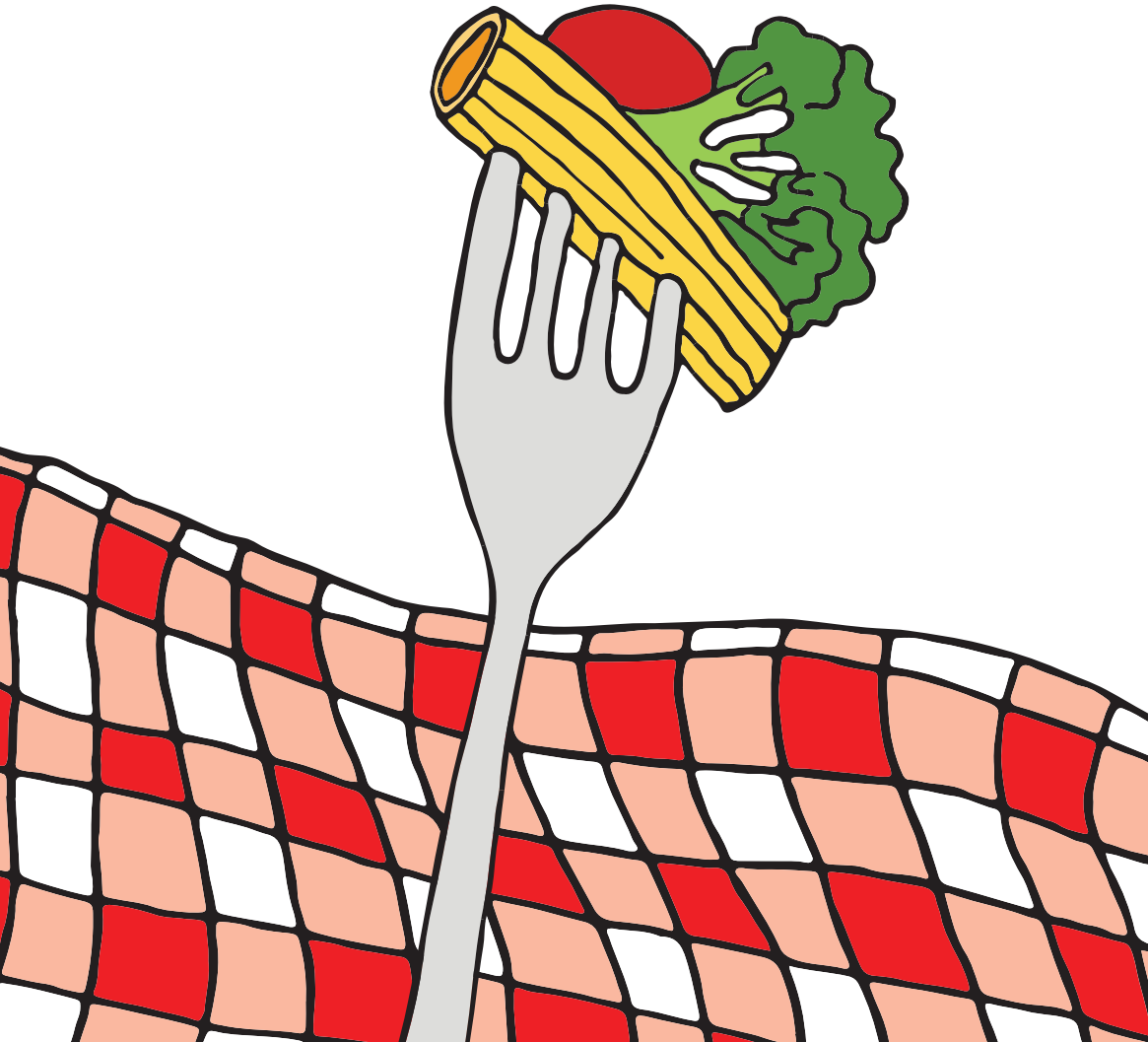
ON THE FORK

PUBLICATION



IMPRESSUM

Public Health Project At the Table

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Split, April 2021.

