YAED context mapping is collected. Interviews are conducted simultaneously with the generative tools to result in factors that influence the behaviour of YAEDs. The SN insights were collected through sensitising booklets and interviews.

See Appendix C, D and E for detailed overview of the data collection and participant selection.
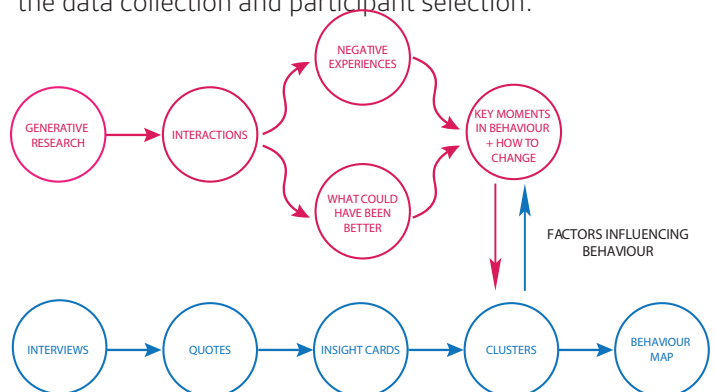

Figure 17 - Overview of context mapping process and outcomes

2.2 Context mapping findings: Factors influencing behaviour in YAEDs

Below you will find a detailed overview of the factors and explanation, including quotes and references that depict what these factors mean, how they affect the young adult and their help-seeking process.

The following insights are a fragment of the total picture of what influences behaviour among YAED and their behaviour in seeking help but are not limited to the following information.

Eating disorder as your identity

Wanting or lacking an identity was mentioned by all YAED participants as a factor that influenced their behaviour in help-seeking. This feeling of lacking an identity manifested due to different experiences of the YAED. For example, a participant was a professional athlete and was always praised for being at the top in her sport, and when she no longer was 'a strong athlete' she lost sense of the powerful and confident feeling she used to have in her sport, losing control of how she and others see her:

> *"...and when I fell into a hole of 'who am I without swimming', so very much identity, who am I without swimming?... I wasn't seen anymore as the thin P1, as the powerful P1" - P1*

Others experienced a sudden self-confidence boost and wanted to keep this feeling:

> *"The kilos flew off, and I liked that so much because I got a lot of compliments, and people saw me. People asked me for tips, and my mother as well; that was the first time she said, "wow, and how incredible of you how you can do that". So I felt loved and appreciated, and I linked that, of course, directly to weight loss and exercise." - P4*

One of the participants was trying to reach a particular identity but, in the meantime, lost herself while trying to reach an unrealistic ideal:

> *"I had kind of a tunnel vision of how I must reach this ideal but then at the same time not considering any other options... I had the idea that there was only one option, and I had to conform to the ideal version of a boxer... I had breasts, and I didn't really have a toned figure, but I kept comparing myself to the ideal" - P6*

These insights of eating disorders as an identity were related to YAED engaging in activities that did not align with their true identity:

> *"I ended up in a dip at a certain moment, and I am still not completely sure how but in hindsight, I was doing all the things that I didn't like." - P1*

> *"I was always a shy person... but I didn't dare to say no, because I was scared to be rejected and then I would be alone." - P3*

Most participants mentioned wanting to go back to how they used to be when they were 'normal':

> *"I was always seen as someone who managed their own tasks and who didn't need help... I just wanted to go back to who I was. I didn't want to be seen as a pathetic mess." - P4*

So finding and knowing which activities a person enjoys and seems to fit one's identity was connected to feeling happy and at peace:

> *"If you're positive, then everything is easier, you have fewer worries, and you can enjoy more of your life, so now it's really important for me to do all the things that make me happy and I don't do things anymore that I don't like because this costs me too much energy." - P3*

"Identity is such an important part. You are only busy and concerned with future things and making choices, and you completely ignore your own interests. What makes me feel at peace, and what makes me feel good? Knowledge, I would have liked knowledge about myself and who I am" - P1

"I try to take more time for myself now, so going for a walk helps me to calm down, and the question I often now ask myself is this next minute that I have, I will only have this one time, and how do I want to spend this next minute. Would I rather read an article or go for a walk? Well, I think I want to go for a walk. I see life as something scarce. If I have this minute only once, how do I want to say later how I spent this one minute? I want to feel content" - P2

In conclusion, defining one's identity through exploring interests seemed to help the YAED to be able to feel comfortable with themselves and seek out activities and social situations that align with their identity. This contributes to a sense of control over who they are and seemed to make it necessary to seek control over food.

Wanting to belong and fit in

Having one's own identity was important to the YAED. A perceived lack of identity resulted in participating in activities that did not fit their true identity. The YAEDs were searching for an identity to find a place to belong. Wanting to fit in and belong was a motivation to participate in activities (that do not fit the YAED) and fitting in meant something different to all the participants:

"Pretend that you like to go for drinks with your sorority, pretend that you also have stress for your exams, all kinds of different things. Really fitting in, not being seen as weird. This should be a moment to discover yourself, but all you are doing is adjusting yourself just to fit in." - P1

I wanted to be part of the popular group… because then you have friends around you and otherwise you feel alone… and I always thought if you look good, then people will like you more so I had an obsession with being thin and comparing myself to others." - P3

"I always tried to tell myself that I was fine the way I am but I never really believed that and I noticed it from my mother and father as well and I finally found it in this, something I was good at and whereby people were coming to me for advice, people were admiring me. I am now important, and I also deserve attention and love. It gave me a kick when someone said I looked good because I had never really heard that before. It was addicting." - P4

The perception of fitting in seemed to also stem from having a certain look or facade and being praised for this and communicating with their physical look instead of who they were on the inside, this is all to be able to fit in. Participants indicated that it was important to discover one's true identity and have knowledge of one's interests and needs. This discovery was not always straightforward because it is dependent on many factors such as culture, peers, family, experiences etc. Participants mentioned that having assistance in this would be helpful:

"I think I really needed someone to take me by the hand and ask what I like and what do I want to do… that someone looks with you and stands next to you to discover instead of having to always 'must do' things." - P1

Having an identity and being accepted for the way you are, helped to evoke a sense of belonging:

"What I know now is that the more I try to fit in, the more I adjust myself, and the further you drift away from the feeling of belonging, and it is all about you being yourself, and you really fit in if you can be yourself within a group." - P1

In conclusion, having an identity and knowledge of one's interests may help the YAED to engage in social activities that suit them and allow them to have a sense of belonging while being their unique self. Knowledge of eating disorders

Knowledge of eating disorders

All participants mentioned a lack of knowledge about EDs and having certain (stigmatic) beliefs that delayed their help-seeking behaviour:

> *"I was so naive, like everyone else in the world. I thought an eating disorder is when you don't eat, and well yeah, I eat, right? I have no problems with that. I just throw up sometimes and not because I want to be skinnier but because I just don't want to gain any more weight. To my knowledge, an eating disorder is when you want to be thin, and you don't eat, and I didn't have that, so it felt strange to say I also had an eating disorder." - P1*

> *"the first time the doctor said I had an eating disorder my parents and me both laughed and said that the doctor was pulling our leg because this is only something that happens in movies." - P2*

> *"I didn't eat with my friends anymore, but I saw it as something good. I wasn't sneaky about it either because I thought, "I am dieting, and that's totally okay"" - P4*

And at some point, participants mentioned realising there was something wrong. This often occurred during moments when they were not in control of the ED. Often they did not exactly know what the problem was. Some participants didn't seek out help and others did ask around and look for information about what is going on but not for the ED specifically:

> *"Moments that I realised that there was something wrong was when I didn't menstruate, so I thought maybe I should seek help for this. I went to my GP to ask*

> *why I am not menstruating." - P6*

> *"I totally panicked in the middle of the restaurant because they didn't serve the dish I planned to have, and it didn't make sense, and then I thought okay, this is not very normal to have such a panic in the middle of the restaurant I was almost hyperventilating. That's when I started to notice things, and at that point, I didn't think of an eating disorder, but all I knew was that this wasn't normal." - P4*

> *"When I was at someone's house, and I wanted to know where the toilet was, I started to realise that I was thinking about it quite a lot... I just didn't think that vomiting was anything big because I still eat and I can behave normally." - P1*

Participants mentioned they lacked proper knowledge about EDs and wished they knew more about what it was besides the stigmatised version of an ED. They wanted to know what it meant for their body and their future and to know what the symptoms were and why it is bad. This seemed to have resulted in a motivation to seek and/or accept help in some participants:

> *"I would have wanted knowledge about vomiting and that vomiting is bad. I didn't think about it this way. All I thought was, "oh, that full feeling is awful". I didn't see it as bad until I started to do it every time. I never experienced it as 100% bad. I wish I had knowledge earlier." - P1*

> *"I think that it is good to even think about what it means for your life and your future. I think only when I was 18 did I start to realise that I am ruining my body like this. I think something that motivated me was to think, okay, I am underweight now, but I can still do something about it now so my body can grow the rest of my teenage years and that I can become a healthy old lady. I wish someone had said that to me. A little bit of knowledge of what it all means" - P2*

"I think knowledge or psychoeducation would have been nice, information about if you don't take care of your body and what are the signals that it is not going well. I always had bruises, I was tired, I wasn't menstruating… I think this would have really helped me. I missed knowledge and information." - P6

Another participant knew what was going on but didn't know how to express it or why she needed this and wished she could have found more recognition or found the right words:

"I understood what I was doing, but I didn't know how I could explain what I did and why I didn't know this… I think more advertisements on tv where I could recognise myself, and I think about feelings so that I can relate. Or see a reflection of yourself in there so I could think, "oh, this is what is happening", because now you put it away because you don't want to think about it because it is not nice or positive to think about." - P3

The more knowledge the YAED had about their ED symptoms, the more they could understand what was going on and recognise that something was not right. One of the participants even now recognised the ED symptoms as a signal for when something is not right in their lives at the moment:

"I started to work on recognising signals and using this to set boundaries… So most importantly, if I again feel like vomiting, which I still have in stressful times, and if I feel like shit, then I get the thought, "oh, shall I just do it again?" and now I know I should not give in to this because then I end up in an old pattern. So I have learnt to use this as information that if I feel like doing it again, there is something wrong, I need to take a step back, okay, what do I do now? I got to know myself!" - P1

In conclusion, gaining knowledge and understanding of the meaning of an ED beyond the stigmatised version of an ED helped the YA recognise their symptoms. This could help find the right words to explain what is happening to themselves and others. This self-knowledge connected to the EDs helped recognise signs in their body or behaviour to take a step back and take a moment to think about their activities and if they align with their identity.

High expectations and responisbilities

Participants who lacked knowledge about what was going on with them experienced feelings of shame, guilt, frustration, anger, disappointment, failure and pride. They felt that there was something wrong with them and that they had to solve their problems themselves because they felt it is their fault that they are behaving like this:

"I was really unhappy and I was disappointed in myself, I felt like I failed. Why do I need this? Why do I do this? What would others think of me? I was always scared other people noticed" - P1

"So you know you had a relapse, and then you want to climb back up yourself. So I wanted to fix the relapse, and then while you're fixing it, you need to fix the next thing and all because I try to do it for the outside world because I feel guilty towards the outside world." - P2

All participants experienced perfectionism, large ambitions, performance drive and thinking they need to keep up certain appearances or prove they are worthy. This resulted in crossing certain boundaries that fit their identity:

"Everyone was getting high-status jobs, I felt a pressure to do well and what I was studying was already seen as less so what I did I felt I had to do well…I was made fun of that I did HBO* so I thought, "well fuck you all!" If you can do it, I can do it too. And

so I went to the university, but if that was the right option for me, I don't know… I really crossed some of my own boundaries and didn't recognise the signals that it wasn't going well for me" - P1

*HBO = higher professional education in the Netherlands

"I was always seen as the girl who got high grades. And when someone had a higher grade than me, our whole class had to know that they got a higher grade than me. I felt a lot of pressure because I had the feeling I needed to get high grades because everyone expected that of me" - P2

Often participants also did not feel like they deserved help:

"I had a lot of shame. I felt others would think, "there she is again, she just had a depression and now also an eating disorder". I felt like I was a poser and exaggerating" - P1

"I had the idea that you only deserve help when it is going really bad for you" - P4

"I always thought that well yeah… You need to be strong because everyone is having a difficult time during our move to another country, so you need to be strong and solve your own problems… So I would pretend there is nothing wrong and pretend I was strong." -P3

At one point, they realised they had lost control over the ED, and after many times trying and being tired, disappointed and frustrated, they were more motivated to seek help:

"I just couldn't do it myself. I kept saying I will do better this week and then it didn't work. I was exercising so much and then I panicked if I didn't go to the gym once or if I ate bad… I was losing so much time and was so busy exercising and not enjoying my life… I just couldn't do it myself… I started looking around on the internet" -P6

"I couldn't go back anymore myself, I couldn't say anymore that I will stop it now, and this was a moment of realisation… I thought this isn't working anymore and I can't do it myself. So my boyfriend also said maybe you should look for help and so then I told my mother about this the following day" - P4

However, this may be countered by the safe feeling an ED provides or the pride of being good at something. The ED offers control and comfort for the YAs to for example balance out pressure they experience, the lack of grip on identity and activities they do not enjoy:

"Losing weight really gave me a kick and every time I had a really proud feeling and I thought if I stop now or stay at the same weight then the old feeling returns of not feeling special because then I don't have this anymore that I lose weight weekly and that I fit a smaller clothing size" - P4

"I felt that this gave me a good feeling, it felt safe to do this. But in hindsight, it was something that gave me control. It was something that I was good at, not eating" - P3

"I was really depressed because I didn't think anybody liked me anymore, I didn't do anything well, I didn't have good grades, and no one asked me anymore about swimming. I had no grip anymore… so I made a commitment with wanting to go back to that strong feeling I had. I could vomit very easily, if I drank something, I would go to the toilet and 'bluurp' and this gave me a moment of grip on my depression. It helped me because it was nice to focus on that." - P1

Having boundaries was linked to being aware of one's identity. The more participants seemed to know about themselves and what fitted them, the better they seemed to discover their boundaries and know where their responsibilities lied and set certain expectations. This was a continuous discovery and search process:

> *"I was a professional athlete, and we were focused on performance, second is bad, and I became very critical of myself… I still need to learn that; good is good enough. I see now that I really crossed my own boundaries, and I see that it is so important… I am still trying to figure this out and how to cope with negative experiences." - P6*

In conclusion, there were a lot of emotions tied to YAED feeling responsible for their behaviour, responsibility for keeping up a certain appearance, meeting expectations that others and they themselves had and subsequently feeling they needed to solve their problems and did not need help. Having an identity helped develop and recognise some personal boundaries and manage responsibilities and expectations for the YAED and their environment.

Others understanding eating disorders

All participants mentioned not feeling understood by others (on top of now knowing what is going on themselves), making it difficult to talk about their problems. This often was caused due to lack of knowledge, societal ideals or comments from others that affect YAED:

> *"What would have motivated me to go to help earlier…I think if people would express their concerns earlier instead of encouraging me to exercise so often and lose so much weight, I think that is very important" - P1*

> *"It is uncomfortable to tell someone. It is weird to say that I have to vomit after I eat. A lot of people don't understand this. My boyfriend is someone who can't understand this when I tell him about it. He thinks very practically, "why would you ever do something like that?" and yeah, how are you going to explain something you don't completely understand yourself?" - P3*

> *"I have tried to signal from all sides that I am struggling with this and all I got was advice such as "you shouldn't eat carbohydrates, you should only eat 1 meal a day, you must go to your training and you must run this many hours" I would think jeez really?... The different sports dieticians didn't suspect anything and then I would think "you don't really understand me" so I won't talk about it further with them." - P6*

A participant mentioned longing for someone else to see what was going on or having knowledge about what was happening because she at that moment did not see it herself:

> *"It is not seen as a problem; you are kind of already asking for help or signalling that it's not going well and then it is really difficult to say something is not right. It is easier if someone says to you, "you don't look so good. Can I help you?". It's a bit about our societal view. We should be checking with each other more often. If your neighbour says she's going on a diet, maybe ask once in a while if she is still enjoying it and not taking it too far." - P4*

> *"I hoped all that time someone would have noticed, a best friend who would see something and try to poke through and say, "hey, I don't think you're doing so well, I'm worried" my boyfriend never noticed a thing." - P1*

It was helpful if someone had some knowledge about EDs or health problems in general, this created a feeling of understanding and recognition and therefore encourages the YAED to be more open about their problems:

"It was nice to tell my mother especially because she was a doctor's assistant and I felt that she had some experience with people with these kinds of problems because I also didn't have an idea about what this is and I had the idea that someone wants to help me and also sees that there is something wrong. That I am not exaggerating, that was comforting." - P4

"Usually, there was a distance between my sister and me. She has an obsessive-compulsive disorder and still is working on herself, but when I told her, it was the first time that we had such a nice talk about my problems, and I asked her a lot about how she did or sees certain things, and there was so much recognition because normally it would be more about her" - P1

"Someone who understood me was a recently graduated dietician, she also had an eating disorder, anorexia, and she could give me some psychoeducation about what my body needed to be a professional athlete. She brought me peace and made me feel comfortable. She stood next to me and looked with me… All these other doctors and gynaecologists and dieticians couldn't who you'd think were more educated than she was, couldn't give me what she gave me." - P6

The more people knew about the ED, the less the eating disorder could hide from the social network:

"I think it is the scariest thing that I have ever done in my entire life is to tell the whole class about my eating disorder but I received so much support from my classmates and I think it's only the ED that has downsides from this because if you eat less, other people see this"

In conclusion, it was helpful for the YAEDs if their social network had knowledge about EDs. The social network could signal if they noticed something; they can provide a feeling of understanding for YAEDs and watch out for each other.

Openness surounding communication

All participants kept their ED to themselves and did not want to talk about it partly because they felt they were responsible for their problems but also for fear of how others would react. There was a fear of judgement, dismissal, people not believing they had a problem and having to defend that they have a problem:

"My mother always downplays everything saying, "oh, that's not true", "It's not that bad!". So when I told her that I throw up sometimes, she said, "Oh really? No big deal, I do it too sometimes!". It was exactly the reaction I expected from her. I have never a 100% dared to tell her because she didn't ask further or see it as something very serious." - P1

"It was difficult to tell my mother because she always complimented me so much, and not one second did she ever say, "are you okay?" so it was such a big step to tell her because what if she said, "Oh, it's not that bad, you're not so thin, so what?" So yeah.." - P4

"The minute I noticed that there was judgement like "Oh, you're too fat or heavy", then I would withdraw… I had trainers who were really sadistic, saying that everything I do is wrong and if you were injured, then you were weak. There was so much judgement on a piece of vulnerability that you would show at that moment, up until the point that you think I am not going to show this again until you break down; it's such a shame." - P6

It is nice when there is no judgement and that you feel like you are being listened to and you are heard:

> *"My mother always knew it better, so I would have really liked for her to just listen to me… My psychologist on the other hand really gave me the feeling that she listened to me and she understood me. That felt so nice. Really looking from my perspective instead of from protocols. I felt understood, and she also held a mirror in front of me for the signals of my problems." - P1*

> *"The easiest person to tell was my boss from my part-time job; when I told him, he said he already had a suspicion and talked to me about it. I felt like he saw me and that I do not have to justify my behaviour and that I don't have to tell him that it is really bad right now. He asked me "What do you need and how can we help you? Do you want me to help you tell the rest of the team?" That was such a great experience. It felt so warm." - P4*

Having room to talk about ED without judgement is important because the more open you are, the more the social network knows what is going on and the less the eating disorder can hide:

> *"I think it is really important to be open because I know the ED wants to have you for itself" - P1*

Participants have learnt that being open is helpful and freeing. It is something that helped with their identity, sense of belonging and feeling of responsibility:

> *"I always wanted a better bond with my parents, that we could talk more about things and that there was less judgement so I could say everything and that they could say everything as well… I bottle everything up and I got anger attacks which wasn't good for our family bond" - P3*

> *"Openness, I am allowed to talk openly and think about how I am doing and it's just fantastic that I have learnt to dare to be open and talk to people, being open and honest about what I want and what works for me and what doesn't" - P1*

> *"I trusted my friends, and because they opened up about themselves about their problems and were not ashamed of it, I felt like I also didn't have to be ashamed. That really helped me" - P3*

In conclusion, the more open the YAED dared to be about their ED-related experience, the more knowledge the social network around the YAED had to be able to help and see the ED. To be open about it was seen as essential to make the YAED feel heard, listened to, understood, and not judged or dismissed. This openness applied to both the YAED and the social network to be an example for each other and encourage sharing emotions. Knowing how to communicate about eating disorders

Knowing how to communicate about eating disorders

For all the participants, it was a process to learn how to communicate their problems. Often there was no communication because they didn't feel there was space for them to be open. They felt like others did not understand them and that they didn't understand themselves. Participants felt that they and their social network lacked knowledge on how to communicate:

> *"It would have been nice to have moments with my roommates whereby I could have had deeper conversations. We really did, we asked how our days were, and we knew one roommate had panic attacks, but we didn't know how we had to talk about this, but we did know how to talk about exams and that already felt as deep, but it wasn't" - P1*

"I wasn't completely aware of the problem, but because others said that I wasn't looking so well made me think, "oh, yeah, it isn't going very well, but apparently I can only communicate this by continuing my ED," I thought it was nice from them to ask but I thought I need to continue so that others will start to worry." - P4

It was nice if the social network knew how to communicate because then the responsibility of the ED could be shared:

"Asking more personal questions so that my parents would discover the problem earlier, that something was going on. I think that would have been better because then we could have taken action earlier, so asking more often." - P3

"My friend would come back to ask me how I really was even when I said everything was fine. She poked around but in a good and calm way" - P1

"My boyfriend knew of the problem but he didn't know what to do with it, and when he dared to talk about it, he asked me what I needed from him and I said "just keep an eye on me please", and he does that so well" - P1

It was only seen to be a negative factor to communicate about ED if the way of communication was not ideal in the first place. This could be, for example, due to a lack of openness or understanding from others:

"I think it is really important to share, but it is also so limiting if, in the moment of sharing that you do not get an answer like "yes you are showing some eating disorder symptoms. There is something about your diet". The alarm signals need to go off properly in other people. It is only a downside if you get misinformation back." - P6

And even if others don't understand and don't know how to talk about it, that is okay. It is important to know who the YAED can turn to and talk about their problems:

"It is difficult to explain to my boyfriend because he looks at things differently. He doesn't have worries and isn't really a sensitive person. He says, "you're fine the way you are; everything is okay", but yeah, he will never be able to walk in my shoes. But I am fine with that, you know? He helps me in a different way. He helps me to see everything easier, to not take everything so seriously in life." - P3

"I can go to my mother with certain problems and I love to be with her because she can reflect feelings and my father listens very well, yeah... I just know to who I can go for certain needs" - P1

In conclusion, communication between the YAED and their social network went hand in hand with openness, others understanding EDs, and the YAED having knowledge of themselves. Only this way does the social network knew how to help with the ED. It was mentioned that people can help in their unique way. Help did not always have to be verbal. For example, even keeping an eye on the YAED already helped in the process.

Developing personalized care

Participants all mentioned wanting help at some point but were not sure where to look or what they would need. There was a lot of information online available to the participants, making it difficult to find something specific or come across the right information for the YAED:

"I would have really wanted to know about 'inloop-huizen'. I think this would have really helped me also during waiting times as well as during therapy. It is kind of a head-start on your therapy, you can set your own goals, you learn a few things, you get to know others who are in the same situation as you and I think that is really important." - P4"

Help involves other people, such as one's social environment or the healthcare providers. Participants mentioned eventually needing support to recover from their EDs. Support includes understanding from others, and a helping hand towards finding care was nice for the YAED:

I was happy that I said I wanted a psychologist and that someone said you are going to get a psychologist now from work, and that was a stick behind the door for me because I was still thinking that I could do it myself so I needed someone to tell me that I had to go see a psychologist." - P1

"I went to my mother and told her that I think something is very wrong with dieting and exercising. It's like I can't stop. It's always in my thoughts also at night and I tell myself that I have to do all kinds of things. She reacted very nice and said that it didn't sound very good and that she was worried, and she called the doctor and took me to the appointment." - P4

However, it is not always easy to get the care that resonated with them, it may be a search, but it helps to be open and know how to communicate about what is going on for both the YAED and their social network. This way, YAED and their social network seemed to be able to help each other in finding the right care and help remind each other about what is needed and what helps:

"I know my own signals now, so if I get anxiety, sweats or stress from random things, then I know it is a signal, and I have learnt that if I continue, I will relapse back to where I was. It's about knowledge and also people around you... knowing what you need and how others can respond to that" - P1

"I am a person who wants to solve everything myself, but it is important to include others because you won't make it alone because otherwise, the eating

disorder wouldn't be there. A lot of the time, you won't notice that your eating disorder is coming to you, and if someone says, "hey, how are you really?" and you say everything is fine, you still start to think about whether you're really fine or if there is something. Like holding a mirror up to myself... It will stick around that you need others to remind you." - P1

It was important to respect the boundaries of the YAED, help them feel responsible in a way that took account of their personal boundaries and reevaluate these because they may change over time:

"I did it for my parents a lot, and it helped me then, but now it works against me because every time I get caught up in doing it for others, I keep thinking that I need to eat this and that; otherwise, I will disappoint them. I am taking steps that are too big for me because I don't want to disappoint others, and if I asked myself what I want to do I would have these small goals and then look further. But now I set these big goals, and they don't work... I feel hopeless, I lose hope and then I think what is the point of it all anymore" - P2

"She really made me feel at ease, and I trusted her. She measured my fat percentage and muscle mass and really looked at how my body reacted. She said I had time and that I do not need to haste and that even if I don't reach the weight that I need to be that it is okay. She gave me knowledge about blood sugar levels and protein digestion. I felt seen and not like another number, and we adjusted my diet according to how my body changed and I managed to become national Dutch champion in a healthy manner" - P6

Therefore working within the boundaries of the YAED and finding what motivates the YAED was unique and a search that could be done together:

"I could look to the future, for example, Later I would love to have children and my boyfriend would say "yes, but know that you have this eating disorder and it is alright, but you would really need to do something about it otherwise I don't know how I can cope with this", and that really motivated me always" - P4

"For 8 years, no one asked me, "what do you want?" I was sad that nobody ever asked me what I wanted, and I was so confused when she asked me, I thought, "huh? Is it an option that you can choose what you want to do with your life and make decisions about your own body?" I was very confused, and later, it gave me such energy when I said I wanted to reach that goal, and it motivated me so much more than when others told me what I had to achieve." - P2

Communicating about motivation was important to turn motivation into commitment and when committed leave room for exploration and freedom:

"That is the thing, motivation and commitment are two different things. Moments when I was motivated, was when I did something with my boyfriend, and I would think "oh yeah! I still need to be able to go on holiday with him and then I thought yes! I will do something about it. And then the moment comes that I need to do something about it, and then I would think, "ah… it's okay I don't have to do it now, I can do it later." - P4

"Leaving opportunity for what you want to achieve instead of what others want you to achieve, for example, I must be able to eat this and that and I must reach a certain healthy weight, and all that because someone says that that weight is healthy. It would be nicer to maybe have an almost healthy weight rather than falling so far short of the ideal weight. If that motivates more, then that works so much better… same for experimenting with food that I can try butter on my bread and then do this for a week and then I could see if it did anything with my body and for me, a week is manageable but telling me I need to eat butter on the bread for the rest of my life doesn't" - P3

In conclusion, developing personalised care involved collaboration between the YAED and their social network. To collaborate, the YAED needed to be able to be open and communicate about their needs, feelings and emotions. It is important for the social network to be open, listen and learn about EDs and how to communicate to support the YAED in their search for personalised care.

2.2 Context mapping findings: Social Network insights

The results from the social network interview provide insight into what the wishes and needs are when being involved throughout the help-seeking process of YAEDs. Most important insights are presented that align with the findings in the YAED interviews and new patterns that recurred throughout the interviews.

SN Understanding EDs

All participants in the social network mentioned trying to understand EDs; however, they could not fully understand how it is to have an ED.

> *"I found it very difficult to understand in the beginning, and I still don't fully understand it now. How could you stop eating? Why would you do something like this, and why? This made our conversations about the eating disorder difficult" - SN3*

> *"I didn't understand why you would place the ED outside of yourself. I thought it was an easy way out. She is very driven and knows what she wants in life, and I thought if she was as driven and decisive in her ED, that could help" - SN2*

The lack of understanding may also have impact on relationships.

> *"At one point, I started to notice things, and I didn't always understand because I thought "why are you being so difficult? Why don't you just eat because if you don't, there is always a fight, and we do less fun things because of it" - SN4*

The lack of understanding seems to cause feelings of hopelessness, frustration and impatience. The participants also mentioned wanting to talk to other SNs about the ED to find some recognition and understanding or a care professional to explain what an ED is.

> *"I would have liked to know more about EDs, for example, how long does it last? I still wouldn't know the answer but it would be nice to learn more about this together with others and that I could ask a classmate a question about EDs for example, and they'd also know what I am talking about" - SN3*

The SNs seem to also need support when talking about the EDs to gain a better understanding of what it means for the YAED.

> *"Professional help also helped to talk in a certain way over the ED because we could not really talk about it ourselves, it didn't work. We couldn't make room for it" - SN2*

In conclusion, the lack of understanding from SNs can cause feelings of hopelessness, frustration and impatience. SNs need a form of guidance to be able to talk about the ED, and these conversations are needed to gain an understanding of the ED. These insights align with the YAED interview insights of 'others understanding EDs'.

Having clear boundaries

All participants mentioned wanting the best for the YAED. However, the SNs seemed to be unsure if they are doing the right thing.

> *"Sometimes you don't know what to do, I try to be there, and I try to help but sometimes the problems feel bigger than me and I always try to help, but I'm not sure if it really helps" - SN1*

> *"I am not sure if what I did eventually helped, we never discussed this afterwards" - SN2*

The participants appear to be aware of their limits to help and seemed to not feel equipped to always offer help. They refer to professional care as the main help and anything the SNs can do is a bonus.

"I am not educated to help, so I would think professional help is needed" - SN1

"Professional help is in the end responsible for her and everything I can do is an added bonus, I have always felt it like that. I can help but I was just 14 so I couldn't do everything" - SN4

It is therefore mentioned to be very helpful to the SN if the YAEDs express their boundaries and needs.

"She always clearly stated what she needed from me. She would say: "can you sit with me during lunch so I can eat my food?". That was so clear and I really appreciated it because it was clear for me what I can do" - SN4

"I would need maybe a feeling or reaction from my YAED or someone else to say that what I am doing is really helping. A confirmation would be helpful." - SN1

In conclusion, it appears helpful for the SN to know the boundaries of the YAEDs so they can consider this. SNs seem to mean well when they help, but during the YAED interviews, the help may be seen as unhelpful. Therefore the design should consider supporting the communication of boundaries. This insight is an addition to the YAED interview insight of 'knowing how to communicate about EDs'.

Maintaining original relationship

The participants expressed the importance of still seeing the YAED as their daughter, best friend or sister.

"Because my parents were so on top of the ED I felt like I shouldn't ask or talk too much about it. I wanted to be her sister and be there for her so at least something still feels normal. I would play with her and do things with her like sisters would, and we still have that relationship, and I really like that. I think that is how I can help her" - SN3

"For us it was really seeing the ED as a separate person and not to mix P2 with it. This was so we could split them and it becomes us against the ED and not against P2" - SN2

Participants also mention being able to bond over having problems in life and finding common ground in expressing these and supporting each other.

"We can make really hard jokes together over our problems. I think it is really nice because then it all doesn't feel so intense and heavy. My role is to be her friend and we can both talk about our problems and help each other" - SN4

"There is a lot of sadness involved, we were so hopeless to point me, and P2 sat on the kitchen floor crying together. And in this moment we also had the feeling of connectedness, we were connected in the situation" - P2

In conclusion, it appears that seeing the ED as a different person and the YAED as the original relationship can bring them more on the same level where there isn't one person with an illness and the other with no problems. The idea of maintaining the original relationship should be considered in the design to ensure an interaction where the YAED and SN are equal. Helping where you can

Helping where you can
Participants mentioned always wanting to help. They seemed to be happy to help where they can.

"I help where I can and I feel that it is important that you at least feel that you can do something. For example, even practical help such as administration or things like that. So in whatever way, I can be useful, I try to help" - SN2

"I have learnt that being the constant factor in P2s life is very valuable and not leaving the friendship. I don't have to do anything special but just the fact that I am still her best friend after all these years and that we can still talk about everything is so valuable" - SN4

"She is always welcome, and I help whenever I can and if I can of course. Every bit helps, and I will always be there" - SN1

"I feel it is very helpful that I can be her sister and do the things we used to always do together" - SN3

Help appears to come in different forms and sizes, which is different per person. A few participants mentioned communicating their feelings and how this may also be helpful for other SNs and YAEDs.

Help appears to come in different forms and sizes, which is different per person. A few participants mentioned communicating their feelings and how this may also be helpful for other SNs and YAEDs.

In conclusion, the participants seem to feel helpful wherever they can help or support. This willingness to help the YAED is an addition to the theme 'developing personalised care' of the YAED interviews. The design should allow room for the YAED and SN to explore the support that can be offered. Furthermore, it is also mentioned to be helpful if the SN expresses their feelings. SNs expressing their feelings aligns with the theme found in the YAED interviews, 'openness surrounding communication about EDs' and can be seen as an addition to the theme. The design should also consider supporting the expression of SNs emotions and experiences to find common ground between YAED and SN and thus potentially resulting in the feeling of connectedness

Chapter 4 - Conclusion of contextmapping

This chapter summarizes the results of the YAED and SN interviews in a revised transient awareness model.

4.1 Overview of factors influencing behaviour of YAEDs and SN

The insights from the YAED interviews resulted in eight factors which were found to be the primary influences on the behaviour of the YAED during their transient awareness, where the YAEDs move from not seeking help to seeking help and vice versa. These factors all stem from interactions the YAEDs experience with themselves, their social network and their environment.

Figure 18 summarises the eight factors in a revised transient awareness model. The eight factors can be seen below with a short description and a question to emphasise the participants' perspectives. These eight factors stemmed from the themes found within the interviews in combination with the generative tools, which resulted in key moments (positive and negative) in behaviour throughout the help-seeking process. The YAEDs created an ideal vision of the key moments and resulted in latent information. With the latent information, I was able to detail the eight factors; in Appendix K you will find the eight factors described in detail and includes quotes as an example of what the factors mean.

Figure 18 - Eight factors influencing behaviour of YAEDs

The SN interviews resulted in insights that overlap with the insights from the YAED interviews. The insights from the SNs are factors that influence their supporting behaviour in social interactions. The most important insights are presented below in figure 19 in a revised transient awareness model including the social network interview insights.

These insights from the SN should be considered as recommendations for this project's design phase.

| DENIAL | ↔ | TRANSIENT AWARENESS | ↔ | STABLE SENSE OF AWARENESS |

True denial | Subconcious awareness | Concealment

Dynamic process between denial and awareness

Self Awareness | Awareness of the ED | Emotional Awareness

FACTORS INFLUENCING TRANSIENT AWARENESS

EATING DISORDER AS YOUR IDENTITY

Who am I?

Not knowing who they are, what their own interests are and wanting to be good at something

KNOWLEDGE OF EATING DISORDERS

What is going on with me?

Either not knowing there is something wrong or feeling something is off but not knowing what it is themselves

HIGH EXPECTATIONS AND RESPONSIBILITIES

How can I be perfect?

Feeling responsible for their own actions and feeling they need to be able to solve their own problems. Setting high expectations for self.

WANTING TO BELONG AND FIT IN

How do I fit in?

Wanting to belong to a group and going things that they do not necessarily like to do. Trying to mee others' expectations and not disappoint.

DEVELOPING PERSONALIZED CARE

How do I get help?

Wanting help but not knowing what helps, not sure where to look or who to ask for help.

OTHERS UNDERSTANDING EATING DISORDERS

Why dont others understand?

Not feeling understood by others because of lack of knowledge within system, not knowing how to to help YA.

OPENNESS SURROUNDING COMMUNICATION

Do I really have a problem?

Once ready to communicate problems there is a fear of judgement and dismissal of problems, having to defend their behaviour

KNOWING HOW TO COMMUNICATE ABOUT EDs

How do I say what is going on?

Wanting to communicate problems to others but not sure how to because of shame of behaviour

Insights from SN interviews align with the four themes fromt he YAED interviews.

HELPING WHERE YOU CAN

What can I do?

Feeling helpful with even the little things. Doing something feels like you are contributing to the YAED.

MAINTAINING THE ORIGINAL RELATIONSHIP

The ED is someone separate!

Maintaining the original relationship is important to see the not as the ED but as the sister, daughter or friend

HAVING CLEAR BOUNDARIES

Am I doing the right thing?

It is helpful when YAEDs communicate their needs. The SN needs confirmation for their actions to know if they are being helpful

SN UNDERSTANDING EDs

What is an ED?

Information about EDs is helpful to create understanding. If there is a lack of information, the SN may experience frustration and hopelessness

Figure 19 - Eight factors influencing behaviour of YAEDs and the SN insights influencing four YAED factors

PHASE 2 |

DEFINE

IN THE DEFINE PHASE YOU WILL FIND THE FOLLOWING

Defining project goals
Creating design principles, interaction vision and detailed project goal for the design phase

Analysis of research
Clustering and analysing insights from desktop research, interviews and generative tools.

Chapter 5 - Direction

In this chapter, the direction for the design phase of this project will be defined. First, the eight behaviour influencing factors are clustered on a map to provide an overview. From the overview, a direction will be chosen for the design phase; this choice is guided by the vision of RP to ensure a design direction that aligns with their future vision of mental healthcare in the Netherlands. The choice of the design direction is explained, and design principles are formulated to guide the design phase of this project.

5.1 Overview of eight behaviour influencing factors

This subchapter opens with a brief explanation of how the eight factors stem from interactions with self and interactions with others. This is followed by an explanation of how the factors are subsequently clustered according to their interactions on a behaviour map.

As mentioned earlier, the factors stem from interactions with self, social network and environment. It was observed that a distinction could be made between factors that stem from interactions with self and interactions with the social network.

Interactions with self
Refer to internal processes occurring within the YAEDs that influence their individual behaviour; for example, wanting an identity, wanting to belong and fit in, having high expectations and responsibilities of self and self-knowledge of EDs are factors that occur internally in the YAED.

Interactions with the social network
Refer to the processes that occur externally and influence the YAED and SN in their social behaviour; for example, the factors, others' understanding of eating disorders, openness surrounding communication and knowing how to communicate are factors that occur externally in social interactions and influences the YAED and SN internally in their behaviour.

Finally, the factor developing personalised care appears to be both an internal and external process. YAEDs need the right care that aligns with their values and identity; however, receiving care that fits is influenced by social interactions with healthcare providers, social networks and the environment.

After looking at the interactions of the factors, I decided to cluster them according to personal behaviour influencing factors and social interaction behaviour influencing factors and mapped these on a behaviour map. In figure 20 you can see the factors clustered according to the behaviour they influence.

As can be seen, two distinct areas overlap in the middle and encompass the most critical factor, 'developing personalised care'. The intersection highlights the most crucial need, 'support from someone else' and requires both personal and social interaction behaviour to come together to achieve the end goal 'to seek help'. All participants in one form or another mention wanting and needing support from others.

**Behaviour map of factors influencing help seeking behaviours
in young adults with an eating disorder**

**Individual/personal
behaviour influencing
factors**

KNOWLEDGE OF EATING
DISORDERS

What is going on with
me?

Either not knowing
there is something
wrong or feeling
something is off but not
knowing what it is
themselves

OTHERS
UNDERSTANDING
EATING DISORDERS

Why dont others
understand?

Not feeling understood
by others because of
lack of knowledge
within system, not
knowing how to to help
YA.

EATING DISORDER AS
YOUR IDENTITY

Who am I?

Not knowing who they
are, what their own
interests are and
wanting to be good at
something

OPENNESS
SURROUNDING
COMMUNICATION

Do I really have a
problem?

Once ready to
communicate problems
there is a fear of
judgement and dismissal
of problems, having to
defend their behaviour

DEVELOPING
PERSONALIZED CARE

How do I get help?

Wanting help but not
knowing what helps,
not sure where to look
or who to ask for help.

WANTING TO BELONG
AND FIT IN

How do I fit in?

Wanting to belong to a
group and going things
that they do not
necessarily like to do.
Trying to mee others
expectations and not
disappoint.

KNOWING HOW TO
COMMUNICATE ABOUT
EDs

How do I say what is
going on?

Wanting to
communicate problems
to others but not sure
how to because of
shame of behaviour

**Social interaction
behaviour influencing
factor**

HIGH EXPECTATIONS
AND RESPONSIBILITIES

How can I be perfect?

Feeling responsible for
their own actions and
feeling they need to be
able to solve their own
problems. Setting high
expectations for self.

Figure 20 - Behaviour map of factors influecing the help seeking behaviours in YAEDs

Designers thought
For this project, the factor 'developing personalised care' will be taken as the end goal to be achieved. From my perspective, I see two choices to achieve personalised care within the time frame of this graduation project. I can either choose to design for the individual behaviour influencing factors or choose for social interaction behaviour influencing factors.

Designing for the left half of the map (YAEDs identity, knowledge, responsibility and belongingness) could perhaps result in a reflection tool that helps the YAED define their identity, gain knowledge of EDs, and learn the meaning of belongingness and explore their own

boundaries.

Suppose I were to design for the right half of the behaviour map. In that case, I could look at the communication, openness and others' understanding of ED and could result in a communication tool whereby the YAEDs and their SN are encouraged to be open, learn how to communicate and facilitate understanding.

5.2 Omdenkstappen

As mentioned in the introduction, Redesigning Psychiatry (RP) is a project which details an ideal future vision of mental healthcare in the Netherlands (GGZ). I am using the vision of RP and their Omdenkstappen as a guiding perspective within this graduation project. Below I will explain five Omdenkstappen and how these are relevant and were considered for this project.

RP defines eight Omdenkstappen, and each Omdenkstap describes a different way of thinking about what currently occurs in the GGZ. These Omdenkstappen support RPs' vision about their belief of the GGZ needing a radical change. Within the scope of this graduation project, the Omdenkstappen of RP offers a large lens to look at my research insights from a different perspective. This lens assists in choosing a design direction that may result in a long-term solution which fits the future of mental healthcare. There are eight Omdenkstappen (de Boer et al. 2018); five of these are relevant for this project and will be explained below.

1   Van dingen naar patronen - From things to patterns

Figure 21 - Omdenkstap 1 (de Boer et al.,2018)

You and your psychological problems are not only in your head but can be found in complex interactions in the environment you find yourself in.

Relevancy and how integrated in this project
This Omdenkstap refers to psychological problems not belonging to an individual alone or residing in their head. But instead, psychological problems are patterns that can be found in complex interactions. I want to use this Omdenking because it offers the perspective of looking at problems not as 'me problems' but as 'we problems'. In this project, it appears to be that social support and interactions with others are important for YAEDs to move from denial to awareness. The problem isn't only that the YAED has an ED and is in denial; the problem is that others can contribute to patterns surrounding the YAED that maintain the ED and denial. Therefore, within this project, the social network of YAEDs should be considered and included in the design goal.

2   Van reductie naar ecologie - From reduction to ecology
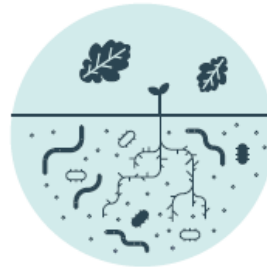
Figure 22 - Omdenkstap 2 (de Boer et al.,2018)

Ecology describes patterns that are in balance. This balance can be influenced by the coherence between different levels of biology, such as ecosystems, organisms and cells. When applied to the human domain it means to see patterns as coherent with each other such as your own psyche, and a relationship with a partner or colleague. These are all systems that influence each other and, subsequently you.

Relevancy and how integrated in this project
For example, in the context of EDs, the systems around a YAED (such as relationships and own psyche) could be in an equilibrium that maintains

the ED. This equilibrium that maintains the ED is not preferred, and the equilibrium needs to make a transition for the YAED to no longer need the ED to function in an equilibrium that does not suit them. Therefore, this project should consider helping create transitions in equilibriums where the YAEDs are in. These transitions can again be done by not only considering designing for the YAED but also the system they live in; this includes their social network and environment.

3   Van spontaan willen naar verhalen vertellen - From sponatneous wanting to telling stories

Figure 23 - Omdenkstap 3 (de Boer et al.,2018)

 People exhibit behaviour automatically because of habits we learn in practice. Sometimes we say things without thinking or we make decisions that we later discover wasn't the right choice. These experiences result in certain needs that we can express through stories. From here, people can try a different story to break or create patterns resulting in new stories with new needs.

Relevancy and how integrated in this project
EDs are difficult topics to talk about because they are associated with many negative emotions, such as shame, guilt and frustration. Within this project, I want to use the expression of personal experiences and stories to break the equilibrium of silence in EDs. Therefore within the context of this project, it should be considered to empower YAEDs to express their experiences, hear new experiences and try new stories which may result in new needs.

4   Van maatschappelijke norm naar veerkrachtige diversiteit - From societal norm to resilient diversity

Figure 24 - Omdenkstap 4 (de Boer et al.,2018)

Mental health is still too often seen as being normal, not being different and meeting societal expectations. People are very different from each other and all too often we are being conformed to the social norm. When diverging too far from this norm, it is seen as a problem, meaning that the tolerance of society is the base for the norm of mental health. Problems are seen as an individual's characteristic (a me problem); if one is stressed, it may not be because of only their own fault; it could be because of interactions they have with others.

Relevancy and how integrated in this project
YAEDs put a lot of pressure on themselves to 'be normal' and punish themselves for 'not being able to keep up' with their peers or the rest of society. Therefore within this project, I feel it is important to consider designing a product that is flexible and can be used by many different YAEDs. The design should not try to change the YAED to conform to societal norms but rather leave room for exploration and for the YAED to discover their needs.

**5 Van aandoening naar pihip
 - From illness to pihip**

Figure 25 - Omdenkstap 5 (de Boer et al.,2018)

Pihip is a problem persistent interaction pattern; this is a word to replace terms such as 'disorder' or 'illness'. It is to give recognition to people who have problems caused by pihips and thus need some support or intervention for said patterns. The YAED is not their illness but experiences patterns that ensure the recurrence of the ED.

Relevancy and how integrated in this project
The insights of the literature and contextual research mention that the ED is a coping mechanism to cope with emotional distress for example. Emotional distress is caused by pihips such as traumas, abuse, low self-esteem, depression etc. Within the context of this project, I would like to consider seeing the ED not as a problem but rather as a signal that alerts the YAEDs that they are experiencing distress caused by pihips and that they are equal to their peers but are in need of some support. Therefore the design should not segregate YAEDs from others based on their label.

TAKE-AWAYS

To summarise, the perspective of RP provided the following insights for the design direction. Within the design for this project, the following should be considered.

The ED should not be seen as something that belongs to the YAED but rather as patterns in complex interactions between the YAED and their social network and environment. The problem does not belong to the YAED but results from patterns that occur around the YAED which creates an equilibrium that maintains the ED. Therefore, the design should consider including the social network of YAEDs to create new patterns and break old patterns and thus creating transitions in equilibriums. The design should consider changing the perspective of having an ED as a 'me problem' to a 'we problem' and empower the YAED and social network to share experiences and stories in order to express needs and offer support. Lastly, this project should consider changing the perspective of seeing the ED as a problem to seeing it as a pihip, in this case, a signal that alerts the YAED that there are patterns present that are causing distress.

In conclusion, my interpretation of these Omdenkstappen results in a design direction to see problems of individuals not as their own individual problems but as patterns in interactions and subsequently a shared problem. Therefore, made the decision to design for the right half of the behaviour map and consider social interactions. I will consider designing a tool that facilitates communication between YAEDs and their SN to share experiences and express needs surrounding the topic of ED.