PERUN

In Slavic mythology, **Perun** is the god of lightning and thunder. In places where his lightning strikes, an iris flower grows. In this way Perun defeated the forces of evil and darkness that had threatened humanity with destruction in ancient times. In the fight against evil spirits, unpleasant feelings and unwanted events, Perun tried to maintain the natural balance of changing seasons and the arrival of spring.

In the past, the myth of this deity and his powerful central role evoked compassion, and awakened faith in a better tomorrow. It does this also now, in the 21st century, for those alive today, plagued by many health problems and disorders of the modern world.

Perun (fork) began to be used as an eating utensil in 17th century Europe. Just as Perun brought order to a chaotic world, so does *perun* (fork), on a symbolic level, bring order to the body by overcoming hunger, not only as a tool that helps us eat but also as a symbol in the development of eating culture.

Mirela Grbić, MA in Defectology,
Expert Associate at the Mental Health Service

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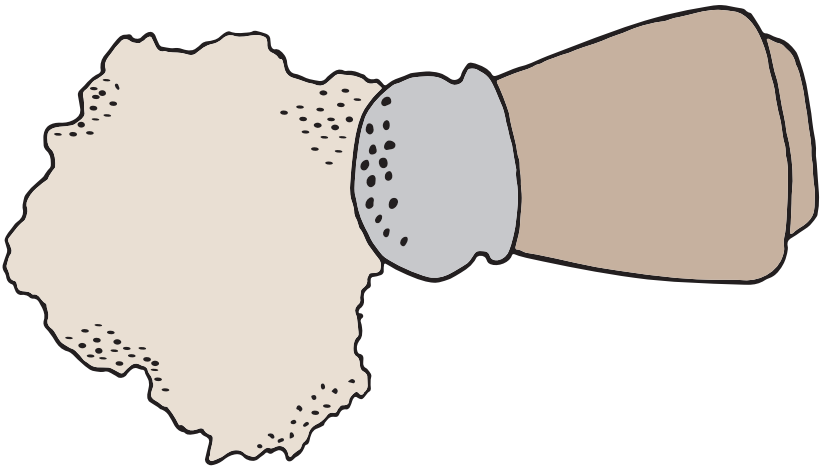
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ABOUT THE PROJECT

Play is our brain's favorite way of learning.

Diane Ackerman

The public health project At the Table was created in response to the results of a survey conducted in 2019 on a sample of 915 high school students in Split, which showed that adolescents are insufficiently aware of the connection between emotional states and eating habits. For this reason, a tool was designed – the board game On the Fork – in order to enable the implementation of a public health project in the Split-Dalmatia County with the aim of protecting and promoting the mental health of adolescents.

TOOL CONTENT

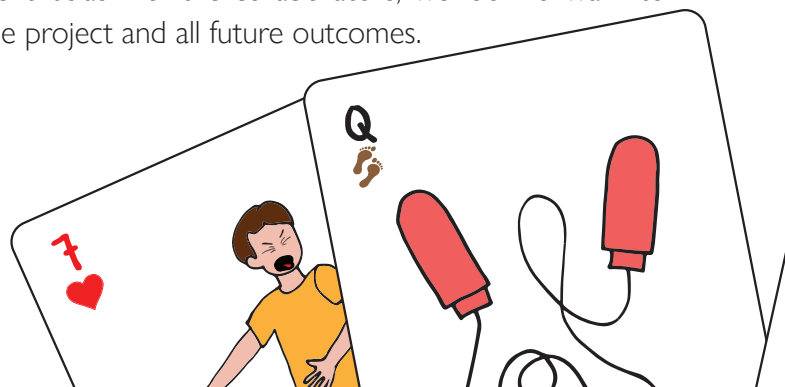
An integral part of the designed tool called On the Fork contains educational questions from the Ask an Expert playing cards and vivid drawings on cards that belong to one of the four colors and are closely related to the topic itself: (pleasant and unpleasant) emotions, healthy food, unhealthy food and recommended free time activities. In addition, an inseparable part of the game is also the opportunity to socialize and feel a sense of belonging to the group, to practice team skills, develop the ability to cooperate, to resolve conflicts, to follow nonverbal cues of teammates, but also to create pleasant experiences of excitement and mutual success, during all of which the tool is used proactively in a school or another environment with game instructions.