Figure 26 - Communication tool icon

5.3 Design principles

The research results in factors that influence behaviour. I have chosen to look at the right half of the behaviour map because:

OTHERS
UNDERSTANDING
EATING DISORDERS

Why dont others
understand?

Not feeling understood
by others because of
lack of knowledge
within system, not
knowing how to to help
YA.

DEVELOPING
PERSONALIZED CARE

How do I get help?

Wanting help but not
knowing what helps,
not sure where to look
or who to ask for help.

OPENNESS
SURROUNDING
COMMUNICATION

Do I really have a
problem?

Once ready to
communicate problems
there is a fear of
judgement and dismissal
of problems, having to
defend their behaviour

KNOWING HOW TO
COMMUNICATE ABOUT
EDs

How do I say what is
going on?

Wanting to
communicate problems
to others but not sure
how to because of
shame of behaviour

**Social interaction
behaviour influencing
factor**

Figure 27 - Bheaviour map right half

Literature indicates that social support is essential when engaging in help-seeking activities, and low social support results in keeping struggles concealed. Barriers and drivers to seeking help often stem from social interactions such as confrontations or encouragement from friends and family. These interactions can either drive individuals further into their ED or motivate them to seek help (Schoen et al., 2012; Hepworth & Paxton, 2007; Evans et al., 2011). Merely expressing symptoms or being able to talk about these appear to be helpful; however, it also may result in a judgement which can negatively affect wanting to open up. Often this may be caused due to a lack of knowledge or not knowing how to communicate concerns or questions. However, if there are positive experiences with social support, it leads to positive results in the health maintenance of YAEDs (Evans et al., 2011, Akey et al., 2013) K-EET has included in their

national advice to bring EDs to attention and to lower the barrier of talking about it (Ministerie van Volksgezondheid, 2022).

Similarly, the insights from the Omdenkstappen of RP indicate that mental illnesses can be maintained through interaction patterns hat occur around an individual. In this case, the YAEDs find themselves in certain equilibriums that maintain the ED. This equilibrium is not solely reliant on the YAED but also on those around them. Therefore including the SN in the design direction is important to develop personalised care to create new patterns or break old patterns.

Designers thoughts
Additionally to the support of literature and RPs vision, I have chosen this direction because of personal experiences. I know how difficult it can be to ask for help and support from others. My ED was something I was very ashamed of, and I didn't want to tell anyone what was going on because I was scared of what others would think. I waited ten years before I reached out for help from my sister, who helped me find the right care. She encouraged me and searched options with me. So I have personally experienced the benefits of social support and would like to facilitate this support.

Therefore, design principles are established and explained on the following pages to guide the project further. The principles are based on the three social interaction behaviour influencing factors during interactions with others to provide guidance when designing a communication tool to engage the SN for involved support.

Design principle 1

Increasing knowing how to communicate about eating disorders

Explanation:

Talking about EDs or mental health, in general, is difficult. People are often shy to ask how it is "really going" because they do not know how or what to ask. Alternatively, people think they are having deep conversations, but they are not getting further than the regular 'how are you?' and 'are you having any stress with your exams?' Some people do not know how to express their feelings because this is difficult, and it feels vulnerable.

It is essential to discuss problems we have with others and discuss them because others can help or listen to you. Talking about difficult topics is problematic because it feels vulnerable and it means exposing underlying emotions that often kept to oneself.

How to design:

There are various ways to support communication. For this project, it would be appropriate to explore the topic of communication and existing communication tools such as question card decks and communication platforms such as forums, chats or digital applications. The communication tool should contain relevant information related to EDs and support a style of communication that is personal to the YAED and their SN. The tool should guide communication but not limit the YAED and their SN in communicating personal experiences and emotions.

Design principle 2

Increasing openness in communication about eating disorders

Explanation:

Being open about an ED is complex; often, there is a fear of judgement and not being taken seriously. There are feelings of shame, guilt and pride, all of which provide reasons for not being open about a problem. Being open in conversations, in general, is essential to encourage individuals to open up about problems they experience. Creating moments to listen to each other without being quick to provide solutions, express an opinion or judge results in feeling at ease and safe to express more underlying problems. Being open results in more recognition with others who may experience similar problems and creates the feeling of not being alone.

How to design:

The tool should support creating a moment for communication that feels safe, for example, by including distinct roles, for example, a 'listerner' and a 'talker'. The tool should make YAED and SN aware of inappropriate behaviour such as judgement, expressing unsolicited opinions or bits of advice, etc. These, for example, can be communicated through a story. The tool should support an interplay in openness whereby the YAED and SN can communicate and express their experiences and emotions to increase recognition.

Design principle 3

Increasing others understanding EDs
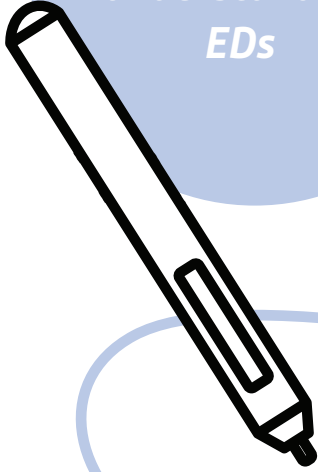
Explanation:
There is an overall lack of knowledge about EDs because of their complex nature. EDs is challenging to grasp concept and results in stigmas. Stigmas drastically affect individuals, and stigmas can become internalised, making individuals believe they are the stigma. Because of this lack of knowledge, there is a lack of understanding, making it challenging to be open about problems. YAEDs experience their EDs differently; therefore, there is no one explanation for an ED. It is essential to share these different personal experiences with EDs to increase the understanding of an ED and reduce stigmas; however, this may be challenging if others lack basic understanding.

How to design:
The communication tool should include basic information about EDs and stigmas and their effects on YAEDs. The tool should support a variety of experiences of EDs from different perspectives allowing YAEDs and SN to share their stories.

Design principle 4

Increasing personalised involved support
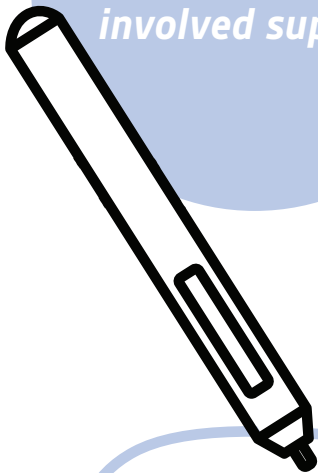
Explanation:
It seems that YAEDs need to gain the support of their SN; however, it is not always clear what is needed or wanted. This is a search that can be explored together. The principles of increasing knowledge, openness and knowing how to communicate contributes to involved support. The research presents information about obstacles such as not thinking with the YAED or looking at what the YAED wants to achieve in their recovery. Often support is meant well, and others wish to help, but there is again a shyness in what can be done, and clear boundaries are needed for the SN to know what they can do to help. The ED is also seen as a problem the YAED has and not what the SN has. It is mentioned from both the YAED and the SN that they wish to maintain their original relationship and not to take on the role of a carer. Therefore clear boundaries are needed to establish involved support while maintaining their original relationship. It is vital to have involved support because it is not possible to recover alone solely.

How to design:
The tool should support the exploration of personalised involved support and what fits the YAED and their SN for example by exploring or setting clear goals for their communication. The tool should support establishing boundaries which are clear and helpful for both the YAED and SN.

Design principle 4

Provide a feeling of safety and control over the interaction

Explanation:
The function of an ED is often to provide control over food and result in a safe feeling. People with eating disorders seek to control, and therefore an element to include in the tool should be control to ensure a safe feeling when interacting with the tool.

How to design:
The tool should provide control by ensuring freedom in the choice of conversation topics. The tool should provide a clear guiding structure for the conversation with a clear beginning and end and an adjustable middle for the YAED and SN.
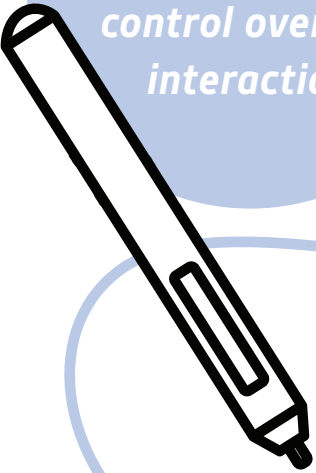
Chapter 6 - Definition

This chapter presents a storyline as an experiential outcome of the interviews. The storyline helps to scope and define a moment to design for. This moment focuses on social interaction between the YAED and the system. The choice for a focus on social interaction is supported by a behaviour map which presents the 8 factors according to the type of behaviour they influence. This chapter concludes with a revised design goal, design principles and an interaction vision with interaction qualities.

6.1 Experiential story of living with an ED

I created a story based on the experiential perspective of young adults who lived with an eating disorder. The story provides an insight into how an eating disorder develops and how it feels to live with an eating disorder.

There is a moment when so many things are going on in a young adult's life. During this period, they experienced a lot of change in their lives often these changes were negative experiences where they felt alone, unhappy, not understood, participating in activities that did not suit them, and they felt like they had lost their sense of self.

During this time, they found a way to cope with food. To Young adults, food offers instant gratification and relief for issues they live with. Their body's weight and shape are a way to distract and escape from emotions they do not want to feel or deal with and pretend that everything is okay.
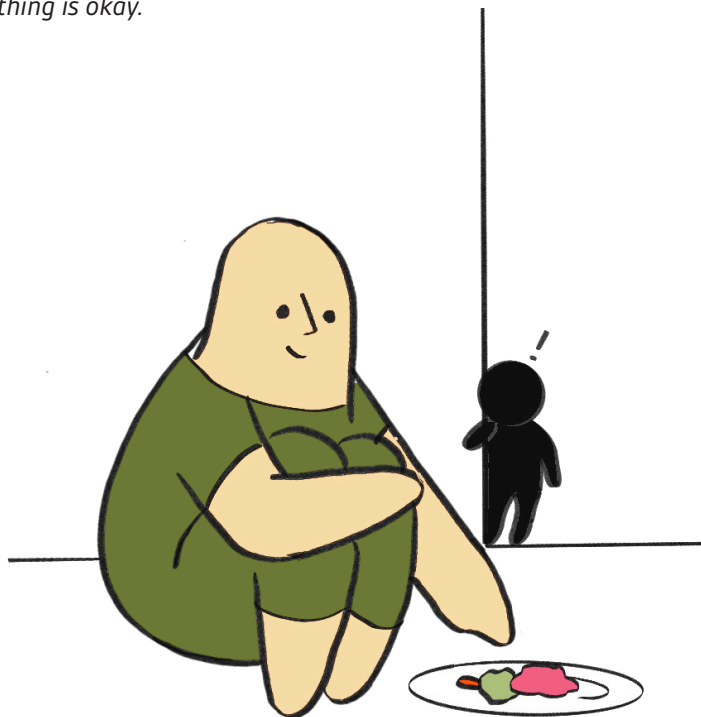
Escaping to food is only a temporary solution. After a while, the more you pretend everything is okay while escaping in food, the eating disorder sees a chance to take advantage of this vulnerable moment.
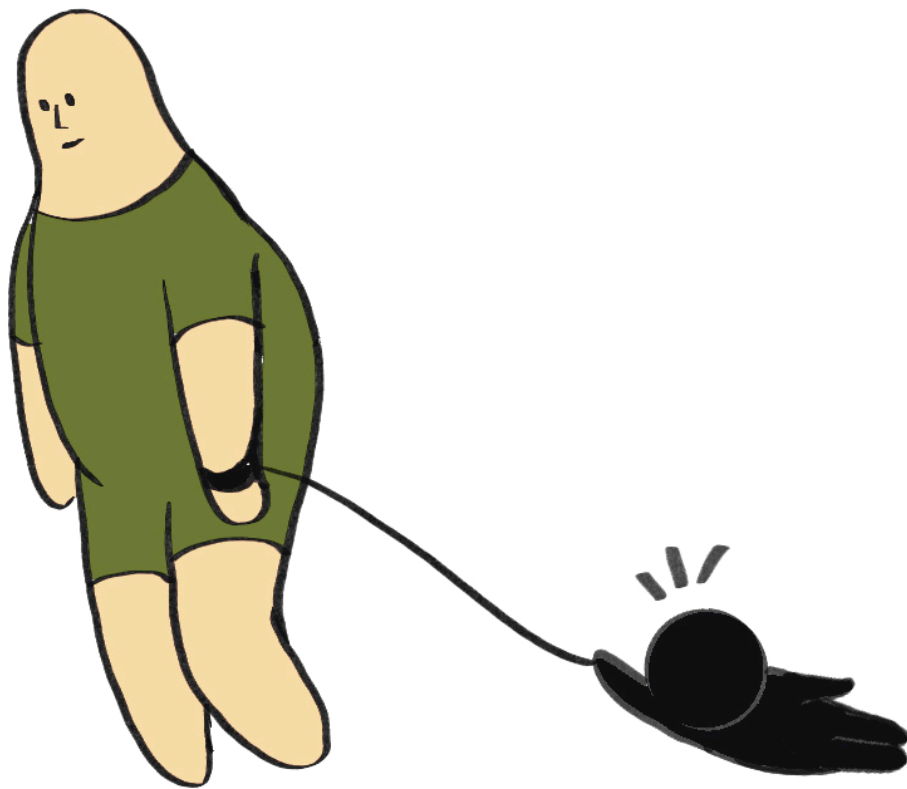
The eating disorder sees that food helps you and follows you around to remind you that you can seek relief in food at any random moment.

The ED helps you, but it also makes you sad. The ED convinces you that you cannot tell people about what you do.
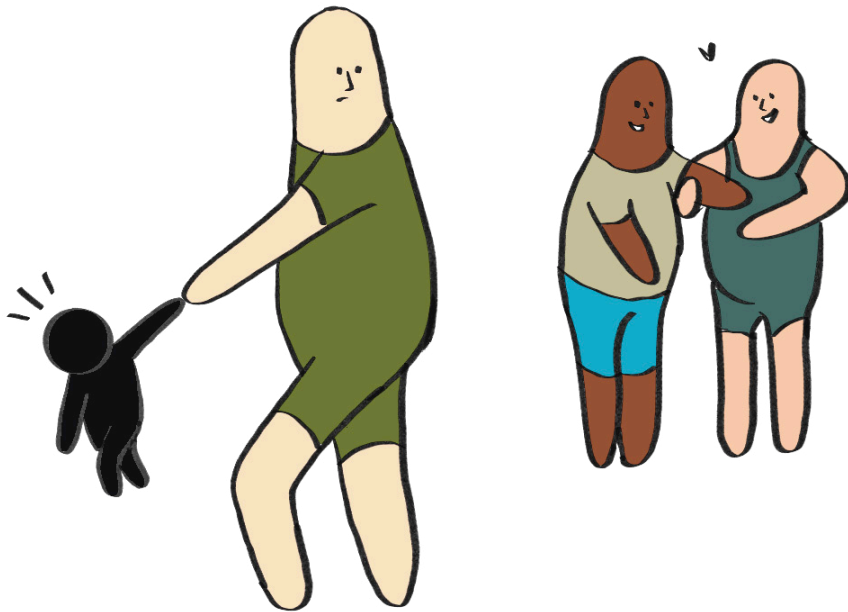
The ED tells you you do not need other people and can solve your problems alone.
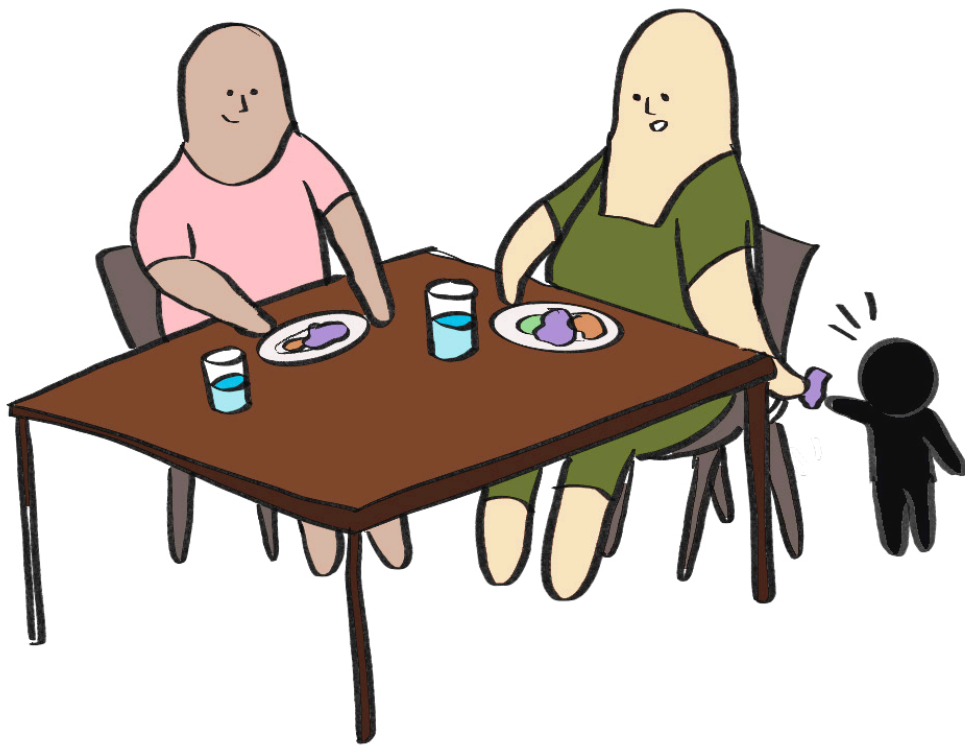
The ED also makes you do strange things like hiding your food or secretly eating your food

Most importantly, the ED wants to keep you all to themselves. They offer distraction and a solution to all your problems but still, after listening to the ED, you feel proud but also guilty, ashamed and disappointed in your actions. Why do I need this, and why can't I be normal?

Escaping the clutches of the ED is difficult because the ED is smart. They know who you are and what you need to feel safe and in control.
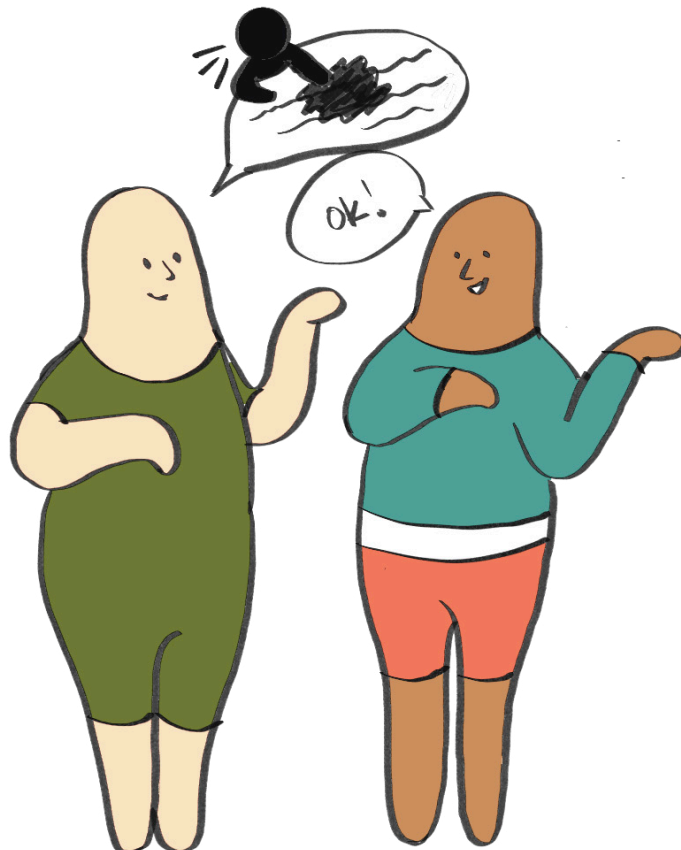
They will come between you and others and disrupt interactions making you think that the ED is the only solution you see.

So how can the ED do all of this without anyone noticing? This is because the ED lives rent-free in your head. In your head, the ED is safe, they can hide from others because not everyone knows what an ED is. Not many people recognise when the ED is making you do things.
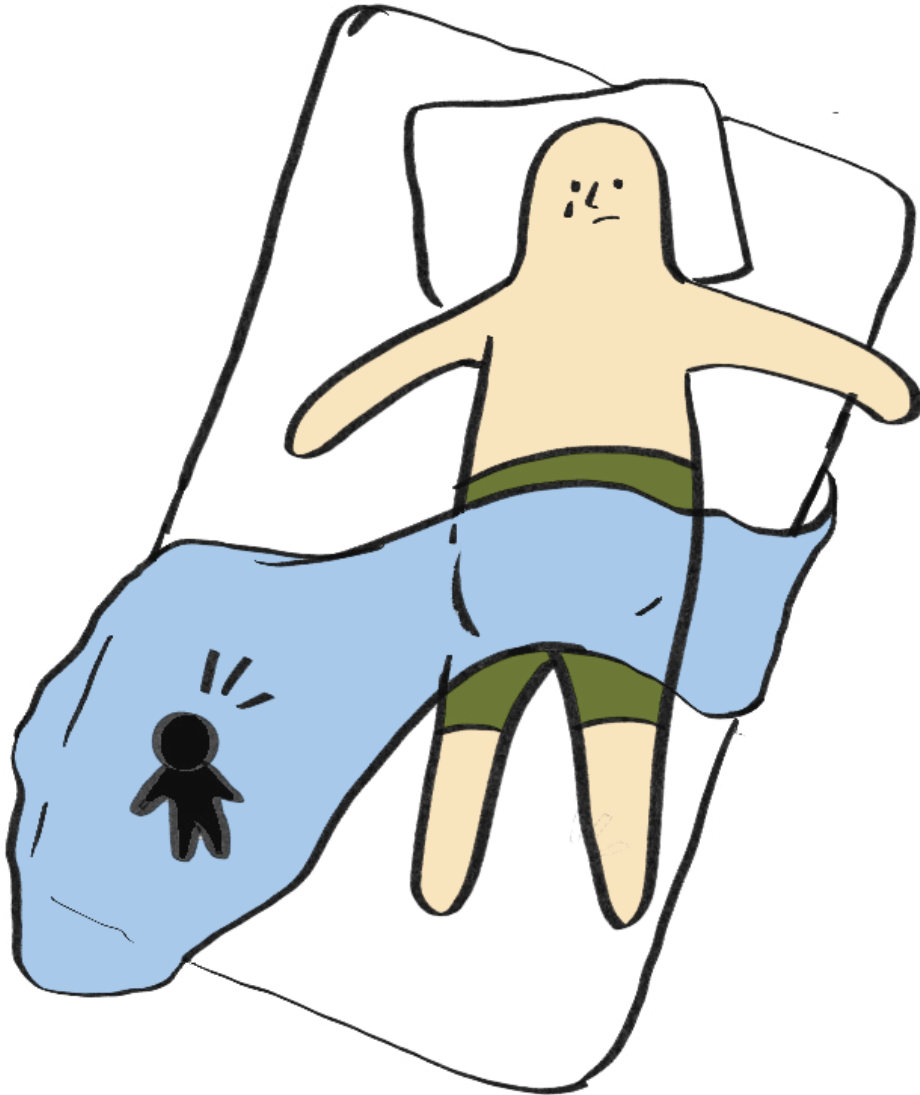
You wish someone would spot the ED swirling around your head because you do not see any other solution
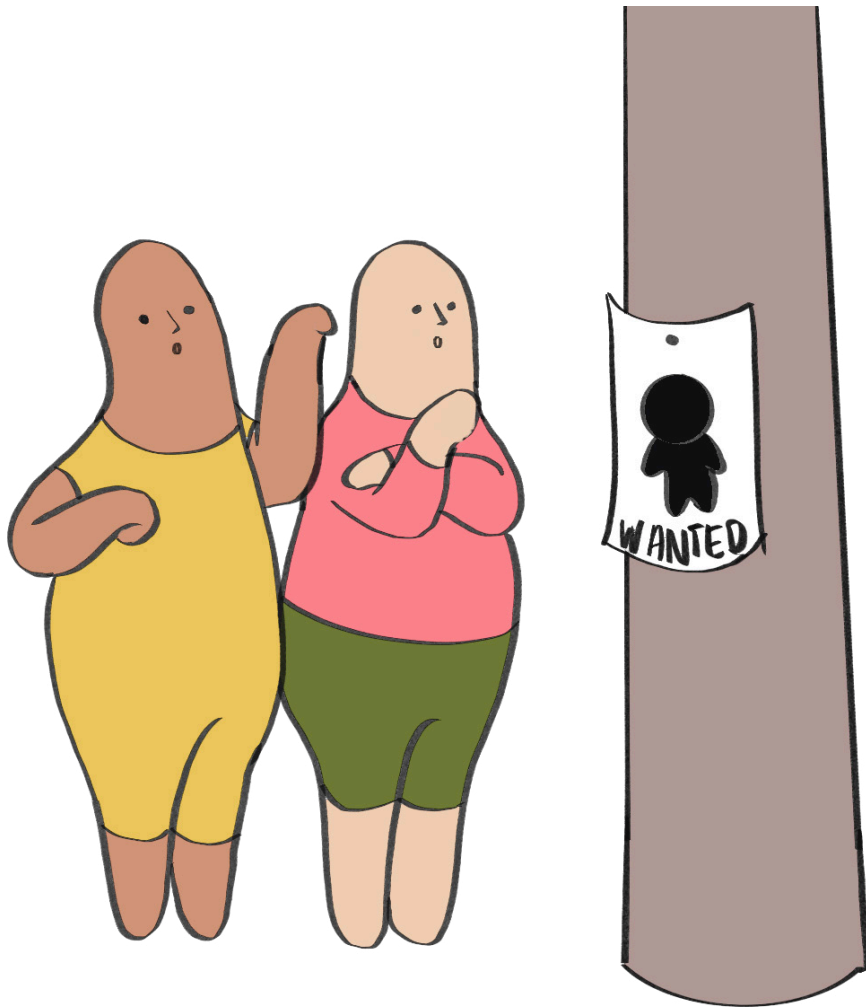
So the more others know about EDs and how you behave when the ED is telling you to do things, the more others can help instead of letting the ED help. Helping others spot the ED means the ED cannot live carefree in your head and be the only one to offer solutions.
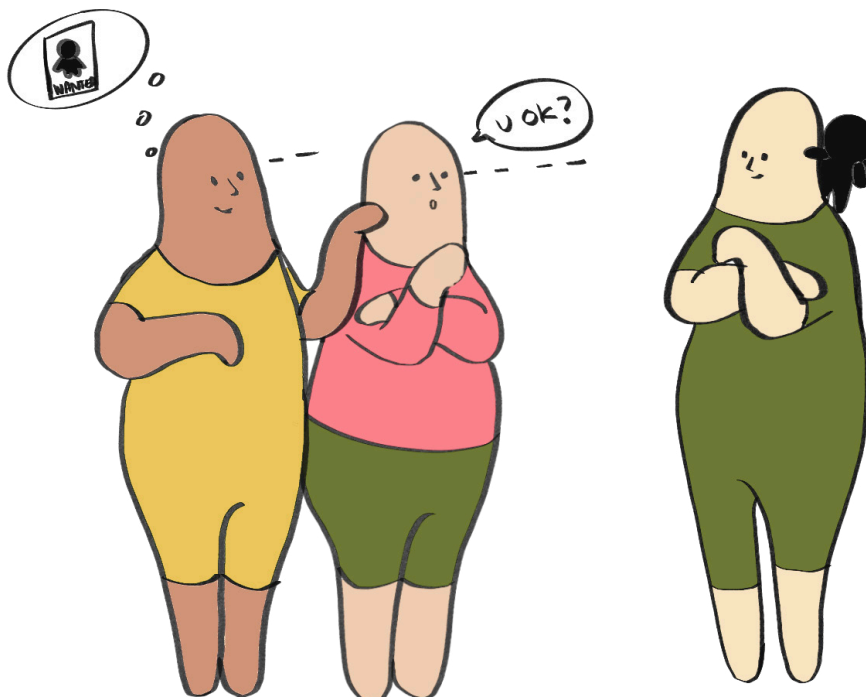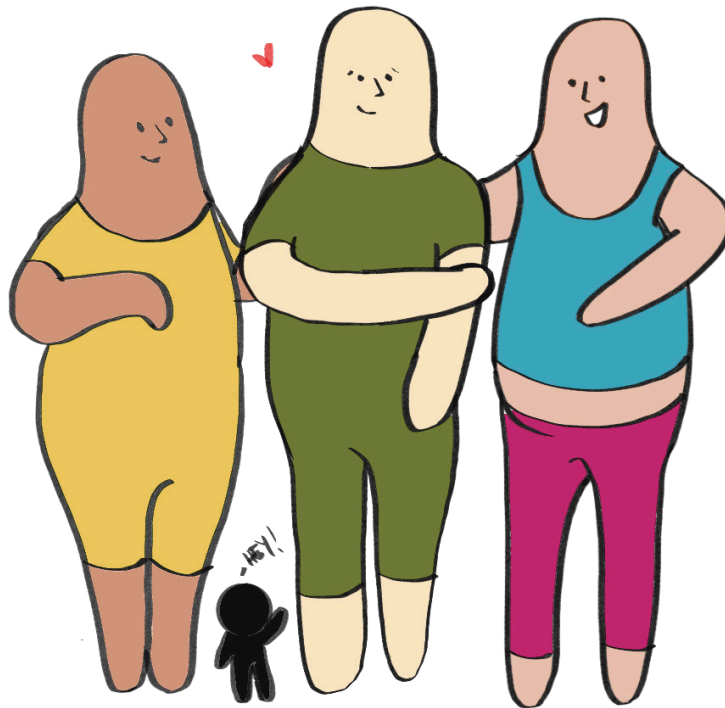
And eventually, the ED becomes a small part of your life who will still be there ready to offer solutions. However, you may say thank you to the ED for helping you temporarily but you are working on finding more helpful ways to cope.

6.2 Revised Design goal

Based on the design principles and as a continuation of my initial goal for this project, my design goal for the design goal of this project is:

*I want to design a tool that **enables the initiation of a conversation about eating disorders** between **young adults with eating disorders and their social network** so that both parties can **set boundaries for their involved support** while maintaining their original relationship.*
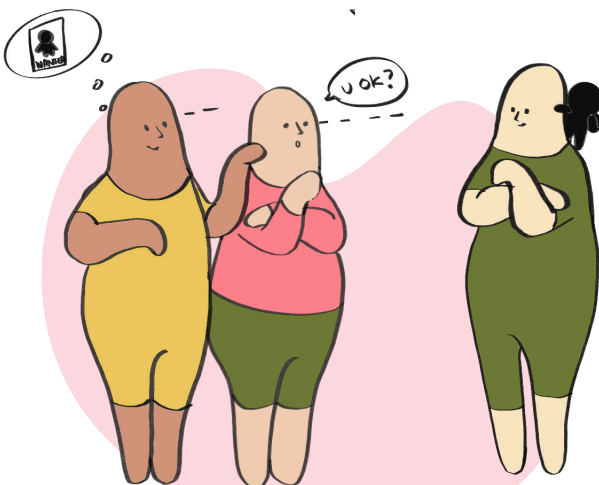
Figure 28 - Involved support from storyline

The end goal is for the YAED and their SN to have a conversation about eating disorders so that the ED doesn't keep the YAED all to themselves with the problems that it brings. So not to see the ED as a 'me problem' but as a 'we problem', and the more people know, the more they can help. However, there are certain rules for this conversation.

1. Having some form of knowledge about EDs (this could also be knowledge about mental health problems and not only the stigmatised version)

2. Openness, being open in conversations, no judgement and creating the feeling of being heard, taken seriously and understood

3. Knowing how to communicate, where the YAED and the SN know how to ask questions, knowing how to express emotions and boundaries

But for the SN to have the knowledge and be open, they need to be communicated with by the YAED and vice versa. This communication needs to be initiated by a party, and therefore the YAED and the SN need to be empowered to know how to communicate about EDs to exchange knowledge, set boundaries, communicate emotions and thus result in social support while still maintaining the original relationship (this means that the SN doesn't take on the role of a healthcare provider).

Concluding, I want to design a communication tool that:

1. Increases knowledge about EDs

2. Increases the openness within a conversation (meaning reducing judgment, dismissal and increasing the feeling of being heard, listened to, and thought with)

3. Initiates a conversation about EDs

4. Increases the feeling of knowing how to express questions, boundaries and emotions

In order to develop personal care.
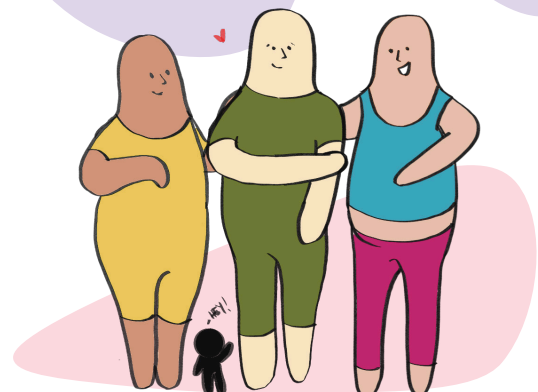
Figure 29 - Involved support from storyline

6.3 Interaction vision

Because this project aims to create an interaction between the YAED and SN through a communication tool, I have used an interaction vision to portray the intended interactions and qualities. The qualities of the interaction vision will translate to product qualities (Pasman et al., 2011).

The interaction vision is a metaphor based on design principles. The design should increase the feeling of knowing how to communicate, openness in communication, increase knowledge, support room for mistakes and maintain the original relationships. The more the communication tool is used, the less the YAED SN will need it, and eventually, the YAED and SN can have a conversation without the design.

Therefore the interaction vision is:

The interaction between the YAED and System and design should feel like taking a first salsa class together.

Figure 30 - Interaction vision Salsa class
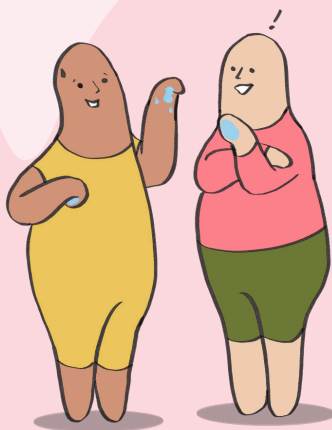
Imagine you are going for your first salsa class with someone from your SN. And you both have not tried a specific dance type other than the usual head bob dance at a party. You are nervous about dancing together and holding hands because you have sweaty hands; luckily, you find yourself in a relatable situation because your partner has sweaty hands as well, and so do others in the class.
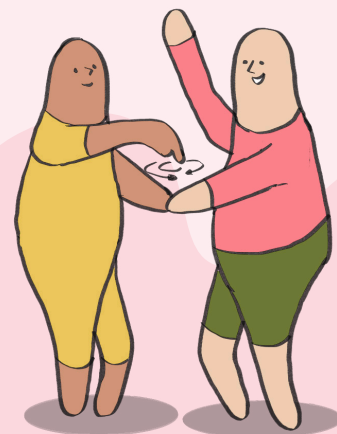
You and your partner get assigned roles; the leader and the follower. These roles are switched around. You reciprocate each other's moves and slowly feel more comfortable with each other to salsa.
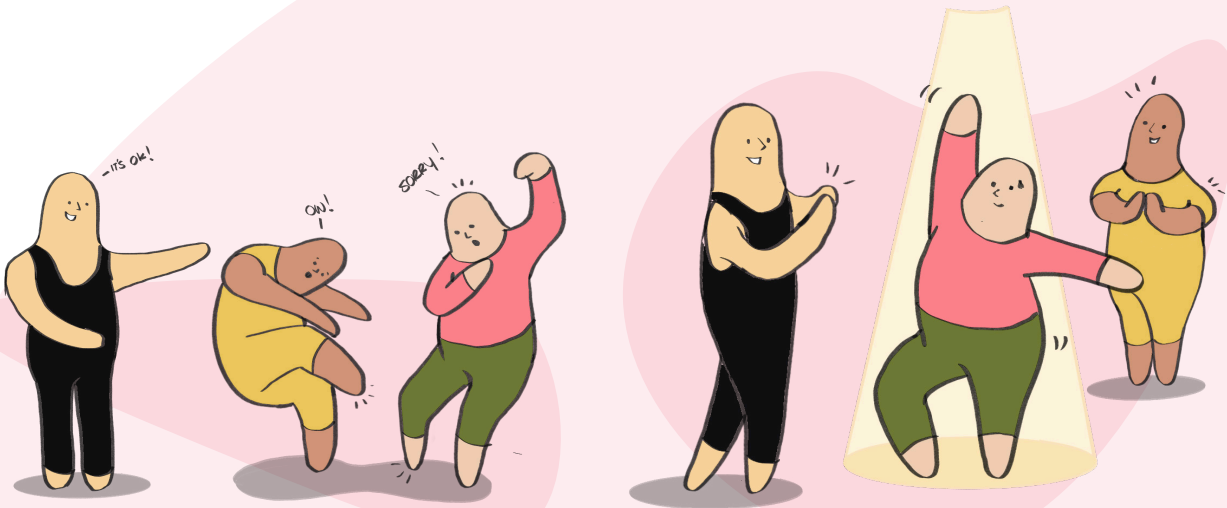
It is a safe space to make mistakes because the salsa teacher guides you through the dance and presses you to dance with the intention to support and assist where needed during your practice.

The more classes you take, the more you learn about salsa dancing and that making mistakes are okay. You will become more comfortable together because you know what moves you can make, and finally, you will no longer need classes to salsa dance anywhere together.
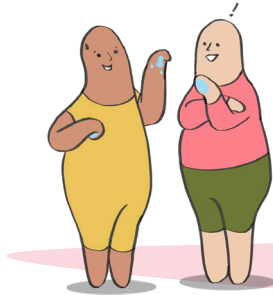
Interaction qualities of this metaphor are:

Relatable

The salsa class is a beginners class, and everyone around is there for the first time. Everyone is sharing their experiences of their first salsa class and the awkwardness of it, for example, sharing about sweaty hands and having two left feet. The teacher makes sure that everyone knows what she is talking about and makes the class as relatable as possible for the first-time class takers to understand what is going on.

Reciprocative

During the dance, there are clear roles, one person is the leader in a moment, and one is the follower and these positions get switched around. Both dancers get the chance to practice being a leader and a follower and respect the moves being made by each other and follow along.
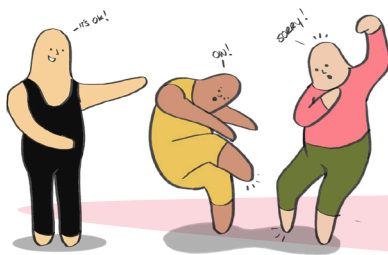
Guiding

The salsa teacher takes the dancers by the hand and guides them through the steps. If mistakes are made, it isn't an issue because, without these, you will not be able to learn how to salsa dance. The guidance creates a safe environment to make mistakes and to become more confident in the steps that need to be taken.
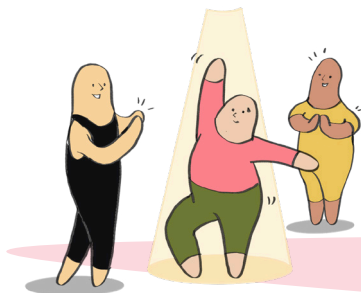
Pressing

Being at the first salsa class can be exciting and also terrifying. The teacher asks you to show your moves, and you are put on the spot but with the idea to help you and to support you where you need some assistance

PHASE |

DEVELOP

**IN THE DEVELOP PHASE YOU WILL FIND
THE FOLLOWING**

Ideation
Ideation moments including generative
methods such as brainstorms, drawing,
prototyping, storytelling and game design

Evaluation moments
Evaluation and co-creation moments with
stakeholders including young adults with
eating disorders and their social network

Chapter 7 - Design process

In this chapter, I present the ideation phase of this project. Based on the design brief, ideas were generated, resulting in a physical communication tool prototyped in three iterations to optimise the concept. The iterations consisted of prototyping and testing, which resulted in insights for the final prototype.

7.1 Methods prototyping and testing

7.1.1 Research through design
Throughout the development phase, I have adopted the research through design method. Research through design means engaging in design activities to generate knowledge (Stappers & Giaccardi, 2017). The activities to generate knowledge were chosen based on the framing of the desired outcome of research conducted in the discovery phase.
Activities included brainstorming, braindrawing, benchmarking and prototyping in an iterative process. The iterative process mainly consisted of developing prototypes and evaluating these with stakeholders such as YAED, the SN and healthcare providers. The prototypes were of low quality and captured the essence of interactions that provoked discussion. Without the prototypes, the stakeholders would not encounter obstacles, and it was an excellent method to begin designing and exploring what works and does not. The research through design activities are explained in the following paragraphs.

Brainstorming and braindrawing
Brainstorming was a solo activity used to create a large number of ideas. The brainstorming was guided by how-to questions such as how to invite someone to talk.
Braindrawing included other designers at the IDE faculty to help think of more ideas on top of the brainstorming.

Benchmarking
Benchmarking included explorations of existing tools and games for mental healthcare. Mental healthcare tools were searched on the internet using keywords such as mental healthcare toolkits, mental healthcare games, mental health card decks, mental healthcare communication tools and mental healthcare products.

Prototyping
Prototyping included creating prototypes and evaluating the prototypes with YAED. The prototyping consisted of three parts:

- Low-fidelity prototypes were created using materials such as paper, existing game objects such as pions, dice, and adobe programs.

- The prototype was brought to participants for evaluation. The evaluation consisted of using the prototype, and participants were asked to talk out loud and express their thoughts.

- The evaluation sessions were prepared to support co-creation, whereby the participants were stimulated to express ideas or to brainstorm further on possible adjustments to improve the prototype. The participants were free to contribute by drawing or talking about the tools. Materials such as paper and stationary were provided to capture or note new ideas. These evaluation sessions were voice recorded.

Throughout the prototyping, other designers and friends from my personal network were included to help me evaluate and think of ideas for the prototypes. Healthcare providers and this project's supervisors were approached for advice and to ensure the safety of the prototypes before testing with the participants.

7.1.2 Analysis of the prototype evaluations

The evaluation sessions were analysed by listening to the recordings and taking note of feedback and adjustments that needed to be made for the new prototype.

The process of prototyping, evaluating and analysing the evaluations was repeated three times before the final concept was created.

7.1.3 Participant sampling

Selecting participants for evaluation of prototypes The participants for evaluating the prototypes were selected based on convenience and availability.

YAED
All YAED participants were female and recruited from my personal network. One participant also participated in the interview in the discover phase (P2) and two participants were newly recruited. One participant was recovered from anorexia (P7) and the other was currently in therapy (P8)

Healthcare provider
Healthcare providers were recruited and were all female. An experienced expert and an innovation project manager.

7.2 Introduction design process

This introduction to the design process is meant to provide an overview for the reader of the iterative process presented in the following pages. The design process consists of four iterations to design a communication tool that enables YAED and their SN to have a conversation about EDs. Each iteration consists of various activities and is described below.

Iteration 1 - Defining the ideal conversation
In the first iteration, I will define what an ideal conversation about EDs looks like. This definition is based on insights YAEDs provided during the contextmapping and conversations with healthcare providers. The ideal conversation comprises five phases.

    1   Obtaining the conversation tool

    2   Initiation of conversation

    3   Setting boundaries

    4   The conversation

    5   Reflection moment

Iterations 2 to 4 - Developing the conversation tool
Each phase is presented separately and includes explanations and insights of the design activities, such as brainstorming, prototyping and evaluations. Every evaluation results in feedback for a redesign. The redesign is presented along with the impact of the variations made such as important insights with the support of quotes.

7.3 Iteration 1 - Defining the ideal conversation

Before I could begin designing, it was important to establish some guidelines. Two main questions were asked to help guide the design process.

- What does a moment of communication look like?

- What are the different steps that result in a conversation, and based on the design principles, what is needed to create the ideal moment?

From the sensitising materials, I gathered the different insights of participants that show moments they talked to people. Figure 31 shows snippets of the sensitising booklets and an analysis.

7.3.1 Analysis of communication moments

From the analysis of the communication moments, I concluded that it seems a **safe and comfortable setting is preferred** while potentially doing another small activity. There is an initiator, either the SN or the YAED, and it would be excellent if both parties expressed their feelings.

By combining the characteristics of 'moments to talk' with the design principles, an overview was created to portray the ideal vision of the communication between YAED and the SN about EDs.

YAEDs
combined the moments for talking with other activities such as walking or drinking coffee
The moments are intimate and also in a cosy setting.

The moments were usually with people the YAED felt comfortable with or who they trusted

The YAED expresses their feelings because they are asked about their ED directly or about their feelings. Or when the YAED planned to tell about their ED to their system, and they express their problems and feelings, and it is nice when the system does the same.

Figure 31 - Sensitising booklet moments to talk and analysis

Visual of phases of an ideal conversation

Obtaining the tool
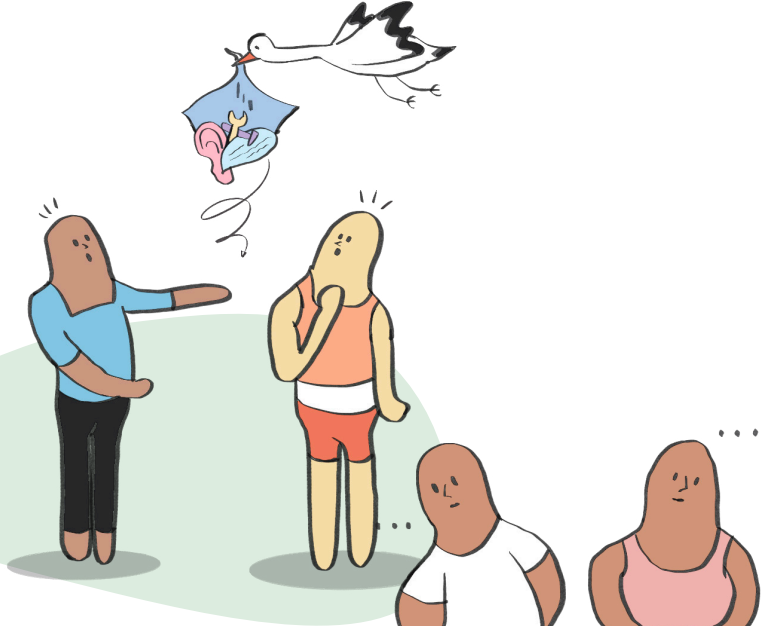
Communication tool reaching the YAED and their system

Initiating the conversation

Initiation of the conversation. Often there is a shyness to action of who will start the conversation. There is a role of the initiator
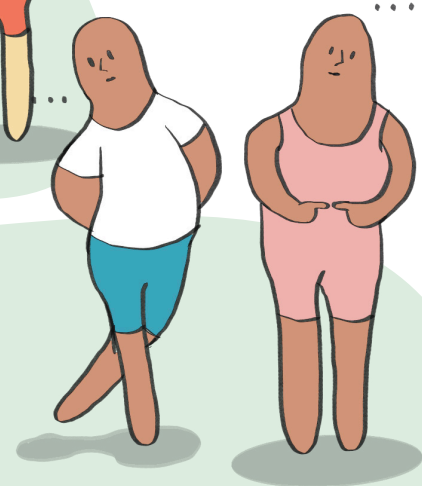
Setting boundaries

Setting boundaries.
Introducing a structure to the conversation. This includes setting boundaries and discussing rules to enable open communication without judgement

The conversation

The coversation itself.
The communication tool should offer a structure and support openness, knowing how to communicate and increasing knowledge of EDs
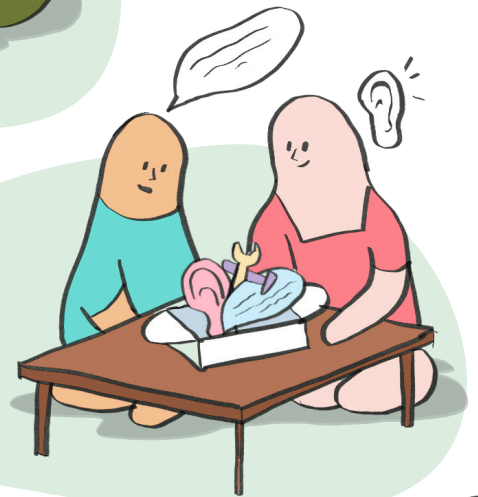
Reflection moment

A reflection moment.
The goal of the conversation has been reached and there is space for reflection about what has been said and what has been learnt for the next conversation
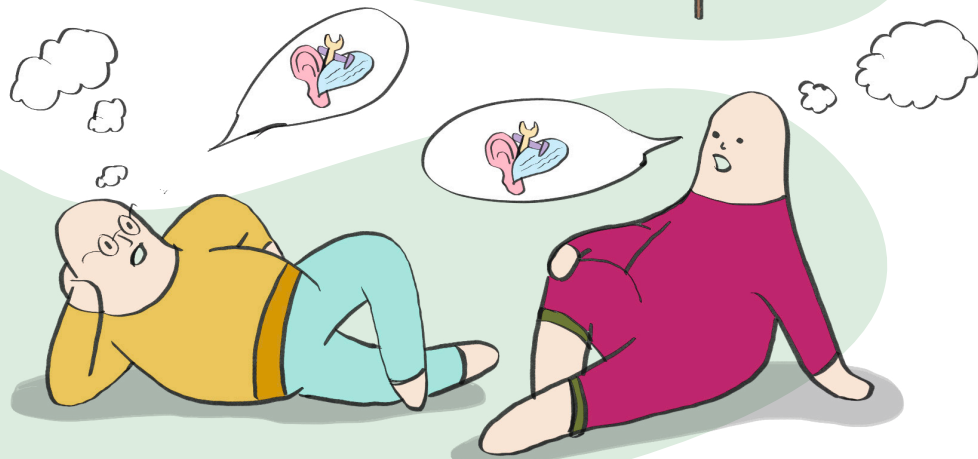
Figure 32 - The 5 phases of a conversation about EDs

The communication has 5 phases

Below you will find initial ideas for the five phases in a conversation about EDs.

YAED and SN obtaining the tool

The communication tool is distributed via therapists, GPs, schools, spread through social media, promoted through eating disorder websites such as proud2bme or comes up when googling EDs

Initiating the conversation

There is a shyness to action when it comes to talking about EDs; you want to ensure a pleasant reaction when someone initiates a conversation about EDs. A possible way to initiate a conversation is by sending an invitation to have a talk by creating invitation cards.

Another possible way to initiate a conversation is through a game form, where both YAED and SN can initiate a conversation about topics surrounding EDs. It is important for the initiation of a conversation that the tool creates an equal playing ground for both the YAED and SN, allowing them to both express emotions.

Setting boundaries

To set boundaries, it could be an idea to look at creating roles, who is listening and who is talking at the moment and what rules are there for each role. This way, it removes the difficulty for the YAED having to explicitly express their boundaries because it is already integrated. By setting boundaries of the conversation, you could introduce a structure to the conversation and create awareness of specific rules such as being open and having no judgement. Switching roles in the conversation should be included to ensure reciprocation. An experience expert advised to focus on what is possible and what the YAED and SN can do.

The conversation

The conversation itself, should be open for the YAED and SN to fill in. The conversation tool can help provide guiding questions, for example, or provide sentences to encourage recognition or help explain ED characteristics.

Reflection moment

The reflection moment could be done independently or together. A guide to help determine if boundaries have been respected and what has been learned for the following conversation. The ideal situation would be if the tool is only needed a few times and with practice, the YAED and SN can talk without the tool. This can be seen as a learning curve to encourage unexpected moments for conversations between the YAED and SN. A reflection moment could support a learning curve and ensure that the YAED and SN can write down anything they learned.

These 5 phases were used as starting points for the brainstorm session. The phases were transformed into how-to's and helped to explore the different ways the phases can occur.

- How does the YAED and system attain the tool?

- How to initiate a moment to talk?

- How to determine and communicate boundaries?

- How to have a talk about EDs?

- How to reflect on a conversation?

7.4 Iterations 2 to 4 - Developing the conversation tool

On the following pages each phase is presented separately and includes three iterations of designing, prototyping and evaluating. Improtant insights are included.

Obtaining the tool

Communication tool reaching the YAED and their system
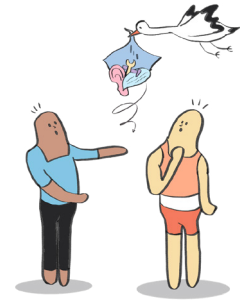
Iteration 2 - Decision

The initial context was to design for YAEDs who are not yet seeking support in addressing their disorder and to encourage YAEDs to seek help sooner than they currently do. However, it is difficult to reach YAEDs who are not yet in care because they may still be in denial and not know they have an ED. Therefore for this project, I have chosen to design for the context where the YAED is in therapy and receives the tool from their therapist. This way, I can also evaluate the prototypes and final concepts with YAEDs who are currently in therapy.

The chosen context
A YAED who is in therapy receives the tool from their therapist to use together with their SN. Their SN is aware of the ED, and they share the same goal for wanting to talk about the ED and explore possibilities for involved support. Keeping this idea in mind, the following ideas were selected to be prototyped and evaluated.

The context of receiving the tool from a therapist is chosen because the stakeholders are more realistically accessible for this project. The initial idea was to encourage YAEDs to seek help and help move from being in denial toward awareness of the ED.
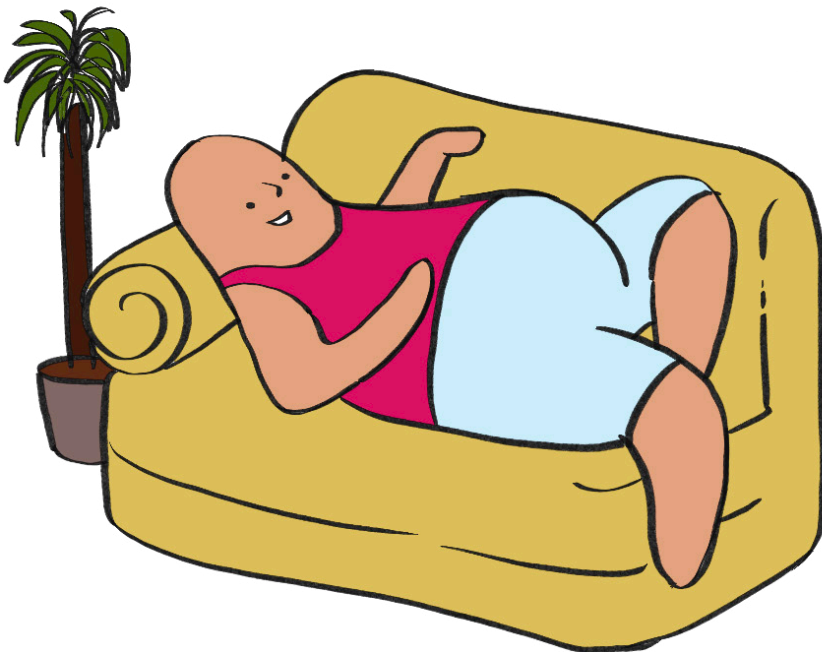
Figure 33 - YAED receiving tool from therapist

Initiating the conversation

Initiation of the conversation. Often there is a shyness to action of who will start the conversation. There is a role of the initiator
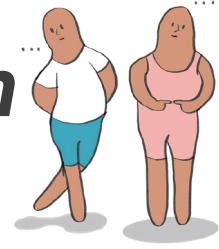
Iteration 2 - Evaluation

The participants were presented sketches of invitation ideas and verbally asked what they would prefer or need.

Before the YAEDs and SN can engage in a conversation, the conversation needs to be initiated. The conversation could be initiated through, for example, sending a simple invitation for a conversation. Or, if a game is involved a conversation could be initiated by inviting the SN over for a game night.

An invitation can be of added value; however it needs a reason and goal. This may differ per person and how they prefer to communicate.

" Maybe you could include sending an invitation to someone that you can invite to use this tool with you or you can invite for a general game night and then you use this. I think it would be really nice to invite others with a card, for example! " - P2
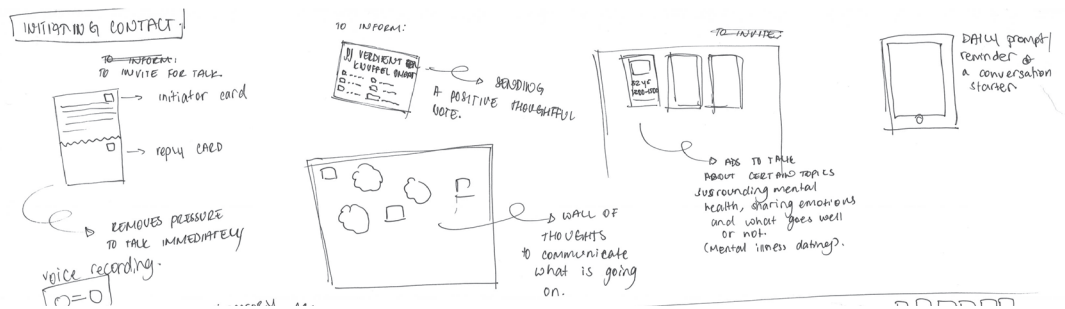
Figure 34 - Sketches of invitation types presented to the participants

Iteration 3 - Evaluation

Initiating a conversation about EDs may be difficult and additional support may be needed. Participant 7 mentioned needing the motivation to use the tool and to invite an SN to have a conversation. The participants mentioned if they were to receive the tool from their therapist and they discussed with their therapist beforehand what they have to do, they would be more inclined to use it.

The manner of inviting someone to have a conversation appears to be different per person. One participant mentioned having no problem asking their SN face to face to have a conversation and the other mentioned sending a card would be favoured.

A fourth iteration was not conducted as the invitation style appears to differ per person. Additionally, professional care may need to be included to help the YAEDs become motivated to speak to their SN.

I am not sure how I would want to invite someone it depends, if it comes from therapy it would be a nice task that you would have to do and I think if I had the choice to not do this, then I wouldn't because I used to avoid everything or try to get away with everything - P7

"I like the idea of having to give a card to someone because then you don't have to say it yourself, and it makes it less difficult to do because you can fill in something and give it. It is not personally asking, but there is something personal in it. I don't think I would want to invite you to talk to this person directly. " - P8

Setting boundaires

Introducing a structure to the conversation. This includes setting boundaries and discussing rules to enable open communication without judgement
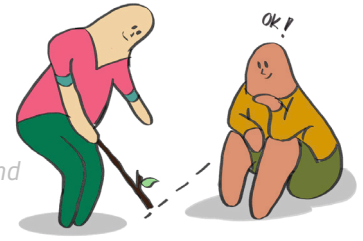
Iteration 2 - Prototyping

To communicate boundaries, I started by sketching how boundaries can be communicated. I created a few sketches and then a sheet on how participants can communicate boundaries.
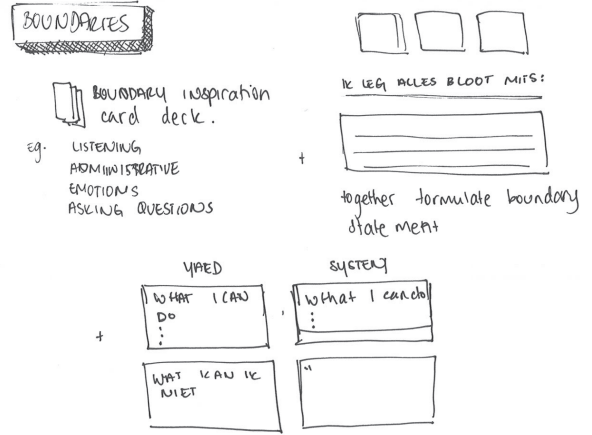
The sheet would include a list of boundaries that a YAED and SN may come across. The YAED and SN are free to fill in any boundaries. I talked to some friends and we agreed that this felt a little static and decided to change the boundaries sheet to be more interactive.

Figure 36 - Initial sketches of creating the boundaries sheet
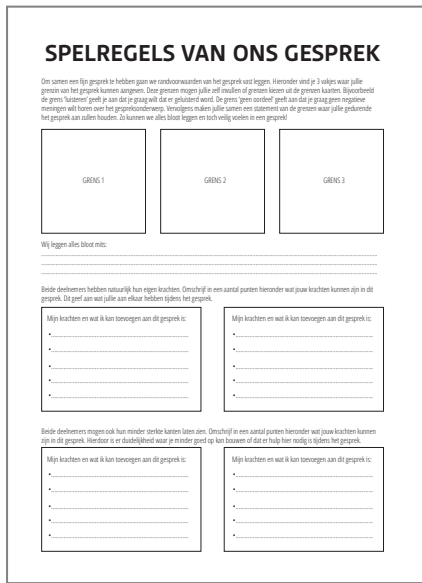
Figure 35 - First draft of boundaries sheet
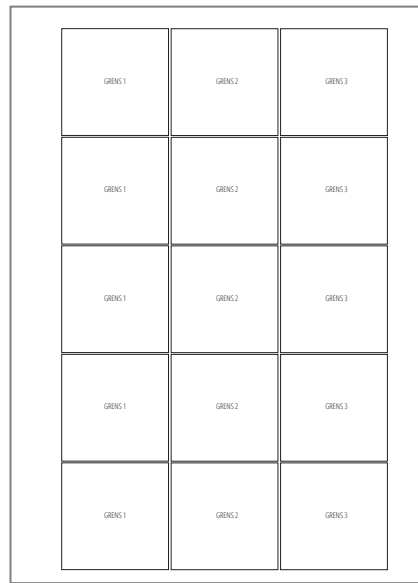
Therefore a renewed version of the boundaries sheet was created to allow the participants to create their own rules regarding their conversation. With this, I hope to remove any shyness or hesitance when saying what the YAED and SN need or expect of each other. The boundaries sheet includes three steps.

Figure 37 - Renewed boundaries sheet

Setting boundaires

Introducing a structure to the conversation. This includes setting boundaries and discussing rules to enable open communication without judgement
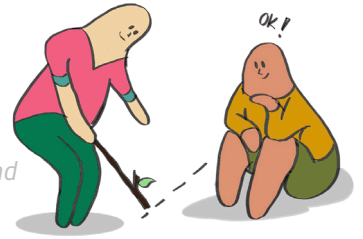
First, the participants are brought to a common ground by expressing their emotions. This way, both the YAED and SN know how they are feeling and can keep this in mind. I used the Premo tool from the Delft institute of positive design (Desmet, 2003) as a tool to help the participants express their emotions.

Secondly, the participants are asked to set boundaries for the conversation. They are asked to select their preferred type of interaction, conversation flow and collective setting. This concept of setting boundaries for a conversation was taken as inspiration from Sönmez et al. (2021), who explored group moods in professional settings. Their paper explores how designers in a group setting can change, maintain or stimulate a group mood. In the context of this graduation project, I would like to stimulate a pleasant mood for the YAED and SN in their conversation. In the paper, Sönmez explained three different aspects to be part of group moods.

    1   Feeling aspect
Which describes how group members feel
    2   Interpersonal aspect
How do the group members wish to respond to each other
    3   Workflow aspect
How the group members wish to work

I have used these aspects and adjusted them according to how YAEDs and SNs may have a conversation.

    1   Collective setting
How do the YAED and SN wish their mood to be throughout the conversation
    2   Type of interaction
How do the YAED and SN wish to react to each other
    3   Conversation flow
How do the YAED and SN wish to proceed with their conversation

SPELREGELS VAN ONS GESPREK

Om samen een fijn gesprek te hebben gaan we randvoorwaarden van het gesprek vast leggen. Hieronder vind je opdrachten om gezamelijk doelen te stellen voor het gesprek. Vervolgens maken jullie samen een statement van de grenzen waar jullie gedurende het gesprek aan zullen houden. Zo kunnen we alles bloot leggen en toch veilig voelen in een gesprek! Voordat we doelen gaan stellen pakken alle spelers een moment om aan te geven hoe zij zich op dit moment voelen. Gebruik de premo kaart om aan te geven hoe je je op dit moment voelt.

Hieronder gaan de spelers een aantal doelen zetten voor het gesprek. Pak de stapel randvoorwaarden kaarten en kies een groene kaart voor de collectieve setting van het gesprek, kies een gele kaart voor de type interactie die de spelers graag willen hebben en kies een oranje kaart voor een gesprek flow die de spelers graag willen bereieken.

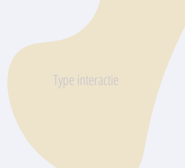| Samen stellen de spelers een collectieve setting als doel.	Samen stellen de spelers een collectieve type interactie als doel.	Samen stellen de spelers een collectieve gesprek flow als doel.
Hoe willen jullie samen voelen tijdens dit gesprek?	Hoe willen jullie op elkaar reageren tijdens dit gesprek?	Wat voor flow in het gesprek willen hanteren tijdes dit gesprek?
Collectieve setting	Type interactie	Gesprek flow

Schrijf nu samen een doel aan de hand van de randvoorwaarden, dit word het heilige gespreksetiquette waar jullie samen akkoord mee gaan. Dit zorgt ervoor dat iedereen weet wat ze kunnen verwachten als setting, reactie en hoe het gesprek zal verlopen waardoor zo veel mogelijk bloot gelegd kan worden

Wij leggen alles bloot mits:
....
....

These aspects contain a list of group mood qualities I used as a base for my prototype.
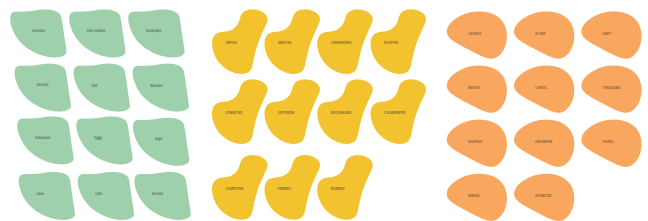

Figure 38 - Group mood qualities

The third and final step of the boundary sheet is to write down their own conversation rule based on what they have agreed on in step 2 of the sheet. By creating their own rules, I hope to create a feeling of ownership and motivate the participants to be mindful of each other and their agreements to create a safe environment for the conversation.

Setting boundaires

Introducing a structure to the conversation. This includes setting boundaries and discussing rules to enable open communication without judgement
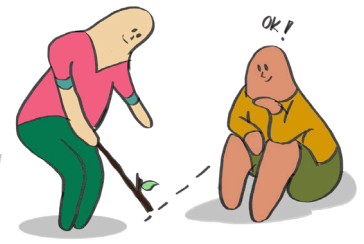
Iteration 2 - Evaluation

The participant appreciated the idea of communicating emotions, making the conversation more straightforward.

> *" I like the idea of expressing emotions in the beginning because you both show your emotions. It is something difficult but then makes the rest of the conversation easier. For example, during volleyball practice, nobody wanted to dive for the ball in the sand, so at the beginning of the training, the coach would make us lie down in the sand and cover us in the sand so then during the rest of the training, it didn't matter if we became sandy anymore. That is the feeling I get with this! " - P2*
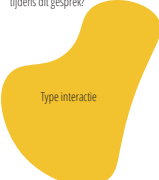
However, the participant disagreed with controlling the setting of the conversation as it may restrict emotions and expression of feelings during the conversation.

SPELREGELS VAN ONS GESPREK

Om samen een fijn gesprek te hebben gaan we randvoorwaarden van het gesprek vast leggen. Hieronder vind je opdrachten om gezamelijk doelen te stellen voor het gesprek. Vervolgens maken jullie samen een statement van de grenzen waar jullie gedurende het gesprek aan zullen houden. Zo kunnen we alles bloot leggen en toch veilig voelen in een gesprek! Voordat we doelen gaan stellen pakken alle spelers een moment om aan te geven hoe zij zich op dit moment voelen. Gebruik de premo kaart om aan te geven hoe je je op dit moment voelt.

Hieronder gaan de spelers een aantal doelen zetten voor het gesprek. Pak de stapel randvoorwaarden kaarten en kies een groene kaart voor de collectieve setting van het gesprek, kies een gele kaart voor het type interactie die de spelers graag willen hebben en kies een oranje kaart voor een gesprek flow die de spelers graag willen bereieken.

Samen stellen de spelers een collectieve setting als doel.	Samen stellen de spelers een collectieve type interactie als doel.	Samen stellen de spelers een collectieve gesprek flow als doel.
Hoe willen jullie samen voelen tijdens dit gesprek?	Hoe willen jullie op elkaar reageren tijdens dit gesprek?	Wat voor flow in het gesprek willen hanteren tijdes dit gesprek?
Collectieve setting	Type interactie	Gesprek flow

Schrijf nu samen een doel aan de hand van de randvoorwaarden, dit word het heilige gespreksetiquette waar jullie samen akkoord mee gaan. Dit zorgt ervoor dat iedereen weet wat ze kunnen verwachten als setting, reactie en hoe het gesprek zal verlopen waardoor zo veel mogelijk bloot gelegd kan worden

Wij leggen alles bloot mits:

> *" I don't really like the idea of sticking to a collective setting during the conversation because it is difficult to keep calm all the time I may get angry about something, and I feel we should be free in our emotions because it is an emotional conversation " - P2*
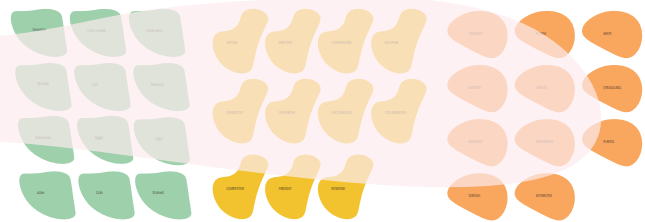

Furthermore, the participant mentioned not wanting to get stuck in a conversation that often recurs; for example, when talking to their parents, they keep coming back to the same topic, which feels frustrating.

> *" Maybe forbidden words? Such as that it is not allowed to go about food or weight. It can be very calming at the beginning when you know that people are not going to be talking about a certain topic. I can talk freely about my problems knowing that whom I am talking with will not refer back to a topic we always go back to again " - P2*

Setting boundaires

Introducing a structure to the conversation. This includes setting boundaries and discussing rules to enable open communication without judgement
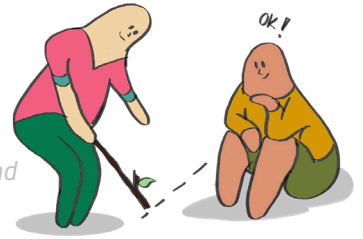
Iteration 3 - Prototyping

Adjustments were made according to the feedback in iteration 2. The boundaries sheet was adjusted by removing the collective setting because this appears to limit the participant's emotions throughout the conversation. Instead, forbidden words/topics were included, and the players were only asked to express the interaction type and the conversation flow.

Iteration 3 - Evaluation

The participant appreciates communicating feelings at the beginning as these are difficult. It would be removing an obstacle for the rest of the conversation. The participant agreed that giving your own meaning to the emotional expressions is ideal because you can interpret them as you like.
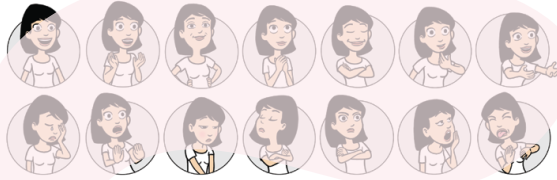
> *" It is a nice idea to talk about your emotions at the beginning because you are a step ahead because you know how the other person is feeling, and you can take this into consideration when talking to each other. It is also nice that you used pictures so you can give your own words to the picture and explain your own interpretation. " - p7*

However, the degree to which this obstacle can be removed depends on how well you can express emotions. The participant mentioned being able to communicate emotions now; however, they may not have been able to early in their recovery. This suggests that the tool should not be introduced too early in the recovery of an ED
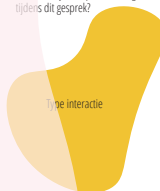
The participant did not provide specific feedback on forbidden words as they were very open about their problems. This suggests that the forbidden words may depend on the type of person and how open they are. The participant mentioned a collective setting is a nice addition as an end goal rather than guidance throughout the conversation.

> *" Communicating emotions can be difficult because if I look at myself at the beginning of my ED, I would think, 'yeah, I don't know how I feel... never mind', and now, because of therapy, I really had to learn how to communicate my feelings. So for me now, it is great, but if I was in an earlier stage, I wouldn't know if it would work. " - P7*

SPELREGELS VAN ONS GESPREK

Om samen een fijn gesprek te hebben gaan we randvoorwaarden van het gesprek vast leggen. Hieronder vind je opdrachten om gezamelijk doelen te stellen voor het gesprek. Vervolgens maken jullie samen een statement van de grenzen waar jullie gedurende het gesprek aan zullen houden. Zo kunnen we alles bloot leggen en toch veilig voelen in een gesprek! Voordat we doelen gaan stellen pakken alle spelers een moment om aan te geven hoe zij zich op dit moment voelen. Gebruik de premo kaart om aan te geven hoe je je op dit moment voelt.

Hieronder gaan de spelers een aantal doelen zetten voor het gesprek. Pak de stapel randvoorwaarden kaarten en kies een groene kaart voor de collectieve setting van het gesprek, kies een gele kaart voor de type interactie die de spelers graag willen hebben en kies een oranje kaart voor een gesprek flow die de de spelers graag willen bereieken.

Samen stellen de spelers een collectieve type interactie als doel.

Hoe willen jullie op elkaar reageren tijdens dit gesprek?

Samen stellen de spelers een collectieve gesprek flow als doel.

Wat voor flow in het gesprek willen hanteren tijdens dit gesprek?

Samen stellen de spelers een paar verboden onderwerpen op.

Is er iets waar jullie het dit keer liever niet over willen hebben?
.
.
.
.
.

Type interactie

Gesprek flow

Schrijf nu samen een doel aan de hand van de randvoorwaarden, dit word het heilige gespreksetiquette waar jullie samen akkoord mee gaan. Dit zorgt ervoor dat iedereen weet wat ze kunnen verwachten als setting, reactie en hoe het gesprek zal verlopen waardoor zo veel mogelijk bloot gelegd kan worden
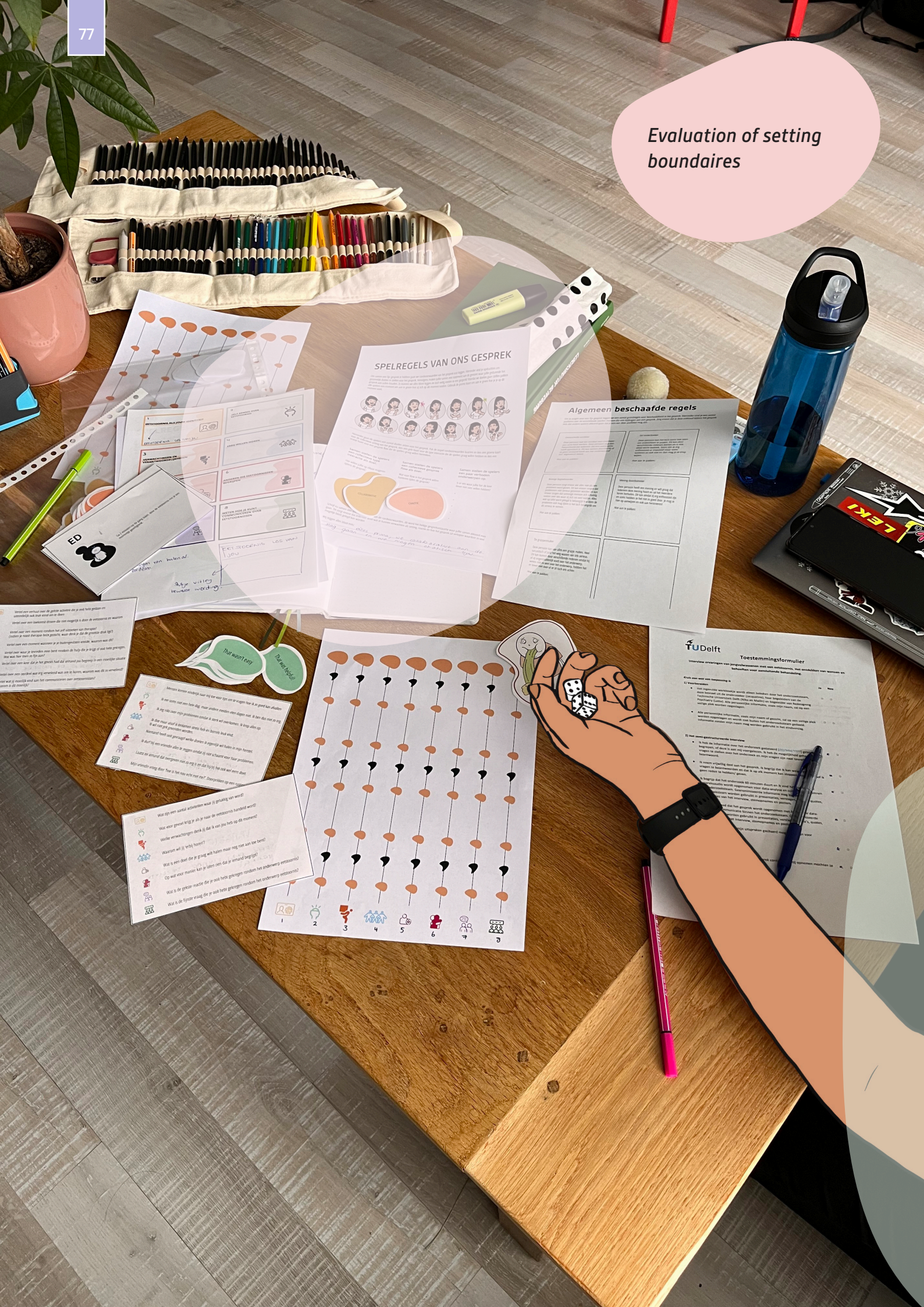
Wij leggen alles bloot mits:

Evaluation of setting boundaires

Setting boundaires

Introducing a structure to the conversation. This includes setting boundaries and discussing rules to enable open communication without judgement

Iteration 4 - Prototyping
No prototype adjustments were made for the fourth iteration.

Iteration 4 - Evaluation
The participant explained that making agreements beforehand helps with managing expectations and knowing how to react to each other. The participant stated the need for more nuance when setting the conversation flow. Selecting multiple word cards can achieve an increased nuance. Moreover, the idea of setting boundaries was seen as "the building blocks of a good conversation".

> " I would like to choose more talk flow cards such as, at ease, humoured, but also serious. So a combination of these would be good! Because there are more types of talk flow. I am a bit unsure about including the term hasty, for example, like you wouldn't agree to do this, but it is a reminder that we don't want this. " - P8

SPELREGELS VAN ONS GESPREK

Om samen een fijn gesprek te hebben gaan we randvoorwaarden van het gesprek vast leggen. Hieronder vind je opdrachten om gezamelijk doelen te stellen voor het gesprek. Vervolgens maken jullie samen een statement van de grenzen waar jullie gedurende het gesprek aan zullen houden. Zo kunnen we alles bloot leggen en toch veilig voelen in een gesprek! Voordat we doelen gaan stellen pakken alle spelers een moment om aan te geven hoe zij zich op dit moment voelen. Gebruik de premo kaart om aan te geven hoe je je op dit moment voelt.

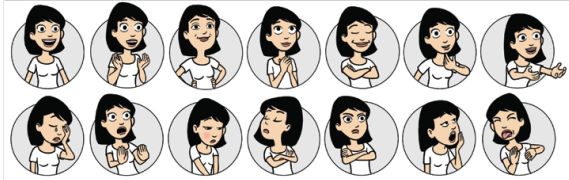Hieronder gaan de spelers een aantal doelen zetten voor het gesprek. Pak de stapel randvoorwaarden kaarten en kies een groene kaart voor de collectieve setting van het gesprek, kies een gele kaart voor de type interactie die de spelers graag willen hebben en kies een oranje kaart voor een gesprek flow die de spelers graag willen bereieken.

Samen stellen de spelers een collectieve type interactie als doel.

Hoe willen jullie op elkaar reageren tijdens dit gesprek?

Samen stellen de spelers een collectieve gesprek flow als doel.

Wat voor flow in het gesprek willen hanteren tijdes dit gesprek?

Samen stellen de spelers een paar verboden onderwerpen op.

Is er iets waar jullie het dit keer liever niet over willen hebben?

Type interactie

Gesprek flow

Schrijf nu samen een doel aan de hand van de randvoorwaarden, dit word het heilige gespreksetiquette waar jullie samen akkoord mee gaan. Dit zorgt ervoor dat iedereen weet wat ze kunnen verwachten als setting, reactie en hoe het gesprek zal verlopen waardoor zo veel mogelijk bloot gelegd kan worden

Wij leggen alles bloot mits:

Designers reflection

When I asked, "what does the card supportive mean to you?" the participant explained their needs regarding reactions and listening. They explain their expectations clearly and communicatively.

> " I like the theme 'supportive' because when I share something, it is nice when the other listens but also can give their opinion. I don't like it when I am the one who only talks, and the other nods and listens but does not say anything back. I need other people to also say something or give their opinion and share something with me. For example, they dare to say that something I said doesn't make sense or that I did something good, this way, I have the feeling it is more of a collective thing. " - P8

It would be a great addition if this explanation could be provoked by asking additional questions on the setting boundaries page. These additional questions are not a must but a nice one to have.
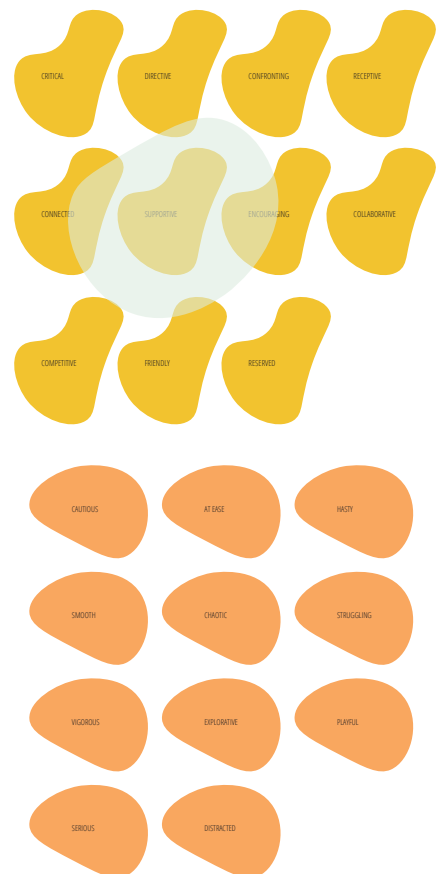
The conversation

The communication tool should offer a structure and support openness, knowing how to communicate and increasing knowledge of EDs
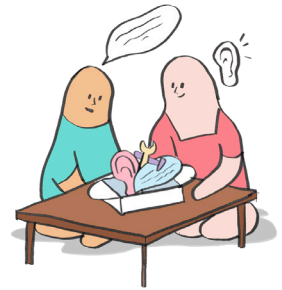
Iteration 2 - Prototyping

To support a conversation, I chose a game-like set-up to support the conversation in an interactive and light manner. With the gamification of the concept, I wish to create an interaction that is explorative, guiding and a pleasurable experience. According to Deterding et al. (2011), gamification can be achieved by using elements of existing games. Therefore I started to explore existing games.

The first game I thought of that I associated with a conversation game was trivial pursuit. Trivial pursuit is played by drawing cards and answering questions based on a topic. The game is tied together with a board where the players move on.

Figure 39 - Trivial pursuit game

Conversation cards

I have chosen to make conversation cards as a primary way to support a conversation between the YAED and SN. I chose to use the eight themes found in the discover phase of this project as conversation topics for the cards. I decided to use quotes and insights per theme from the interviews as content for the cards. In a study by Siriaraya et al. (2018) it is stated an example of a game that was designed based on insights from in depth-interviews to achieve a desired effect in a fun way. Therefore I feel it is appropriate that I use the contents of the interviews to achieve my desired effect: a conversation between YAED and SN to increase knowledge, understanding and openness surrounding EDs.

I started to create the conversation cards with the contents of the interviews and I made three different types of cards.

- Question cards
- Statement cards
- Story cards

The decision to make three types of cards is based on insights from the interviews and the vision of RP. The question and statement cards are based on the factor "knowing how to communicate about EDs". Participants mentioned it during the interviews that it is challenging to be able to ask the right questions when talking about EDs and to put thoughts into words, and sometimes you don't know what to say. Therefore, the question cards propose inspiration for questions that can be asked, and the statement cards provide inspiration for how specific thoughts can be expressed in words.

Figure 40 - Statement card

Figure 41 - Question card

The conversation

The communication tool should offer a structure and support openness, knowing how to communicate and increasing knowledge of EDs
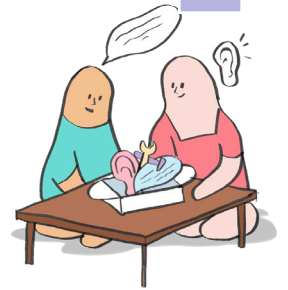
The story card is based on the Omdenkstap from RP, wanting to transition from being spontaneous to telling stories. They state that "stories are the medium for us to express our needs". People can tell stories about experiences and relationships and express their needs, for example, when they feel supported or hurt. People can give meaning to something by telling stories; for example, they give themselves meaning by telling about what they do and thus creating an identity through a story about themselves. Stories can help with placing yourself in the shoes of another and is essential to creating empathy and compassion (De Vecchi et al., 2016; Hibbin, 2016; de Boer et al., 2016). Therefore, story cards to evoke telling a story among the YAEDs and their system are included to create empathy and to help discover new patterns that may be helpful and lead to change or not.

Figure 42 - Story card

Board

I created a board for the players to move forward on. The board is to help keep score of how many conversation cards have been discussed and visually see the conversation's progress. With the progress, I hope to create a feeling of achievement among the participants. The board has eight lines with the eight topics below, so the participants can keep track of which topic they have discussed. The participants roll a dice to determine which topic to discuss. Whenever the participants discussed a conversation card, they moved a point forward on the board.
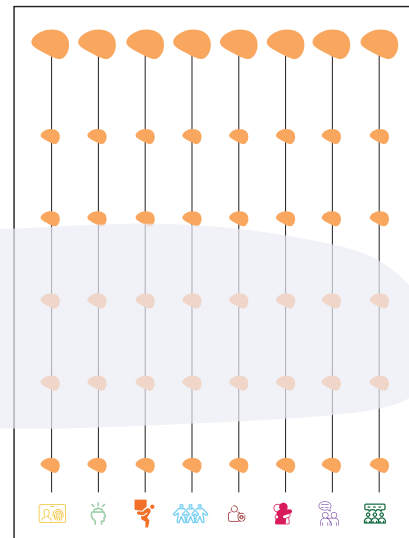
Figure 43 - Board

ED card

Because games often have a challenge hidden in the game, I decided to include a small challenge, namely ED cards. Every so often, the players can draw an ED card which creates a disturbance in the game. The ED cards contain an action that needs to be completed by the player. Once the action has been completed, the players have to move a point backwards on the board.
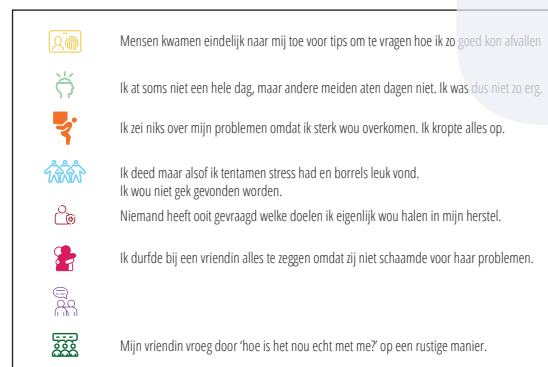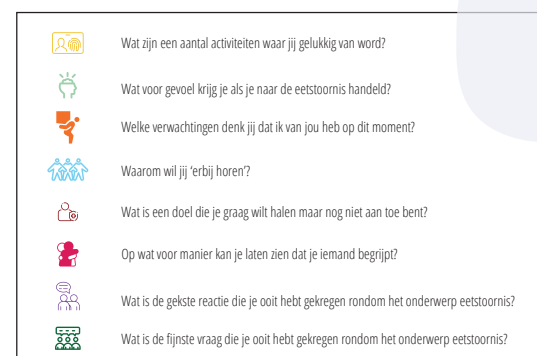

Figure 44 - ED card

The conversation

The communication tool should offer a structure and support openness, knowing how to communicate and increasing knowledge of EDs
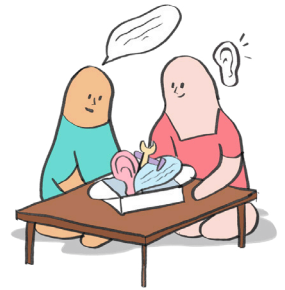
Iteration 2 - Evaluation

During the evaluation, the conversation prototype was tested with the participant. We drew a card and played the game to get a feel of how it is to ask a question, answer the question and move forward on the board.

The participant appreciated the variety of questions, statements and story cards; however, they need to be answered by both the YAED and the SN and not bring the attention only to the YAED. Furthermore, the participant enjoyed the idea of having ED cards as extra dynamic to the tool by keeping it light.

> *" If you want the YAED and the system to communicate about topics, you need to ensure that the topics are also answerable by the system. Otherwise, the focus would still be on the YAED to answer questions. " - P2*

The participant mentioned feeling overwhelmed by the number of topics. It would be better to only include 2 to 3 topics for a conversation. Therefore more guidance and rules are needed regarding how many topics may be discussed.

> *" I like the idea of having questions and eating disorder questions, but I would not want to have to talk about all these topics; it would be such a long conversation. It would be nice if you could choose just 2 or 3 topics where you can have a deep conversation; otherwise, you get a hasty conversation because you need to cover all the topics." - P2*
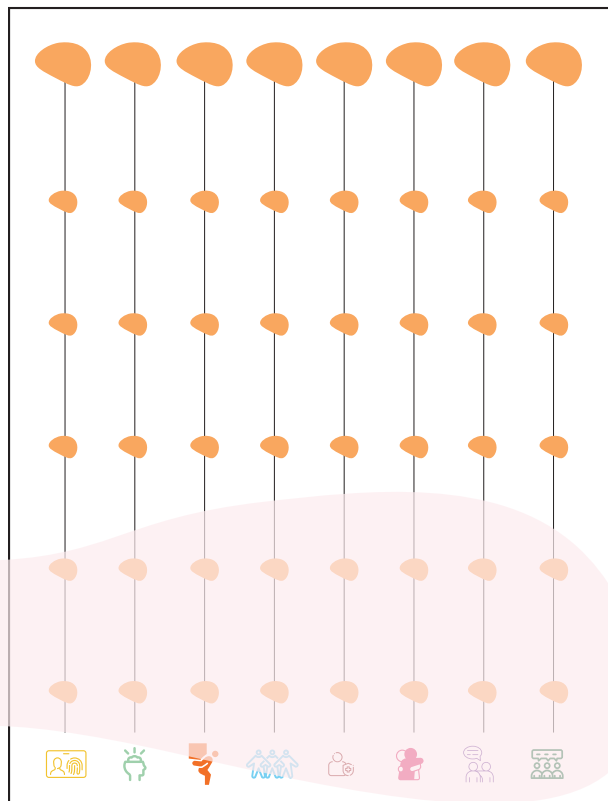
The conversation

The communication tool should offer a structure and support openness, knowing how to communicate and increasing knowledge of EDs
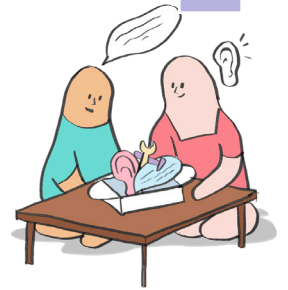
Iteration 3 - Prototyping

Board
For the third prototyping iteration of the conversation, I made a few adjustments. First, I integrated the ED cards into the board (black blotches). This way, players know when an ED card needs to be drawn and can expect a disturbance in the game.
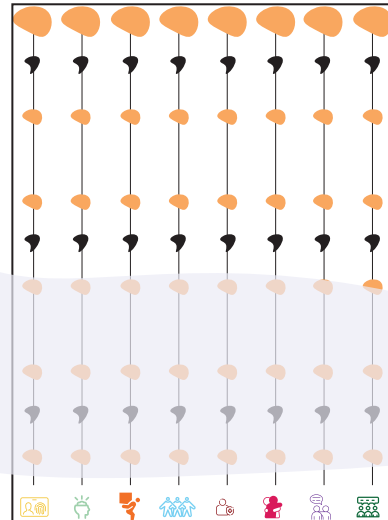
Cards
I updated the cards to a different format so that each card has its own question, statement or story. Because I felt just a question, statement or story wasn't enough information for the players, and I added an extra sentence to explain what the players needed to do with the card. With this, I am to create more clarity on what can be done.

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STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

"Mensen kwamen eindelijk naar mij toe voor tips om te vragen hoe ik zo goed kon afvallen"

Appreciation & Nope tokens
Lastly, I created an addition to the game: appreciation and nope tokens.

Appreciation token
The players can use the appreciation tokens to indicate if the other player is doing something helpful or pleasant. With the tokens, I am to create an easy and playful way for players to indicate their boundaries and needs.

Nope token
The player can use the nope token to indicate if the other player is being unhelpful or maybe even offensive. The nope card is intended to have a humoristic twist to help reduce hesitance when expressing when another player is being unhelpful
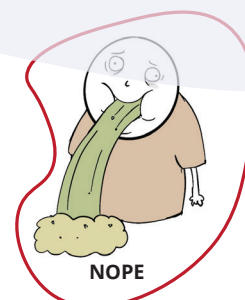
That was helpful!

So brave!

Thank you for sharing

That wasn't easy

That is your strength

you are supportive

NOPE

The conversation

The communication tool should offer a structure and support openness, knowing how to communicate and increasing knowledge of EDs
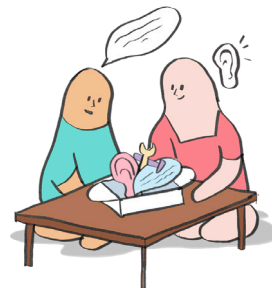
Iteration 3 - Evaluation

The prototype was brought to the participant for evaluation. I explained how the game worked and we played a few cards to dry out the dynamics of the conversation cards in combination with the board and how the tokens were used.

The topics were clear, and the different types of cards provided more ways to discuss the topic. The lines on the board indicate the process; it feels like a victory if you reach the end. The lines should leave room for adjustment in the length of the conversation.

"To me, the progress of the lines shows steps in the right direction, so becoming better, and if you reach the end, it feels like a victory. I think you should make it optional for the participants to determine how many cards they can discuss and how far they can dive into the topics because it really depends on the moment, how much time you have, your mood and whom you are playing with so it would be good to leave room for adjustment. " - P7

The ED cards create awareness that an ED can happen at any time on a typical day and contribute to the tool's playfulness. However, now you see the ED, maybe it would be better if it was a surprise.

The participant mentioned appreciating an end to each conversation card to avoid offending anyone who may still want to speak or hasn't said everything they want. So an ending is potentially needed after every conversation card to 'round off' a card. Finally, the participant also said that the game keeps the conversation light and humorous. The nope card and the compliment cards are nice additions to encourage others to speak or offer help.

" I think it would be nice to have a moment of closing when a topic has been discussed. You can ask everyone if they agree with moving on to the next topic, and also, you will need to make sure that people actively agree and not only say yes to avoid a conversation. " - P7
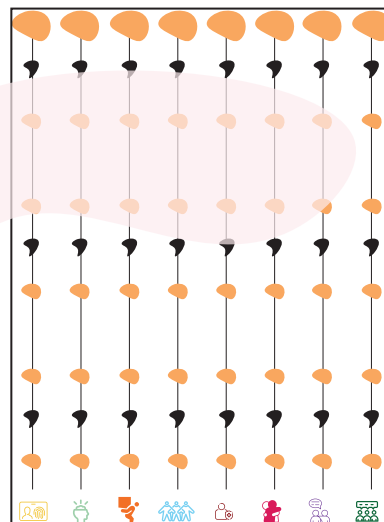
ES-KAART
De eetstoornis kaart zorgt ervoor dat jij iets moet doen en vervolgens lever je een punt in.