TOOL EVALUATION

During February and March 2021, the tool was evaluated in four high schools in the Split area (School of Tourism and Hospitality, School of Design, Graphics and Sustainable Building, Health School and IV Gymnasium Marko Marulić). The results showed that the game is useful in raising awareness of emotional states in eating habits, which opens space for recognizing the difficulties associated with behavioral addictions and thus preventing possible eating disorders. The results of the evaluation are encouraging and instructive for future challenges of project implementation because the tool was assessed by most students as fun, instructive and a good way to increase awareness of this issue.

ADDITIONAL VALUE OF THE PROJECT

The adolescent cookbook On My Plate, which offers adolescents relatively simple balanced meals prepared with easily accessible ingredients was presented at the beginning of 2021 to high school students in the Split-Dalmatia County in the School of Tourism and Hospitality, the School of Health in Split and the Franciscan Classical Gymnasium in Sinj. Some of their suggestions and observations were included in the final edition of the cookbook.
The demanding path of designing, evaluating and making the tool On the Fork and the cookbook for young people On My Plate was accompanied also by the challenging implementation of the project in the educational system and its adaptation into a digital form, something which is becoming the norm in public health work. Keeping in mind the feedback from students and their expressed desire to learn about the world of emotions, as well as the support and enthusiasm of the collaborators, we look forward to further developing the project and all future outcomes.



INSTRUCTIONS FOR THE ON THE FORK CARD GAME

The game involves 4 players playing in pairs. Before the start of the game, the pairs agree on a **secret sign** to signal each other's victory. Players sit at a table arranged in a circle so that pairs that are playing together sit facing each other. The cards are shuffled and **4 cards** are dealt to each player. The undivided portion of the cards is placed in the middle. The object of the game is to collect **4 cards of the same number**.

The dealer takes **4 cards from the top** of the deck and places them in the middle, face up, so that **all players can see** what is offered. He then signals to the players that they can replace the cards in their hand (as many cards as they want) with the same number of cards on the table. The players quickly leave and take cards. At the end of the round each player must have **exactly 4 cards in hand** and there must be exactly **4 cards on the table**. Repeat this until the game is over.

The game can end in **multiple ways**, but **not** during the first hand. **Examples of how the game could end** (the players are Pair A (John and Mary), and Pair B (Doris and Miro)):

1. The first hand has been dealt. John has collected 4 cards of the same number and signals to Mary their sign. Mary then shouts the agreed word signifying victory (healthy). Pair A wins and the victory should be confirmed by the correct answer to an Ask an Expert card.

2. The first hand has been dealt. John has collected all the cards and signals to Mary their sign. Doris figures out what is happening and manages to shout the agreed 'counter' word (unhealthy). Pair B wins and the victory needs to be confirmed.



3. The first hand has been dealt. John hasn't collected all the cards, but it seems to Miro that he has, so he shouts the agreed 'counter' word (unhealthy). Pair A wins and the victory needs to be confirmed.

4. The first hand has been dealt. John hasn't collected all the cards, but it seems to Mary that he has. Mary shouts the agreed word signifying victory (healthy). Pair B wins and the victory needs to be confirmed.

5. The first hand has been dealt. John has collected all the cards and signals to Mary their sign. Mary has also collected 4 cards and signals John. Then John and Mary shout the agreed word that signifies victory (healthiest). Pair A wins, and a case like this counts as double points if they manage to confirm the victory.

After the game ends in one of the described ways, the victory is confirmed, which is also the last chance for the rival team to cancel the point of the winning team. A member of the rival team **draws a card from the Ask an Expert deck** and **reads the question** to the other team, who must agree on the answer within **30 seconds**. If they **answer the question correctly**, then they officially win the hand, and this **point can no longer be deducted from them**. On the other hand, if they **fail to answer** the question correctly, **they do not get the point**, with this not being considered as an opportunity for the rival team to get that point. The point is simply canceled.

The game can be expanded to 6 players.

ASK AN EXPERT





A. **What we mean by "comfort food" is usually sweet, fried, and unhealthy foods. T**

This term usually refers to a craving for high-calorie foods characterized by a high level of carbohydrates, or foods that are generally low in nutritional value.

2. **Pick two food items that could be used as comfort food: cauliflower, candy, fish, chicken, chips.**

The term "comfort food" usually refers to sweet, fried, and unhealthy foods (see explanation under question 1).