Beantwoord het volgende getrokken kaartje met je rug naar de andere spelers toe

That was helpful! | So brave! | Thank you for sharing

That wasn't easy | That is your strength | you are supportive

NOPE
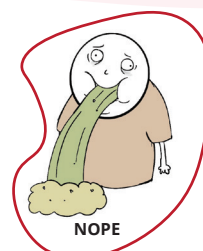
The conversation

The communication tool should offer a structure and support openness, knowing how to communicate and increasing knowledge of EDs
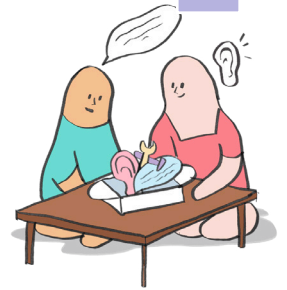
Benchmarking

During my ideation of creating a game to support the conversation, I also explored existing ED recovery tools. There are many tools available for ED recovery, such as videos, books and apps to track progress for example the app below.
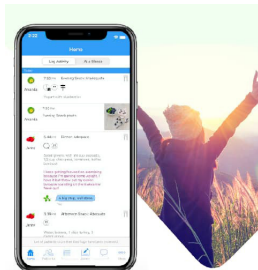
Figure 45 - Recover record keeping ED clients on track between sessions with dieticians

For ED recovery, I noticed that many apps, for example, are focused on the person living with an ED and for them to keep track of their progress. There is no external involvement, making the ED a 'me problem' instead of a 'we problem'. During the third iteration, the YAED expressed the following.

> *"I have used tools before such as apps that I was recommended through therapy where you need to keep track of how you feel etc. and then you switch on the push notifications because otherwise you forget it completely. But these apps send about 3 to 4 push notifications per day and at one point you kind of develop a hostile reaction to these like: "Leave me alone! I will decide myself when I will fill it in!" So in this case it worked the opposite for me, so I would on purpose not fill it in out of spite, thinking I can do it myself." - P8*

The YAED states that there is a need for more nuance when communicating about problems or experiences and wanting a varying reaction. This supports the motivation to create a tool involving others to openly express experiences and gain recognition and understanding.

> *"The Apps are very automatised, it's the same question every day, "how do you feel? What do you need?" and there were open fields to give long answers where you can type your answer and typing takes a lot of time ... I didn't fit me because of the automatised algorithm and I noticed it was nicer when someone asks me something or when my girlfriend asks me every day what my 3 favorite things were today, because she has a different reaction each time" - P8*

In further explorations there are a few games designed by people who have experienced depression and anxiety.
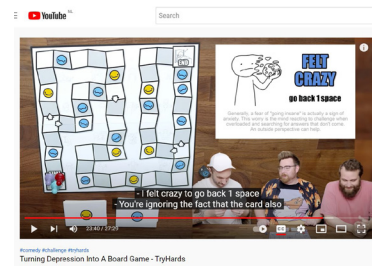
Figure 46 - Depression the board game

However, these tools are not created to evoke communication about personal experiences with EDs.

The most conversation-stimulating tool I found was a game called a steekje los, where people with depression, dementia, stroke patients etc. can talk about their experiences and share their thoughts with people around them.

Figure 47 - Steekje los the board game

The conversation

The communication tool should offer a structure and support openness, knowing how to communicate and increasing knowledge of EDs
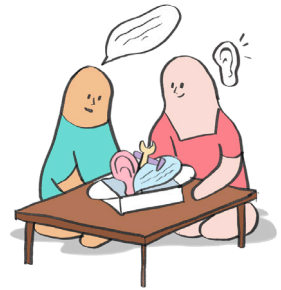
Benchmarking

What I take away from the communication game Steekje Los is the interaction it created between the players. The players are free to openly express experiences and gain recognition and understanding of mental health. The interaction and comments on the game can be seen on their website (https://debagagedrager.nl/producten/eigenwijs-spel-1/) and appear positive. I feel that I am on the right track in supporting conversations with open expression of experiences and emotions.

Further exploration led me to another card game called Alles Goed? Alles goed was created to open up about psychological vulnerability in a light and playful manner.
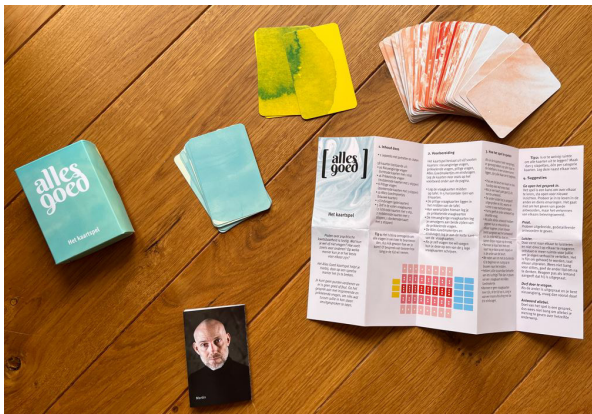
Figure 48 - Alles Goed? the card game

The card game does not have a board but only cards, I feel that for my design I need a board to tie the story together because of the many different elements.

The game poses questions with three different levels of difficulty and aims to create a social support network for anyone whole wishes to use the game. Their goal aligns completely with my goal. Therefore I purchased the game to see what the contents are and if I am on the right track.

Figure 49 - Alles Goed? Three levels of cards

I appreciate having three levels of difficulty as this provides the flexibility for YAEDs and SNs to have a conversation at their own pace. I would not want to scare the players with a card that may be too intense to answer. In the next iteration I will show how I create three levels of depth for the conversation cards.

Evaluation of the conversation features

The conversation

The communication tool should offer a structure and support openness, knowing how to communicate and increasing knowledge of EDs

Iteration 4 - Prototyping

A final iteration of the conversation prototypes was made. The conversation cards, the board, the use of the ED cards and the support tokens were adjusted. The re-designs are presented below.

Conversation cards

First, the conversation cards were adjusted. I created three levels of depth for the conversation cards because P7 mentioned that at the beginning of her ED recovery, she could not communicate emotions. She had to learn this through therapy. I want to prevent YAEDs and SNs from not being able to express something because the card is too difficult to answer for them. Therefore I created three levels of cards whereby level 1 contains questions that are more accessible and level 3 cards which contain topics that may be more intense.

I decided to create three levels of depth based on a metaphor used in therapy.

The ED metaphor

The ED can be seen as an M&M, with a coloured sugar layer, chocolate layer and peanut in the middle.
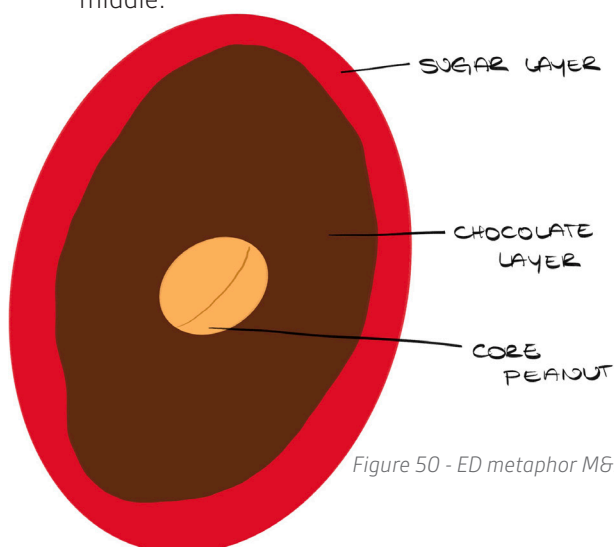
Figure 50 - ED metaphor M&M

The sugar shell coating represents the person in the middle of their ED and gives the illusion that everything is okay; you can see this as a protective layer.

During therapy, the sugar layer falls away because you are being guided to build a "normal" eating habit and let go of compensation (ED). With the sugar layer gone, you enter the chocolate layer; in this layer, there is a lot of resistance and emotions; however, it is not clear what the real reason is for the sugar layer (ED).

Eventually, you reach the peanut layer, and this is the core of the ED. Here individuals gain insight into what the ED is about and its function.

Designers reflection

The way I interpret the metaphor can be applied to the depth of the conversation cards.

Level 1

The sugar layer is the 'what' layer, it is looking at the eating disorder from a distance and experiencing what it is. Questions that can be asked are:

• What is an eating disorder?

• What does an eating disorder look like?

• What does it mean to have an eating disorder?

Level 1 cards are marked with a 1

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1

Figure 51 - Level 1: Eating disorder as your identity

The conversation
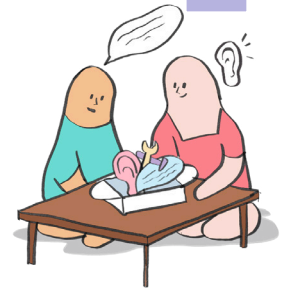
Level 2

The chocolate layer can be seen as a 'how' layer, how does an ED manifest itself, and how does it influence someone's life. Questions that can be asked are

- How do emotions, interactions and experiences evoke the eating disorder?
- How is an eating disorder experienced?
- How does an eating disorder manifest itself personally?

Level 2 cards are marked with a 2

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2

Figure 53 - Level 2: Eating disorder as your identity

Level 3

The peanut layer can be seen as the 'why' layer of the eating disorder.

- Why does someone need an ED?
- What is the core function of the ED?

Level 3 cards are marked with a 3

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3

Figure 52 - Level 1: Eating disorder as your identity

The 'what', 'how' and 'why' levels of the metaphor inspire the level of depth of the conversation cards. Per theme, there will be three layers of depth, whereby the interview insights of the themes inspires the questions, statements and stories.

Board

The board was adjusted according to the depth levels of the cards. The further the players progress into the conversation the further they can progress in the levels of the conversation cards. The players are free to choose if they want to use the level 1, 2 or 3 cards. The board also includes points; these are explained with the redesigned use of ED cards.
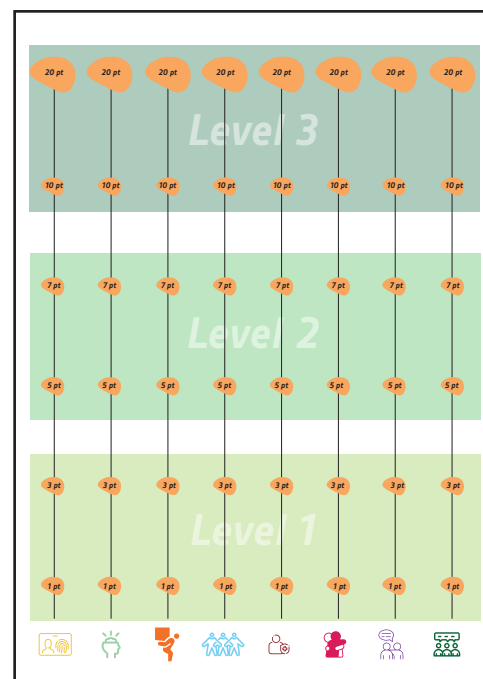
Figure 54 - Redesign board including three levels

The conversation

The communication tool should offer a structure and support openness, knowing how to communicate and increasing knowledge of EDs
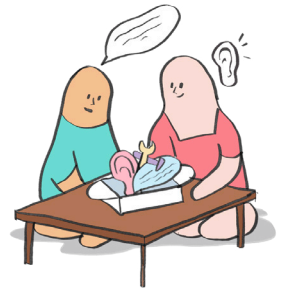
ED Meter

In line with the RP vision of perceiving the ED not as a 'me problem' but as a 'we problem', I wanted to create the feeling of the players working together to relieve the ED. I created an ED meter with EDs 'ghosts' swirling around a person's head. The goal is to collect points by moving forward on the board. The further on the board you reach, the more points you earn. Players can then use these points to take the EDs 'ghosts' away. Each ED ghost is worth 2 points. By inviting all players to take away the ED is supposed to symbolically show that the ED is not only for the YAED to solve but that everyone may contribute by supporting.

ES Meter

Elke eetstoornis is 1 punt. Per gesprek verdien je een aantal punten. Deze punten maken het mogelijk voor jou om stukjes van de eetstoornis af te nemen. Hoe meer je praat hoe meer je de eetstoornis kunt zien hoe meer je kunt bijdragen aan elkaar.

Check-in cards

In the previous iteration, the appreciation and nope tokens were not used. Therefore I decided to redesign the tokens into check-in cards. These cards are meant to check with the players if everyone still agrees with how the conversation is progressing. The check-in cards prompt the players with questions to express their feelings and needs throughout the conversation. The players are also asked if their conversation rules are being respected or need to be revised. These check-in cards aim to create a feeling of safety for the YAED and SN by creating space for the expression of needs.

CHECK-IN

Een moment om stil te staan bij gevoelens en grenzen.

Vraag aan elke speler of hij of zij nog eens zijn met de type interactie die als doel was gesteld. Hanteren jullie deze doelen nog of moet er iets veranderen?

Evaluation of the conversation features

The conversation

The communication tool should offer a structure and support openness, knowing how to communicate and increasing knowledge of EDs

Iteration 4 - Evaluation

The newly prototyped cards, board and ED meter, were brought to the participant for testing. I played the game with the participant and asked for feedback per element used in the conversation.

The participant mentioned that the cards helped express complex thoughts or emotions; the game provided a good basis for talking. The ED cards create a playful game element, provide insight into what an ED could feel like, and add an extra layer of challenge.

" With the change, there is a difference in the game in the talk. It feels pretty different to talk with your backs towards each other - it gives another challenge to talk with your backs towards each other because you can't see emotions - another could be you can't use the word 'I' in the next turn for example. " - P8

Points of improvement are to make sure that the points you can collect throughout the game are clear because there are many elements in this game, making it complicated.

" You could play to discard the ED; this may be more clear because if you take an ED for you to carry may feel more like 'oh, now I have an ED', but maybe you can put the ED ghosts in a discard pile or replace the ED with hearts to symbolise love. " - P8
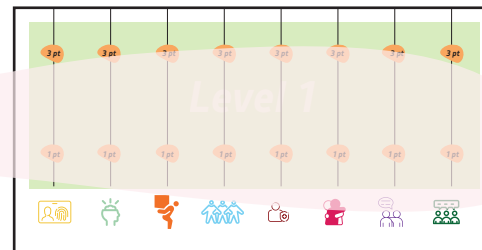
The element of taking an 'ED ghost' for yourself may feel counterproductive. A suggestion was to create a general 'ghost' for any problems rather than only focus on the ED, which may bring attention to the YAED alone and not the SN. The participant had a few ideas for the ED cards

CHECK-IN

Een moment om stil te staan bij gevoelens en grenzen.

Vraag aan elke speler of hij of zij nog eens zijn met de type interactie die als doel was gesteld. Hanteren jullie deze doelen nog of moet er iets veranderen?

Lastly, the participant agreed with the check-in cards and that these were a better addition than the appreciation and nope tokens. The check-in cards are nice because they explicitly ask you whether you need anything. Asking for help is difficult, and it is nice if others can provide input.

The conversation

The communication tool should offer a structure and support openness, knowing how to communicate and increasing knowledge of EDs
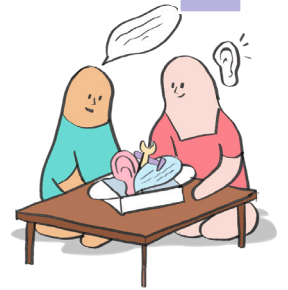
Storytelling

Before creating a game, I felt I needed a storyline the game could follow. I started to explore existing stories that 'teach' a life lesson or have a moral message. Because with the story, I want to communicate knowledge and information about EDs. Stories have been used for centuries to communicate information, and it is a way to give meaning to experiences (de Boer et al., 2016; Tappan & Brown, 1989). Stories with moral lessons, such as the ugly duckling by Hans Christian Andersen, were very inspiring when I was little. I still remember the message: not to be quick to judge someone based on their appearance and to celebrate individual qualities. This feeling of remembering a story with a message is what I want to create for the YAED and their system. Therefore, the function of storytelling within this project will be to educate, persuade, evoke empathy and provide support to help understand the ED. (N. Vegt, personal communication, June, 2022).

I started by exploring metaphors and stories about EDs to find a 'hook' I could use to start my story. In metaphors, EDs are described to have their own fictitious place called 'eating disorder land'. I immediately thought of an island in the middle of a vast ocean filled with life's hardships. I started to write a few narratives to explore how I could explain where an ED could come from and how it could feel.

I created a small sketch that depicts a ship (YAED) sailing through rough seas (the hardships of life) and trying to cope with these hardships. However, sometimes it becomes too much, and the ship needs to cope either by working together (with SN), or they can cope by dropping cargo (using ED) to make a quick escape. The more cargo you drop, the fewer supplies you will have. This interaction shows that dropping cargo is not a sustainable solution.

Healthcare provider consultation of story and game play

These stories and gameplay were brought to a healthcare provider who worked as an experienced expert. I interviewed the experienced expert to evaluate the effectiveness and accuracy of the story and to gain her perspective on the idea.

I explained the concept and the story and showed how the game elements worked. The experience expert provided insights that were very valuable for the rest of this project stating that there is a lot of elements that may be confusing

> *"Having a conversation about ED is already difficult as it is and you have a lot of elements here. Focus on the conversation and say that the rest is optional so that the users don't have to use everything if they don't want to"* - Experience Expert PsyQ

She pointed out that I was trying to accomplish two goals.
- One was to convey a message about what an ED is and what it feels like

- Second to create a conversation

> *"It is a lot, you need to maybe make a choice. What is your main focus? If the main goal is a conversation, how important is it to create all these extra elements?"*- Experience Expert PsyQ
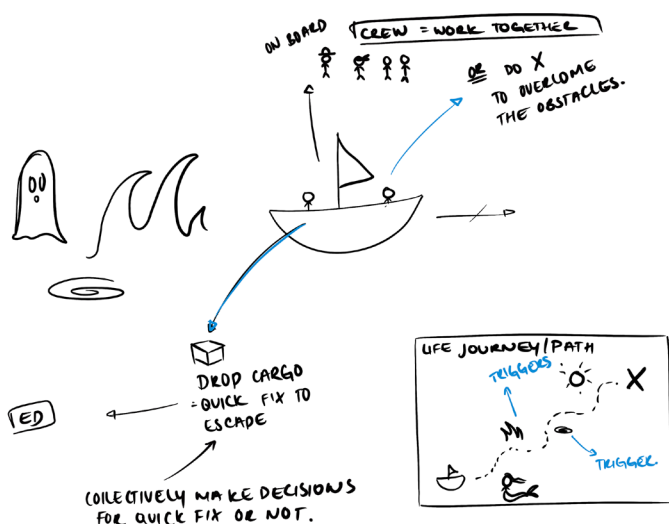
Figure 55 - Sketch of story
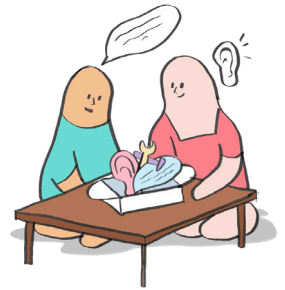
The conversation

The communication tool should offer a structure and support openness, knowing how to communicate and increasing knowledge of EDs
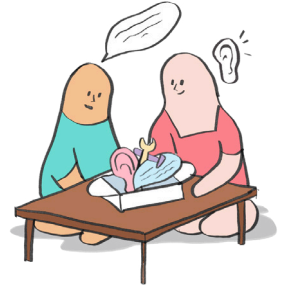
The two goals appear to be separate and should not be combined in one game as it may be too confusing or too much information and may overload the players. She warned about the levels of depth and that these are very subjective and I should be mindful of this as some level 1 questions may even be too difficult already

> *"For some people who are in the middle of their ED may not even know what activities they like. You could consider asking questions such as 'what activities did you used to enjoy?'"- Experience Expert PsyQ*

Designers reflection and choice

After the conversation with the experienced expert I though about the complexity of the game as I was struggling to make a clear gameplay and coordinate this with the story. I spent a lot of time on this aspect of my project with not much success when it came to achieving the main goal. I decided to go back to the basics and reduce the entire concept to the single goal of having a conversation and increasing the involved support. I decided to keep the entire concept very literal and to create a very literal step-by-step explanation of how the game should proceed. This resulted in the following final prototype which can be found in chapter 8. I decided to eliminate all the 'extra' elements and test the game as it is. I kept it light by still including game-like elements .

Reflection moment

The goal of the conversation has been reached and there is space for reflection about what has been said and what has been learnt for the next conversation
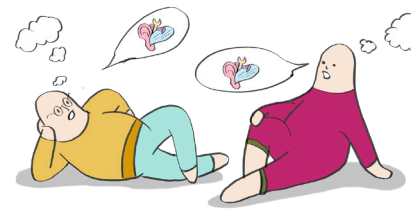
Iteration 2 - Evaluation

The reflection moment in phase 5 ends the conversation by asking the players to reflect on what has been discussed. The YAED and SN can note what they have learnt and if they have achieved their conversation goals.

Sketches of the idea were presented to the participant. The participant was excited to keep track of the involved support they received when using the tool.

> *"Fucking chill, best idea ever! I love the friend book idea! Maybe write this on the cards as well, such as 'was there a good answer, write this down!' you need to prompt people during the conversation; otherwise, they may forget what their contribution could have been at the end."*
> *-P2*

REFLECTION

BOOKLET OF WHAT HAS BEEN discussed new boundaries, what can be done achievements + positive moments.
→ STRENGTHS

→ HELPS DISCOVER WHO YOU CAN GO TO FOR WHAT
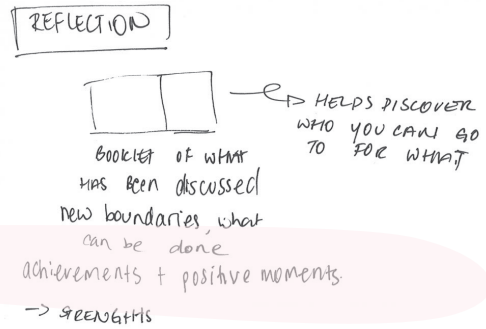
Iteration 3 - Evaluation

The participant mentioned that having a booklet to keep track of conversations would be nice to look back at and bring to therapy to discuss the results of the conversations with the therapist. A reflection moment with the therapist would be nice because they can discuss what they would like to do with the support they received .

However, if the players discussed any support needs during the conversation and only wrote them down at the end of the conversation, they may have forgotten what they discussed. It is advised to keep track of support throughout the conversation.

> *"I think if you'd use this tool often in your therapy sessions that a book full of collections, it would be nice to look back or that everyone has a booklet. This is also to maintain privacy so other people can't look into past conversations if something private was discussed, for example, so I would want to have my own booklet that I can keep myself. I would like to bring this booklet with me to therapy as well so I can talk about what I have written down." - P7*

Designers reflection

The reflection moment needs more support regarding what the players need to do. It is a bit too vague to ask the participants to reflect on what they have learnt. Instead, it is an idea to set a collective-end setting. This collective end setting could be a goal for the players to work towards and serve as a reflective moment. The players can come back to the boundaries sheet and discuss if they have achieved the goal they set for themselves.

Reflection moment

Iteration 4 - Prototyping

The participant stated that keeping track of agreements should be done throughout the conversation as the agreements may be forgotten by the end of the conversation.

> *"I think this should be included during the conversation during the game because otherwise, you can forget what you agreed on. So it is great you can keep it at hand " - P8*

Designers reflection

I ideated with the participant discussing options on how to integrate the agreement moment. Either it could be integrated into an app, for example, whereby after an x number of cards have been discussed, a check-in card is included, which also asks about agreements.

We discussed the idea of asking after every discussed card if a player needs listening, an action or letting go. I felt it took away from the natural flow of a conversation and provided too much support. However, the participant stated the opposite:

> *"It is nice you can give more support in how to communicate because if you're going to let this be completely natural, then players still may get stuck in their usual talks, depth or stories, and now here you force it a bit more, but that's good, so you can talk about other things " - P8*

Voor de volgende keer...

Op dit blad kun je invullen wat je hebt geleerd van dit gesprek en waar je de volgende keer graag mee verder wilt. Alle spelers kunnen op dit blad aangeven waar zij een bijdrage aan kunnen leveren, waar ze graag hulp bij willen en welke grenzen ze hebben ontdekt.

Ik kan de volgende keer hierbij helpen:
- ....
- ....
- ....

Ik zou graag hier hulp bij willen
- ....
- ....
- ....

Deze grenzen heb ik ontdekt
- ....
- ....
- ....

Volgende keer wil ik graag hierover hebben:
....
....

PHASE 4 |

DELIVER

IN THE DELIVER PHASE YOU WILL FIND THE FOLLOWING

Final prototype
A final prototype and the final evaluation of the prototype. Talking to experts such as game designers, experience experts and therapists

Deliverables
Report and presentation deliverables

Chapter 8 - Final concept

In this chapter, I will describe the steps that have been taken to evaluate the prototype. Four couples (eight participants) have been recruited and given the prototype. Interviews were conducted separately with each participant before and after using the prototype to observe a difference in behavior and explore the prototype's overall experience. The findings are clustered, and the design principles are used to evaluate the insights by using a harris profile. The evaluation is followed by a discussion, conclusion and recommendations of the concept.

8.1 Methods

8.1.1 Creating the final prototype

The final prototype is created by designing the graphics in illustrator and printing these on paper. I have purchased thicker paper to give the prototype a more sturdy feel and make it seem more like a game than thin paper. The final prototype is discussed below. Each feature is explained, and I predict the effects of the features will be regarding the design principles. The predictions are evaluated and presented in this chapter.
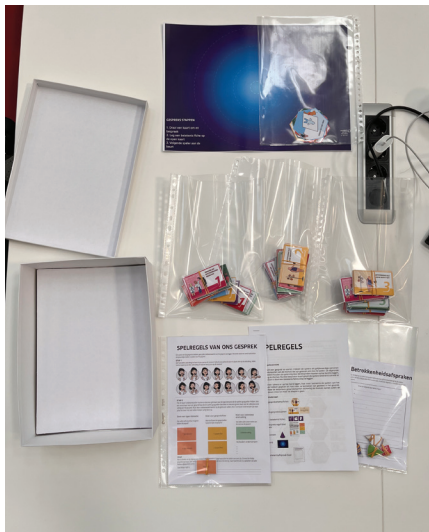
Figure 56 - Overview of all game elements packaged to give to the participants

8.1.2 Evaluating the final prototype

The final prototype is evaluated by giving the prototype to 6 participants (3 duos), and each duo receives a prototype to use. The prototype is given to the participants for 5 days. During these 5 days, they can use the prototype when it suits them. Before the participants use the prototype, they are interviewed separately. A second interview is conducted upon completion of the test. The interviews are conducted independently to observe the individual experiences. Both the

YAED and SN are asked the same questions before and after testing.

I chose to give the game to the participants to play without my presence because I feel the participants may want to discuss intimate topics together. They may not openly discuss topics if I was present during the conversation. Therefore, I chose an interview method for the evaluation where the participants could report back on their experiences. I am interested to know what made an impression and was memorable for the participants without the participants having to express personal information they do not wish to share.

The interview questions were based on the design principles (see appendix L). The questions first allow participants to talk freely about their experience with the game and express any feedback. This is followed by specific questions relating to the design principles allowing me to evaluate my predictions about the final prototype.

8.1.3 Participant selection

Participants were gathered via personal connections and availability. All participants were aged 20 - 30 years old and below; you will find information about the participants' therapy status and the nature of their relationship.

Duo 1 - Talkers in love
YAED1: In the final stage of therapy
SN1: Partner of the YAED

Duo 2 - Dearest Sisters
YAED2: Finished therapy
SN2: sister of the YAED

Duo 3 - Hesitant Besties
YAED3: In the middle of therapy
SN3: Roommate & best friend of YAED

8.2 Final concept prototype

The final concept Food for Talk is a conversation game for YAEDs and SNs. The game provides the opportunity for YAEDs and SNs to talk about experiences, emotions and needs related to EDs. Food for talk aims to support a conversation by guiding the YAEDs and SNs with various features. The goal is to increase the understanding of EDs, openness in communicating about EDs, knowing how to communicate about EDs and develop personalized care.

During the conversation it is important create a common ground for both the YAED and SN where they both can express experiences, emotions and needs. In the ideal situation, the YAED and SN are equal and are not defined by their problems, but experience interaction patterns which maintain a problem. By supporting a conversation I aim to enable both the YAED and SN to support each other and develop personalised care that suit them. This care aims to create new patterns or break patterns resulting in a new equilibrium where the ED is no longer maintained.

The final game comprises different features to support conversations between YAEDs and their social network. There are 6 features
1   Game rules
2   Conversation rules
3   Board
4   8 Topic cards
5   Conversation cards
6   Involved support tokens and sheet
In the following paragraphs, I describe what I am expecting the effect to be during the final evaluation.

Game rules
Explanation

The game includes a game rules booklet (see figure M) which describes the game, how it is played and all the features included. The game consists of many features; therefore, it is essential that the rulebook makes it clear what is expected of the players and should be easy to read. I aim to create a straightforward and easy-to-follow rule book and thus resulting in a relaxed and comfortable start for the players.

Figure 57 - Game rules
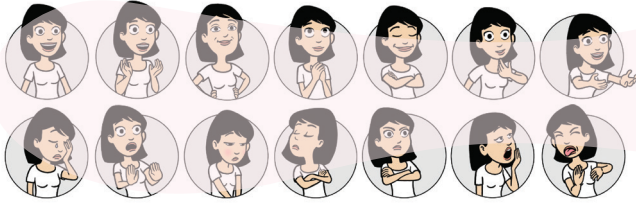
Setting boundaries
Explanation

Setting boundaries between the YAED and SN is
done in three steps.

SPELREGELS VAN ONS GESPREK

Om samen een fijn gesprek te hebben gaan jullie randvoorwaarden van het gesprek vast leggen. Hieronder staan een aantal opdrachten om gezamelijke doelen te stellen voor het gesprek.

STAP 1
Geef aan welke uitdrukking het beste bij jou past op dit moment. Gebruik jouw gekleurde pion en plaats deze op de uitdrukking. Welke emotie koppel jij aan deze uitdrukking en waarom voel jij je zo op dit moment?

STAP 2
Pak de stapel randvoorwaarden kaarten en kies een gele kaart voor de type interactie die de spelers graag willen hebben, kies een oranje kaart voor een gesprek flow die de spelers graag willen bereieken en kies een groene kaart voor de collectieve eind setting van het gesprek. Plaats deze randvoorwaard kaarten op de gekleurde vakken. Als er eventueel onderwerpen zijn waar jullie het liever niet over willen hebben schrijf deze op.

Doel voor type interactie	Doel voor gespreksflow	Doel voor collectieve eind setting
Hoe willen jullie op elkaar reageren tijdens dit gesprek?	Wat voor flow in het gesprek willen hanteren tijdens dit gesprek?	Hoe willen jullie samen voelen aan het eind van dit gesprek?
1 Type interactie	1 Gesprek flow	Collectieve setting
2 Type interactie	2 Gesprek flow	Verboden onderwerpen
		· · · ·

STAP
Met de doelen zie zijn afgesproken in stap 2, schrijf een gespreksregel waar jullie het allebei mee eens zijn. Dit word het heilige gespreksregel waar jullie aan proberen te houden. Als dit niet altijd lukt is het niet erg, maar houd het wel in je gedachten wat jullie hebben afgesproken samen.

Onze heilige regel is:
....
....
....

Step 1 - expressing present emotion.

PRESENT EMOTION
The first step is to inform the players of their present emotions, resulting in more openness in the conversation. Knowing how the other feels, the players can adapt the conversation as needed. For example, if a player is sad, the other players can consider this and ensure that they respond in a way that is comforting for the player who is feeling sad. The players indicate their emotions using a coloured pion.

SPELREGELS VAN ONS GESPREK

Om samen een fijn gesprek te hebben gaan jullie randvoorwaarden van het gesprek vast leggen. Hieronder staan een aantal opdrachten om gezamelijke doelen te stellen voor het gesprek.

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STAP 2
Pak de stapel randvoorwaarden kaarten en kies een gele kaart voor de type interactie die de spelers graag willen hebben, kies een oranje kaart voor een gesprek flow die de spelers graag willen bereieken en kies een groene kaart voor de collectieve eind setting van het gesprek. Plaats deze randvoorwaard kaarten op de gekleurde vakken. Als er eventueel onderwerpen zijn waar jullie het liever niet over willen hebben schrijf deze op.

Doel voor type interactie

Hoe willen jullie op elkaar reageren tijdens dit gesprek?

1 Type interactie

2 Type interactie

Doel voor gespreksflow

Wat voor flow in het gesprek willen hanteren tijdens dit gesprek?

1 Gesprek flow

2 Gesprek flow

Doel voor collectieve eind setting

Hoe willen jullie samen voelen aan het eind van dit gesprek?

Collectieve setting

Verboden onderwerpen
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STAP
Met de doelen zie zijn afgesproken in stap 2, schrijf een gespreksregel waar jullie het allebei mee eens zijn. Dit word het heilige gespreksregel waar jullie aan proberen te houden. Als dit niet altijd lukt is het niet erg, maar houd het wel in je gedachten wat jullie hebben afgesproken samen.

Onze heilige regel is:
....
....

Step 2 - determine the conversation style.

INTERACTION TYPE

The second step is determining the conversation style between the YAED and SN. First, the players agree on the type of interaction they wish to have during their conversation. This means they agree on how they want to react towards each other. The players are provided with 11 interaction cards with descriptive words for interactions. The players establish the type of interaction by selecting a maximum of 2 interaction cards. By determining the type of interaction, I aim to achieve a comforting and controlled setting because the players have an indication of the kind of reactions they may expect. Determining the type of interaction presumably results in a safe feeling and, thus, an increase in openness during the conversation. For example, suppose the players choose the interaction cards 'friendly' and 'critical'. In that case, they can converse in a kind and safe manner towards each other; however, they are also allowed to be critical in pointing out destructive behaviour.

VOORZICHTIG	SMOOTH	OP ZIJN GEMAK	HAASTIG
ENERGIEK	CHAOTISCH	MOEILIJK	SPEELS
SERIEUS	EXPLORATIEF	VERWARD	

SPELREGELS VAN ONS GESPREK

Om samen een fijn gesprek te hebben gaan jullie randvoorwaarden van het gesprek vast leggen. Hieronder staan een aantal opdrachten om gezamelijke doelen te stellen voor het gesprek.

STAP 1
Geef aan welke uitdrukking het beste bij jou past op dit moment. Gebruik jouw gekleurde pion en plaats deze op de uitdrukking. Welke emotie koppel jij aan deze uitdrukking en waarom voel jij je zo op dit moment?

STAP 2
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Doel voor type interactie	Doel voor gespreksflow	Doel voor collectieve eind setting
Hoe willen jullie op elkaar reageren tijdens dit gesprek?	Wat voor flow in het gesprek willen hanteren tijdens dit gesprek?	Hoe willen jullie samen voelen aan het eind van dit gesprek?
1 Type interactie	1 Gesprek flow	Collectieve setting
2 Type interactie	2 Gesprek flow	

Verboden onderwerpen
•
•
•
•
•

STAP
Met de doelen zie zijn afgesproken in stap 2, schrijf een gespreksregel waar jullie het allebei mee eens zijn. Dit word het heilige gespreksregel waar jullie aan proberen te houden. Als dit niet altijd lukt is het niet erg, maar houd het wel in je gedachten wat jullie hebben afgesproken samen.

Onze heilige regel is:
....
....
....

CONVERSATION FLOW
The conversation flow is determined similarly to the type of interaction. The players agree on a conversation flow, which determines how they wish to conduct the conversation and may depend on their emotions. The conversation flow is established by selecting a maximum of 2 conversation flow cards. By determining the conversation flow, I aim to achieve a comforting and controlled setting because the players have an idea of how the conversation will proceed, thus tically resulting in increased openness during the conversation. For example, if the players choose the flow cards 'playful' and 'serious', they can converse in a manner that is humoured; however, they will be serious about the topics.

KRITISCH	BESTUREND	CONFRONTEREND	ONTVANKELIJK
VERBONDEN	COMPETITIEF	ONDERSTEUNEND	VRIENDELIJK
SAMENWERKEND	AANMOEDIGEND	TERUGHOUDEND	

SPELREGELS VAN ONS GESPREK

Om samen een fijn gesprek te hebben gaan jullie randvoorwaarden van het gesprek vast leggen. Hieronder staan een aantal opdrachten om gezamelijke doelen te stellen voor het gesprek.

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Doel voor type interactie

Hoe willen jullie op elkaar reageren tijdens dit gesprek?

| 1 Type interactie |
| 2 Type interactie |

Doel voor gespreksflow

Wat voor flow in het gesprek willen hanteren tijdens dit gesprek?

| 1 Gesprek flow |
| 2 Gesprek flow |

Doel voor collectieve eind setting

Hoe willen jullie samen voelen aan het eind van dit gesprek?

| Collectieve setting |

Verboden onderwerpen
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·
·

STAP
Met de doelen zie zijn afgesproken in stap 2, schrijf een gespreksregel waar jullie het allebei mee eens zijn. Dit word het heilige gespreksregel waar jullie aan proberen te houden. Als dit niet altijd lukt is het niet erg, maar houd het wel in je gedachten wat jullie hebben afgesproken samen.

Onze heilige regel is:
....
....

ONZEKER	GEFRUSTREERD	ENTHOUSIAST	KALM
GESTREST	CHILL	LEEG	GIECHELEND
ACTIEF	HUIVERIG	DUIDELIJK	BELANGSTELLEND

COLLECTIVE END-SETTING

The collective end-setting determines the setting the players wish to achieve at the end of their conversation; this is achieved by selecting 1 collective end-setting card. By choosing the collective end-setting, I aim to achieve a safe feeling and reduce feelings of worry as the players know they can expect a 'good' ending. This is speculated to result in an increase in openness during the conversation. For example, suppose the players choose 'chill' as a collective end-setting; the players may deviate from 'chill' throughout the conversation but will be reminded to try and come back to 'chill' in the end. The end-setting will be discussed at the end of the game, whether or not 'chill' has been reached. If not, the players may discuss how they can achieve 'chill' together. If this is not possible, the players can pinpoint why it is not 'chill' and view this as a lesson for the following conversation.

FORBIDDEN TOPICS

Forbidden topics are free for the players to fill in. This may depend on the type of players who are playing the game or the present emotions. By providing the option to exclude topics, I aim to provide a safe and comforting feeling as the players do not need to worry about having to talk about a particular topic. This is assumed to result in an increase in openness during the conversation. For example, a player may have experienced a trauma they do not wish to discuss and can write this down. The players will respect this boundary and can keep this in mind during the conversation.

SPELREGELS VAN ONS GESPREK

Om samen een fijn gesprek te hebben gaan jullie randvoorwaarden van het gesprek vast leggen. Hieronder staan een aantal opdrachten om gezamelijke doelen te stellen voor het gesprek.

STAP 1
Geef aan welke uitdrukking het beste bij jou past op dit moment. Gebruik jouw gekleurde pion en plaats deze op de uitdrukking. Welke emotie koppel jij aan deze uitdrukking en waarom voel jij je zo op dit moment?

STAP 2
Pak de stapel randvoorwaarden kaarten en kies een gele kaart voor de type interactie die de spelers graag willen hebben, kies een oranje kaart voor een gesprek flow die de spelers graag willen bereieken en kies een groene kaart voor de collectieve eind setting van het gesprek. Plaats deze randvoorwaard kaarten op de gekleurde vakken. Als er eventueel onderwerpen zijn waar jullie het liever niet over willen hebben schrijf deze op.

Doel voor type interactie

Hoe willen jullie op elkaar reageren tijdens dit gesprek?

1 Type interactie

2 Type interactie

Doel voor gespreksflow

Wat voor flow in het gesprek willen hanteren tijdens dit gesprek?

1 Gesprek flow

2 Gesprek flow

Doel voor collectieve eind setting

Hoe willen jullie samen voelen aan het eind van dit gesprek?

Collectieve setting

Verboden onderwerpen
.
.
.
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STAP
Met de doelen zie zijn afgesproken in stap 2, schrijf een gespreksregel waar jullie het allebei mee eens zijn. Dit word het heilige gespreksregel waar jullie aan proberen te houden. Als dit niet altijd lukt is het niet erg, maar houd het wel in je gedachten wat jullie hebben afgesproken samen.

Onze heilige regel is:
....
....
....

Step 3 - writing down the holy conversation rule

HOLY CONVERSATION RULE
Finally, with the determined interaction type, conversation flow, collective end-setting, and forbidden topics, the players write the 'holy conversation rule' together and keep this in front of them throughout the conversation as a reminder. By writing the 'holy rule' together, I aim to make the rule 'their own' to stimulate ownership of the boundaries they have established and feel responsible for respecting them.

The players need to know that these boundaries are a goal they work towards and that it is okay to deviate from the interaction type, conversation flow and collective end-setting. The boundary sheet is a tool to help and remind the players to think about the agreed boundaries and to try and come back to their agreements.

Summary of design decisions for setting boundaries

By determining an interaction type, conversation flow, collective end-setting and forbidden topics, I aim to create a safe and controlled setting for the conversation. My intention is that setting these boundaries increases openness during the conversation, which means the players should feel they can be open with reduced fear of judgement or unwanted reactions.

The conversation
Explanation

BOARD
The conversation of the game is supported by two elements. Firstly, a playing board is included to provide a playing field for the players. On the board, the players can visually see their conversation progress; I predict that the board will guide the players and provide a feeling of achievement when they see the conversation progress. The board includes information about the steps taken per turn; this is a reminder for the players so they do not have to keep looking in the game rules for what they must do per turn.

GESPREKS STAPPEN

1. Draai een kaart om en bespreek
2. Leg een betekenis fiche op de open kaart
3. Volgende speler aan de beurt

LEVEL 1
LEVEL 2
LEVEL 3
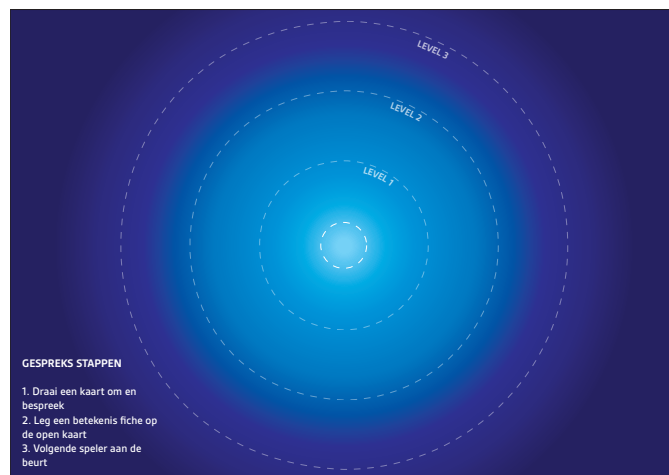
8 THEME TOKENS
Secondly, the players are presented with eight themes stemming from the contextmapping insights; the themes are found to influence eating disorders behaviours. The players are advised to choose a maximum of three topics to talk about. I predict that when fewer topics are selected, the more the conversation will stay on the theme and the more detailed the conversation becomes regarding the chosen theme. The more themes the players choose, the more the conversation will jump from one theme to the other and thus, I predict this prevents the players from getting into the flow of a theme.

EETSTOORNIS ALS JOUW IDENTITEIT

ZELF KENNIS OVER EETSTOORNISSEN

VERWACHTINGEN EN VERANTWOORDELIJKHEDEN

ERBIJ WILLEN HOREN

ONTWIKKELEN VAN PERSOONLIJKE ZORG

WETEN HOE JE KUNT COMMUNICEREN OVER EETSTOORNISSEN

ANDEREN DIE EETSTOORNISSEN BEGRIJPEN

OPENHEID RONDOM COMMUNICATIE

PLACING CARDS ON BOARD

Once the themes have been selected, and the conversation cards gathered, the conversation cards are placed face down on the board. The number of cards placed on the board depends on how many the players feel like talking about.
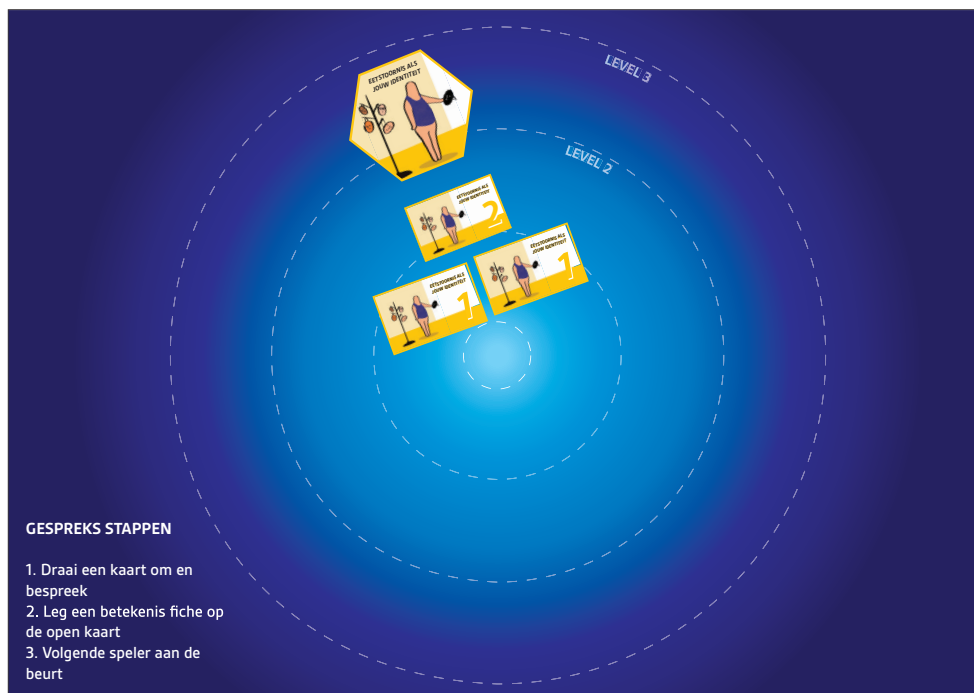
TYPES OF CONVERSATION CARDS

There are three types of conversation cards; question cards, statement cards and story cards; these are drawn blindly by the players. I predict the different types of cards will inspire the players on how they can communicate their experiences, thoughts and emotions. I envision that the conversation cards will contribute to knowing how to communicate about EDs; for example, players may be less shy when answering questions and reduces hesitance in asking questions. I also predict that the conversation cards will contribute to an increase in knowledge about eating disorders; I hope that the conversations will include sharing examples, experiences and emotions.

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat was vroeger een activiteit waar je veel plezier uit haalde?

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Mensen komen eindelijk naar mij toe voor tips om te vragen hoe ik zo goed kon afvallen.

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een persoon die met jou meekeek wanneer je een moeilijke keuze moest maken

LEVELS OF DEPTH

Lastly, the cards have three levels of depth; the different levels are aimed to support conversations for different types of communication relationships about EDs. For example, level 1 cards can be used in a conversation between players unfamiliar with talking to each other about the eating disorder. The level 3 cards may be for players who have spoken about the ED; however, they are unsure how to dive deeper into a conversation about the core of the ED and involved experiences and emotions. The levels of depth also aim to provide a 'growing' effect; for example, when playing the game for the first time, players may choose to start the conversation with level 1 conversation cards. And the next time they play the game, they may opt for level 2 conversation cards. Thus, I presume that the levels of depth will contribute to an increase in knowledge about EDs as the different levels may provoke new topics to discuss between the players. Similarly, this contributes to an increase in knowing what to say as the players may touch on topics they may previously not have thought of talking about or were hesitant to talk about.

Summary of design decisions for the conversation

By providing a board in the game, I predict that the players will have a feeling of achievement when they see their conversation grow on the board. By providing different types of conversation cards and different levels of depth, I aim to reduce hesitance in asking or answering questions, thus increasing the feeling of knowing what to say.

Similarly, with the conversation cards, I predict that these will evoke new topics of conversation and will stimulate the players to share experiences, thoughts and emotions. I expect that new topics will be discussed, and these new topics will result in an increase in understanding of eating disorders as well as an increase in knowing what to say because the players discover new topics they can talk about.

Involved support tokens and sheet

Explanation

During the conversation, an additional goal is to evoke involved support. The involved support tokens aim to guide the players in expressing their support needs and are used throughout the conversation, and any support is noted on the support sheets.

There are three involved support tokens:

Letting go

I hear you

Taking action.

In the following scenarios, the three tokens are explained and how they are used.

Scenario: The conversation cards are laid out on the board, and a player draws the first card and talks about the content of the card with the other player(s). When the players have said what they want to say, they can:

The player who draws the card can place the 'letting go' token on the card to say they only wanted to discuss this topic and do not need any further support.
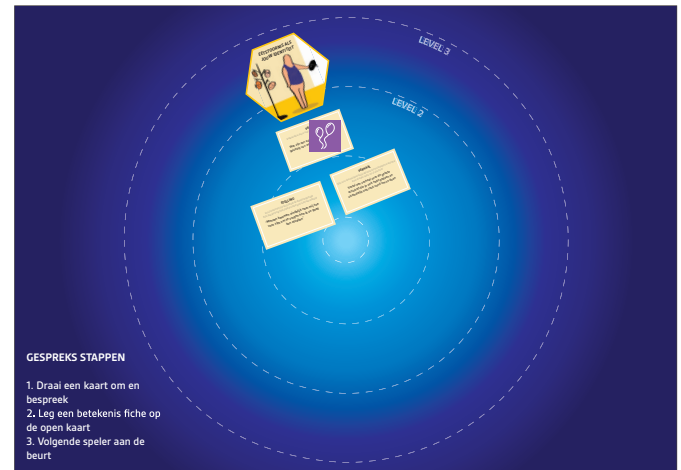
If the player who draws the card is open to support, the other player(s) may put down an 'I hear you' token, which means they have heard you and are open to talking and listening about this topic in the future.
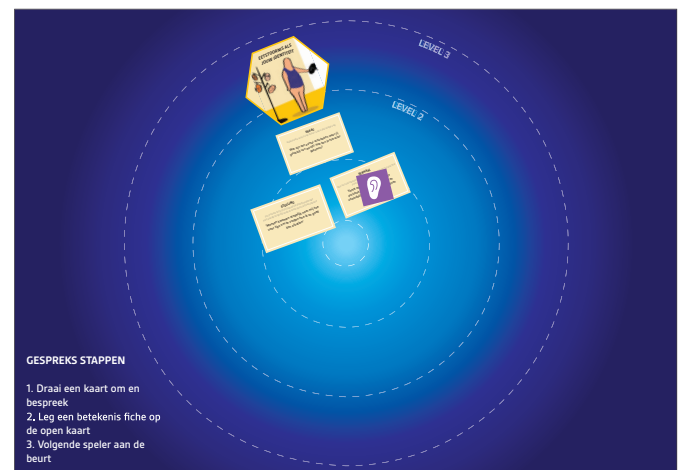
If the player who draws the card is open to support, the other player(s) may put down a 'taking action' token, which means they see potential to do something to support. This can be agreeing to go for more walks together or helping with therapy tasks.
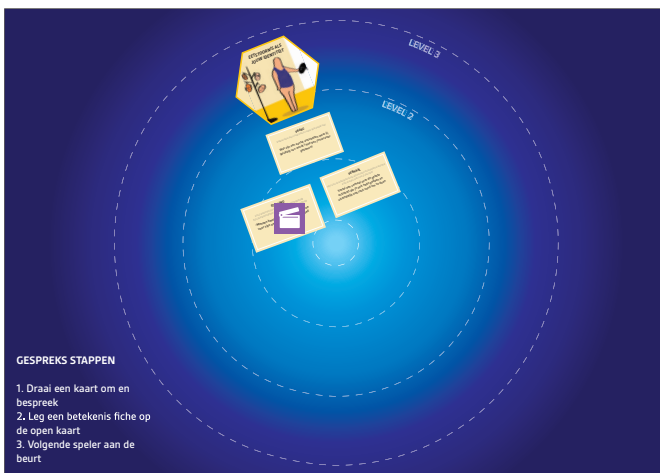
By using the involved support tokens, I aim to create a moment where the players can express their support needs, what is helpful and what isn't, thus resulting in the players knowing what they can expect from each other. After discussing the types of support, the players note down any agreements they have made on the involved support sheets to remind them of their agreements.

I believe that by using the tokens and to almost 'plan' support, the players will take a moment to really think about what they want and thus resulting in a more 'tailor fit' involved support. I predict that this moment may feel a bit 'forced' because it does not come naturally to specifically say what you need, want and write this down (especially for YAEDs, as they find it difficult to express their needs, and the SN may be hesitant in trying to offer the 'right' support). However, this 'forced' moment hopefully reduces hesitance when expressing needs or providing support because it is a game feature.

Summary of design decisions for involved support tokens

With the involved support tokens, I aim to create a moment for the players to express support needs. By providing different support tokens, I hope to inspire and guide the players in what type of support they could offer or agree on. I predict that by using these tokens, there is less shyness and hesitance to ask or offer support and an increase in knowing what to say. When the players express their needs, I envision an increase in knowledge about eating disorders as the players discover new and different ways of support.

Reflection moment
Explanation

In the game, rules the players are instructed to refer back to the 'setting boundaries' sheet. The players are asked to reflect on their emotions after playing the game to indicate their feelings. They are asked to discuss whether they have followed the type of interaction and conversation flow and if they have achieved their collective end-setting. The players are again reminded that it is okay to move away from their goals; if they have not reached the goal, they can discuss why they haven't achieved this and take this as a learning moment for the following conversation. I predict that asking the players to reflect on their emotions and conversation goals will increase the openness because the players know how they feel and hopefully provides the feeling of safety and control.

Summary of design decisions for reflection moment

With the reflection moment, I aim to create a pleasant ending to the conversation, and I predict it will increase the openness between players because they know how they feel at the end of the game. Furthermore, I envision an increase in the feeling of safety and control because of discussing whether or not goals have been achieved and what they can take with them for the following conversation.

Quick check with healthcare professional
Before this final prototype was evaluated with participants. I brought the game to a system therapist. I wanted to check if there are any interactions within a conversation between YAED and SN I should look out for or be aware of before I test with participants. The following insights were collected

Healthcare provider (HP) insights
• The HP would use this game in sessions where parents do not talk a lot using it as something concrete to

talk about. If the conversation goes well in therapy, she would give the clients the tool to try it out at home.

> *" I can't explain what it is like and what it feels like I can only help with communicating what is there. I can see how this could also stop parents from controlling subjects of discussion " - System therapist*

It was nice to hear that she was open to these types of tools being used during therapy. And I was happy to hear that I could safely give the game to be evaluated by participants.

8.3 Food for Talk use scenario

Setting boundaries

Ï am feeling good today, curious to see how our conversation will go!"

The players begin the game by expressing their emotions

"Shall we choose supportive and chaotic today as conversation flow?"

The players then set the rules for their game by choosing the interaction type, conversation flow and the collective end setting

"Sure! Shall we go for a relaced end collective setting?"

The conversation

"Let's choose Developing Personal Care and Wanting to Belong"

The players hen set up the game. They choose two themes top talk about and place the cards of the theme, faced down on the baord

The card:
What do you need work on regarding asking for help?

"Well sometimes I don't realise I need help and when I do, I don't want to bother people with my problems"

The players one by one draw a card and discusses these. Both players answer the conversation card.

"Sometimes I find it difficult to say what kind of help I need. People are always ready to jump and solve things for you but I'd like it if someone would sometimes just listen to me rant!"

When the players have discussed the cards they place the card face up on the board

Involved support tokens

"I put down a listening token. Anytime you want to talk or need anything please let me know, I am always ready to listen!"

"I can understand that you don't want to bother others but you don't have to worry because you aren't bothering others!

I am putting down an action token, if you'd like I can check in with you every now and then if you need help with anything? Then you can ask me for help!"

The players then place the involved support tokens down on the board to show what kind of support they think is appropriate and what they can offer.

"I have written it down!"

The players then either can make verbal agreements of what they discussed or they can write down their agreements on the involved support sheets.
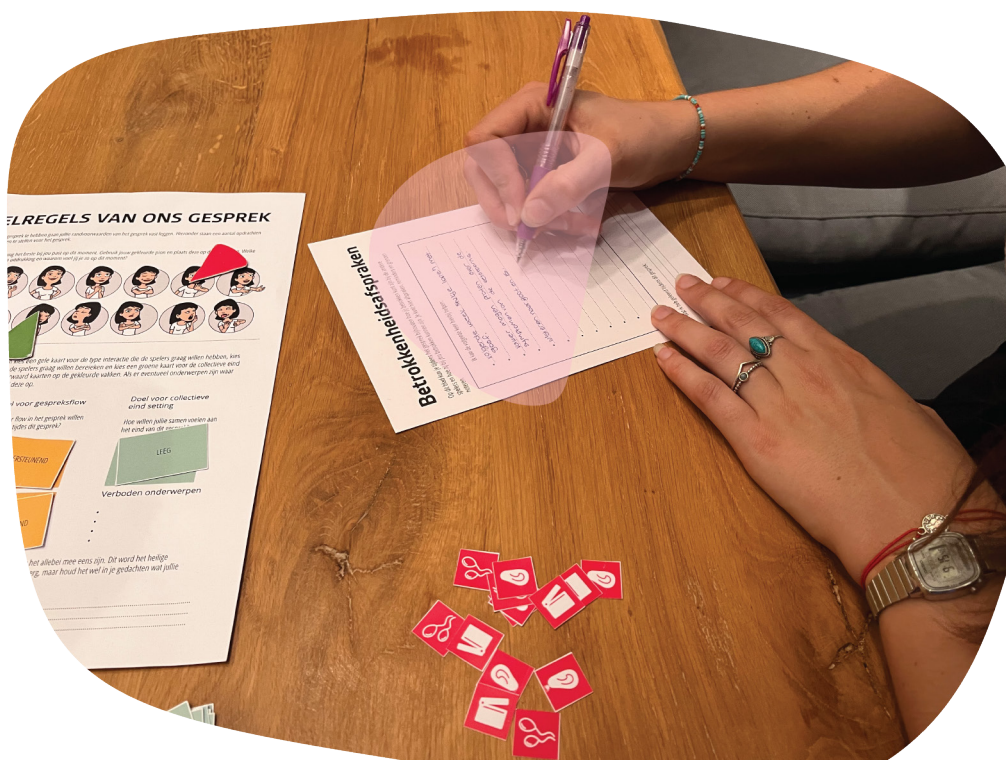
The players repeat this process untill all the cards have been discussed. They can make notes of what they agree for each token or verbally agree.

Reflection moment

"Yes I agree! I think next time maybe we could even do a few more level three cards!"

"I agree on our collective setting, I feel relaced and it is nice to know you're there when I need to talk!"

The YAED and SN come back to the boundaries sheet and indivate their feelings. They also discuss their goals they set at the beginning and reflect on the collective en setting and if they have achieved this.

The ideal situation would also be that the YAED and SN feel more confident in their communication and dive a little deeper into topics. Ideally the YAED and SN would not need the game after using if a few times and can have spontaneous conversations without the game.

8.4 Final prototype evaluation

The results of the evaluations have been divided into two sections. The first evaluation is based on the interaction qualities of the interaction vision, and the second evaluation discusses if the design goal has been fulfilled by the final concept. The interaction vision and the qualities will be restated, and the evaluation will be explained below. Similarly, the design goal will be stated and evaluated based on the design principles.

Does the final concept fit the interaction vision?

The interaction vision for this project is:

The interaction between the YAED and SN and design should feel like taking a first salsa class together.

The four qualities of the IV are; relatable, reciprocating, guiding and pressing. These are explained below with the evaluation based on the participants' experiences.

Relatable
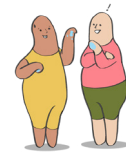
The boundaries sheet and conversation cards in the conversation game encourage the YAED and SN to share experiences and express their emotions. By asking both the YAED and SN to share experiences and express their feelings, I hope to evoke recognition in said experiences and feelings. Knowing how to communicate about EDs appears to be a suitable design principle to stimulate the YAED and SN to talk with a reduced hesitance to ask and answer questions, which results in a conversation containing relatable experiences and emotions.

In the final prototype test, the participants of duo 2 and 3 mentioned talking about struggles and problems they both experience. YAED2 explained they felt more equal to SN2 when discussing these problems and discovered they could talk to each other about them if needed.

> *"It was nice to hear what is inside my sister's head and discover that a lot of the problems are just life problems. It's not necessarily the problems of my label, so I got the feeling that I was more equal, and I thought, 'hey, we can really come to each other if we want to talk about these problems" - YAED2*

This indicates they have YAED3 explained they decided to talk about the topic 'expectations and responsibilities', which they both struggle with, to explore how they can support each other.

> *"We picked the theme 'expectations and responsibilities' because I know she also struggles with this in her everyday life. So I thought I could ask her about this with the cards" - YAED3*

During the conversation, SN3 also expressed relatable feelings they experienced during the conversation and how they started with much tension and ended with a good feeling.

"You notice from her and me that there was a lot of hesitance and tension about what do I say? Can I say this? How do I say this?' And from there actually, we had a very relaxed feeling because we did say and tell each other everything, and that really gave a nice feeling." - SN3

Finally, the content of some of the conversation cards was not relatable for the SNs as they felt that these cards were explicitly for the YAEDs.

"When I take a card, and it is about the ED, I wasn't sure if I am supposed to answer this or YAED3, because I don't have an ED, so I can't answer" - SN3

"When I took a card and it is about 'my ED' it doesn't fit me" - SN1

In conclusion, the players could relate to each other's experiences, thoughts and emotions, which the conversation game evoked; however, all the SNs have mentioned not being able to relate to specific conversation cards because these were about the ED, which they didn't have.

Reciprocative

With the conversation cards and the involved support tokens, I invite the YAED and SN to express experiences and emotions and offer support. I aimed to create a feeling that regardless of their labels or problems, both players can support each other where needed. By enabling both players, I intended a reciprocating interaction to bring them on an equal playing field where both players feel equal and able to communicate and contribute.

All participants mentioned that they all talked an equal amount, and both the YAED and SN shared experiences they had not shared before. Both the YAED and SN were able to agree on how to support each other.

"I asked SN3 if I could help her with anything, and she felt tense, but she shared something I hadn't heard before. She expressed that she was happy she told me, but at the same time, she was also scared of what I would think of her. And then I could comfort her, I told her I wouldn't think like that, and I only want to help where I can, nothing is too crazy to share" - YAED3

However, it was observed that SN1 did not feel like they were on an equal playing ground with YAED1. They mentioned that they perceived the game to be for the YAED and that it was an automatic thought.

"If you're trying to prevent the players from taking on roles, then you need to make it more explicit because the YAED has a default role... the ED is the elephant in the room, so you can't do much to take away the division of roles; eventually it will emerge because it is the whole reason that you are sitting down together" - SN1

Similarly, a few cards were more directed towards the YAED.

"We took the card about suicide, and the ambience changed from the feeling we are equal to having the attention more towards the person with the problems, it suddenly became something that a person with problems only could answer" - YAED2

To conclude, all the players shared experiences, thoughts and emotions and reciprocated to each other by expressing support needs and contributing to these. There were moments where the players felt equal and when the topics were more directed towards the YAED, causing a shift in ambience where 'feeling equal' shifts to a more 'separated feeling', where one player has a problem (ED), and the other doesn't.

Guiding

All the conversation game features (instructions, boundaries sheet, conversation cards, involved support tokens and reflection moment) aim to guide the YAED and SN in their conversation. They should feel similar to a salsa dance class where the teacher guides the students. Each game feature encouraged the expression of experiences, emotions and support needs and was mentioned to not have been brought up if it were not for the game.

"It is weird to say some things such as 'you're really good in expressing your mental health', but because of this game, you can say it because these are topics that come up, and it feels more natural to say it in the game setting" - YAED3

"Because of the game, I would talk about topics I wouldn't usually talk about, and I knew faster what I could say... During the whole game, I had the feeling of 'oh well, I can say this because it is part of the game' I was less worried about thinking that I may offend someone" - SN2

The participants also mentioned that it wasn't clear why they were playing this game and why they should engage in a conversation. It was said that this could be more explicit.

"It was not very clear why we have this conversion; you can make this more explicit and why your game is essential. You could inform the players with an introductory story to increase the expectations management" - SN1

The conversation game guided the players; however, there was mention that the board was not necessary for two participants.

"It wasn't so clear what the board is for because it seems a bit unnecessary. It doesn't make the game any less fun, but it did add anything to our conversation" - SN3

The game does provide some guidance; however, more guidance from a therapist may increase the guidance effect.

> *"I think that it would be a good idea to prepare the game together with a therapist and to discuss what you want to talk about and what you don't and then after you have played the game with your social network, that you can go through the talk with your therapist and to discuss this" - YAED1*

And for duo 1, the game appeared not to be advanced enough.

> *"I don't say things because I don't know how to but because I choose not to. I think in that sense, we are less exploratory in our conversations and that this game may be more for people who are trying to explore how to talk with each other... Our relationship already has a certain depth, and we expected it to be deeper than what we already have, but it wasn't" - SN1*

In conclusion, the conversation guides participants as it encourages the players to express their experiences, emotions and support needs. It reduced worry and hesitance in saying things because 'it is part of the game'. This is true for duos 2 and 3, who have mentioned that they find it difficult to talk about topics surrounding the ED and often are unsure of what they can say or ask. For duo 1, their relationship has a certain depth, and the game does not guide the duo into a 'deeper conversation' which is what they expected. And finally, the game may be slightly confusing because it is not clear why this game exists and is essential; similarly, the board seems unnecessary as it does not add to the experience of the game.

Pressing

The boundaries sheet, conversation cards, involved support tokens, and reflection moment aims to evoke a pressing situation for all participants. The YAEDs and SNs are all asked to explicitly express emotions, experiences and thoughts. The participants did not mention feeling pressure to communicate, but they often said they felt tense (spannend) and curious (benieuwd) when:

they were about to begin the conversation
they were sharing something new
When they were asking something new

> *"The first time I was very curious actually, how it will be and also what is on the cards" - SN2*

An interesting note is that YAEDs from duo 2 and 3 mentioned they would feel tenser to play this game with their parents and would feel very different compared to the SNs they have played with now. Whereas duo 1 were eager to play the game together with their parents.

> *"I think it would be intense to play this game with my parents because I know how my parents think and how they have experienced my ED. I talk to my parents on a different level compared to my friends. I wouldn't feel tension to play this with my friends, but I would with my parents" - YAED3*

> *"Can I bring the game with me on holiday to try it with my parents?" - YAED2*

These statements suggest that the experienced tension and curiosity may depend on the relationship the YAEDs have with their SNs. I conclude that the tense and curious feeling is part of the interaction quality 'pressing'. Therefore the interaction in a salsa class, when the teacher presses the students to perform, there is a tense and curious feeling to see what the student does.

To answer the question, Does the final concept fit the interaction vision?

Yes, the final concept fits the interaction vision. The evaluations of the interaction qualities confirm the presence of all the interaction qualities. The qualities relatable and pressing were most strongly represented in the interactions. The quality reciprocative is also present; however, there are some improvements needed in the wording of the conversation cards to maintain an equal feeling between YAED and SN. Finally, the game appears to be guiding the duo who mentioned not often speaking or not knowing how to speak about the ED. For the duo who does talk about the ED, the game appeared not to be guiding enough. The interaction qualities are all present however some improvements are needed to complete these.

Does the final concept fit the design goal?

The design goal of this project is formulated as follows:

I want to design a tool that enables the initiation of a conversation about eating disorders between YAED and the system so that both parties can set boundaries for their involved support while maintaining their original relationship.

Design principles that aim to fulfil the design goal are

- Increasing openness in communication about EDs
- Increasing knowing how to communicate about EDs
- Increasing knowledge about EDs
- Increasing personalised involved support
- Ensuring the feeling of safety and control over interactions

The results of the evaluations based on the design goal have been divided into two sections. The first section contains the evaluation insights based on the game's functionality; this includes insights regarding the design principles and how well these have been achieved. The second section contains evaluation insights based on the form of the game. This includes insights regarding the game's usability, for example, the clarity of the game instructions. The insights are evaluated per feature of the conversation game.

Evaluation of functionality

Increasing openness in communication about the ED

All participants had the idea they wanted to dive into the deep with the prototype. They were determined to deepen their conversation compared to their regular conversations. They mentioned being open and curious to see what the game is. Using the boundaries sheet helped to set the openness in the conversation and be mindful of the other.

> *"We chose exploitative as our interaction type, so you create a really open setting" - YAED1*
>
> *"It was nice to discuss beforehand how we are feeling and how is your energy, this way you know how the other is feeling and you can take this into account" - YAED3*

All participants confirmed that they felt they were open in the conversation and experienced the feeling that their conversion partners were also open.

> *"We were both very open. I am always open myself, so not much difference there, but SN2 was so much more open than normal, and I really liked it that I finally heard her say what she thinks!" - YAED2*

Duo 3 mentioned sharing experiences they were ashamed of and things they hadn't shared before and that they received comforting and pleasant reactions.

> *"SN3 shared something personal that I didn't know before, and she was hesitant to share, but she did. And I asked her how she felt about sharing this with me, and I was able to reassure her that I do not think anything less of her and that I am here to help" - YAED3*

It was interesting to hear that the duos felt comfortable with the SN they were talking to, but if they were to talk to other SN, such as their parents, they would be more careful in what they would say or express.

In conclusion, the conversation game enabled the participants to participate openly and react to each other in comforting and pleasant ways; the boundaries sheet and conversation cards assisted in this. From the interview and reactions, I noticed that the participants may be open because of the nature of their relationships within each duo. If the game were to be played with other SN where the YAED may feel more tension, the openness might be different.

Increasing knowing how to communicate about the ED

The participants mentioned a varied level of effectiveness of the tool regarding knowing how to communicate with each other. Before playing the game, all three duos said they do not often talk about feelings and experiences surrounding the ED. It is a standard conversation with usually the same type of questions and answers when they do talk. And now, with the game, discussions took place about topics the participants would typically not discuss.

> *"Usually I would get the standard answer of 'I don't know' or 'I don't mind', but now with the questions and stories she had to share and I really appreciated that" - YAED2*

> *"We have discussed things that we would probably never have without the questions on the cards" - SN3*

Duos 2 and 3 reported their conversations to be deeper than usual because the game provided the necessary tools. However, duo 1 did not experience the same depth, which is also mentioned in IV quality 'guiding', because they were no longer exploring how to have a conversation about experiences surrounding the ED. Duo 1 has reached a certain depth that the game does not cater to; thus, it did not help in knowing how to communicate with them. Furthermore, duo 2 and 3 mentioned less worry about asking questions or expressing thoughts in fear it may be inappropriate or hurtful and feel they are next time able to ask questions with less hesitance.

> *"I wouldn't say things because I wasn't sure if it was socially acceptable, and with the game, it was really chill because I didn't have to think about whether or not I should share it" - YAED2*

> *"We made some agreements and also to grab some of the cards next time without the whole game but that we ask each other some questions based on the cards" - YAED3*

In conclusion, I have observed that the conversation game helped duo 2 and 3 increase their feeling of knowing how to communicate about EDs. The concept of the game and the conversation cards helped reduce hesitance and shyness in asking questions or sharing experiences because 'it is part of the game'. There was a report of feeling tense but relieved once the participants communicated their feelings and experiences (this is also mentioned in IV quality 'pressing'). After playing the game, they reported a reduction in hesitation to ask specific questions in the future. Duo 1 appears to be more advanced in their communication; thus, the game did not provide any additional insights.

Increasing knowledge about eating disorders

All couples reported having shared new information. For the first couple, only one or two new experiences were shared. For duos 2 and 3, there has been a significant exchange of information. Duo 2 mentioned learning about each other's problems and finding a lot of recognition (also discussed in IV quality relatable).

"I had shared things that I have wanted to share before but thought were too intense to share, and I learned a lot about SN2 because she talked now about what she thinks and feels" - YAED2

For duo 2 and 3, the conversation game reduced the hesitance in what they should and should not say. Similarly, the conversation game helped to explicitly communicate specific experiences regarding the eating disorder.

"I would now continue more into topics such as what are some behaviours I have in my eating disorder and what goes on in my head, and so I shared a lot more about the eating disorder itself instead of only the practical information such as what I did in therapy and what my homework is" - YAED3

It was mentioned that more knowledge could be exchanged if the conversation cards included questions about personal examples of experiences.

"Maybe you could ask players to share personal examples so others can help place the experiences in a context, and I think this would make our conversation deeper" - YAED1

In conclusion, the amount of information exchanged appeared to be correlated with how much the duos would talk or know how to talk about the ED. All the duos reported not having a proper conversation about experiences surrounding EDs; however, during the interviews, it became apparent that duo 1 had more conversations and had already exchanged knowledge about the ED. Therefore for duo 1, the amount of new information shared was less than for duos 2 and 3. I believe this is also because the level of depth was not enough for couple 1 and can be helped by asking for more experiences in personal contexts. Duos 2 and 3 exchanged new experiences and learnt about each other's behaviours and feelings; thus, the game helps when players are still exploring how to communicate.

Increasing personalised involved support

The participants mentioned that the game provided an extra layer and helped to communicate support needs. You don't necessarily directly express it because it may be difficult to share, or you don't know what you need.

> *"It is different from saying what you want with the topic you just discussed because you don't always say what you want or need. And now you really think about what you want with it or if you want to let it go. It was good because I thought more about it and what I wanted with these feelings" - SN2*

> *"It was pretty tensive (spannend) because this is a challenge for both of us and also at the same time excited, so to say because we faced this challenge together and it was different than usual, but I think it is good that we did it" - SN3*

Duo's 1 and 2 mentioned they did not fully use the involved support sheets for various reasons. Duo 1 recently had a therapy session together to explore the support needs and to communicate these in the presence of a therapist. This is similarly discussed in the interaction quality 'guiding', where duo 1 appears to be more advanced in their communication about the ED and support needs. SN1 mentioned that the game brought up a few topics they discussed in therapy and noted them. Duo 2 didn't note any agreements because:

> *"It feels strange to write down agreements because you have an emotional story, and then to make it concrete feels like you are imposing something" - YAED2*

However, duo 2 did find a significant amount of support through sharing experiences (also discussed in the interaction quality 'relatable.'); they experienced recognition and the feeling of 'not being the only one'. They verbally made agreements based on feeling what the other person needs.

> *"The game really did help me find out that SN2 also has the same problems or thoughts that I have, and at this moment, we agreed that we can both remind each other that we can talk about this more often" - YAED2*

The participants also often made agreements verbally and did not necessarily write them down. Thus, in conclusion, the conversation game did evoke involved support for duos 2 and 3, who either wrote or verbally agreed on support. They also found support in sharing experiences and finding recognition in each other. Duo 1 mentioned not needing to agree on new support because they have discussed this recently and know what they can communicate to each other. And lastly, talking about involved support during a therapy session can be beneficial.

Ensuring a feeling safety and control over interactions

The tool appeared to create a sense of slight tenseness or awkwardness because the participants were unsure of what to expect at the beginning. This was observed in duo 1, who opened the box and mentioned not being sure what was expected of them (also described in IV quality 'guiding'). Other participants noted the game being pleasing as you are aware of each other's emotions from the beginning, and you agree to proceed with the conversation in a coordinated manner.

> *"We agreed to take each other seriously, but we can also laugh with each other, and that's why it stayed light. And our holy rule was that we can share everything, but we don't have to if we don't want to, and this was nice throughout the game because we agreed on this together" - YAED3*

At some moments, the conversation cards were more directed towards the YAED and caused a confused feeling. However, this did not stop the duos from continuing the test. The players improvised by relating the question to a personal experience, for example, and continued the game.

> *"SN3 said this question isn't for me, but I then asked 'okay, do you notice a difference in me with the way I communicate about EDs?' and in this way, we turned the ED questions around" - YAED3*

Participants also mentioned feeling tense when sharing new information they may be hesitant to share; however, it relieves them when they share and receive a pleasant reaction (this is also discussed in IV quality 'pressing').

This feeling of confusion at the beginning of the game is not ideal as it may interfere with how the game is played or affect emotions before using the tool. The sense of confusion was caused because the goal of the conversation was not clear, and the instructions were lengthy and not clear. The ideal situation would be to remove any worries beforehand and to stimulate a safe feeling. In conclusion, design adjustments should be made to remove any confusion. The confusion could be removed by including questions for the participants to think about regarding the goal for their conversation or a story to introduce the game.

To answer the question, Does the final concept fulfill the design goal?

I want to design a tool that enables the initiation of a conversation about eating disorders between YAED and the system so that both parties can set boundaries for their involved support while maintaining their original relationship.

A reduction in hesitance to ask questions and share experiences was experienced; the participants felt more comfortable and had fewer worries because asking questions and sharing stories is 'part of the game.' Because of the openness and knowing how to communicate, the participants discovered new information about each other and shared personal experiences. Because the participants shared new information, they found a lot of support in the similarity of experiences and seeing opportunities where they can support each other and making written or verbal agreements for support. These positive results are primarily present in the evaluations of duo 2 and 3 because they are still exploring how they can communicate experiences, emotions and support needs.

The conversation game appears too trivial for duo 1 because they are more advanced in their communication. The final concept, to an extent, fulfils the design goal; however, further improvements and testing with different SN relationships because it still occurs due to the formulation of the conversation cards that one player has the ED and the other doesn't.

Based on the evaluations, the final concept shows the potential for fulfilling the design goal. The game initiates a conversation about experiences and emotions surrounding EDs between the YAED and SN. This is possible due to the openness created in the conversations between the YAED and SN; the boundaries sheet helped to create a safe and open feeling. The nature of the relationship between the YAED and SN also contributed to the openness.

Evaluation of form

Instructions
The instructions were mentioned to be long and not the most pleasant to read. Participants would appreciate more clarity and examples on how to play the game. It was unclear what the goal of the game was, which may be made more explicit at the beginning of the instructions.

Board
Duo 1 used the tool in a more intimate setting. They played the game on a bed and suggested to look into what happens with this conversation if it was used in a different setting.

Figure 58 - Duo 1 playing the game on the bed together

Duo 3 said the board does not add to the experience of the conversation game and that they could play the game without the board. The board was also too small for their conversation and was limiting.

Figure 59 - Duo 3 playing the board on a table with many cards

Boundaries sheet
Participants mentioned the emotions to be a bit confusing and very specific. Also, the interaction type, conversation flow and collective end setting cards may contain complex language and should be translated to B1 Dutch. Most of these cards were also perceived as negative, and the participants would have preferred more positive cards to choose from.
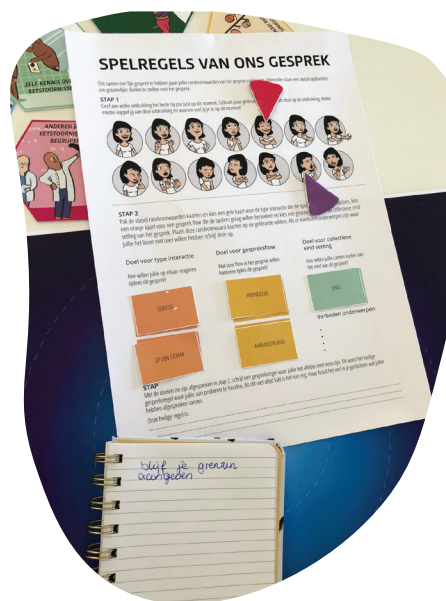
Figure 60 - Duo 3 boundaries sheet and their written conversation rule to keep communicating boundaries

Conversation cards
The conversation cards were for some players deep and others not deep enough. This varied in personal experiences in therapy, for example. Overall the SNs perceived the cards to be quite deep, whereas the YAEDs found the cards less deep. A suggestion to increase the depth of level 3 cards was to ask more about experiences in a personal context. The participants also reported that some cards were specifically for the YAED, and therefore these were difficult to answer for the SN; this could be helped by reformulating the questions that they are answerable by both the YAED and SN.

Involved support tokens

The involved support tokens worked well; however, there was a slight confusion with the 'I hear you' and 'taking action' tokens. These appeared to be quite similar and were used simultaneously by the participants. A better description of what the tokens are could help to clarify the intention of these. For duo 3, there were not enough tokens as they discussed many conversation cards and had to reuse them.
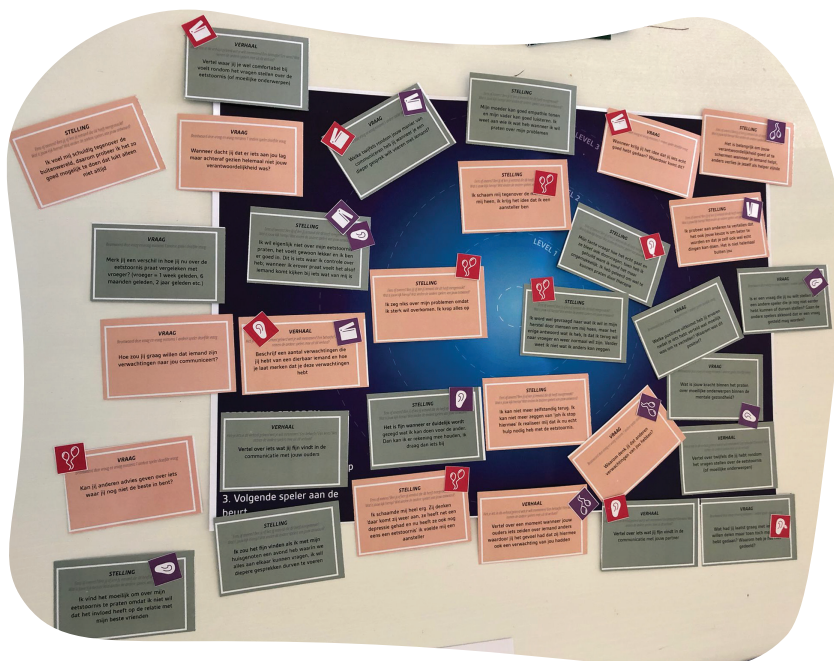
Figure 61 - Duo 3 board with all the tokens used and needing to be reused. Some tokens used simultaneously.

Reflection moment

The participants reflected on the conversation, and there were no reports about any issues encountered with this.

Chapter 9 - Discussion

Before a final recommendation and conclusion can be made, the project needs to be discussed based on the principle findings, strengths and weaknesses, strengths and weaknesses in relation to other studies, implications and unanswered questions and recommendations. This discussion will address these and end with a conclusion of this project.

9.1 Statement of principal findings

Eating disorders are a growing problem in the Netherlands as it festers undetected for years among young adults (Ministerie van Volksgezondheid, 2020). This ever-increasing problem is caused by the complexity of EDs, a lack of (general) knowledge and the absence of a ready-made solution. Therefore I wanted to contribute to the existing ED recovery approach, resulting in this project's initial goal: to explore the needs of young adults living with an eating disorder who are seeking support in addressing their disorder. Based on the gathered insights, including the involved emotions, a (product) service concept was developed that aims to improve the fit of care and will be tested by stakeholders.

The initial goal of the project is followed by two research questions to guide the process of exploring the design goal, namely:

1. What is an eating disorder, and what are the health and social implications of eating disorders?
2. What influences help-seeking attitudes among young adults with an eating disorder?

Through existing literature and interviews with healthcare workers, we found that eating disorders are behavioural disturbances characterised by a disturbance in eating behaviour. EDs are complex problems with no one prominent cause but rather a combination of different factors such as trauma and abuse, low self-esteem and parents with EDs. EDs are coping strategies that offer instant relief for intolerable emotions. EDs are usually paired with other mental health problems such as depression and anxiety. They can also result in many physiological health-related complications such as heart failure, fatigue, fainting and death (Schoen et al. 2012; Smink et al., 2012). Social implications of EDs include loneliness, the feeling of not contributing to society and being alienated due to stigmatisation. The health-related and social implications are found to contribute to the help-seeking behaviour attitudes among young adults with an eating disorder. For example, young adults are more inclined to seek help when:

- They experience physical problems such as fatigue and fainting
- A trusted source such as a close family member expresses their concerns in a goal-oriented manner
- Positive previous experience with mental healthcare
- Experience social support

Young adults are less likely inclined to seek help when:
- There are negative family and cultural attitudes towards seeking help
- Positive comments about weight loss
- Negative experiences with healthcare
- YAEDs experience stigmatisation and internalise these

These abovementioned factors were perceived to stem significantly from interactions with self and others. These interactions appear to influence the transient awareness of YAEDs, whereby

YAEDs weave in and out of denial and awareness, causing them to think they need help at one moment and in another moment, they feel they do not need help and can solve their problems themselves. The transient awareness model by Schoen et al. (2012) identified a few factors that contribute to help-seeking attitudes; however, it was observed that there is a lack of information on the interactions which contribute to these factors affecting help-seeking. We believe that these interactions have more nuance and that the experiences of these interactions need to be explored in depth. Therefore context mapping was used to analyse the personal experiences of YAEDs in their help-seeking journey.

The contextmapping resulted in key insights, which were the building blocks for defining the design goal. Eight key factors influencing behaviour (see appendix K for a detailed overview) regarding help-seeking among YAEDs were discovered and mapped on a behaviour map (see figure 20), where the factors were divided into individual behaviour influencing factors and social interaction behaviour influencing factors. Because of the prominence of social impact on help-seeking attitudes found in the literature and the healthcare vision of RP we chose to design for social interactions, namely for the YAED and their SN.

The aim was to prevent the ED from being an isolating 'me problem' but rather a collective 'we problem' and include SN in the approach to recovery. This defining moment resulted in the following design goal:

I want to design a tool that enables the initiation of a conversation about eating disorders between YAED and the system so that both parties can set boundaries for their involved support while maintaining their original relationship.

The goal can be fulfilled by achieving five design principles:
- Increasing openness in

- communication about EDs
- Increasing knowing how to communicate about EDs
- Increasing knowledge about EDs
- Increasing personalised involved support
- Ensuring the feeling of safety and control over interactions

And an interaction vision was created to portray the intended interaction: The interaction between the YAED and System and design should feel like taking a first salsa class together. The interaction should feel relatable, reciprocative, guiding and pressing.

Various tools and methods were used to ideate and prototype ideas, resulting in a final concept, Food for Talk: a conversation game for YAEDs and their SN to share experiences, emotions and support needs surrounding ED. In the evaluations of the IV qualities, I show that the concept fulfills the qualities of relatable and pressing most prominently. The evaluations also contain a detailed description how the game fulfills the design principles. The final concept shows potential for fulfilling the design goal most prominently among YAEDs and SNs who do not often have meaningful conversations about experiences surrounding the ED.

9.2 Strengths and weaknesses of the study

Strengths

This graduation project has several strengths in its activities and methods.

Variety of stakeholders
Different healthcare providers (dieticians, system therapists, clinical psychologists, PhD researchers, and GGZ coordinator) were approached during the discover and define

phase of this project who provided insight from a professional point of view on what is important when approaching individuals with EDs, what are current bottlenecks, what are current strategies of treating EDs and what they think needs to change in the future of ED care. Multidisciplinary perspectives were included to reduce personal bias and increase the validity of this study.

Broad scope of literature

A broad scope of literature was explored, including classic literature, recent literature and design papers to identify missing information. A gap in personal experiences in the literature regarding the help-seeking process in ED recovery was found.

Contextmapping for detailed personal experiences

Context mapping was used to explore the gap found in the literature. Context mapping is a design approach heavily dependent on people's experiences and thus was an appropriate method for this project. The context mapping consisted of interviews and generative sessions, which resulted in rich and detailed personal experiences of YAEDs and their search for recovery. The YAEDs who participated in the contextmapping research were recovered from their EDs and could provide a detailed and retrospective account of their experiences without having denial or lack of understanding of their own problems interfere with the insights collected. The results were a combination of explicit, tacit and latent information, which provided inspiration for future desired interactions in help-seeking activities.

Rapid prototyping

During this project's development and delivery phases, different methods were used to create low-fidelity prototypes to evaluate the core of the concepts. By testing physical prototypes, detailed feedback was generated and used to improve the prototypes in an iterative process to create a final concept.

Effectiveness of the final concept

The final concept was meant for individuals who are still in therapy. The final prototype was tested with individuals in the recovery process or at the end of their recovery from EDs. These participants were chosen to test the effectiveness in the context it was designed for.

Open an honest setting

The prototype was given to participants to test with people they feel comfortable and with whom they wish to have deeper conversations because they cannot do it on their own. The final prototype was evaluated through individual interviews with the participants to increase the honesty of their answers as they may feel uncomfortable expressing specific worries if their conversation partner was present.

Weaknesses

Important weaknesses to mention in this study are as follows:

Only females included in the research

The literature study explored papers that only researched EDs in women. This may have resulted in information and a gap that is only applicable to women. Similarly, the context mapping research was only conducted with females from our personal social network. This niche selection of participants may have resulted in insights that may not be true for other YAEDs in the Netherlands, especially male YAEDs. According to previous research, EDs for men include different experiences such as being underdiagnosed, undertreated and misunderstood by clinicians (Strother et al., 2012). Women with EDs aim for thinness, whereas men are more focused on being muscular and are prone to more excessive amounts of exercise. Strother et al. (2012) state that more research is needed regarding factors that lead to ED behaviours, such as abuse, media influences, depression and shame. Strother's paper also mentions recommendations such as

"creating awareness to promote environments where men can talk about their food and body issues" (Strother et al., 2012).

A different intervention for men

Similarly, Akey et al. (2012); Evans et al. (2011); Hepworth & Paxton (2007), and Schoen et al. (2011) have also suggested community-wide interventions such as advertisements and campaigns to raise awareness about EDs, ED treatment and also campus programs to focus on how others can support friends with EDs. The recommendations appear to be similar; however, the content of the recommendations is crucial. Strother et al. (2012) state that men do not find recognition in the issues related to EDs and view these as problems women have. To summarise, these outcomes mainly apply to (not all) women, and the effects of the final concept may not be the same for men. Therefore for an appropriate solution for men, this study will need to be adjusted and repeated accordingly for male YAEDs.

One designers work

Context mapping and analysis is usually a group effort. There is an advantage to having different group members from different cultures, backgrounds, and experiences, which may prevent becoming stuck in specific patterns. This generates more possibilities and opportunities. However, within this study, only one researcher analysed all the insights. Therefore, insights may have been overlooked or not deemed important enough, whereas if other group members were to be included, the insights collected might have been different. The insights were checked with various stakeholders to minimise bias; however, a suggestion would be to include more design researchers to analyse the insights collected.

Limited participant testing

Lastly, a weakness in the evaluation method is the number of participants in the final evaluation was relatively small and was primarily women. The six participants included individuals from our personal network and tested the final concept once. Ideally, the final concept should be tested a few times to observe the long-term effects. A recommendation would be to distribute the conversation game through a professional organisation treating EDs to observe more realistic context-related behaviours between YAEDs and their SN.

9.3 Strengths and weaknesses in relation to other studies

Strengths

This study has a few strengths in relation to other studies.

Overlap of contextmapping and literature findings

The outcomes of the context mapping overlap with many literature findings. The eight factors resulting from the context mapping overlap with information found in literature, especially regarding EDs as an identity, self-knowledge about EDs, expectations and responsibilities, openness surrounding EDs, others understanding EDs and involved support. These insights can also be found in sources such as Akey et al. (2012); Brelet et al. (2021); Evans et al. (2011); Griffiths et al. (2015), Hepworth & Paxton (2007); Policy & Herman (2002) and Schoen et al. (2011). This graduation project, in comparison to the literature, includes detailed interaction insights from both the YAEDs and SNs, resulting in the eight themes. The themes stem from interactions that have occurred, and through generative tools, this study was able to portray a preferred version of these interactions, which may have helped in the help-seeking process of the YAEDs. The literature lacks insight into individual experiences and personal insights. Additionally, this project defines two additional themes not clearly mentioned in the literature: wanting to belong and fit in and knowing how to communicate about EDs.

Importance of peer support

The design of this study was heavily focused on interactions with others, literature such as Akey et al. (2012); Evans et al. (2011); Hepworth & Paxton (2007), and Schoen et al. (2011) have highlighted the importance of peer support and how meaningful and helpful it can be. Empowering friends and family and offering them the right tool to help YAEDs can be very effective and motivating for YAEDs to seek help and recover.

Other design projects

The final concept of this project, in comparison to other design projects with similar topics such as Big Fat Nonsense by Sam van Eijk, Design for Disclosure by Heleen Bouma and Ball & Stalk by Visch, Vegt, Boeijen and Verstappen, includes either toolkits or a game to communicate experiences surrounding topics that are difficult to talk about. For example, Heleen Bouma's toolkit guides someone who has experienced sexual abuse to share their experience with someone close to them. The toolkit includes instructions, writing assignments and conversation cards to help express any experiences, feelings, needs and requests. Bouma also has blank tools for the users to fill in themselves; this can be seen as a recommendation for Food for Talk. The similar outcomes of these projects show that toolkits designed for intimate settings (groups of 2 to 4 people) which involve storytelling and gamification appear to create appropriate designs for communication. Especially communication of complex topics to develop understanding and support. This shows that strategies to raise awareness do not necessarily need to be large campaigns or advertisements, as suggested by the literature of Akey et al. (2012), Evans et al. (2011), Hepworth & Paxton (2007), and Schoen et al. (2011).

Weaknesses

This study also includes a few weaknesses in relation to other studies.

Lack of diversity in participants

Other studies in the literature include a wide range of participants in their research. The participants vary in age, race and cultural background, whereas this study only included white females from our personal network who live in the Netherlands. Therefore, the results and design are not widely applicable, and further research is needed to investigate the effectiveness of the final design.

Risk of social support

Literature studies have stated that if there is a lack of ability or knowledge in the SN of YAEDs, they can cause more harm than good in the recovery process of YAEDs. Akey et al. (2012) state, for example, that peer support may lead to comparisons and competition. Family and friends who lack training or knowledge will not be able to provide support, and unhelpful comments may drive YAEDs further into concealment and denial of their EDs (Schoen et al., 2011). Therefore there is a risk that this project may be counterproductive in situations where SNs are uneducated. Consequently, it is recommended to use the conversation game with a healthcare professional who can assess whether the tool is appropriate or not.

9.4 Implications

TIn the introduction, I stated the volksgezondheidsraad acknowledges that there is a lack of general knowledge about eating disorders and an absence of ready-made solutions due to the complexity and, therefore, long waiting times. My goal for this project was to contribute to improving the existing approach to eating disorder recovery in the Netherlands. The initial idea was to encourage YAEDs to seek help sooner; however, the outcome of the core insights and final design of this project shows potential for other approaches to ED care.

There are several implications that can be drawn from the findings of this graduation project. First, the research method and core analysis show the literature states that social support is necessary for the recovery of YAEDs. However, if the social network is not equipped to provide support due to a lack of knowledge, for example, their help may have adverse effects. The final design of this project shows potential for enabling SNs to provide support that is helpful to the YAEDs. The support is personalised as the design leaves room for exploration between the YAED and the SN to discover what is needed. Creating a social network that can offer support where required could potentially contribute to relapse prevention as others around YAEDs may support them where necessary to reduce any distress.

Another finding was that there is a general lack of understanding about eating disorders, and the recommendations were to create community-wide interventions to create awareness. The insights from the core analysis of context mapping provide a more detailed insight into the personal experiences of YAEDs. There was no mention of needing community-wide interventions but rather interventions for talking with their SN. The final design shows potential for supporting conversations about EDs between YAEDs and their SN. The results of the final design show potential for guiding people in having conversations about experiences, emotions and needs surrounding EDs. During these conversations, information surrounding experiences was exchanged and created an increased understanding of EDs and what an ED looks like besides the stigmatised vision. Suppose the final design was implemented in therapy for eating disorders and for YAEDs to have more conversations about EDs with their SN. In that case, it could potentially lead to an increased community understanding based on smaller intimate conversations. This increased community awareness could lead to a decrease in taboo and an increase in openness. Increased awareness could possibly result in other individuals feeling comfortable expressing their experiences with EDs because of the presence of general knowledge. This general knowledge based on real experiences of others could also empower individuals to detect EDs among their SN and provide encouragement to seek help.