3. **Emotional eating is a phenomenon associated exclusively with the female sex. F**

Although various studies show that emotional eating is more common in women than in men, it is a problem that occurs in both sexes.

4. **A feeling of hunger that occurs intensely and suddenly is a warning sign for emotional eating. T**

Physical ("real") hunger gradually increases, while "fake" hunger we associate with emotional eating occurs suddenly and is usually directed at specific foods, such as junk food.

5. **People who have a problem with emotional eating often feel guilty after an episode of such eating. T**

They feel guilty mainly because of the type of food consumed (unhealthy foods) and because of the large amount they ate, which they would not have eaten if this was a case of physical hunger.

6. **Elevated levels of blood cortisol (the so-called stress hormone) are associated with emotional eating. T**



Research has shown that when the body is under stress, the level of cortisol in the blood increases (which is why we call it the "stress hormone") and the body mobilizes for fight or flight. Specifically, cortisol increases heart rate and visual acuity, speeds up breathing and blood flow to the muscles. In addition, appetite increases because the body needs fuel for the fight or flight reaction, and so it craves comfort food.

7. **Elevated levels of the neurotransmitter serotonin (the "happiness hormone") have been linked to emotional eating.** F
   Serotonin, among its other functions, plays a role in maintaining mood stability. Decreased serotonin levels are associated with low mood (e.g., depressive states). Therefore, increased serotonin levels do not lead to unpleasant emotions and are not associated with emotional eating.

8. **Unpleasant emotions always lead to an increase in appetite.** F
   Some people eat more and some less when they feel unpleasant emotions. In addition, a link between emotions and eating habits has not been found in all people.

9. **Using food for comfort can be a childhood habit we learned through upbringing. Which of the following is an example of this?**
   a. using food to soothe (Parent to child: "Don't cry, I'll buy you an ice cream!").
   b. using food as reward (Child to parent: "If I tidy up my toys, can I get candy?").
   c. both examples are correct
   Some people associate food with certain emotions because their parents used it as reward, to help soothe them, or as a substitute for an emotional connection. Perhaps certain foods were also scarce.

10. **A reaching for food for the purpose of suppressing unpleasant emotions, happening at least a few times a week, is called emotional eating.** T

Emotional eating refers to eating that is not caused by biological hunger, but by the experience of unpleasant emotions that create emotional numbness or a feeling of emptiness. The person then tries to fill that void with food.

J. **Comfort food is usually comprised out of fruits and vegetables.** F

Comfort food usually refers to food that is high in carbohydrates, high-calorie foods and foods that are generally low in nutritional value.

Q. **Compulsive overeating is more likely to occur when a person is on a weight loss diet than when a person is not on such a diet.** T

A diet that has losing weight as its main goal can increase the desirability of food, which in turn increases the probability of compulsive overeating at times when a person's motivation to keep being on a diet for various reasons slightly decreases.

K. **Occasional eating of large amounts of food (e.g., overeating during special occasions) is a sign of a developing eating disorder.** F

It is natural for people to overeat sometimes. In our culture, it is even socially acceptable to eat a larger amount of food during celebrations, and we should not associate such behavior with eating disorders.





A. **Eating disorders affect physical health and appearance, while social and business aspects of life remain unchanged. F**

Eating disorders affect all aspects of life because, in addition to physical health, they also affect mental health. People suffering from eating disorders often withdraw from society, lose interests they had before, their concentration decreases, they become irritable, and overly focused on the symptoms of the disorder.

2. **The underlying cause of every eating disorder is a bad relationship with the mother. F**

Eating disorders occur as a result of various factors. It is clear that a dysfunctional relationship with one's mother, but also with other family members, as well as the negative attitude of parents towards the body and food in general, can be a risk factor for the disorder, but they are usually not the only, nor are they the causative factor for the disorder. Scientific research has shown that many patients have a bad relationship with their parents, but also that many have a very good relationship with them and that their parents are a great source of support in their treatment.

3. **It is desirable to eat as much protein as possible and as few carbohydrates as possible. F**

The recommended daily intake of macronutrients for adolescents is 15% – 30% of calories from fat, 55% – 75% from carbohydrates (with no more than 5% – 10% from sugar) and 10% – 15% from protein.

4. **A person who suffers from an eating disorder but does not practice self-induced vomiting may still suffer from bulimia. T**

Bulimia is characterized by behaviors in which a person tries to undo their own overeating. One such behavior is vomiting, however a person may also exercise excessively, take laxatives and diuretics, or reduce their food intake after overeating.



5. **You can't exercise too much. When we talk about exercise, the more, the better.** F

   Although, as a rule, we rightly associate exercise with healthy habits, the fact is that we can also exercise excessively. Sometimes a person starts exercising so often with the goal of losing weight or achieving a certain body shape that exercising takes over their life. They begin to neglect other important activities (e.g., sleeping, eating, socializing). In addition, when it comes to compulsive exercising, bodily injuries become much more common.

6. **Self-induced vomiting may not be a sign of a disorder if it has occurred only a few times, e.g., until the person has lost weight.** F

   Self-induced vomiting is a destructive, unhealthy and dangerous behavior that is always an alarming sign. Most people with bulimia at the beginning of their illness fall into a vicious cycle of overeating and vomiting, thinking that they have vomiting under control and that they will vomit only once or a few times. However, the urge to vomit becomes strong very quickly. Usually only after a few unsuccessful attempts to stop vomiting does a person realize that the control they felt was just an illusion

7. **A person suffering from an eating disorder is to blame for having the disorder.** F

   During the development of an eating disorder, a person chooses certain destructive behaviors in order to deal with or reduce unpleasant emotions. However, they do not choose the disorder and certainly do not want to get sick. The disorder occurs when these destructive behaviors, together with certain thoughts and emotions, "roll" into a vicious cycle out of which it is difficult but not impossible to break free.



8. **A person with a body mass index of 17 must be suffering from anorexia. F**

   An extremely thin person does not necessarily suffer from anorexia. It is possible that the person is suffering from some other illness, but also that they are simply thin by nature. It is not possible to determine whether a person suffers from an eating disorder solely based on body mass index or physical appearance.

9. **Commenting on other people's bodies can contribute to the eating disorder of a person next to you, even when you're not commenting the body of that particular person. T**

   Frequent commenting on people's appearance contributes to an unhealthy social emphasis on physical appearance and the beauty ideal. In such a society, a preoccupation with the appearance and shape of one's own body is encouraged, which many experts claim is at the root of all eating disorders.

10. **If a person has a normal body mass index we can be sure that they are not suffering from an eating disorder. F**

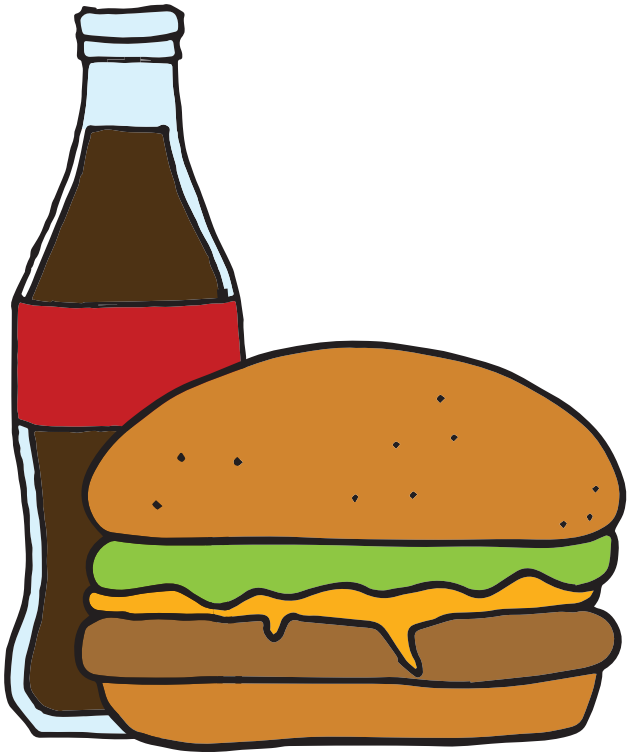
    Based on the body mass index alone, it is not possible to determine whether a person suffers from an eating disorder or not (for example, people with bulimia or other specified feeding or eating disorder, often have normal body weight).