For Redesigning Psychiatry and the field of Interaction Design, I believe that this graduation project shows potential for creating value in designing for mental healthcare. This project was conducted in a multidisciplinary manner by including stakeholders such as care providers, the end users (YAED and SN) and a design team to create a final tool that enables conversations between YAEDs and SNs. This shows that Interaction Design has the potential to support current therapy programs and maybe even "lighten" the pressure the GGZ currently experiences. If more projects like these can prove that design can contribute to healthcare, I hope that Design will be more widely accepted in the field of healthcare and subsequently increase the value of RP and their vision for healthcare in the Netherlands.

Designers thought

It would have been interesting to see what it would have been like if the interviews were conducted with YAEDs who were unaware of their eating problems or YAEDs who had just enrolled in therapy. This would be a study that involved more risks as they are a fragile group. However, I believe that the outcomes of this project would have been very different because, from personal experience with an ED, I would have explained that the main problem was my eating behaviour.

My eating behaviour was the whole reason I sought out therapy because it caused me a significant amount of stress, and I had severe physiological symptoms. I would not have known how to answer the questions I asked the YAEDs during the contextmapping interviews because I was still in the middle of my ED, or I would have been too ashamed to talk about it. Through therapy, I learned how to talk about my experiences and emotions; without therapy, I would not have known what to say or how to express certain feelings.

I have two thoughts on how this project would have been very different.

My first idea would be that the project would focus more on achieving a healthier relationship with food. This is because the relationship with food is the major problem at that moment, and it is also perceived as the entire problem. The result could have been, for example, a toolkit to discover food (maybe together with SN) and how to not perceive food as something 'bad' but as fuel, a necessity and not the enemy. The goal would be to design an educative toolkit regarding relationships with food.

The second thought is to create a game that is widely available in stores to reach a large audience. The game would contain information about problems related to eating disorders and why and how these occur. The research should consider including YAEDs who experience denial

in the research phase of a project to possibly provide powerful insights into what denial looks like. This would provide content for the game that can be recognisable for YAEDs who may not be aware of their disturbing behaviour and maybe the information they need to step towards help.

Why would you need YAEDs who are in denial of their behaviour? From personal experience, I can not think back and feel the same feelings I used to have regarding my behaviour around food. I had specific thoughts and feelings surrounding food which I do not have now anymore, and I think now of those thoughts as strange, not my own and irrational. I have discussed this thought with my therapy group members, who recognise this feeling.
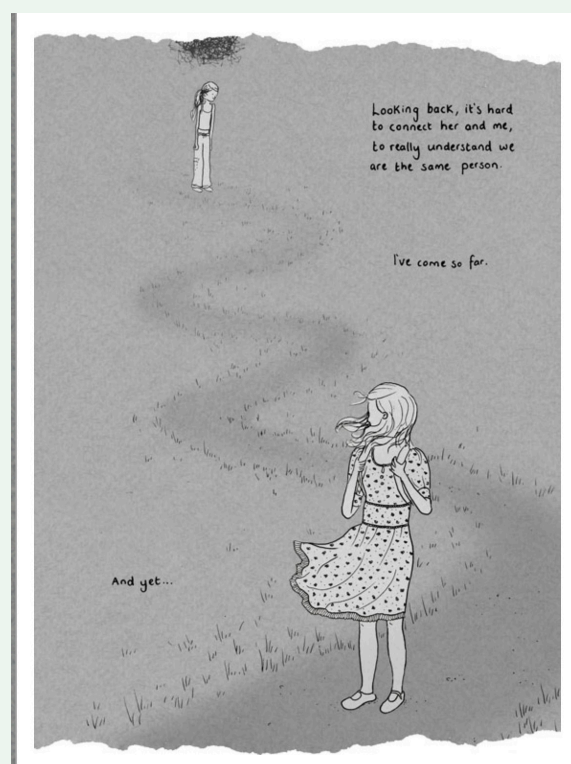
Figure 62 - Illustration by K. Green (2013)

This feeling is also depicted in an artist's drawing about recovery in ED. The artist clearly captures the difficulty of understanding that you are the same person you once were, but now you are further in the recovery journey.

9.5 Recommendations and future research opportunities

Based on the findings of this research, further studies could explore the following questions:

How to create an interaction where there is no segregation between the YAED and SN?

The conversation game was still perceived as something for the YAED and not also for the SN. Recommendations are to make adjustments in the contents of the conversation cards can avoid only addressing problems YAEDs may experience. A suggestion from YAED1 was to challenge players to give examples about why players have certain opinions and thoughts so players can place an experience in context. Also, asking players to include examples of experiences and what a more desired experience would look like could prevent seeing problems only belonging to the YAED. Further research and testing are needed to confirm this.

How to motivate YAEDs (who are not yet seeking care) to seek care?

The project began with the initial assignment to encourage YAEDs to seek help and address their EDs. However, within the boundaries of this project, such as the available time, ethical agreements and available resources, it was not possible to find YAEDs who are not yet seeking care to address their EDs for interviews and testing. Thus, the question of 'how to motivate YAEDs to seek help in addressing their disorder?' requires further exploration. Future research could search in the direction of YAEDs at the beginning of their therapy. This should be done under the supervision of professional care to help determine whether YAEDs can participate without interfering with their recovery. A personal recommendation would be to see if a general game about EDs can be created and include other mental health issues to not focus heavily on EDs but on mental health in general. This game could be available in stores to reach a larger audience and thus YAEDs who are not yet in care.

How to create a tool that works for YAEDs and SNs who are less exploratory in their conversations but would like to take their conversations a step further?

The final concept appears to fulfil the design goal and IV for duos 2 and 3; however, duo 1 may be too advanced for the current version. Therefore it is recommended to explore further what is needed for conversation partners who are more advanced in their communication. This could be done by interviewing YAEDs who have completed therapy and investigating the current problems they still encounter when talking to others about their EDs instead of what problems they experienced in the past.

Is there a learning curve in the conversations?

An assumption was if the conversation game would be played over a more extended period if the YAEDs and SNs learned how to have a conversation without the support of the game. Further testing is needed to answer this question. A suggestion would be to have long-term testing under the supervision of a therapist and to observe the experience of the YAED and SN as they increasingly engage in conversations surrounding the topic of EDs.

9.6 Conclusion

The key findings of the literature present detailed insights into factors that influence the transient awareness of YAEDs. Interactions between YAEDs and SNs appear to play an important role in the awareness of the ED. Based on the importance of social interactions and the vision of RP, it was chosen to create a tool that facilitates conversations about complex topics such as EDs. This can potentially result in recognition, a feeling of understanding and more personalised support. These insights guided the design activities such as brainstorming, benchmarking, rapid prototyping, gamification and storytelling. These activities resulted in a final concept Food for Talk: a conversation game for YAEDs and SNs. It was important to create a feeling of safety and control, openness and knowing how to talk about EDs. The final prototype was evaluated with YAEDs and their SNs. Overall, the final concept almost fulfils the design goal; it increases openness in conversations and provides a safe feeling among YAEDs and SNs who feel comfortable communicating with each other. This may not be true between YAEDs and different SNs such as parents. The conversation game increases knowledge by encouraging the players to communicate new experiences; this appeared to be effective again for YAEDs and SNs who lack communication (duo 2 and 3) about experiences surrounding EDs. Not a significant amount of new information was communicated between the players who regularly speak about deeper topics surrounding the ED. A significant reduction in hesitance and shyness regarding asking questions and sharing experiences was observed among duo 2 and 3. This does not hold true for duo 1. Finally, an increase in involved support was experienced by duo 2 and 3; support was found in finding recognition in each other's experiences, emotions and thoughts. The significance of this project adds value to literature advocating social support. Literature states that social support is essential; however if the wrong social support is delivered due to a lack of knowledge, it can have adverse effects. This project shows the potential for tools such as games to guide social support and prevent harmful support. And if implemented in therapy courses, it could spread awareness based on experiences shared through intimate and meaningful conversations. Future research should consider investigating this project's topic with diverse participants, including different cultural backgrounds, races and sexes. A store-bought version of the presented game could potentially raise awareness and encourage YAEDs who are not yet seeking help.

Personal Reflection

Ever since I started studying Industrial Design Engineering, I have walked around with the idea of designing for eating disorders. For years I thought I had no place to help others with their eating disorder while I struggled with mine. It felt wrong to help others when I couldn't even help myself. In October 2021 I started therapy for my eating disorder. Through therapy, I began to understand what an eating disorder actually means and learned that food isn't the problem but was my solution to other difficulties I was experiencing.

This moment was eye-opening; I had been thinking about the problem wrong all this time. The eating disorder wasn't the problem; it was my way of coping and a signal to alert me when I find myself in distressing situations. The project became more apparent, I didn't have to solve other people's problems, but I had to find another solution. A sustainable solution that is beneficial for one's health.

This was when I decided I wanted to work on this project because this could also be the last opportunity to do it completely how I wanted. My only reservation was that I was worried I would unknowingly be biased throughout the entire project and create a design that would be far off the mark. However, when I began this thesis, I was in the early stage of my therapy process and was not fully comprehending my eating disorder. I feel this lack of understanding (or maybe even complete denial and obliviousness) was an advantage to explore with total curiosity and let myself be surprised by what I find.

Throughout the project, I have spoken to many experience experts who work as healthcare providers for eating disorders. These individuals have experienced an eating disorder and now work to help others with theirs. I can say that I am an experience expert as well, and an advantage I perceived throughout this project was that; because I know what an eating disorder feels like, I could recognise and also feel what the participants felt during the interviews. These emotions helped me pinpoint what was important in the experiences they shared with me. Another benefit (I never thought I'd say this) of having an eating disorder was I felt that the participants (to my knowledge) were very open. They dared to cry and also express deep personal experiences with me. I think this was possible because I was open and honest about my eating disorder. This may have reduced the reluctance of the participants to share things they were ashamed of. The only downside I experienced is that sometimes my emotions may be inconvenient because it was occasionally challenging to separate what I felt from what they felt. This could have caused bias and steered me in a direction that wasn't appropriate. To 'relieve' this, I have asked my supervisors to keep an eye out for this bias, and if they notice anything, they can let me know, so I am aware of what is happening.

I can definitely recommend working on a project that you feel personally for. I see many advantages of having similar or the same experiences. However, it is essential to keep an open mind and let yourself be surprised by what you find.

One of the main questions I received from many people is: Is this project challenging for you to do?
To which I answered, no. I tried to see myself as two people. I have personal Jacqueline (who has an eating disorder), and I have Research Jacqueline (who is researching eating disorders). By creating two perspectives for myself. While researching and analysing insights, I tried to maintain my researcher perspective to let myself be surprised by what I find and also base my decisions on evidence and not only intuition. I can't say that I could always maintain separate perspectives, but I tried to be aware of this as much as possible.
The most challenging aspect of this project was to remain organised and structured throughout the process, especially in writing this thesis. I completed so many activities and explorations that it was difficult to create a clear and followable account of these. Structure and organisation still remain an area of learning for me, and I was happy to have two supervisors who had the patience to show me how I could improve; thank you for that!

Lastly, I believe that I have never told as many people as I have about my eating disorder during this project. Being this open has only brought me incredible amounts of positivity and support. I can say that I have first-hand experienced the positive effects of being open about my problems, gotta practice what I preach!

REFERENCES

Ágh, T., Kovács, G., Supina, D., Pawaskar, M., Herman, B. K., Vokó, Z., & Sheehan, D. V. (2016). A systematic review of the health-related quality of life and economic burdens of anorexia nervosa, bulimia nervosa, and binge eating disorder. Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity, 21(3), 353-364.

Akey, J. E., Rintamaki, L. S., & Kane, T. L. (2013). Health Belief Model deterrents of social support seeking among people coping with eating disorders. Journal of affective disorders, 145(2), 246-252.

Althuisius, J. (2016, November 22). Emma wil leven toont hoe vernietigend anorexia is. de Volkskrant. Retrieved 2022, from https://www.volkskrant.nl/nieuws-achtergrond/emma-wil-leven-toont-hoe-vernietigend-anorexia-is~b4f70da3/

Boeijen, A. van, Daalhuizen, J., Zijlstra, J., & Schoor, R. van der. (2014). Delft Design Guide: Design Methods. BIS Publ.

Bouma, H. (2017). Design for disclosure: Supporting victims of sexual violence in sharing their experiences.

Brelet, L., Flaudias, V., Désert, M., Guillaume, S., Llorca, P. M., & Boirie, Y. (2021). Stigmatization toward People with Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder: A Scoping Review. Nutrients, 13(8), 2834.

Christian, C., Perko, V. L., Vanzhula, I. A., Tregarthen, J. P., Forbush, K. T., & Levinson, C. A. (2020). Eating disorder core symptoms and symptom pathways across developmental stages: A network analysis. Journal of abnormal psychology, 129(2), 177.

Cooper, M., Stockford, K., & Turner, H. (2007). Stages of change in anorexic and bulimic disorders: The importance of illness representations. Eating Behaviors, 8(4), 474-484.

de Boer, F., Tromp, N., Voerman, S. A., van den Berg, D., van Dijk, M., Jacobse, L., & Voornemen, B. (2016). Redesigning psychiatry: innoveren voor psychisch welzijn in de 21e eeuw. Deel 1.

de Boer, F., Tromp, N., Voerman, S. A., van den Berg, D., van Dijk, M., Jacobse, L., & Voornemen, B. (2018). Redesigning psychiatry: innoveren voor psychisch welzijn van toekomstige generaties. Deel 2.

De Vecchi, N., Kenny, A., Dickson Swift, V., & Kidd, S. (2016). How digital storytelling is used in mental health: A scoping review. International Journal of Mental Health Nursing, 25(3), 183-193.

Desmet, P. (n.d.). Premo (Emotion Measurement Instrument). Delft Institute of Positive Design | Premo (Emotion Measurement Instrument). Retrieved August 2022, from https://diopd.org/premo/

Deterding, S., Dixon, D., Khaled, R., & Nacke, L. (2011, September). From game design elements to gamefulness: defining" gamification". In Proceedings of the 15th international academic MindTrek conference: Envisioning future media environments (pp. 9-15).

Eetstoornissen. Voedingscentrum. (n.d.). Retrieved from https://www.voedingscentrum.nl/encyclopedie/eetstoornissen.aspx#:~:text=Niet%20van%20alle%20eetstoornissen%20zijn,ongeveer%205500%20aan%20anorexia%20nervosa.

Evans, E. J., Hay, P. J., Mond, J., Paxton, S. J., Quirk, F., Rodgers, B., ... & Sawoniewska, M. A. (2011). Barriers to help-seeking in young women with eating disorders: a qualitative exploration in a longitudinal community survey. Eating Disorders, 19(3), 270-285.

Griffiths, S., Mond, J. M., Murray, S. B., & Touyz, S. (2015). The prevalence and adverse associations of stigmatization in people with eating disorders. International Journal of Eating Disorders, 48(6), 767-774.

Green, K. (2013, June 10). Fears. Lighter Than My Shadow. Retrieved August 2022, from https://lighterthanmyshadow.com/2013/06/10/fears/

Harney, M. B., Fitzsimmons-Craft, E. E., Maldonado, C. R., & Bardone-Cone, A. M. (2014). Negative affective experiences in relation to stages of eating disorder recovery. Eating behaviors, 15(1), 24-30.

Hibbin, R. (2016). The psychosocial benefits of oral storytelling in school: developing identity and empathy through narrative. Pastoral Care in Education, 34(4), 218-231.

Kreipe, R. E., & Mou, S. M. (2000). Eating disorders in adolescents and young adults. Obstetrics and gynecology clinics of North America, 27(1), 101-124.

Linville, D., Brown, T., Sturm, K., & McDougal, T. (2012). Eating disorders and social support: perspectives of recovered individuals. Eating Disorders, 20(3), 216-231.

Ministerie van Algemene Zaken. (2022, March 17). Waar Vind IK Hulp bij psychische problemen? Rijksoverheid.nl. Retrieved from https://www.rijksoverheid.nl/onderwerpen/geestelijke-gezondheidszorg/vraag-en-antwoord/waar-vind-ik-hulp-bij-psychische-problemen

Ministerie van Volksgezondheid, W. en S. (2022, August 11). Voorstel en advies uitwerking regionale netwerken K-eet. Publicatie | Rijksoverheid.nl. Retrieved 2022, from https://www.rijksoverheid.nl/documenten/publicaties/2020/01/30/voorstel-en-advies-uitwerking-regionale-netwerken-k-eet

National Collaborating Centre for Mental Health (UK. (2004). Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders.

Pasman, G., Boess, S., & Desmet, P. (2011). Interaction vision: expressing and identifying the qualities of user-product interactions. In DS 69: Proceedings of E&PDE 2011, the 13th International Conference on Engineering and Product Design Education, London, UK, 08.-09.09. 2011 (pp. 149-154).

Phelan, J. C., Link, B. G., & Dovidio, J. F. (2008). Stigma and prejudice: one animal or two?. Social science & medicine, 67(3), 358-367.

Polivy, J., & Herman, C. P. (2002). Causes of eating disorders. Annual review of psychology, 53(1), 187-213.
Prevalence of eating disorders by age. Our World in Data. (n.d.). Retrieved from https://ourworldindata.org/grapher/prevalence-of-eating-disorders-by-age?country=~NLD

Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. American journal of health promotion, 12(1), 38-48.

Quintanilla, B. (2020, November 16). Witchcraft or mental illness? Psychiatric Times. Retrieved 2022, from https://www.psychiatrictimes.com/view/witchcraft-or-mental-illness

Rikani, A. A., Choudhry, Z., Choudhry, A. M., Ikram, H., Asghar, M. W., Kajal, D., ... & Mobassarah, N. J. (2013). A critique of the literature on etiology of eating disorders. Annals of neurosciences, 20(4), 157.
Sanders, E. B. N., & Stappers, P. J. (2012). Convivial toolbox: Generative research for the front end of design. Bis.

Schoen, E. G., Lee, S., Skow, C., Greenberg, S. T., Bell, A. S., Wiese, J. E., & Martens, J. K. (2012). A retrospective look at the internal help-seeking process in young women with eating disorders. Eating disorders, 20(1), 14-30.

Simonse, L., Albayrak, A., & Starre, S. (2019). Patient journey method for integrated service design. Design for Health, 3(1), 82-97.

Siriaraya, P., Visch, V., Vermeeren, A., & Bas, M. (2018). A cookbook method for Persuasive Game Design. International Journal of Serious Games, 5(1), 37-71.

Smink, F. R., Van Hoeken, D., & Hoek, H. W. (2012). Epidemiology of eating disorders: incidence, prevalence and mortality rates. Current psychiatry reports, 14(4), 406-414.

Sönmez, A., Desmet, P. M., & Herrera, N. R. (2022). Chill, Fiery, Slack, and Five Other Vibes: A Phenomenological Inquiry into Group Mood. She Ji: The Journal of Design, Economics, and Innovation, 8(1), 93-117.

Stappers, P. J., & Giaccardi, E. (2017). Research through design. In The encyclopedia of human-computer interaction (pp. 1-94). The Interaction Design Foundation.

Stigma, prejudice and discrimination against people with mental illness. Psychiatry.org - Stigma, Prejudice and Discrimination Against People with Mental Illness. (n.d.). Retrieved 2022, from https://www.psychiatry.org/patients-families/stigma-and-discrimination

Strother, E., Lemberg, R., Stanford, S. C., & Turberville, D. (2012). Eating disorders in men: underdiagnosed, undertreated, and misunderstood. Eating disorders, 20(5), 346-355.

Tappan, M., & Brown, L. M. (1989). Stories told and lessons learned: Toward a narrative approach to moral development and moral education. Harvard Educational Review, 59(2), 182-206.

van Eijk, S. (2019). Big Fat Nonsense: A discussion tool to reduce weight-related stigmas in the direct social environment.

Villerius, J (Director). (2016). Emma wit leven [Film].BNN

Visch, V.V., Vegt, N.J.H, van Boeijen, A.G.C., & Verstappen, C. (verwacht). Playing Ball & Stalk to discuss obesity stigmatization

Visser, F. S., Stappers, P. J., Van der Lugt, R., & Sanders, E. B. (2005). Contextmapping: experiences from practice. CoDesign, 1(2), 119-149.

Wilson, G. T., Grilo, C. M., & Vitousek, K. M. (2007). Psychological treatment of eating disorders. American Psychologist, 62(3), 199.

APPENDICES

Appendix A

EATING DISORDERS - FOUR TYPES

ANOREXIA NERVOSA (AN)

Maintaining a bodyweight at a level less than 85% of the normal weight for age and height, intense fear of fatness, distubed experience of ones body or weight is experieced.

SUBTYPES

Restrictive type
Weight loss is achieved through dieting, fasting and exessive exercise.

Binge eating/purging type
Engaging in recurrent episodes of binge eating or purging behaviour (e.g. self induced vomiting, misuse of laxatives, diuretics or enemas).

BULIMIA NERVOSA (BN)

Recurrent episodes of binge eating. Binge eating is characterized by eating an amount of food that is larger than what average inviduals would eat in the same time frame.

Feeling a lack of control of eating during episode and resulting in compensatory behaviours such as self induced vomiting, misuse of laxatives, diuretics or other medications, fasting excessive exercising or fasting to prevent weight gain.

BINGE EATING DISORDER (BED)

Recurrent episodes of binge eating. Binge eating is characterized by eating an amount of food that is larger than what average inviduals would eat in the same time frame.

Sense of lack of control over eating during episode and can be charactarized by eatng much more rapidly than normal, eating until uncomfortably full, eating large amounts of food when not feeling physcially hungry, eating alone because of embarrasement and feeling disgusted with oneself, depressed or very guilty afterwards.

EATING DISORDER NOT OTHERWISE SPECFIEID (EDNOS)

Symptoms of an eating disorder that do not meet the full criteria of the eating disorders.

ATYPICAL AN
All criteria of AN are mex except for significant weight loss. Weight is within or above the normal range.

BN (LOW FREQUENCY/LIMITED DURATION)
Criteria of BN are met except that binge eating and compensatory behaviours occur on average less than once a week and/or less than 3 months.

BED (LOW FREQUENCY/LIMITED DURATION)
Criteria of BED are met except that binge eating occur on average less than once a week and/or less than 3 months.

PURGING DISORDER
Recurrent purging behaviour to influence weight or shape (e.g. self induced vomiting, misuse of laxatives, diuretics or other medications) in the absence of binge eating

NIGHT EATING SYNDROME
Eating after awakening from sleep of by excessive food consumption after the evening meal.

Figure 63 - Figure 2 -Overview of eating disorders and characteristics

Appendix B

SOCIOCULTURAL CONTRIBUTORS
EDs do not occur in all cultures uniformly at all times. Potential contributors are listed below.

OBSESSION WITH SLIMNESS
Cultures where food is abundant are more likey to praise slimness. Where food is scarce the ideal body is larger. Should be seen as a background cause at most.

MEDIA DISTORTING REALITY
Images of idealized (slim) physiques motivate people to attempt slimness.

PEER INFLUENCE
Learning certain attitudes (importance of slimness) and behaviours (dieting, purging) from peers. Encouragement and teasing for failing to meet peer norms.

SOCIAL ECONOMICAL STATUS
People from higher SES from different races are just as dissatified and sugges that differences may be more of a function of SES than race.

FAMILIAL INFLUENCES
How families contribute to EDs. Potential influences are listed below.

PRAISAL OF SLENDERNESS
Encouraging EDs through praisal and envy the self control and sicipline require to achieve it. Helps to perpetuate EDs.

FAMILY DYSFUNTION
Insecure attachment, ill family member, overly concerned parents, negating of emotional needs

CRITICAL FAMILY ENVIRONEMENT
Family communication, parental caring and expectations are perceived as low, sexual and physical abuse, invasion of privacy, jealousy and competition

MOTHERS WITH ED
May have a negative influence on their children's attitudes and behaviours, feeding irregularly, expressing concern about daughters weight thinking that daughters should lose more weight.

INDIVIDUAL RISK FACTORS
Including individual characteristics, personal experiences of the environment and individual. Potential factors are lister below.

EXPERIENCES CONTRIBUTEING TO ED DEVELOPMENT
Abuse, trauma and teasing (of one's body type or shape) may result in emotional and identity problems. To deal with these attention may be refocused to weight, shape and eating to gain emotional control. Stressful life events, low self esteem, depressed mood, anxiety and irratability.

AFFECTIVE INFLUENCES
Stress and negative moods, feelings of guilt, suppressed anger, dieting, avoid expressing emotions

SELF ESTEEM
Low self esteem may be caused by (perceived) rejection, dieting resulting in overeating may cause downward spiral of self-esteem and women high in perfection who consider themselves overweight.

BODY DISSATISFACTION
May be of media influence, family and peer pressure, teasing and becoming invested in achieving the 'perfect' body.

COGNITIVE FACTORS
Obsessive thoughts and spending large amount of time onsessing about food and weight, inaccurate judgements e.g. judging body larger than it is, perfectionism and dissociation,

BIOLOGICAL INFLUENCES
Genetic transmission of EDs, obsessive compulsive disorder, lack of internal awareness which refers to the inability to identify internal states or feelings including feelings of hunger and satiety and eotional states.

Figure 64 - Figure 3 - Causes of eating disorders

Appendix C

Participant selection young adults with eating disorders

Sampling
Participants were sampled through convenience sampling from my own network and social media and snowball sampling whereby my own network helped reach out to others. A total of n=6 participants were recruited. Participants have approached either face to face, via telephone or on WhatsApp.

Demographics
The participants recruited were all female between the ages of 18 and 30 years old. All participants lived in the Netherlands and n=5 participants have completed a therapy course for an eating disorder, n=1 participant was treated for postpartum depression.

Setting

Setting of data collection
Data were collected at the homes of the participants. No one else was present during the research except for the participant and me. The data was collected between 28/03/22 - 18-04-22.

Data collection

Sensitizing booklet
Sensitizing booklets (see appendix A) were sent to participants 1 week prior to the interviews. The sensitizing booklets contained 7 exercises they could spread over 7 days however the exercises were small and could be completed in as less as 3 days. Each exercise covered a different topic:

Exercise 1: Introducing self
Exercise 2: Moments when feeling comfortable talking about an eating disorder
Exercise 3: Social environment
Exercise 4: Things left unsaid
Exercise 5: Important events
Exercise 6: Timeline of experiences
Exercise 7: Wise words for others

The participants were asked to send pictures of their filled-in booklets prior to the interview so I could prepare and ask questions related to their experiences. I collected sketches, stickers and text and combined insights with semi-structured interviews and generative tools. The participants were allowed to keep their sensitizing booklets if they wished.

2.4.2 Semi-structured interviews
Semi-structured interviews were conducted using an interview guide (see appendix B). Questions address topics found in the sensitizing booklet. The interviews took on average 1 hour and 15 minutes and were recorded using a TU Delft issued voice recorder. Insights from the interview were collected in form of quotes, writing and drawings and were combined with data collected from the sensitizing booklets and generative tools. Participants were allowed to listen to their recordings, read the transcripts and check quotes.

2.4.3 Generative tools
Generative tools (see appendix C) were used to inspire and facilitate expressing their ideal version of their process. During the interview at the end of every topic, participants were asked to visually map out their process and to cut and glue images and words onto A3 paper. The data collected was in the form of writing, drawings, images and stickers. This data was combined with the data from the sensitizing booklets and interviews.

Appendix D

Participant selection social network

Sampling
Participants were sampled through convenience sampling from my own network and snowball sampling whereby their own network helped reach out to others. A total of n=5 participants were recruited. Participants were approached either face to face, via telephone or on WhatsApp.

Demographics
Participants recruited were n=2 female between the ages of 18 and 25 years old and n=3 male between the ages of 25 - 50 years old. All participants lived in the Netherlands and were closely involved throughout the recovery journey of the young adult with an eating disorder.

Setting

2.6.1 Setting of data collection
Data was collected at the n=1 online and n=4 at the homes of the participants. No one else was present during the research except for the participant and me. The data was collected between 11/04/22 - 18-04-22.

Data collection

Sensitizing booklet
Sensitizing booklets (see appendix D) were sent to participants 5 days prior to the interviews. The sensitizing booklets contained 4 exercises they could spread over 5 days however the exercises were small and could be completed in as less as 2 days. Each exercise covered a different topic:
Exercise 1: Introducing self
Exercise 2: Moments when an eating disorder is noticed
Exercise 3: Involvement in the life of the young adult with an eating disorder
Exercise 4: Future steps

The participants were asked to send pictures of their filled-in booklets prior to the interview so I could prepare and ask questions related to their experiences. I collected sketches, stickers and text and combined insights with the semi-structured interview. The participants were allowed to keep their sensitizing booklets if they wished.

Semi-structured interviews
Semi-structured interviews were conducted using an interview guide (see appendix E). Questions address topics found in the sensitizing booklet. The interviews took on average 1 hour and were recorded using a TU Delft issued voice recorder. Insights from the interview were collected in form of quotes, writing and drawings and were combined with data collected from the sensitizing booklets. Participants were allowed to listen to their recordings, read the transcripts and check quotes.

Appendix E

Participant selection healthcare providers

Sampling
Participants were sampled through purposeful sampling trying to cover multiple dimensions within the healthcare sector for diverse opinions. A total of n=6 participants were recruited.

Demographics
Participants recruited were n=6 females between the ages of 20-65 years old. All participants lived in the Netherlands and work as healthcare providers, roles including experience expert, system therapist, clinical psychologist, innovation development and dietician.

Setting

2.9.1 Setting of data collection
Data was collected at the n=4 online and n=2 at the office of the participants. No one else was present during the research except for the participant and me. The data was collected between 07/03/22 - 16-05-22.

Data collection

Semi-structured interviews
Semi-structured interviews were conducted using an interview guide (see appendix F). Questions were explorative, based on literature and interviews. The interviews took between 30 minutes and 1 hour depending on the availability of the participant. N=4 interviews were recorded using a TU Delft issued voice recorder. Insights from the interview were collected in form of quotes. Participants were allowed to listen to their recordings, read the transcripts and check quotes.

Appendix F

Sensitising booklet YAEDs

KIJK BIJ MIJN ZOEKOCHT
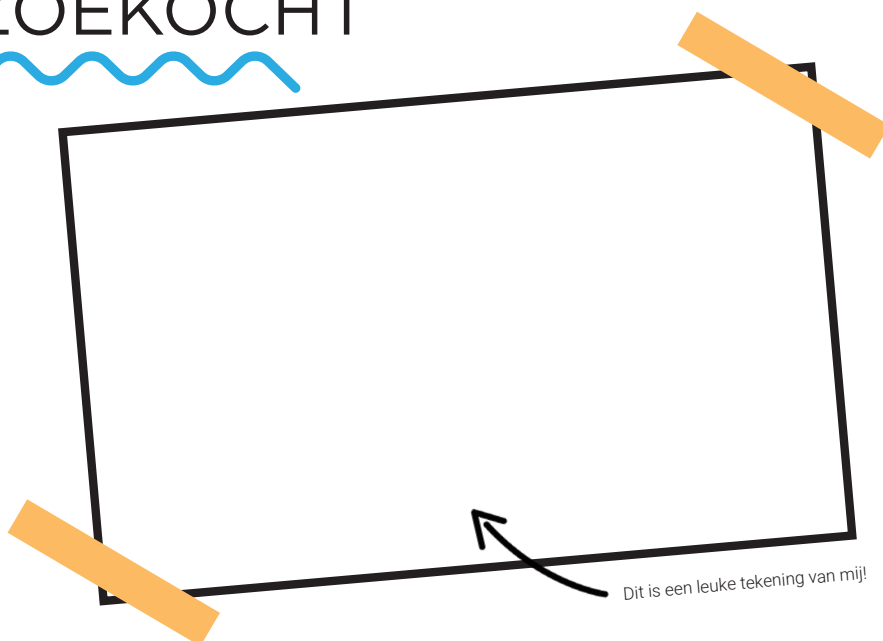
Dit is een leuke tekening van mij!

INTRODUCTIE

Hi lieve lezer!

Super leuk dat je mee wilt doen aan dit onderzoek! Ik zal mezelf even voorstellen en uitleggen wat we gaan doen!

Mijn naam is Jacqueline! Ik ben een student aan de Technische Universiteit Delft en ben op dit moment bezig met mijn afstudeerproject. Het doel van mijn project is om jong volwassenen met een eetstoornis te ondersteunen in het proces van hulp zoeken. Graag wil ik van jouw ervaringen leren om zo een bijdrage te kunnen leveren aan het welzijn van andere jong volwassenen.

Dit invulboekje is ter voorbereiding voor het interview over jouw ervaring met een eetstoornis. Er zijn 7 opdrachten en je mag dit boekje vrijblijvend invullen, je mag vragen overslaan waar je liever geen antwoord op wilt geven. We hoeven deze dan ook niet te bespreken in het interview als jij je daar niet op je gemak bij voelt.

Samen stemmen wij een datum af wanneer het interview plaats neemt. Het is belangrijk dat dit boekje voor die tijd is ingevuld. Je mag het invullen verspreiden over een aantal dagen of alle vragen in een keer beantwoorden (waar jij zin in hebt!). Voor het interview zou ik graag foto's van het boekje willen ontvangen, dan kan ik me goed voorbereiden voordat we in gesprek gaan. De foto's kun je uploaden via SURFdrive, je krijgt van mij de link toegstuurd.

Heel veel succes en invul plezier!
Groetjes,

Jacqueline Blok

Als je vragen hebt, kun je mij hier bereiken!

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j.h.blok@student.tudelft.nl

Appendix F

OPDRACHT 1: EVEN VOORSTELLEN

Schrijf, teken of gebruik plaatjes/foto's om jouw antwoorden uit te leggen.

Ik heet:..

In mijn vrije tijd doe ik graag: ....
....
....
....
....
....
....

Later als ik groot ben wil ik: ....
....
....
....
....
....

Welk object in jouw huis representeert jou?
Zou je dit object hieronder kunnen tekenen met een korte uitleg?

....
....
....
....

OPDRACHT 2: OP MIJN GEMAK

Op deze bladzijde vind je een mindmap met een voorbeeld. Deze mindmap gaat over wanneer jij je op je gemak voelde om over jouw eetstoornis te praten.

Denk bijvoorbeeld aan een specifiek moment waarop jij je comfortabel voelde om te praten over jouw eetstoornis. Wat maakte dit moment zo fijn? Wie was hierbij betrokken? Is er een plek waar jij je op je gemak voelt?

Vul deze mindmap aan met jouw ervaringen en voel je vrij om te schrijven, tekenen, plaatjes plakken of foto's om jouw antwoorden uit te leggen!

op het dakterras in de zon

GOEIE MOMENTEN OM TE PRATEN

met mijn zus
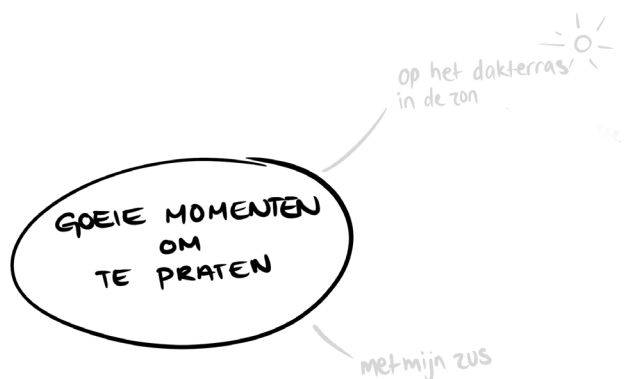
Appendix F

OPDRACHT 3: MIJN SOCIALE OMGEVING

Hier gaan we kijken naar wie er allemaal om je heen stonden tijdens jouw proces van hulp zoeken.

Zet jezelf in het midden en je vrienden, familie, begeleiders, buren, huisdieren etc. om je heen. Gebruik woorden en tekeningen om de personen te beschrijven. Je mag zelf invullen wat de cirkels betekenen, bijvoorbeeld hoe dichter zij bij jou in de cirkel staan, hoe meer zij wisten van het proces, of hoe meer betrokken zij waren, hoe meer steun zij gaven etc.

Voorbeeld
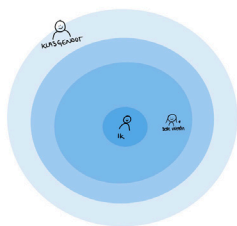
OPDRACHT 4: IK WIL WAT ZEGGEN MAAR WEET NIET HOE

Deze opdracht gaat over momenten of gedachtes die je hebt overwogen om te vertellen aan anderen maar niet wist hoe.

Denk terug aan jouw proces in hulp zoeken en schrijf in de wolken wat of wanneer je iets wilde delen maar dat je het toch maar niet hebt gedaan. Wat hield jou toen tegen?

Voorbeeld

Ik was heel gestresst en wilde het aan mijn huisgenoot vertellen, maar toch maar niet gedaan omdat ik de vrolijke vriendin wou zijn.

Appendix F

Tijdens het interview gaan wij deze uitknippen en plakken op volgorde binnen jouw proces!

OPDRACHT 5: DIT STAAT MIJ NOG BIJ

1 Kies 3 gebeurtenissen die je nog goed weet met betrekking tot jouw eetstoornis. Bijvoorbeeld omdat je ze fijn of juist vervelend vond. Geef dit moment een titel.

2 Schrijf een klein verhaaltje over deze gebeurtenis in vak 2.

3 Welke gevoelens had je bij deze gebeurtenis? Gebruik het emoji stickervel of teken jouw gevoelens.

1	2	3
1	2	3
1	2	3

OPDRACHT 6: MIJN TIJDLIJN

Op deze tijdlijn staan een aantal momenten met vragen die je mag invullen. Je mag ook zelf meer momenten aangeven waarvan jij denkt dat die belangrijk zijn om mee te nemen in jouw tijdlijn.

Moment van realisatie

Kun je jouw moment van realisatie omschrijven? Wanneer werd jij je bewust van je eetstoornis?
....
....
....
....
....

Weet je waardoor jij je realiseerde dat je last had van een eetstoornis?
....
....
....
....

Eerste contact met hulp

Wanneer had jij voor het eerst contact gemaakt om hulp te zoeken?
....
....
....
....
....

Deed je dit samen of alleen?
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....
....
....
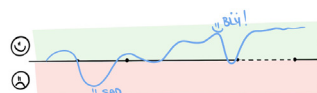
Appendix F

Voorbeeld:

De groene en rode vlakken zijn voor jou om jouw emoties tijdens het proces te laten zien. Hoe veranderden jouw gevoelens gedurende het proces? Teken een lijn van jouw emoties; hoe meer in het groen hoe positiever jij je voelde, hoe meer in het rood hoe negatiever. Je mag ook het stickervel gebruiken en emoties tekenen.

Waar ik nu sta

Waar ben jij nu het meest trots op met wat jij hebt behaald tijdens jouw proces? En waarom?

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Waar ik naartoe wil

Welke stappen zou je in de toekomst willen zetten?

....
....
....
....

Wat zal hierbij helpen?

....
....
....
....
....
....

OPDRACHT 7: WIJZE WOORDEN

Hoera! De laatste opdracht!!!

Wat is het advies dat je zou geven aan anderen die nu in het proces zitten van hulp zoeken?

Appendix G

Interview guide – YA

Goal: what do I need to know to make the product service?
- Specify more
- Aan de hand van de patronen wil ik graag mijn interview leiden
- Look at research why interview is built the way it is.
- Sensitizing booklet – introduction

Pattern findings
- Feeling of readiness
- Being aware and feeling of recognition of symptoms
- Negative thoughts (externalized and internalized stigma's)
- Negative emotions (denial, self-hate, fear of consequences, shame, pride and hopelessness)
- Lack of self efficacy (hopelessness, overwhelmed by symptoms and not sure they are able to get better)
- Attitude towards help seeking (positive or negative affects their willingness to seek help)
- Comparing the extent of symptoms (not feeling they can have both eating disorder and a good mental health)
- Waiting times (before intake and after intake, what happens?)

Processing - Code for what to type, debrief with checkpoints – wat viel op, wat zijn belangrijke momenten/kenmerken -

Themes
Looking at the underlying emotions, what lies underneath this

Introduction

Hi!

I understand how delicate this topic can be and that it may be uncomfortable at times. I also have experience with an eating disorder so I know it can be difficult to share and to talk about this topic. If there is anything you feel uncomfortable with, please be open about this so I can take it into consideration and I can be mindful about your boundaries!

Thank you for participating in my research and agreeing to meet me for this interview. During this interview I wish to learn from your experiences so I will be asking a lot of 'why' questions to gain a deeper understanding of your thoughts and emotions. There are no wrong answers and if you wish to not answer a question please let me know.

- Make sure consent form is signed
- Everything from the participant information sheet is understood
- Booklet ready

We will be using the booklet as a guide throughout the interview. Would you like to start by telling me a bit about you, how did you find the booklet, did you have any questions? And what is the object you chose?

  - o Hoe zou je het willen aanpakken?

Moments of impact
- Waiting time - metaphors, bridges, what did you do? how long did you have to wait?
  - o Wat dacht je tijdens deze wacht periode?
  - o Hoe voelde je tijdens het wachten?
  - o Wat deed je toen met deze gevoelens?
- Is er een omslag punt geweest in de behandeling?
  - o What helped during recovery? What didn't help?
- Who were involved during this moment during your help?
  - o Who do you involve in your therapy? What do they do? How does this help you?
  - o Welk moment had het meeste impact op je?

Your future path

Retrospect:
- How did this happen, why do you think it evolved during this moment/period in your life?
- Did you use any tools you would recommend others?
- Anything you wish you knew then that you know now? Would this have helped in your recovery?

Present:
- How are you maintaining your wellbeing?
  - o Is there any specific activities you do?
  - o Who do you involve in your maintenance? What do they do? How does this help you?

Finishing question
- Als jij terugkijkt op die tijdlijn, waar ben jij heel erg trots op?
  - o Meest negatieve momenten? Meest positieve momenten?
  - o Kun je een waardevol moment benoemen, les, relatie/contact dat uit dit proces is gekomen?
- Als je terug in de tijd kon gaan wat zou je tegen jezelf hebben gezegd?
  - o In de sensitizng booklet zeg je…. zou je dit ook tegen jezelf hebben gezegd?

Final activity

Hoe zou je eetstoornis eruit zien? Ziet hij/zij er nu anders uit dan wat het vroeger was?
- Waar sta jij in relatie tot jouw eetstoornis toen en nu?
- Hoe zou jij jezelf willen noemen? Client is een bekend term, wat had je liever willen horen?
- Hoe was dit gesprek voor jou? Heb je nog vragen voor mij? Heb je ook nog nieuwe inzichten?

We will be creating a timeline that portrays your ideal journey based on your experiences. I will be asking questions about what happened and asking you to think back about how you would have liked to see it.

You as a person
- Look through beginning page of booklet, talk about this.
- Where do you stand now in your recovery with your eating disorder?

Ik heb hulp nodig
- Can you describe the moment you became aware of your eating disorder?
  - o What were your initial thoughts?
  - o How did you feel about this realisation?
  - o What actions did you undertake during this realisation?
- Can you describe when you were ready to change your behaviour?
  - o what were your thoughts about changing your behaviour?
  - o when did these thoughts change?
  - o did you become more aware of the problem here? why?
  - o when did you start thinking about making a change?
- When were you committed to take action? why?
  - o What actions did you take?
- Terug denkend, wat had je willen weten of hebben om klaar te voelen om naar hulp te stappen?
  - o Wat had je gemotiveerd om eerder naar hulp toe te gaan?
  - o Of open te staan om te delen wat er om ging in jouw gedachtes?

Social environment
- When did you feel ready to tell the people in your system?
  - o Who did you find the most difficult to tell? Why?
  - o Who did you find the easiest to tell? Why?
  - o What did you feel during these moments?
  - o What thoughts went through your mind?
- Was it important to tell others?
  - o Why was this important to you, to tell others?
  - o What were the benefits?
  - o What was the downside?
- Who helped before, during and after your help seeking process?
  - o wie zijn er belangrijk geweest n de verschillende fases?
  - o wie kon je wel toelaten en wie niet? Waarom?
- Hoe had je je systeem willen inzetten als je nu terug kijkt?

Recurring thoughts
- Kun je een aantal overheersende gedachtes noemen? Kun je aanwijzen wanneer deze aanwezig waren in jouw tijdlijn?
- Welke gedachtes hielpen of belemmerden jou?
  - o Waren andere mensen betrokken bij deze gedachtes?
- Op welke manieren ben jij hiermee omgegaan?
  - o Welke manieren hielpen en welke niet? Waarom?

Appendix H

Introductie

Ik ben Jacqueline een master studente aan de TU Delft. Mijn master heet design for interaction, waar het op neer komt is dat ik kijk naar de interacties tussen mens en product aan de hand van ervaringen, motivatie en gedrag. Ik leer onder andere om vanuit het gebruikersperspectief te ontwerpen én een product te ontwikkelen die de behoeftes van gebruikers kunnen vervullen.

Mijn thesis gaat over het hulp zoekproces van jong volwassenen met een eetstoornis. Het doel van deze interview is om inzicht te krijgen in wat jij als een zorg expert ervaart en hoe jullie de behoeftes van jongvolwassenen probeert te vervullen. Ik wil graag documenteren wat belangrijk is wanneer jullie in contact komen met deze doelgroep en hoe jullie ervoor zorgen dat de gewenste interacties plaatsvinden.

Ik wil graag beginnen met een aantal vragen over wie jij bent, wat voor werk jij doet, vervolgens zal ik laten zien wat ik heb gevonden over het hulpzoek proces en hier stel ik nog een aantal vragen over. In mijn project staat de jongvolwassenen met een eetstoornis centraal, dus deze vragen zullen vaak gaan over jullie ervaringen met jongvolwassenen en wat jullie doen om hun herstelproces zo goed en effectief mogelijk te maken.

Ik zit nog erg vroeg in mijn onderzoek en ben nog aan het kijken welke vragen goed zijn om te stellen, als je een vraag niet snapt of als er een vraag is die te algemeen, of breed is zeg het vooral dan kan ik kijken of ik een gerichtere vraag kan bedenken. Zie het als een verkenningsgesprek!

Ik wacht nog op toestemming van de ethische commissie, zou je het goed vinden als ik dit gesprek opneem, het zal dan nu verbaal akkoord zijn en dan zal ik later nog een consent form sturen die u kan ondertekenen.

- Heeft u nog vragen voor mij?

Ethics

Sign sheet.

Questions

Phase 1 - introducing questions

1. Zou u uw werk kunnen beschrijven? Wat doet u, hoe lang doet u dit, waarom doet u dit?
    a. Werkt u met specifieke klanten qua stoornis en leeftijd?
2. Hoe maakt of komt u in contact met uw cliënten?
3. Tijdens deze eerste contactmoment, wat is voor de cliënt belangrijk?
    a. Wat voelen zij, wat doen jullie om te zorgen voor een gewenste eerste indruk?
    b. Wat is belangrijk om te doen in dit moment? Lukt dit altijd of niet?
4. Wat is de gewenste eerste situatie met een cliënt en wat doen jullie hieraan om het zo gewenst mogelijk te maken? Hoe zorgen jullie ervoor dat de hulp geaccepteerd word?
    a. health and mental health professionals
    b. services that would help young adults?

Phase 2 - process journey

1. Van ons gesprek kan ik herleiden dat je het meest betrokken bent bij deze stappen in deze fase
    a. Is er ergens in het process waar je niet bij bent betrokken, maar denkt mocht je daar invloed op hebben wat voordelig kan zijn?
    b. Is er ergens in dit process wat je meer invloed op zou willen hebben? Of meer over zou willen weten?
2. In deze stappen, waar vind jij dat er belangrijke interacties plaatsvinden met de zorg?
    a. Waarom zijn deze interacties hier belangrijk?
3. Zijn er stappen waar het vaak mis gaat of juist goed gaat?
4. In dit process zitten een aantal wachttijden, merken jullie dat er veel mensen wegvallen omdat ze geen hulp krijgen? Hoe zien jullie als zorgmedewerkers dit moment?
    a. Wat is belangrijk voor jongvolwassenen tijdens deze wachttijden?
5. Is er iets wat in u opkomt dat u graag wilt vertellen of delen?

Extra questions (optional)

6. Hoe ziet u het inzetten van het systeem om de jongvolwassenen heen, zijn er mogelijkheden die opvallen?
7. Minder hoop vanwege meerdere keren geprobeerd om gedrag te veranderen zonder dat het lukt. Hoe zorgen jullie ervoor om de moed erin te spreken of meer zelfvertrouwen te geven dat ze beter kunnen worden?
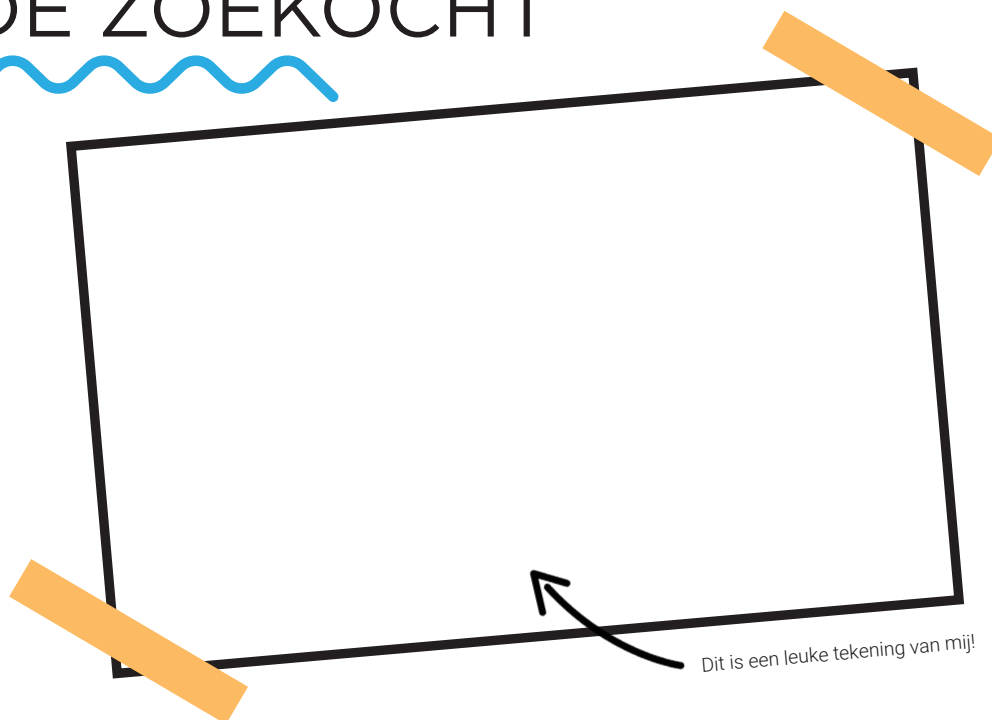
Appendix I
Generative tools for contextmapping

Kamers

Van mij

Broer

perfect

Groepslessen

Oom

Huisdier

Dorp

verstoppen

Klein

Moeder

Tuin

Vrienden

Gedeeld

Avondeten

Neef

Mijn

uiteten

Workshops

Beeldbellen

Dokter

Persoonlijk

Buiten de stat

Begeleider

24/7

betekenis

Bij mij thuis

Collega

Familie

Groot

Op locatie

Telefonisch

positieve gedachtes

wie ben ik?

verstoppen

negatieve gedachtes

Samen

Vrijwilligers

Psycholoog

reizen

Docent

positief

gezien worden

hulp zoeken

Ontbijt

Koken

Oma

Alleen

Psychiater

positief zelfbeeld

Vader

Woonkamer

zwart-wit

Klasgenoten

stom

Huisgenoten

Ouders

Begeleiding

Zus

Leraar

Stad

negatief zelfbeeld

Lunch

blij

kennis

energie

stress

eindelijk

gewicht

wachten

bezorgd

vrijheid

VOOR ALTIJD

klaar mee

Appendix J
Sensitising booklet SNs

IK KEEK MEE MET DE ZOEKOCHT

Dit is een leuke tekening van mij!

INTRODUCTIE

Hi lieve lezer!

Super leuk dat je mee wilt doen aan dit onderzoek! Ik zal mezelf even voorstellen en uitleggen wat we gaan doen!

Mijn naam is Jacqueline! Ik ben een student aan de Technische Universiteit Delft en ben op dit moment bezig met mijn afstudeerproject. Het doel van mijn project is om jong volwassenen met een eetstoornis te ondersteunen in het proces van hulp zoeken. Graag wil ik van jouw ervaringen leren om zo een bijdrage te kunnen leveren aan het welzijn van jong volwassenen.

Dit invulboekje is ter voorbereiding voor het interview over jouw ervaring met een jongvolwassene met een eetstoornis. Er zijn 4 opdrachten en je mag dit boekje vrijblijvend invullen, je mag vragen overslaan waar je liever geen antwoord op wilt geven. We hoeven deze dan ook niet te bespreken in het interview als jij je daar niet op je gemak bij voelt.

Samen stemmen wij een datum af wanneer het interview plaats neemt. Het is belangrijk dat dit boekje voor die tijd is ingevuld. Je mag het invullen verspreiden over een aantal dagen of alle vragen in een keer beantwoorden (waar jij zin in hebt!). Voor het interview zou ik graag foto's van het boekje willen ontvangen, dan kan ik me goed voorbereiden voordat we in gesprek gaan. De foto's kun je uploaden via SURFdrive, je krijgt van mij de link toegstuurd.

Heel veel succes en invul plezier!
Groetjes,
Jacqueline Blok

Als je vragen hebt, kun je mij hier bereiken!

j.h.blok@student.tudelft.nl

Appendix J

OPDRACHT 1: EVEN VOORSTELLEN

Schrijf, teken of gebruik plaatjes/foto's om jouw antwoorden uit te leggen.

Ik heet:...

Mijn relatie tot...is: ....
....
....
....
....

In het dagelijks leven doe ik:..
....
....
....
....
....

Teken en/of beschrijf een mooie, fijne of leuke herinnering die je hebt samen.

....
....
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....
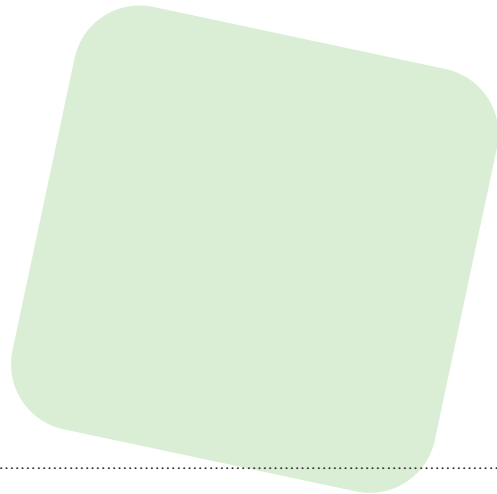
OPDRACHT 2: ER IS IETS AAN DE HAND

Op deze bladzijde vind je een mindmap met een voorbeeld. Deze mindmap gaat over momenten wanneer jij je bewust werd van de eetstoornis.

Denk bijvoorbeeld aan een specifiek moment waarop jij iets merkte. Wat viel jou toen op? Hoe voelde jij je hierover? Waar was je toen je iets opmerkte?

Voel je vrij om te schrijven, tekenen, plaatjes plakken of foto's om jouw antwoorden uit te leggen!

ZE WAS HEEL TERUG GETROKKEN

MOMENTEN TOEN IK IETS MERKTE

in de badkamer

Appendix J

OPDRACHT 3: MIJN BETROKKENHEID

1 Hier gaan we kijken naar jouw betrokkenheid tijdens het proces van hulp zoeken van jouw jong volwassene.

Als sociale omgeving ben je bij verschillende vlakken betrokken in verschillende mate. Misschien was je wel betrokken bij elke stap tijdens therapie of was je emotioneel heel ondersteunend.

Schrijf op de stippellijntjes waar je bij betrokken was. Er zijn 6 lijntjes maar je mag er ook minder invullen.

2 Geef met de gele stippen voor elke vorm van steun aan hoe vaak/hoe veel je hierbij hebt geholpen:
Niet = Niet vaak/veel geholpen
Heel veel = Heel vaak/veel geholpen

3 Geef met de blauwe stippen aan hoe behulpzaam jij je toen voelde:
Niet = ik voelde me niet behulpzaam
Heel veel = ik voelde me heel behulpzaam
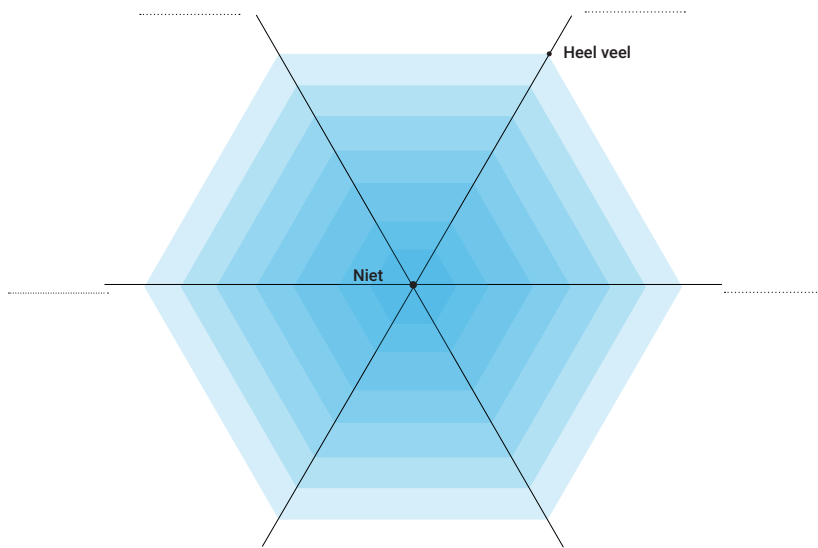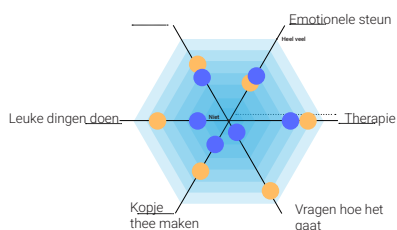
OPDRACHT 4: DE VOLGENDE STAP

De persoon waarvoor je dit boekje invult heeft het herstel proces achter de rug. Zij of hij heeft een hoop bereikt!

In de spreekbubbels staan een aantal vragen over toekomstige doelen voor jou en ook jouw jong volwassene. Voel je vrij om jouw antwoorden op te schrijven, te tekenen of plaatjes te gebruiken.

Welke doelen zijn er volgens jou nog te bereiken voor jouw jongvolwassene?

Hoe ben jij onderdeel van de nog te behalen doelen?

Waar ben jij het meest trots op wat zij heeft bereikt tijdens haar herstel?

Waarover ben je trots op jezelf tijdens je betrokkenheid bij het herstelproces?

Appendix K

Detailed overview of factors influencing behaviour in YAEDs - Individual behaviour influencing factors

EATING DISORDER AS YOUR IDENTITY

Need
Young adults with EDs need to define their identity for themselves and others

Quote

"People were comng to me saying 'wow can you give me some tips?' and I thought 'oh yeah? I really am somebody!' That's the feeling I got, while before I never really felt that"

Negative

Going past own needs and interests allows the ED to become their identity, for others to fit in.
Thinking that the ED is their strength / comfortable.
And is reinforced by comments of others.

Quote

"Something I really have learnt is that is about you being yourself and how can I fit in a group while being mysef instead of adjusting to the group"

Positive

Exploring and defining own interests and needs creates an own unique identitiy to fit in with others.
Developing a skill to be good at gives a powerfull feeling

Conclusion

Defining your identity through exploring interests helps the YA with EDs to be able to feel comfortable with themselves and seek out activities and social situations where they fit in by using own unique traits

Connecting cards

Wanting to belong and fit in
High expectations and responsibilities

KNOWLEDGE OF EATING DISORDERS

Need
Young adults with EDs need to perceive the health issue and gain knowledge about EDs

Quote

"I thought an ED was if you didnt eat... well I eat, I don't have problems with that. I just sometimes throw up but not to be skinny"

Negative

No knowledge of EDs result in no to low detection, allowing ED to grow and develop.
Not recognizing ED may result in feelings of shame and that behaviour is to blame on themselves.

Quote

"I really wished someone would have told or given me some knowledge about what it means to have an ED, because at that moment it was just my thing"

Positive

Gaining knowledge and understanding of EDs and what this means for your body and future.
Finding recognition in symptoms helps to put behaviour into perspective.

Conclusion

Gaining knowledge and understanding the meaning of an ED to understand the meaning of an eating disorder beyond the stigmatized definition, this helps the YA recognize symptoms and put their behaviour into perspective.

Connecting cards

High expectations and responsibilities
Openness
Lack of communication

WANTING TO BELONG AND FIT IN

Need
Young adults with EDs need to belong and fit in but in their own unique way

Quote

"I ended up in a dip because I was doing things that I didn't enjoy. Pretending I liked to go to bars, pretending to have exam stress to fit in and not be seen as weird"

Negative

When doing things to fit in the YA may do things that do not suit them and lose themselves in the process resulting in negative feelings. This results in finding comfort in their ED to cope.

Quote

"Something I learnt is that it is about you being yourself and how you can be yourself within a group instead of trying to fit in with the group"

Positive

Disovering identity and boundaries the YA can seek out social situations that align with their interests. This can help them feel a sense of belonging and fit in with others in their own unique way resulting in positive experiences.

Conclusion

Having an identity and knowledge of own interests and boundaries may help YAs to engage in groups and social activities that suit them and allow them to have a sense of belonging while being their unique self.

Connecting cards

Eating disorder as your identity High expectations and responsibilities
Lack of communication

HIGH EXPECTATIONS AND RESPONSIBILITIES

Need
Young adults with EDs need to discover and recognize their boundaries for themselves and others

Quote

"Everyone was getting high status jobs, I felt a pressure to do well and what I was studying was already seen as less, so what I did I felt I had to do well"

Negative

Not knowing or lack of own boundaries may cause the YA to overstep their boundaries and feel pressure and set high expectations and feel responsibility to meet them. When not meeting expectations they blame themselves and experience a lack of control. The YA then finds comfort and control in ED.

Quote

"When it comes to performing, I'm very critical of myself and I am still learning that fine is good enough. I don't give up easily but I did go over my own boundaries and now I see how imporant it is to mind my own boundaries"

Positive

Disovering own boundaries helps to set goals that are reachable for the YA and helps them feel in control. These boundaries can also be communicated to others to set clear expectations and responsibilities.

Conclusion

YAs set high expectations for themselves and feel pressure from their environmen to perform and do well. This makes them feel responsible and when expectations are not met the experience negative feelings and loss of control. By discovering and recognizing boundaries managing expectations and responsibilities for the YA and their environment.

Connecting cards

Eating disorder as your identity
Wanting to belong and fit in
Lack of communication

Appendix K

Social interaction behaviour influencing factors

OTHERS UNDERSTANDING EATING DISORDERS

Need
Young adults with EDs need to feel understood by others

Quote

"I lost a lot of weight very fast and I would've liked it if people instead of complimenting me, also thought to check if I was okay. It wouldn't have stopped my ED but it would have helped"

Negative

Lack of understanding from others may arise from social interactions such as complimenting on weight. This can motivate the ED to continue.
A lack of understanding from others may result in reluctance to share ED related problems.

Quote

"She was always doctors assistant and so I had the feeling that she has some knowledge with EDs. I got the idea that someone noticed something isn't right and wants to help me"

Positive

Experiencing feelings of understanding of others helps the YA feel comfortable to share problems and to trust that their worries are relevant.
The more people understand what an ED is the less EDs can hide.

Conclusion

Overall knowledge about EDs is importnat for YAs, not only to recognize symptoms themselves but also for others around the YA to recognize signs of EDs. The more known about EDs the less the ED can hide in individuals.
Having understanding of EDs encourage YAs to feel comfortable to open up about ED related problems.

Connecting cards

Wanting to belong and fit in
Openness surrounding communication
Knowing how to communicate about EDs
Wanting tailor fit/personal care

KNOWING HOW TO COMMUNICATE ABOUT EDs

Need
Young adults with EDs and social network need to know how to communicate about the ED

Quote

"We had conversations and we thought they were deep asking how each others days are. Someone had panic attacks and we didn't know how to talk about it. It felt like deep but it wasn't"

Negative

Not knowing how to communicate about problems or ask about them may leave problems left unsaid and feelings of shame because no one knows how to deal. This reduces the openness and knowledge surrounding EDs and leaving others less capable to help YAs.

Quote

"I could have deep conversations with my friend, I felt comfortable with her and she would also ask how is it really going? In a calm way she kept poking around and asking how I was"

Positive
i
Asking questions and communicating in an open manner with YAs increases understanding and room to explore problems the YA is experiencing.

Conclusion

Knowing how to communicate about problems from both the perspective of the YA and their network is key to creating an open and understanding environment. Knowing how to communicate enables the YA to share and feel like they are being understood and listened to.

Connecting cards

Wanting to belong and fit in
Eating disorder as your identity
High expectations and responsibilities
Wanting tailor fit/personal care
Openness surrounding communication

OPENNESS SURROUNDING COMMUNICATION

Need
Young adults with EDs need openness in communicating about eating disorder

Quote

"My mother always downplays everything saying "oh that's not true", "it's not that bad!". So when I said I throw up sometimes she said "oh really? No big deal, I do it too sometimes!"

Negative

Judgement, stigma, dismissal of worries, rejection or having to defend their problem causes the YA to believe their problems ar enot relevant and are only allowed to have help when the situation is really bad. This keeps the 'it's not that bad' mindset and prevents the YA from opening up about ED

Quote

"I really felt that she listened to me without judgement. She asked me what I was experiencing and said 'okay we will work on that'. I felt understood and worthy"

Positive

Keeping an open mind and listening without judgement, interruption, dismissal or rejection of problems when YA opens up about problems encourages the YA to be open in sharing their problems. Creating a safe environment is key to being open.

Conclusion

Openness about problems surrounding ED wherbey there is no judgement creates a safe environment for the YA to be open about problems and stimulates communication. Openness results in more understanding (decreased stigma) and ways for others to help the YA.

Connecting cards

Wanting to belong and fit in
Eating disorder as your identity
High expectations and responsibilities
Wanting tailor fit/ personal care
Knowing how to communicate about EDs
Wanting tailor fit/personal care
Others understanding eating disorders

WANTING TAILOR FIT/ PERSONAL CARE

Need
Young adults with EDs need involved support for tailor fit and personal care

Quote

"I wished I heard of 'inloophuizen', I think that would have helped me a lot to learn about things surround EDs, where to get help and getting to know others"

Negative

YAs may be unsure where to look for help or they are receiving help which does not fit them. This can be demotivating and they may lose hope in the care that is available. Negative experiences with care may result in reluctance and cause the YA to spiral deeper into their ED or relapse.

Quote

"We made it all visual and she really looked at me and what do I need and what fits with me, I became really emotional because I was never asked what I wanted"

Positive

Supporting the YA in finding care that fits them and asking them what their goals (realistic) goals are is motivating.
Feeling heard and understood is key for the YA in addressing their disorder and exploring their personal care needs.

Conclusion

Supporting the YA in finding care that fits their personal needs is key to staying motivated in their recovery. Setting own care goals creates the feeling of responsibility and helps with positive experiences with healthcare.

Connecting cards

Eating disorder as your identity
Expectations and responsibilities
Knowing how to communicate about EDs
Wanting tailor fit/personal care
Openness surrounding communication

Appendix L

Final evaluation questions asked to the YAED and SN. These interview questions were based on the design pricnples to be able to evaluate the final prototype.

Evaluation of prototype

Interview questions before

1. How often do you talk about the eating disorder?
2. How does the conversation start?
    a. Who initiates the conversation
    b. What leads to this conversation
    c. Where does the conversation start?
3. What do you talk about during this conversation?
4. Can you describe the conversation about the eating disorder?
    a. Is there a particular pattern in the usual conversation?

Interview questions after

1. How have you experienced the conversation?
2. How did the conversation begin?
3. What have you talked about?
    a. What went different than usual?
4. Can you describe the conversion?
    a. Can you tell me about the depth of the conversation?
    b. Who talked the most?
    c. Did you know what to say?
5. Can you tell me how you knew how to communicate?
    a. To what extent did you feel that you knew how to communicate with each other?
6. Can you tell me about the knowledge that was communicated?
    a. To what extent did you feel that new knowledge was shared?
7. Can you tell me about the openness you experienced during the conversation?
    a. To what extent did you feel there was openness in the conversation?
8. Can you tell me about the involved support you received during the conversation?
    a. Did you communicate boundaries in a clear manner?
    b. How do you feel about the involved support after the conversation?
9. To what extent did you feel the conversation evoked involved support between you and your conversation partner?
    a. In which wars can you support each other now or in the future?
    b. Did the tool help with this support?
10. What feeling did you have when you used the tool to talk about eating disorders?

Appendix M

SPELREGELS

Kort speloverzicht

Om toch een gesprek te voeren, trekken de spelers als gelijkwaardige personen gesprekskaarten van de thema's die zijn gekozen om mee te spelen. De afgeronde gesprekken houden de spelers bij door de besproken kaarten op het bord te leggen, richting de themas. Na elke besproken kaart geven de spelers betekenis aan wat er besproken is door een betekenis fiches erop te leggen.

Hoe meer tokens er op het bord liggen, hoe meer betekenis de spelers aan het gesprek hebben gegeven en hoe meer ze betrokken zijn geweest in het gesprek. Naarmate de besproken gesprekskaarten dichterbij de thema's komen zullen de gesprekken meer en meer de diepte in gaan.

Speelmateriaal

- 8 gespreksthema fiches

- 360 gesprekskaarten
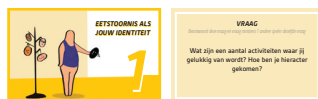
- 60 betekenis fiches

- Gespreksregel blad + fiches

- Pionnen

- Bord

- Betekenisafspraak blad

Appendix M

De 8 gespreksthema fiches

Het spel is gebaseerd op 8 thema's die het gedrag beïnvloeden rondom eetstoornissen.
1. Eetstoornis als jouw identiteit
2. Erbij willen horen
3. Zelfkennis over eetstoornissen
4. Verwachtingen en verantwoordelijkheden
5. Ontwikkelen van persoonlijke zorg
6. Openheid rondom communicatie
7. Weten hoe je kunt communiceren over eetstoornissen
8. Anderen die eetstoornissen begrijpen
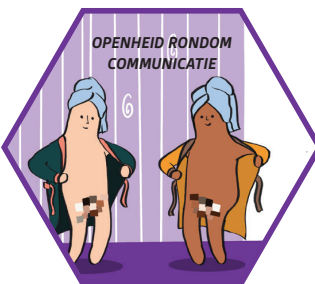
Appendix M

De gesprekskaarten
Het spel bevat 360 gesprekskaarten welke onder de 8 thema's zijn verdeeld. Elk thema heeft 45 gesprekskaarten. Er zijn drie typen gesprekskaarten:

1. Vraag kaart
De vraag kaart bevat een vraag die wordt gesteld aan de speler die deze kaart trekt. Na het beantwoorden van de vraag stelt de speler die het kaartje getrokken heeft, dezelfde vraag aan minimaal 1 andere speler naar keuze.

2. Stelling kaart
De stelling kaart bevat een stelling. De speler die deze kaart trekt deelt zijn blik op de stelling met de andere spelers. Hij of zij mag zeggen of ze het eens of oneens zijn met de stelling, wat hun kijk is op de stelling, of zij ervaring hebben met wat de stelling zegt en ook wat de andere spelers van het antwoord vinden.

3. Verhaal kaart
De verhaal kaart bevat een idee waar de spelers een verhaal over mogen vertellen. De speler die dit kaartje trekt vertelt een verhaal aan de hand van wat er op het kaartje staat. Vervolgens reflecteert de speler wat hij of zij heeft geleerd van dit verhaal of wat indruk heeft gemaakt op hun. Hierna vraagt de speler die het kaartje heeft getrokken aan 1 andere speler wat hij of zij meeneemt uit dit verhaal.

Naast de drie verschillende soorten gesprekskaarten zijn er ook drie soorten levels van de gesprekskaarten. Waarbij level 1 kaarten gaan over luchtigere en laagdrempeligere onderwerpen en level 3 kaarten bevatten zwaardere onderwerpen.

1. Level 1 kaarten
je kijkt nog een beetje op een afstand naar de eetstoornis, analytisch van buiten af.
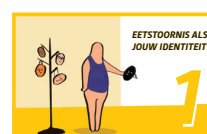
2. Level 2 kaarten
word persoonlijker, hier wordt het uiten van de eetstoornis besproken zowel als emoties en hoe het interacties met anderen beïnvloedt
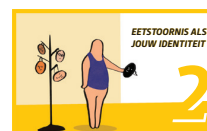
3. Level 3 kaarten
bespreken van onderliggende oorzaken en de functie van de eetstoornis. Hier worden moeilijke onderwerpen besproken zoals zelfdoding
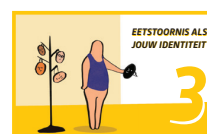
Dit gaat over niveaus van de eetstoornis en niet de interacties - gaat over het diepgang in het gesprek over de eetstoornis

Appendix M

Betekenis/betrokkenheid fiches
De betekenis fiches zijn de gekleurde fiches. Ieder speler krijgt XX fiches die zij mogen uitdelen tijdens het spel. Er zijn 3 type fiches:

1. Geluisterd fiche
Dit fiche geeft aan dat de speler heeft geluisterd en het heeft gehoord. Zij kunnen met betrekking tot het besproken onderwerp een luisterend oor bieden in de toekomst. Dit laat zien dat je bij deze speler terecht kunt als je iets kwijt wilt.

2. Actiefiche
Dit fiche geeft aan dat een speler actie ondernam na het besproken onderwerp. Dit kan bijvoorbeeld zijn een antwoord, een aanmoediging, een compliment, een advies, een vraag of een afspraak.

3. Loslaat fiche
Dit fiche geeft aan dat de speler die een kaart heeft getrokken geen betrokkenheid nodig heeft van de andere spelers op dit moment.

Voorbereiding

Gespreksregels

Stap 1 – emoties bloot leggen
- De speler die als laatst aan tafel zat wordt startspeler. Hij legt het bord op tafel en haalt alle gespreksregel fiches uit de doos
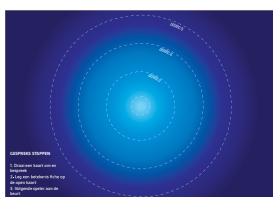
- De spelers kiezen een pion en krijgen 15 gekleurde fiches
- Samen pakken de spelers het gespreksregel bord erbij

- Alle spelers zetten hun pion op de emotie die momenteel het beste past bij hun gevoel
- De startspeler legt als eerste uit welke emotie hij heeft gekozen en waarom
- Vervolgens met de klok mee leggen de andere spelers hun emotie uit
- De spelers mogen aan elkaar vragen stellen over hun gevoel

Appendix M

- De startspeler sluit stap 1 af door iedere speler te vragen of zij alles hebben gezegd wat zij willen zeggen en het goed vinden om naar stap 2 te gaan

Stap 2 – gespreksregels maken
- Samen bepalen de spelers wat voor type interactie er plaats gaat vinden tijdens het gesprek
- Kies minimaal 1 oranje fiche om het type interactie te bepalen (je mag maximaal 2 fiches kiezen)
- Hierna bepalen de spelers gezamenlijk de flow van het gesprek (dit is een ambitie)
- Kies minimaal 1 fiche om de flow van het gesprek te bepalen (je mag maximaal 2 fiches kiezen)
- Samen kiezen de spelers hoe zij het gesprek willen eindigen in een collectieve setting
- Kies 1 fiche om de uiteindelijke collectieve setting te bepalen
- Zijn er verboden onderwerpen die niet besproken mogen worden? Schrijf deze dan op

Stap 2 is een ambitie en is bedoelt als ondersteuning voor een fijn gesrpek. Als het niet lukt om aan alle afspraken te houden is dat ook goed, maar hou het in gedachten.

Stap 3
- Nu er afspraken zijn gemaakt, schrijft de startspeler bij stap 3 een overeenkomst die de elementen van stap 2 bevatten.

Bijv.
"Wij gaan samen in gesprek waarin wij chaotisch en ondersteunend met elkaar om gaan. Het gesprek willen we serieus en op ons gemak voeren met ruimte voor humor. Wij willen graag een kalme collectieve eind setting bereiken. De verboden onderwerpen vandaag zijn ....."

Het gesprek zelf
- Gezamenlijk kiezen de spelers de thema's waar vandaag het gesprek over mag gaan.

ADVIES
Hoe meer thema's je kiest hoe groter de kans is dat het gesprek op de oppervlakte blijft. Hoe minder thema's je kiest hoe groter de kans is dat je de diepte in gaat. Door onderwerpen af te wisselen houd je de gesprekken echter wel luchtig.

Laagdrempelig gesprek
- Kies maximaal 4 thema's om over te praten
Middel diep gesprek
- Kies maximaal 3 thema's om over te praten
Diep gesprek
- Kies maximaal 2 thema's om over te praten

Appendix M

Je mag natuurlijk ook meer of minder thema's kiezen om over te praten. Dit is helemaal aan jullie!

- Zodra de thema's zijn gekozen legt de startspeler de thema fiches op het bord
- Samen bepalen de spelers hoeveel gesprekskaarten er worden besproken tijdens dit gesprek.
- Het bespreken van 1 kaart duurt ongeveer 10 minuten (dit hangt af van hoeveel de spelers te vertellen hebben)
- Beslis gezamenlijk ook het level van de kaartjes die jullie willen bespreken
- Willen jullie vandaag meer op de oppervlakte blijven? Kies dan level 1
- Willen jullie iets meer diepgang? Kies dan level 2
- Willen jullie samen de diepte in duiken? Kies dan level 3
- De spelers mogen zelf bepalen of ze één of meerdere levels kiezen.
- Pak de gesprekskaarten van het gekozen thema en het bijpassende level en legt deze gedekt richting de thema fiches (kijk niet naar wat op de kaarten staan)
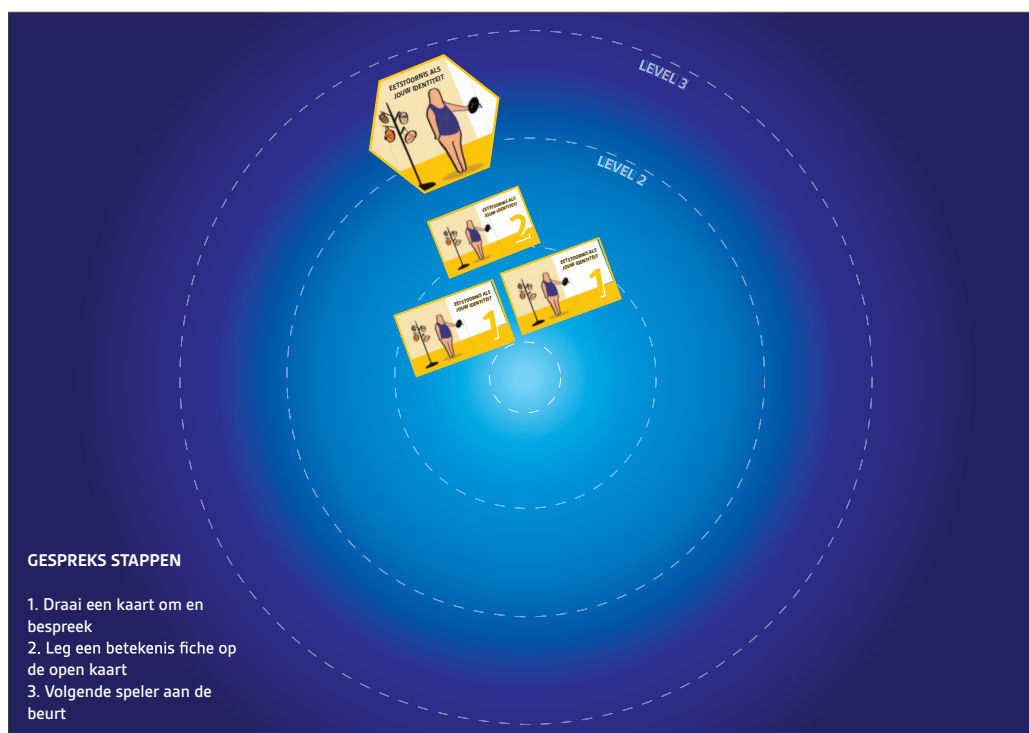
Appendix M

Spelverloop
Het spel duurt net zo lang tot dat alle kaartjes die op het bord liggen besproken zijn. Omgedraaide kaarten geven aan hoeveel er al besproken is en de dichte kaarten geven aan hoeveel er nog besproken moet worden.

GESPREKSKAART
- De start speler pakt een gesprekskaart en aan de hand van het type kaart beantwoordt, bespreekt of vertelt de speler over het onderwerp.
- Wanneer de kaart is besproken legt de speler die de kaart heeft getrokken deze open op het bord.
- De speler die de kaart heeft getrokken geeft nu aan of hij of zij betrokkenheid wilt met betrekking tot het getrokken kaartje.
- Als de speler betrokkenheid wilt of nodig heeft mogen de andere spelers een betekenis fiche neerleggen.
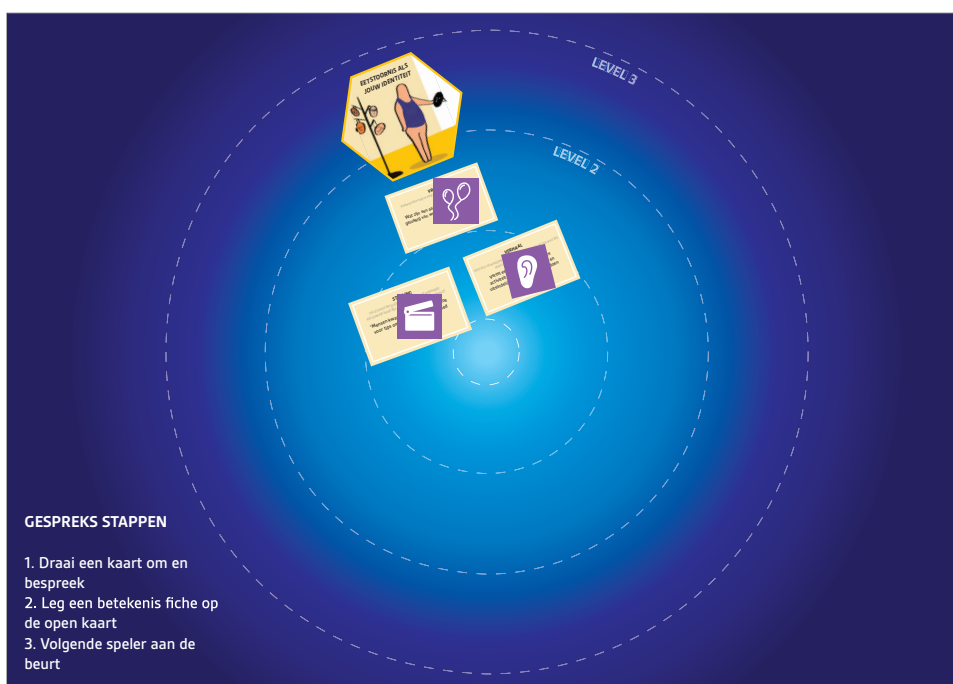
- De spelers leggen uit wat zij hebben neergelegd en waarom.
- Als de speler geen betrokkenheid wilt of nodig heeft mag de speler een loslaat fiche op deze kaart neerleggen. Dit laat zien dat de kaart besproken is maar verder geen betrokkenheid nodig heeft.
- Mocht de speler het nog niet weten of hij wel of niet betrokkenheid wilt, mag je de kaart leeg laten en er later op terugkomen. Mocht de speler het aan het eind van het spel nog niet weten, schrijf de vraag op of neem een foto, misschien krijg je hier later nog een idee over.

Appendix M

Bijv.

getrokken kaart: wanneer merk jij aan jezelf dat je blij bent?
Antwoord: Als ik heel veel ga praten en enthousiast word van mijn hobby's
Betekenis fiche luisteren: ik kan naar je luisteren of met jou praten wanneer jij blij bent en wat wilt vertellen over jouw hobby's
Betekenis fiche actie: Ik kan een keer met je hobby mee doen als jij dat leuk vindt!

- Deze afspraken kunnen genoteerd worden op het betrokkenheidsafspraken blad

- De speler die de kaart heeft getrokken geeft aan wanneer hij of zij is uitgepraat en vraagt de andere spelers of zij nog iets willen delen. Zo niet, dan wordt de kaart afgesloten. Zodra de kaart is afgesloten, mag de volgende speler het volgende kaartje pakken en begint het gesprek opnieuw.

LET OP
- Spelers hoeven geen antwoord te geven op een gesprekskaart als zij dat niet willen.
- Respecteer elkaars grenzen en forceer elkaar niet om een kaart te bespreken
- Leg de kaart weg en trek een nieuwe kaart van de stapel.

Appendix M

Einde van het spel

De spelers hebben alle kaarten besproken en alle betekenis fiches neergelegd.
Samen kijken de spelers naar het gespreksregel blad
- De startspeler vraagt aan elke speler:
  - hoe hij of zij zich op dit moment voelt
  - zijn zij het eens geweest met het type interactie en de gespreks flow?
  - Is de collectieve eind setting bereikt?

- Als er spelers zijn die het niet eens zijn met hoe het gesprek verlopen is, mogen zij aangeven waar zij het oneens mee waren.
  - Zijn er punten die nu nog besproken kunnen worden of worden deze punten meegenomen in het volgende gesprek?

- Als er spelers zijn die het niet eens zijn met de collectieve eind setting, mogen zij aangeven waar zij het oneens mee zijn
  - Kunnen de spelers er samen nog voor zorgen dat de afgesproken collectieve eind setting wordt bereikt, of is dit een leermoment voor het volgende gesprek?

EETSTOORNIS ALS JOUW IDENTITEIT 1

EETSTOORNIS ALS JOUW IDENTITEIT 1

EETSTOORNIS ALS JOUW IDENTITEIT 1

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EETSTOORNIS ALS JOUW IDENTITEIT 1

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat was vroeger een activiteit waar je veel plezier uit haalde?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat is iets waar jij jaloers op bent, iets wat anderen wel kunnen maar jij niet?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat doe jij wanneer jij een moment voor jezelf neemt?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat is een activiteit waar je vroeger rustig van werd?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat is iets waar je graag in wilt presteren?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat voor kleding draag jij het liefst?

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Mensen komen eindelijk naar mij toe voor tips om te vragen hoe ik zo goed kon afvallen.

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Gewoon weer lekker in je vel zitten. Op een gegeven moment wil je ook weer gewoon normaal zijn.

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik ben heel jaloers op mensen die wel gewoon naar school kunnen en dingen kunnen doen. Gewoon normaal zijn

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik vind mijn stage niet leuk en daarom ga ik heel veel lekkere dingen kopen om de dag door te komen. Ik vind dit heel normaal, ik ben nou eenmaal opzoek naar comfort

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik woon nu op mezelf en heb ook het gevoel dat ik de baas ben over m'n leven. Mijn eten, mijn lichaam en ik ga alles anders doen. Een nieuw begin

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel een verhaal over de gekste activiteit die je ooit hebt gedaan

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een moment op school (of op werk) wanneer jij je gewaardeerd voelde

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een bijbaantje dat erg goed bij jou paste

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een persoon die met jou meekeek wanneer je een moeilijke keuze moest maken

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over de laatste creatieve activiteit die je hebt ontdekt en waar je ook van hebt genoten

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe neem jij een moment voor jezelf?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe zorg jij ervoor dat je meer tijd voor jezelf kan nemen?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe zorg jij ervoor dat je rustig wordt?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe zorgde jij vroeger dat je presteerde op school? Was dit anders dan nu?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wanneer is de laatste keer dat iemand bij jou over een grens ging?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe heb jij ontdekt welke activiteit jij leuk vindt?

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Mensen met een eetstoornis zijn heel perfectionistisch

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Het gaat vooral om hoe ik mezelf kan zijn binnen een groep in plaats van het aanpassen aan de groep

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Mijn ouders zijn gescheiden en vroeger werd ik heen en weer getrokken van het ene huis naar de ander. Ik had toen geen autonomie en keuzevrijheid

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik word altijd gezien als iemand die zijn eigen zaakjes wel regelt en ik vraag nooit om hulp. Opeens kan ik het niet meer alleen maar ik durf geen hulp te vragen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik kan heel makkelijk overgeven als ik wat eet dan kan ik staand overgeven *bluurp*. Dit geeft mij een houvast om uit mijn depressie te komen, het helpt als afleiding

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik vind het veel belangrijker om te weten hoe het met iemand anders gaat en niet met de eetstoornis. Soms wil je ook gewoon weten hoe het gaat buiten de eetstoornis.

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf een moeilijke dag en wat je hebt gedaan om hier doorheen te komen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over hoe jij het zou vinden als iemand je helpt met zoeken naar activiteiten die jij leuk vindt

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf een moment wanneer jij trots was op jezelf

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een moment wanneer jij je waardig voelde

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een vriendschap waarin je compleet jezelf kan zijn

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat voor kleding representeert jou?

EETSTOORNIS ALS
JOUW IDENTITEIT
3

EETSTOORNIS ALS
JOUW IDENTITEIT
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JOUW IDENTITEIT
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VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Waarom wil jij in iets presteren?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat zijn een aantal signalen van jouw lichaam waaraan jij kan herkennen dat het niet goed gaat met jou?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wie ben jij zonder de eetstoornis? (indien je geen eetstoornis hebt, wie ben jij in het leven van iemand zonder een eetstoornis?)

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat is een oud gevoel waar je niet meer naar terug wilt gaan?

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Was er ooit een moment waarin jij je moest aanpassen aan een omgeving? Wat gebeurde er met jouw identiteit toen je je wel of niet ging aanpassen?

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Wat is jouw favoriete kledingstuk en waarom draag jij deze het liefst?

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik werk 3 dagen in de week, dit werkt voor mij goed maar ik heb het gevoel dat ik niet voldoe aan de eisen van de maatschappij

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Een vraag die ik mezelf de laatste tijd vraag is: deze minuut krijg ik maar 1 keer, hoe wil ik later zeggen wat ik heb gedaan met deze minuut

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik dacht altijd als je er goed uitziet dan vinden mensen jou veel leuker en dan ben je nooit alleen.

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Binnen mijn topsport is er maar 1 ideaal en ik heb het idee dat ik me moet conformeren aan dit ideaal want ik ben niet goed zoals ik ben. Er is maar één optie

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Mijn familie heeft een oordeel over mensen met een bepaald gewicht. Ik ben bang dat ik ook beoordeeld word

STELLING
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VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een moment op school/werk waarin jij jezelf voorbij ging om er bij te horen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een moment in sociaal contact waarin jij jezelf voorbij ging om indruk te maken op anderen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een moment waarin jij echt het gevoel had dat je contact had met jouw eigen lichaam

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over de persoon die voor het laatst over jouw grens heen is gegaan en wat deze persoon heeft gedaan

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over hoe jij het zou vinden als iemand met jou mee kijkt naar waar jij naartoe wilt in het leven

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Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

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Mis jij iets van jouw oude zelf? Waarom mis je dit?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat is de fijnste vraag die je ooit hebt gekregen rondom het onderwerp eetstoornis?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat zijn vragen die je kunt stellen aan iemand om te laten zien dat jij betrokken wilt zijn in hun herstel?

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Wat vind jij moeilijk aan vragen stellen rondom mentale gezondheid?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat vind jij moeilijk om te vertellen wanneer je het over je eigen problemen hebt?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat vind jij makkelijk om te vertellen wanneer je het over je eigen problemen hebt?

VRAAG
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Hoe geef je aan dat je een vraag van iemand vervelend vindt?

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Mijn vriendin vraagt 'hoe is het nou echt met je?' Ze blijft doorprikken maar wel op een rustige manier

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik praat liever niet over mijn eetstoornis omdat ik vaak niet zo goed weet wat ik moet vertellen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Mijn huisgenoten en ik vroegen wel aan elkaar hoe het ging en vonden dat wij 'diepe' gesprekken hadden maar achteraf gezien wisten we niet echt hoe we vragen aan elkaar konden stellen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik vind het makkelijk om te vertellen over mijn eetstoornis wanneer ik een verklaring nodig heb. Bijvoorbeeld toen ik op werk moest verklaren waarom ik minder ging werken

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Soms kan iemand niks doen aan mijn situatie maar wanneer ze er zijn om te luisteren of voor een knuffel vind ik dat al heel fijn

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over de fijnste reactie die je hebt gekregen toen jij over de eetstoornis vertelde (indien dit niet van toepassing is, vertel over de fijnste reactie die je hebt gekregen wanneer jij iets moeilijks deelde)

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf waar en wanneer jij je op je gemakt voelt om over diepere onderwerpen te praten

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf waar en wanneer jij je verlegen voelt om over diepere onderwerpen te praten

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf de plek waar jij voor het eerst met iemand over de eetstoornis hebt gehad

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf de ideale plek om te praten over diepere onderwerpen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

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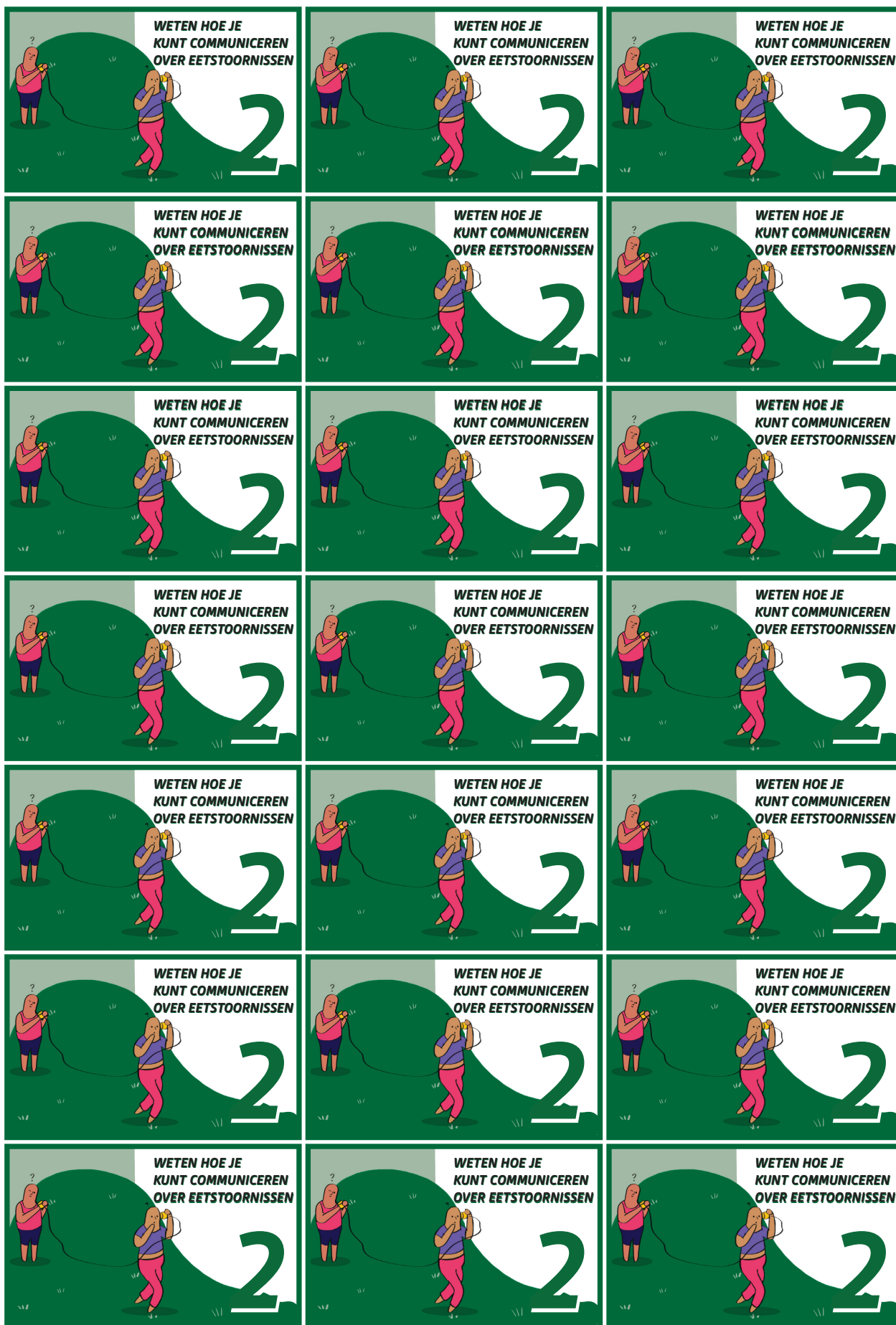
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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe voelt het wanneer iemand vraagt naar iets wat je eigenlijk wou vertellen maar niet zelf over kon beginnen?