J. **It is always good to praise a person who has started exercising daily and has lost weight. F**

   Based on one's appearance alone, we cannot be sure whether the changes are the result of healthy or unhealthy and destructive habits. Healthy habits are generally not extreme and bring gradual results.

J. **In obese people there is a greater association between emotions and eating (eating habits) than in people with normal weight.** T
It is important to point out that emotions themselves are not the cause of obesity, but that the way a person regulates them can affect that person's body weight.

K. **Media messages are the only factor causing eating disorders.** F
Eating disorders are caused by a variety of biological, psychological and social factors (e.g., family history of eating disorders, tendency to gain weight, perfectionism, depression, low self-esteem, "the beauty industry").perfekcionizam, depresivnost, nisko samopoštovanje, „industrija ljepote").



A. If an obese person loses weight, it is almost certain that their life satisfaction will permanently increase. F

Life satisfaction is associated with, for example, satisfaction with family relationships, friendships, the person's spiritual and material condition, acceptance by the environment, etc. It is not solely determined by body weight.

2. If a person has problems with emotion regulation, they are more likely to develop an eating disorder. T

Because what we feel affects our eating habits, difficulty coping with a variety of emotional states can lead to an unhealthy relationship with food.

3. Some signs of emotional eating have been observed in children and adolescents. In what percentage do you think this problem is present in this population?

a. In 10 to 30% of children and adolescents.
b. In 30 to 50% of children and adolescents.
c. In over 50% of children and adolescents.

It has been shown that 63% of children and adolescents have this problem.

4. Among the listed factors that can lead to the development of unhealthy eating habits and disorders, exclude the one that does not arise from relationships with other people (social factors): overexposure to media, low self-esteem, dysfunctional relationship with parents, bullying..

Low self-esteem is a psychological factor.

5. **An eating disorder cannot lead to the person's death. F**
   Unfortunately, mortality has been shown to be higher in eating disorders than in other mental disorders, and to be higher than in most physical disorders treated in general pediatric practice.

6. **To treat an eating disorder, it is enough to focus on gaining weight or normalizing the diet, or supplementing it with vitamins and minerals. F**
   As the causes of these disorders are not exclusively related to nutrition, the solution cannot be only nutrition. The main form of treatment involves psychotherapy..

7. **An important factor in the treatment of eating disorders is psychotherapy focused on working on the individual's body-image. T**
   A distorted negative image of one's own body is characteristic of eating disorders. Therefore, it is very important to work on it in the healing process.

8. **The best treatment for compulsive overeating does not include being on a diet. T**
   Being on a diet increases the craving for food, which in turn encourages overeating. After having overeaten, the person again has the need to deny themselves food and thus enters the vicious cycle of overeating and going on a diet. This is why being on a diet is completely avoided in the treatment of compulsive overeating.

9. **The best treatment for compulsive overeating involves working on one's emotions, self-esteem, problem-solving skills, and establishing a healthy lifestyle. T**

As a psychological problem, it needs to be approached from a psychological viewpoint and bring focus on the causes of the issues that are behind the unhealthy relationship with food.

10. **A person suffering from compulsive overeating does not have to be obese. T**
    Obesity is not one of the diagnostic criteria for compulsive overeating, e.g., a person may be of normal or increased body weight.

J. **All obese people have a compulsive overeating disorder. F**
People can have a high body mass index (above 30) for various reasons, and not all of them are psychological in nature (causes can be genetic, social, taking medication, thyroid dysfunction, etc.).

Q. **Being on a diet is a strong risk factor for the development of an eating disorder. T**
Diets are an unhealthy and inefficient way of maintaining weight. A healthier alternative to them is intuitive eating. Intuitive eating refers to eating out of a physical rather than an emotional need and relying on a feeling of satiety and hunger rather than a given diet plan. It does not include avoiding certain foods. People who practice this form of eating are more satisfied with their own body and have healthier body weight than people who practice dieting.

K. **It is not possible to completely cure an eating disorder. F**
It is possible to cure an eating disorder. The path is difficult, and it will not happen on its own, but it is possible and certainly easier than living with an eating disorder



A. There is no connection between eating habits and emotional states of an individual. F
Research has confirmed the link between emotional states and eating habits.