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Wanneer vind jij dat je een goed gesprek hebt gehad over de eetstoornis?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wanneer vind jij dat je geen goed gesprek hebt gehad over de eetstoornis?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Is er iemand waar je altijd naartoe gaat om te praten over problemen? Wat aan de manier van communicatie trekt jou aan?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Is er iemand waar jij liever niet mee wilt praten over jouw problemen? Wat aan de manier van communicatie trekt jou niet aan?

VRAAG
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STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik heb vier jaar met 5 huisgenoten gewoond en nu 10 jaar later kom ik erachter dat 3 huisgenoten al die tijd ook een eetstoornis hadden

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Mijn tante vraagt hoe het echt gaat en ze bleef ook doorvragen, toen heb ik gehuild want ik vond het maar ongemakkelijk. Ik heb geleerd om wel te kunnen praten door therapie

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik voel mij heel kwetsbaar om te praten over mijn eetstoornis, ik werd altijd gezien als een zelfstandig iemand waar het goed mee ging en nu ineens niet meer. Ik wil ook niet te veel van anderen vragen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik word wel gevraagd naar wat ik wil in mijn herstel door mensen om mij heen, maar het enige antwoord wat ik heb, is dat ik terug wil naar vroeger en weer normaal wil zijn. Verder weet ik niet wat ik anders kan zeggen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik zou het fijn vinden als ik met mijn huisgenoten een avond heb waarin we alles aan elkaar kunnen vragen, ik wil diepere gesprekken durven te voeren

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Het is fijn wanneer er duidelijk wordt gezegd wat ik kan doen voor de ander. Dan kan ik er rekening mee houden, ik draag dan iets bij

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over wanneer jij je kwetsbaar voelt in een gesprek over jezelf

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf 3 fijne vragen over jezelf die jij vaker zou willen ontvangen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf een vraag over jezelf die jij liever niet wilt krijgen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een moment waarin je alles durfde te vertellen en waarop op dat moment jij dat durfde

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf hoe iemand kan zien dat je liever niet over iets wilt praten

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf het moment dat iemand ziet dat je iets graag wilt vertellen maar jij niet goed weet hoe

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Merk jij een verschil in hoe jij nu over de eetstoornis praat vergeleken met vroeger? (vroeger = 1 week geleden, 6 maanden geleden, 2 jaar geleden etc.)

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat had jij laatst graag met iemand willen delen maar toen toch maar niet hebt gedaan? Waarom heb je het niet gedeeld?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Welke twijfels rondom jouw manier van communiceren heb jij wanneer je een dieper gesprek wilt voeren met iemand?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat is jouw kracht binnen het praten over moeilijke onderwerpen binnen de mentale gezondheid?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Welke positieve uitkomst heb jij ervaren nadat je iets hebt verteld wat moeilijk was om te vertellen? Waarom was dit positief?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Is er een vraag die jij nu wilt stellen aan een andere speler die je nog niet eerder hebt kunnen of durven stellen? Gaan de andere spelers akkoord dat er een vraag gesteld mag worden?

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik vind het moeilijk om over mijn eetstoornis te praten omdat ik niet wil dat het invloed heeft op de relatie met mijn beste vrienden

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik wil eigenlijk niet over mijn eetstoornis praten, het voelt gewoon lekker en ik ben er goed in. Dit is iets waar ik controle over heb; wanneer ik erover praat voelt het alsof iemand komt kijken bij iets wat van mij is

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Het engste wat ik ooit heb gedaan was toen ik voor de klas ben gekomen en iedereen heb verteld dat ik een eetstoornis heb. Ik heb er toen zo veel steun van gekregen, zij mochten mij ook vragen stellen en die heb ik toen beantwoord

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik moest wel eens huilen in de kleedkamers voor gym nadat ik deelde dat ik een eetstoornis had. Daardoor kreeg ik veel steun en lieve reacties van mijn klasgenoten en zelfs van de pesters!

STELLING

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Mijn moeder kan goed empathie tonen en mijn vader kan goed luisteren. Ik weet aan wie ik wat heb wanneer ik wil praten over mijn problemen

STELLING

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VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over iets wat jij fijn vindt in de communicatie met jouw ouders

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Vertel over iets wat jij fijn vindt in de communicatie met jouw vrienden en vriendinnen

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Vertel over iets wat jij fijn vindt in de communicatie met jouw partner

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over twijfels die jij hebt rondom het vragen stellen over de eetstoornis (of moeilijke onderwerpen)

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel waar jij je wel comfortabel bij voelt rondom het vragen stellen over de eetstoornis (of moeilijke onderwerpen)

VERHAAL

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VRAAG

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Wat doe jij om erbij te horen?

VRAAG

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Wat doe jij om te laten merken dat het goed gaat met jou?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Welke activiteit representeert de relatie tussen jou en je beste vriend/vriendin het beste?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wanneer voel jij je gewaardeerd door anderen?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat doe jij om waardering te krijgen van anderen?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat doen jouw ouders om hun waardering naar jou te laten zien?

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik doe maar alsof ik tentamenstress heb en borrels leuk vind. Ik wil niet gek gevonden worden

STELLING

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Ik voel mij minder omdat iedereen om mij heen hoge banen krijgt en ik doe iets heel anders. Wat ik nu doe moet daarom ook perfect zijn

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik ben echt tevreden met een beetje vlees aan mijn lichaam. Ik word eindelijk niet meer gezien als de dunne van de groep.

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik ben verhuisd en spreek de taal niet. Ik denk dat je makkelijker vrienden maakt als je er goed uit ziet.

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Mijn vrienden zien mij altijd als de vrolijke vogel binnen de groep en dit wil ik zo houden, ook al gaat het niet altijd zo goed

STELLING

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Ik wil anderen altijd een goed gevoel geven over hunzelf omdat ik weet hoe het voelt om niet tevreden te zijn met jezelf

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een moment wanneer jij je buitengesloten voelde

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over iets wat je een keer hebt gedaan om bij een groep te horen maar achteraf gezien spijt van had

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een keer dat je iets ging doen omdat anderen dat ook gingen doen en je wou niet alleen achter blijven

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf het gevoel wanneer je wel bij een groep hoort

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel wanneer jij je erg gewaardeerd voelde op school of werk

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe laat jij zien dat jij iemand anders waardeert?
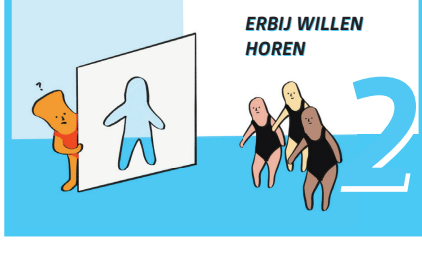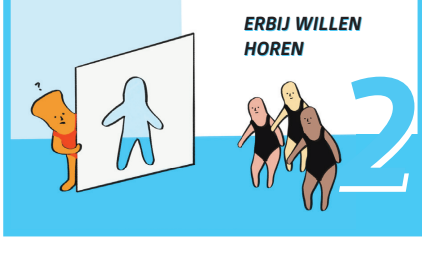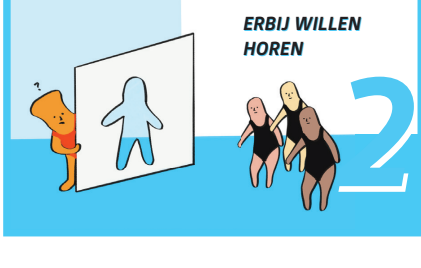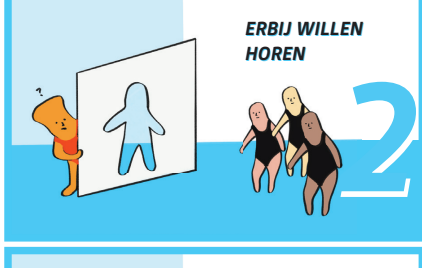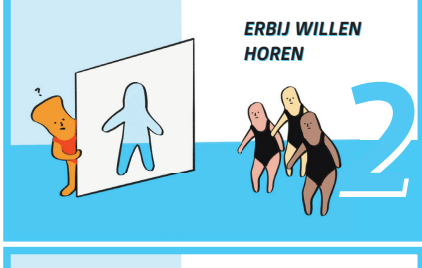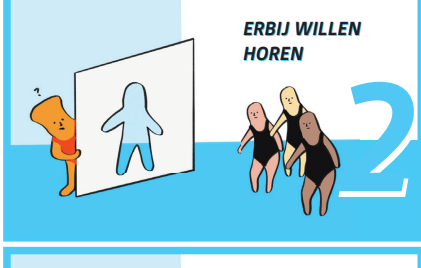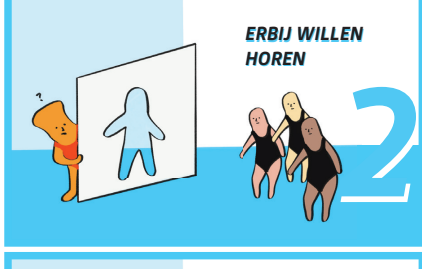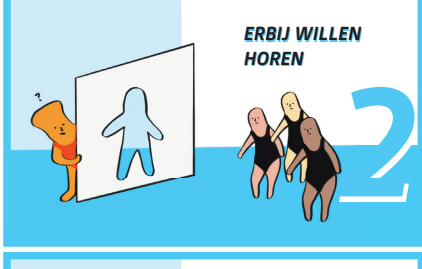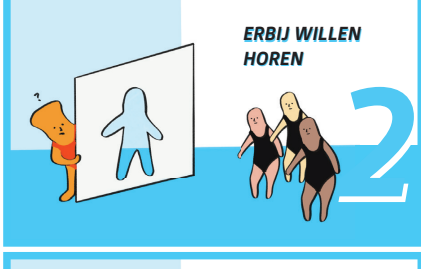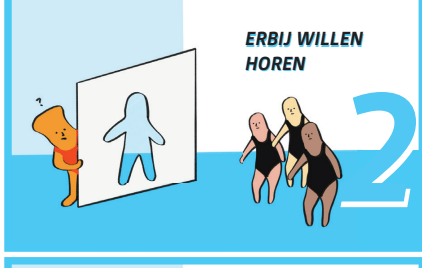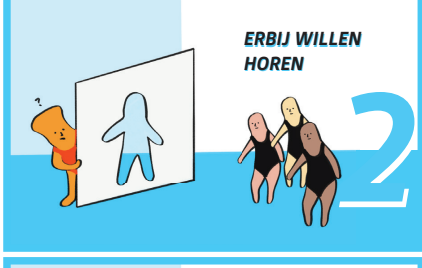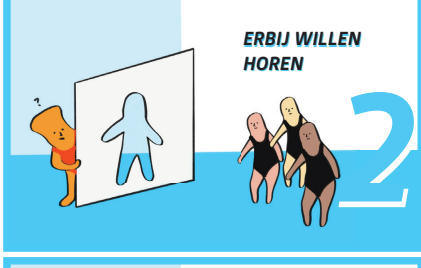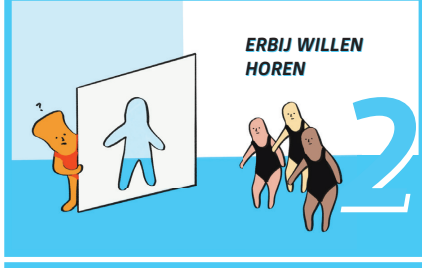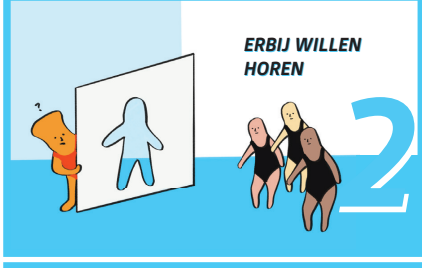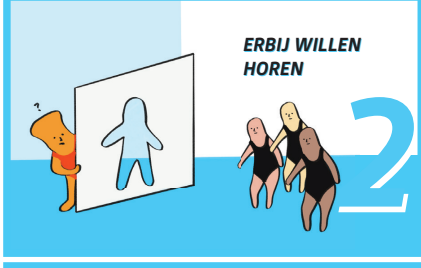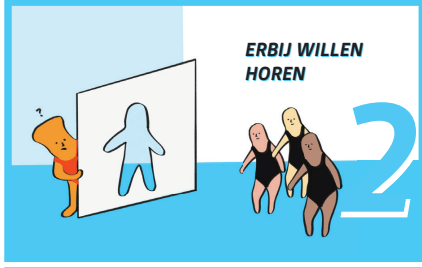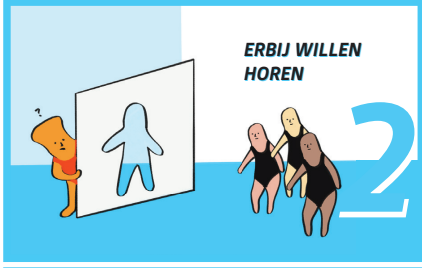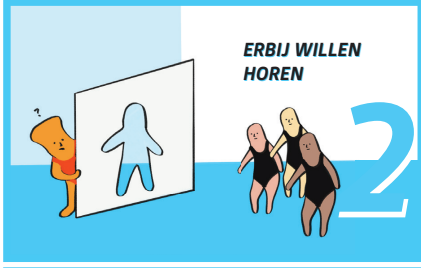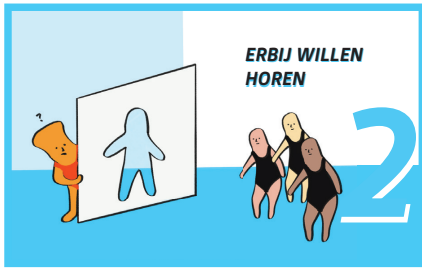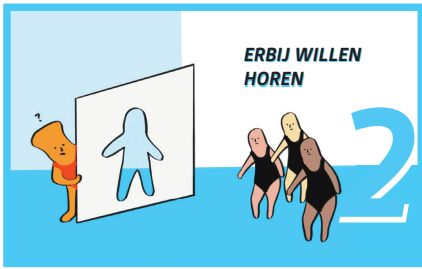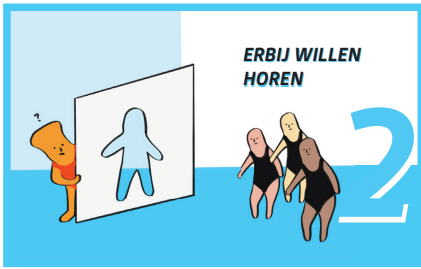
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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Waarom wil jij erbij horen?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat gebeurt er met jouw relatie wanneer jij je niet gewaardeerd voelt door jouw vriendengroep?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Heb je wel eens een compliment gekregen over iets wat je hebt bereikt maar niet leuk vond om te doen? Ben je hiermee doorgegaan of gestopt?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe reageer jij op complimenten van anderen die wel terecht zijn?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe reageer jij op complimenten van anderen die niet terecht zijn?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Op 1 januari had ik een nieuwe start. Ik ging een dieet volgen en ben gaan sporten. Ik deed allemaal dingen die ik daarvoor nooit deed omdat ik deze dingen niet leuk vond

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik doe mee met de rest maar eigenlijk is het belangrijker om mezelf te leren kennen in plaats van me aan te passen aan anderen.

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik weet nu; hoe harder ik mijn best doe om erbij te horen, hoe meer je jezelf gaat aanpassen en minder je erbij hoort. Je hoort er pas echt bij wanneer je jezelf kan zijn binnen een groep

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik ben een pleaser dus ik probeer het goed te doen voor iedereen om mij heen, ook al is het niet goed voor mij

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik haal geen goede cijfers meer, niemand is echt geïnteresseerd in wat ik doe. Ik denk dat niemand mij mag en dat ik het niet goed doe. De eetstoornis is het enige wat houvast geeft

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf het gevoel wanneer je niet geloofd dat iemand trots op je is

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een doel die je had omdat anderen dit doel ook hadden

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel bij wie jij helemaal jezelf kunt zijn en omschrijf het gevoel wat je hiervan krijgt

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf het gevoel wanneer je jezelf kon zijn binnen een onbekende groep

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

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Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Doe jij wel eens dingen die anderen van jou vragen maar waar jij eigenlijk niet aan toe bent? Waarom doe je het wel of niet?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat voor positieve gedachten heb je wanneer je met je vrienden een activiteit doet die helemaal bij jullie past? Is er een activiteit die je kunt benoemen?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat voor zorgen heb jij wanneer jij iets niet doet wat de rest van de groep wel heeft gedaan?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat voor positieve gedachten heb jij wanneer jij als enige iets wel doet en terwijl de rest van jouw vriendengroep dit niet doet?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Waar zou jij meer controle over willen met betrekking tot het gevoel van erbij horen?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik kreeg heel veel complimenten en ik werd eindelijk gezien. Mensen kwamen naar mij toe voor tips en zelfs mijn ouders vonden het knap wat ik aan het doen was

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Elk compliment gaf mij een kick, ik voelde mij erg geliefd en gewaardeerd en dat link ik natuurlijk direct aan afvallen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik moest gewoon minder en ik had het idee dat mensen mij dan gewoon aandacht gaven, ik voelde mij dan speciaal

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik werd altijd gezien als een buitenbeentje, alles wat ik anders deed werd afgekeurd en ik voelde dat niemand mij meer leuk vond

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik denk erg slecht over mezelf en dan denk ik dat anderen mij ook niet leuk vinden. Dit heb ik elke dag de hele dag door

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik kan heel gek zijn bij mijn beste vrienden. Ik kan alles doen en alsnog weet ik dat zij mij nooit raar zullen vinden of over mij zouden roddelen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over gedachtes die jij denkt dat anderen over jou hebben op school of op werk

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf het gevoel die jij krijgt wanneer jij ziet dat anderen heel erg hun best voor jou doen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf wanneer mensen naar jou toe komen voor advies (indien zij dit niet doen, wanneer zou je graag willen dat mensen naar jou toe kwamen?)

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over het gevoel die je krijgt wanneer jouw ouders naar jou toe komen om hun hart te luchten (indien zij dit niet doen, wat voor gevoel zou het jou geven?)

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over twee unieke eigenschappen die jij altijd mee brengt naar een vriendengroep

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Mijn unieke karakter eigenschap binnen de vriendengroep is dat ik altijd het blije ei ben en dat anderen altijd bij mij hun hart kunnen luchten

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Bij wie durf jij alles te zeggen en waarom?

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In welke situaties durf jij je niet open te stellen?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Welke voordelen heb jij ervaren in het open zijn over problemen?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Welke nadelen heb jij ervaren in het open zijn over problemen?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat vind jij belangrijk voor openheid in een gesprek?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik durf nooit 100% open te zijn met mijn ouders, zij gaan niet door op wat ik vertel en dat voelt alsof het niet belangrijk genoeg is

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik had heel erg ondergewicht en al die tijd kreeg ik nog steeds complimenten van 'oh wat knap!' en geen moment van 'oh gaat het wel goed?' dus het maakt de drempel om open te zijn erg hoog

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik ben bang dat andere mensen gaan zeggen 'oh valt wel mee toch hoe slecht het gaat? Ik zie helemaal geen problemen met je gewicht? Ja hoezo heb je een probleem?'

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Mijn ouders hebben een oordeel over mensen met overgewicht en ik wil niet dat zij dat oordeel ook over mij hebben

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Mijn partner ervaart de problemen die ik heb niet maar ik kan wel alles bij hem kwijt. Vaak denkt hij er wel makkelijk over maar dat helpt mij om het luchtig te houden

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf een moment wanneer iemand bij jou open vertelde over hun problemen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf wat iemand kan doen zodat jij je open durft te stellen over je problemen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over oordelen die jij hebt gekregen nadat je een probleem ervaarde

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een moment toen iemand volledig naar jou luisterde wanneer jij iets moeilijks vertelde

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Benoem een aantal stigma's rondom eetstoornissen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

OPENHEID RONDOM COMMUNICATIE
2

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe voel jij je wanneer iemand jouw problemen bagatelliseert?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe voel jij je wanneer iemand anders zich open stelt over zijn problemen richting jou?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wanneer sta jij ervoor open om over persoonlijke problemen te praten met iemand?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe probeer jij je open te stellen in een gesprek met iemand over moeilijke onderwerpen?

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Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat doe je wanneer je niet open wilt zijn over een probleem die jij hebt?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Een vriendin vertelde over haar problemen en zij schaamde zich niet dus hoefde ik mij ook niet te schamen om haar alles te vertellen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Een vriend vertelde dat hij hulp ging zoeken voor zijn eetproblematiek. Ik ben blij dat hij het vertelde want toen ging ik ook nadenken over hulp zoeken

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik durf niet te zeggen dat therapie te snel voor mij gaat en dat ik niet alle doelen zo snel kan bereiken, zij denken dat ik dan aan de eetstoornis toe geef

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik communiceerde mijn problemen met mijn lichaam, ik dacht dat ik alleen hulp kon krijgen wanneer het echt heel slecht met mij ging. Zo hoefde ik ook geen mensen te overtuigen dat het slecht ging

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

De fijnste reactie die ik had gekregen was die van mijn baas, hij vermoedde al een eetstoornis en vroeg aan mij wat ik nodig had en hij stelde zelf voor om het samen aan de team te vertellen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over jouw fijnste ervaring toen jij open was over iets waar jij mee zat

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over jouw vervelendste ervaring toen jij open was over iets waar jij mee zat

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf het gevoel wanneer jij volledig open kon zijn met jouw problemen bij iemand

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een moment waarin iemand jouw vertelde over haar/zijn problemen en dat jij hier verrast over was

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een keer dat jij hebt gedaan alsof er niks aan de hand en waarom je toen niks hebt laten merken

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Waardoor durf jij open te zijn over problemen in een gesprek?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Waarom durf jij niet open te zijn over problemen in een gesprek?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Waarom wil jij open zijn over jouw problemen in een gesprek?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Waarom wil jij niet open zijn over jouw problemen in een gesprek?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat is een onderwerp dat je nooit hebt durven te bespreken met iemand? Is dit iets wat jij nu zou willen delen met de andere spelers? (Indien je dit niet wilt, hoef je het niet te bespreken maar bedenk voor jezelf wat het teweeg kan brengen wanneer je er open over bent)

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Heb je weleens aan zelfdoding gedacht? Wat heeft ervoor gezorgd dat jij hier nu toch zit?

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Het lijkt alsof niemand problemen heeft en dat ik de enige ben. Ik durf er dan ook niet over te vertellen

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Mijn moeder kan goed bagatelliseren, ze heeft eens gezegd 'oh echt? Geef jij over? Dat doe ik ook wel eens, maakt niet uit!' toen voelde het alsof mijn problemen niet erg genoeg waren

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik heb soms geen zin om over mijn eetstoornis te vertellen omdat ik dan reacties krijg zoals 'oh? Maar je ziet er gewoon gezond uit! Het lijkt helemaal niet alsof je een eetstoornis hebt' Ik wil mijn problemen niet verdedigen

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik durfde bij mijn therapeut alles te vertellen omdat zij mij in mijn waarde liet. Ze keek met mij mee en stelde zichzelf ook open

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik lag samen met mijn partner in het donker in bed. Toen pas durfde ik te vertellen over mijn zelfmoord fantasieën en dat de eetstoornis hierbij helpt als afleiding

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een moment wanneer je niet durfde te praten over jouw problemen omdat je bang was dat het niet erg genoeg zou zijn

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over jouw blik op het bespreekbaar maken van onderwerpen zoals eetstoornissen, suïcide, verslavingen, depressies en andere mentale gezondheidsonderwerpen

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over de voordelen die jij ziet in het open zijn over persoonlijke problemen

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over de nadelen die jij ziet in het open zijn over persoonlijke problemen

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf jouw perspectief wanneer jij denkt aan een samenleving waarin iedereen over alles durft te praten en hoe dit te bereiken is

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Is er een trauma die jij zou willen bespreken? (Dit kan een trauma zijn die je zelf hebt meegemaakt of die iemand anders heeft meegemaakt wat indruk op jou heeft gemaakt)

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe zag jouw dieptepunt eruit in het leven en wat voelde jij op dat moment?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat is een doel die je graag wilt halen tijdens het herstel maar waar je nog niet aan toe bent? (indien je niet aan het herstellen bent; denk aan een doel waar je als persoon naartoe wilt groeien)

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wanneer heb jij voor het laatst hulp gevraagd?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat is het liefste wat iemand ooit voor jou heeft gedaan rondom het thema helpen?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wanneer durf jij niet om hulp te vragen?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Bij wie voel jij je het meest op je gemak om hulp te vragen?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe vaak wou jij hulp zoeken maar heb je het toch niet gedaan?

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Niemand heeft ooit gevraagd welke doelen ik wil halen in mijn herstel

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik was bang om hulp te vragen aan anderen. Wanneer ik doorga met de eetstoornis zien anderen vanzelf dat het niet goed met mij gaat.

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik heb geleerd in herstel dat wanneer ik dingen doe die niet bij mij passen ik depressief word; de eetstoornis komt dan om de hoek kijken

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik zou willen dat iemand mij helpt om verschillende soorten hulp en therapie te onderzoeken, zelf kan ik dit niet

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik heb het vertrouwen van de mensen om mij heen wel geschaad omdat ik beloofde beter te worden

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf een activiteit waar jouw ouders jou bij helpen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf een activiteit waar jouw beste vrienden je bij helpen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over het fijnste moment wanneer jij hulp hebt ontvangen op school of werk

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een moment waarin jij zelf iemand mentale steun gaf

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over jouw fijnste ervaring rondom het zoeken van hulp

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe voelt het wanneer jij om hulp vraagt en je wordt serieus genomen?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat voor kwaliteiten moet de persoon die jou helpt hebben, zodat jij vertrouwen in de hulpbiedende hebt?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat betekent een goede klik hebben met iemand wanneer het gaat om hulp krijgen?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Heb je ooit erkenning bij iemand gevonden over jouw eigen klachten? Hoe voelde dat?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat voor gevoel krijg jij als de persoon waarmee jij praat dezelfde klachten heeft als jij?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Elke keer dacht ik 'ik ga er echt wat aan doen' en op het moment dat ik er dan iets aan moest doen dacht ik 'nou dat hoeft niet nu, dat kan ook wel later'

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik heb motivatie om beter te worden, ik wil van de eetstoornis af. Maar ik ben niet altijd in staat om er echt iets aan te doen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik kan toekomstgericht kijken. Ik wil later graag kinderen maar mijn partner zegt dat ik iets aan mijn eetstoornis moet doen. Dit motiveert mij.

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik zeg heel vaak 'ja maar nu ga ik het echt doen en nu gaat het echt lukken om beter te worden' dit meen ik ook echt maar het lukt steeds niet. Ik denk dat mijn ouders er onderhand wel klaar mee zijn

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik blijf terug kijken naar waar mijn klachten vandaan komen. Het helpt om een moment stil te staan en te kijken of ik dit eerder heb meegemaakt.

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een moment waarin iemand alles voor jou ging uitleggen aan een hulpverlener zonder dat je dat zelf op je gemak kon doen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf 3 helpende gedachtes op het moment dat jij om hulp gaat vragen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf 3 belemmerende gedachtes op het moment dat jij om hulp gaat vragen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over 3 positieve gevoelens nadat je om hulp vraagt

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een moment waarin je naar iemand toe ging voor hulp en voelde dat zij echt met jou mee dachten over wat bij jou past

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat is het verschil voor jou tussen alleen om hulp vragen en samen met iemand anders om hulp vragen?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Heeft iemand jou ooit aangeraden om hulp te vragen? Zo ja waar was dit voor en hoe voelde jij je over dit advies?
(indien je dit niet hebt meegemaakt, hoe zou jij het vinden als iemand jou aanraadt om hulp te zoeken?)

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wanneer ben jij jouw eigen regels gaan vormen en gaan doen wat voor jou goed is, dus niet wat anderen zeggen dat goed voor jou is?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Waar zou jij nog zelf aan kunnen werken wanneer het gaat om hulp vragen?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Als iemand naar jou toe kwam voor hulp rondom hun mentale gezondheid, wat is het eerste dat je zou zeggen?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik ben gemotiveerd om beter te worden want ik wil met mijn partner gaan reizen en een toekomst bouwen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Het hielp heel erg om beter te worden voor mijn ouders maar nu voelt het alsof ik het voor een ander doe en dus niet voor mijzelf

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Beter worden is moeilijk omdat je kan falen. Het is makkelijker om toe te geven aan de eetstoornis want het is iets wat fijn voelt, ook al is dit gevoel maar tijdelijk

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik ben iemand die alles alleen op wilt lossen, later realiseer ik dat het belangrijk is om mensen hierbij te betrekken. Dit is ook een rede voor de eetstoornis

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik zie eigenlijk geen negatieve dingen rondom hulp vragen, hoe moeilijk dit ook is; mensen mogen met jou mee kijken

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf wanneer jij iets op jouw eigen tempo wou doen maar dat hier geen ruimte voor was en dat je maar mee moest met de rest

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een moment wanneer iets niet lukte en jouw verklaring als excuus werd gezien. Vertel ook over het gevoel wat je hiervan kreeg

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een slechte ervaring binnen de zorg en wat dit toen met jouw vertrouwen heeft gedaan

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een fijne ervaring binnen de zorg en wat dit toen met jouw vertrouwen heeft gedaan

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over het meest radeloze moment in jouw leven, nadat je alles hebt geprobeerd en alle hulp hebt gevraagd en gekregen. Vertel ook over de gevoelens die hierbij kwamen kijken en waarom jij deze voelde

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat weet jij over de verschillende types eetstoornissen? (hint: er zijn 4 verschillende types)

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe herken jij aan iemand dat zij een eetstoornis hebben?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat voor invloed heeft de eetstoornis op iemands sociale leven?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat betekent het om de eetstoornis los te zien van de betreffende persoon?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Kun jij een oorzaak van eetstoornissen benoemen en waarom je denkt dat dit een oorzaak is?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik hoor wel eens 'oh je hebt een eetstoornis dus dan ben je heel dun en eet je niet' ik krijg dan heel erg de neiging om dan uit te leggen dat eten niet het enige probleem is

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik vind het fijn als mensen om mij heen begrijpen dat ik nu minder kan doen omdat het minder goed gaat zonder dat het gaat over calorieën en kilo's etc.

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik weet dat mensen om mij heen zich zorgen maken en vind het fijn wanneer zij een oogje in het zijl houden maar niet constant letten op wat, wanneer of hoe ik eet

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik kreeg vroeger opmerkingen in de geest van 'oh die kan niet voetballen want die valt om met die spillebeentjes', zelfs ouders maakten deze opmerkingen

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik ga stiekem eten op mijn kamer of op momenten wanneer niemand thuis is

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf een moment wanneer je dacht dat iemand een eetstoornis had

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een opmerking die je over jouw lichaam hebt gekregen

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over commentaar wat je hebt gekregen over jouw eetgedrag

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over wat jij hebt geleerd over eetstoornissen

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Benoem een aantal stigma's rondom eetstoornissen

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe denk jij dat stigma's invloed hebben op mentale gezondheidsproblemen?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Waarom denk jij dat mensen niet veel weten over eetstoornissen?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

In hoeverre begrijp jij wat een eetstoornis is en wat het betekent voor iemands leven?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat voor invloed heeft weinig kennis van onze samenleving op het leven van iemand met een eetstoornis?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe zou jij het vinden om te praten over jouw mentale gezondheid met iemand die weinig of geen kennis hierover heeft?

VRAAG

Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik heb het zelf nog niet altijd door wanneer het minder met mij gaat en dan is het fijn wanneer anderen dit wel zien en mij daarop wijzen

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik heb de hoop gehad dat mijn partner of een goeie vriend/vriendin zou merken dat er iets was en zou zeggen 'hey volgens mij gaat het niet goed met je, ik maak mij zorgen'

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik had wel les over eetstoornissen gewild, dan had ik met andere klasgenoten erover kunnen praten en vragen kunnen stellen.

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

In plaats van het aanmoedigen van veel sporten en afvallen, denk ik dat het goed zou zijn als mensen ook hun zorgen hebben hierover

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Als je buurvrouw/man zegt dat zij op een dieet gaan, vraag je dan ook 'joh heb je het nog wel naar je zin? Sla je niet door?'

STELLING

Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over hoe jij reageert op mensen die zeggen dat zij op dieet gaan maar waarvan jij denkt dat het niet nodig is

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een moment wanneer iemand je erop aansprak dat het niet zo goed met jou ging en hoe dit toen voelde

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel wanneer jij het wel fijn vindt dat mensen jou aanspreken op jouw gedrag

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel wanneer jij voelt dat mensen teveel bemoeien met jouw gedrag

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf jouw houding wanneer jij praat over jouw mentale gezondheid met iemand die er kennis over heeft versus met iemand die weinig of geen kennis hierover heeft

VERHAAL

Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

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VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Heb jij een vraag over de eetstoornis waar jij nieuwsgierig naar bent of wat jouw kennis zou geven?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat is het beste dat jij kunt doen voor iemand die een moeilijke periode heeft met hun mentale gezondheid?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat zou jou helpen om meer kennis te krijgen over eetstoornissen?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe zou je iemand anders kunnen complimenteren buiten alleen op hun uiterlijk?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat gebeurt er denk je wanneer iemand een eetbui heeft? Waarom is dit nodig?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat voor gevoel denk je dat iemand krijgt wanneer ze weer slagen in het niet eten?

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik had eigenlijk verwacht dat ik me vrij genoeg zou voelen bij de mensen om mij heen om te praten over mijn eetstoornis. Ik zag niet in dat de eetstoornis ongezond was

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik weet dat het niet mijn verantwoordelijkheid is, maar alles wat ik kan doen om te helpen zie ik als een bonus

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Mijn vriendin vertelde dat ze eigenlijk had gewild dat ik eetstoornisklinieken voor haar ging zoeken. Ik wist niet dat dit iets was wat zij wou, als ze het had gezegd had ik dit met alle liefde gedaan

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik zou willen dat anderen meer kennis hebben over eetstoornissen en weten hoe zij dit moeten ontdekken. Ik denk wanneer mensen het eerder hadden gezien dat het niet zo erg was geworden

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik denk dat als ik vroeger op mijn eetstoornis was aangesproken dat ik ontkennend zou reageren. Achteraf zou ik dan wel blij zijn, ik ben niet de enige de eetstoornis ziet

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt?
Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over onbegrip die jij hebt ervaren rondom eetstoornissen. Wat snap jij of wat snappen anderen nog niet helemaal

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel de voordelen van kennis hebben over eetstoornissen en waar het jou heeft geholpen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

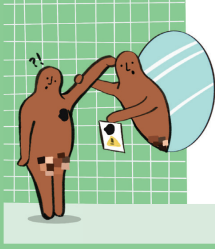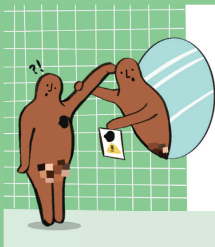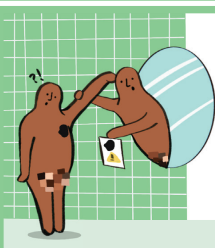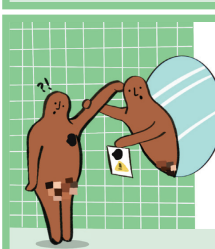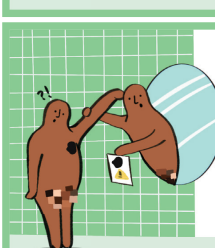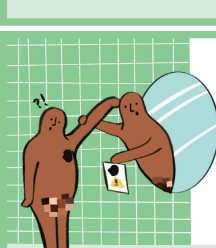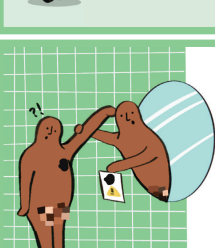Vertel waarom jij denkt dat het zo moeilijk is om eetstoornissen te herkennen
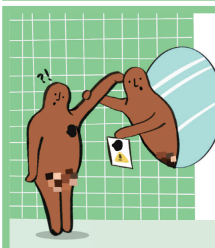
VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

De eetstoornis wordt in therapie gezien als iets wat los staat van de persoon zelf, vertel over jouw gedachten hierover

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel waarin jij je behulpzaam voelt wanneer je iemand steunt met hun eetstoornis of mentale klachten

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat voor beeld heb je bij het woord eetstoornis?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Heb je ooit een moment van paniek ervaren? Waarom en waar was dit?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wanneer merk je aan jezelf dat je blij bent?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat gebeurt er met jouw uitstraling wanneer je verdrietig wordt?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Qua uiterlijk, hoe ziet jouw ideaalbeeld eruit?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik draag het liefst wijde kleding, dan ziet niemand wat eronder zit

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik ben niet zo groot dus ik vind niet dat ik niet zoveel hoor te eten als andere mensen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik zou de kennis willen hebben dat een hele dag niet eten slecht voor je is. Ik denk er niet over na. Ik weet alleen dat een volle maag verschrikkelijk voelt

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Toen ik hoorde dat ik een eetstoornis had moest ik lachen. Ik dacht dat dit alleen in films voorkwam

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Als ik een menu van tevoren niet heb gezien, vind ik het lastig om voor de eetstoornis een juiste keuze te maken

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over de eerste keer wanneer je merkte dat er iets aan de hand was met betrekking tot de eetstoornis

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over momenten wanneer je graag wat wou zeggen over de eetstoornis maar dit niet hebt gedaan

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een kwaal die je wel eens hebt opgezocht op het internet

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf het gevoel in jouw lichaam wanneer je moe bent

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over wanneer jij jouw lichaam sterk vindt

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

ZELFKENNIS OVER EETSTOORNISSEN 2

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VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat voor lichamelijk gevoel krijg je wanneer jij blij bent?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe voel jij je wanneer je iets niet kan doen wat je vroeger wel kon?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Heb je ooit iets geprobeerd wat niet lukte en toch bent door gegaan zonder hulp te vragen?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat doe je met emoties die je niet wilt voelen?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat gebeurd er wanneer jij boos wordt?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik merk wanneer ik meer gewicht verlies dat andere mensen zich zorgen gaan maken, misschien moet ik maar door gaan met afvallen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik raakte helemaal in paniek in een restaurant omdat ze niet hadden wat ik normaal bestelde

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik wist nog niet dat dit een eetstoornis was, ik wist wel dat wat ik deed niet normaal was

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Het is goed om naar je toekomstbeeld te kijken, ik wil later nog kinderen kunnen krijgen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik heb nu problemen met mijn lichaam maar ik kan er nu nog wat aan doen zodat ik gezond oud kan worden

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Signalen die aangeven dat het niet goed met me gaat zijn: snel blauwe plekken krijgen, vermoeid zijn, geen zin hebben in activiteiten en mezelf terugtrekken

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een toekomstig doel die je graag wilt bereiken maar nog niet klaar voor bent

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf een activiteit waarvan je blij wordt

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een moment wanneer jouw lichaam niet meer verder kon maar jouw hoofd wel door wou gaan

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf waar jij trots op bent met betrekking tot wat je lichamelijk kan

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf wanneer je beseft dat jouw lichaam moe is

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wanneer kunnen andere mensen zien aan jou dat jij blij bent?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat voor gevoel krijg jij wanneer mensen zeggen dat jij er goed uit ziet?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat voor gevoel krijg jij wanneer er naar de eetstoornis geluisterd wordt?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Heb je ooit een lichamelijke kwaal gehad waarvan je dacht dat het niet zo erg was maar het bleek toch wel erger te zijn dan je dacht?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat betekent het om een eetstoornis te hebben? Wat voor invloed heeft dit op de rest van het leven?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik was helemaal niet bewust van oh dat overgeven is iets ergs want ik eet toch gewoon? Ik kan me toch normaal gedragen?

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik ben zo een naïeveling, ik dacht dat een eetstoornis alleen te maken had met het niet eten

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Als ik iets wil doen aan mijn mentale gezondheid dan kijk ik niet meer naar hoe ik eruit zie maar dan luister ik naar een grappige podcast of ga ik een rondje wandelen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik heb geleerd de signalen van mijn lichaam te herkennen. Als ik de eetstoornis voel dan weet ik dat ergens in mijn leven iets niet helemaal goed is en dat ik even een stapje terug moet nemen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Door de jaren heen heb ik kennis opgebouwd en kan ik beter zien wat ik wel en niet nodig heb

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een relatie die je hebt gehad, die achteraf gezien, niet heel gezond was

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf jouw gedachten en gevoel wanneer jij niet meer rustig wordt van een activiteit waar je normaal wel rustig van wordt

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een moment in een relatie die jou veel rust gaf en waarom

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf het gevoel wanneer jij wist dat er iets met jou aan de hand was maar anderen zagen de ernst er niet van in

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een gebeurtenis waardoor jij je erg somber voelde maar toch heel hard je best deed om blij te zijn en dit niet lukte

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Welke dingen op school of werk kosten je veel energie?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Welke belemmeringen ervaar je op werk of op school?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Uit welke dagelijkse taken haal jij energie?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat betekent "het goed doen" voor jou?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat is iets waar jij vroeger erg goed in was?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Waar wil jij op dit moment erg goed in zijn?

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik probeer het zo goed mogelijk te doen voor de buitenwereld

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Iedereen om mij heen heeft een stabiele baan, ik voel de druk om mij heen om te presteren. Wat ik doe moet ik ook echt goed doen.

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik weet dat de eetstoornis een fijn gevoel geeft, want dit is iets wat ik wel kan en goed in ben

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik voel dat ik ben gefaald wanneer ik iets niet haal wat anderen van mij verwachten

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Wat ik doe met mijn eetstoornis is niet gezond maar een alternatief is er ook niet. Je realiseert je dat er iets niet goed is maar je weet niet hoe het anders kan en denkt dat je het zelf moet oplossen

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een moment wanneer jij iets goeds wou doen voor iemand anders maar waar jij zelf niet blij van werd

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel wanneer jij heel hard hebt doorgezet om iets te bereiken

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf het gevoel wanneer iemand niet voldoet aan jouw verwachtingen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een taak waardoor jij je niet belangrijk voelde

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een ideaal die jij wilt bereiken rondom jouw (toekomstige) carrière

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

VERWACHTINGEN EN VERANTWOORDELIJKHEDEN
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VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Waar denk jij aan bij gelukkig oud worden?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe weet je welke verwachtingen je omgeving heeft van jou?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat doe je om je werkstress te verminderen?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe kunnen anderen zien wanneer jij ergens erg trots op bent?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat probeer jij anderen mee te geven als zij iets willen doen voor jou?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik zeg niks over mijn problemen omdat ik sterk wil overkomen. Ik krop alles op

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik schaam mij tegenover de mensen om mij heen, ik krijg het idee dat ik een aansteller ben

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik gaf mezelf de schuld, ik zat in de ontkenning en dacht 'het zal wel aan mij liggen'

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik voel mij falende, waarom heb ik dit nodig? Waarom doe ik dit? Wat zullen zij van mij denken? Ik ben altijd bang dat iemand de eetstoornis doorheeft

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik kan niet meer zelfstandig terug. Ik kan niet meer zeggen van 'joh ik stop hiermee' ik realiseer mij dat ik nu echt hulp nodig heb met de eetstoornis.

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een moment rondom het zelf zoeken van therapie (indien je nooit therapie hebt gezocht, vertel over wat jij denkt dat er gebeurt tijdens het zoeken van therapie)

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

ertel wat verwachtingen van anderen doen met jouw houding tegenover hen

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf het gevoel wanneer je geen idee had hoe je iets moest doen terwijl je dat wel van jezelf verwachtte.

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een aantal verwachtingen die jij hebt van een dierbaar iemand en hoe je laat merken dat je deze verwachtingen hebt

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een moment wanneer je het niet eens was met verantwoordelijkheid en dit ook liet merken

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

VRAAG
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Waarom denk jij dat anderen verwachtingen van jou hebben?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wat is de mooiste verantwoordelijkheid die jij ooit hebt gekregen waarmee jij je belangrijk voelde?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Kan jij anderen advies geven over iets waar jij nog niet de beste in bent?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wanneer dacht jij dat er iets aan jou lag maar achteraf gezien helemaal niet jouw verantwoordelijkheid was?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Wanneer krijg jij het idee dat jij iets echt goed hebt gedaan? Waardoor komt dit?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Heb jij wel eens grote doelen proberen te behalen die door anderen werden gesteld? Wat was er toen gebeurd?

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Het is belangrijk om jouw verantwoordelijkheid goed af te schermen wanneer je iemand helpt, anders verlies je jezelf als helper zijnde

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik probeer aan anderen te vertellen dat het ook jouw keuze is om beter te worden en dat je zelf ook wel echt dingen kan doen. Het is niet helemaal buiten jou

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Het is belangrijk om mensen te blijven betrekken en niet weg te duwen tijdens het herstel

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik voel mij schuldig tegenover de buitenwereld, daarom probeer ik het zo goed mogelijk te doen dat lukt alleen niet altijd

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

Ik schaamde mij heel erg. Zij denken 'daar komt zij weer aan, ze heeft net een depressie gehad en nu heeft ze ook nog eens een eetstoornis' ik voelde mij een aansteller

STELLING
Eens of oneens? Ben jij of ken jij iemand die dit heeft meegemaakt? Wat is jouw kijk hierop? Wat vinden de andere spelers van jouw antwoord?

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een moment wanneer jouw ouders iets zeiden over iemand anders waardoor jij het gevoel had dat zij hiermee ook een verwachting van jou hadden

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Vertel over een moment wanneer jij nee hebt gezegd maar dat iemand toch over jouw grens is heen gegaan

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf het gevoel van doorzetten op een moment dat het moeilijk was maar je wist wanneer dit haalde, het op de lange termijn goed voor je zou zijn

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Beschrijf een moment waarin je de verantwoordelijkheid voelde, te voldoen aan een verwachting van iemand die dicht bij jou staat

VERHAAL
Heb je iets in dit verhaal geleerd wat je wilt meenemen? Een behoefte? Een wens? Wat nemen de andere spelers mee uit dit verhaal?

Omschrijf het gevoel van het niet voldoen aan een verwachting die jij van jezelf hebt

VERHAAL
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VRAAG
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Hoe zou jij graag willen dat iemand zijn verwachtingen naar jou communiceert?

VRAAG
Beantwoord deze vraag en vraag minstens 1 andere speler dezelfde vraag

Hoe vaak krijg jij een reactie op een doel die jij wel hebt behaald versus een doel die je niet hebt behaald?