2. You should eat breakfast at the beginning of each day. T
Various studies have shown a link between eating breakfast and a range of biological and psychological benefits, such as adequate micronutrient intake and greater mental efficiency.

3. Cereals and cereal products are a source of protein. F
Cereals and cereal products are a source of carbohydrates.

4. It is desirable to add salt to the prepared food. F
Excessive salt intake leads to health problems, and the recommended daily intake for healthy people is 1 teaspoon of salt per day.

5. Eating habits need to be balanced with physical activity. T
If we want to maintain body weight, it is necessary to increase the level of physical activity together with the increased food intake, and vice versa..

6. The term anorexia, literally translated from Greek, means "loss of appetite". T
In Greek, the prefix "an" means negation, and "orexis" means appetite, so the translation is "loss of appetite" (which is not true since people consciously reduce food intake and lose appetite only when they become cachectic, that is, when there is extensive loss of adipose tissue and skeletal muscle).

7. Anorexia is a mood disorder. F
Anorexia is an eating disorder.

8. A disorder that is characterized by episodes of gluttonous eating followed by purging (self-induced vomiting or taking laxatives or both) is called… BULIMIA.

9. Anorexia is the same as bulimia. F
   Anorexia and bulimia are both eating disorders, but they are separate categories.

10. To date, many scientific studies have been published showing that exercise improves people's mood by increasing the concentration of the neurotransmitter serotonin, also known as the "happiness hormone", in the brains of people who exercise. T

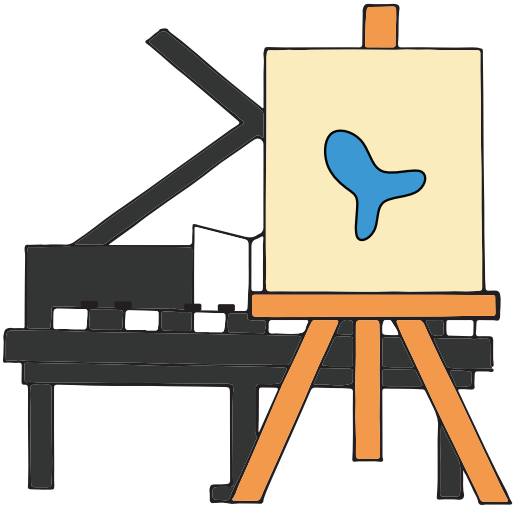
J. Emotional eating can be categorized as a behavioral addiction. T
   When we talk about substance addictions, we are talking about physical addictions (e.g., alcohol, drugs). When we talk about behavioral addictions, then we are talking about psychological addictions that are related to certain behaviors that lead to pleasure, and to withdrawal when a person is unable to practice them (e.g., overeating, excessive playing of video games, gambling).

Q. Orthorexia is a condition in which people eat only food that they consider to be healthy, avoid unhealthy or so-called "unclean food", are strongly focused on the nutritional value of the food they eat and its origin, packaging, and preparation. T
   It is a condition that is still being researched and is not in the official classifications. The literal translation of orthorexia is "correct appetite", and there are experts who advocate distinguishing between the notion of orthorexia, which would refer to an interest in a healthy diet that does not harm a person, and the notion of Orthorexia nervosa, which would refer to the described health condition.

K. **Media headlines that provoke unpleasant emotions and further disturb the public are an example of how the COVID 19 pandemic could indirectly affect the lives of people suffering from eating disorders.** T

More examples of occurrences that scientists have identified as problematic during the COVID 19 pandemic:

- Overexposure to media, that is, excessive news watching.
- Elevated stress levels can lead to thoughts about food, excessive food buying and hoarding food supplies at home.
- The daily use of online social platforms can further compromise our body-image.



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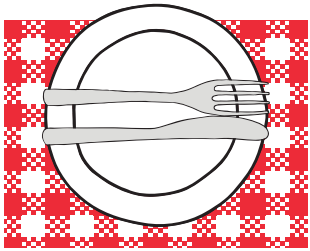
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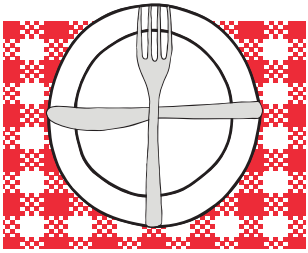
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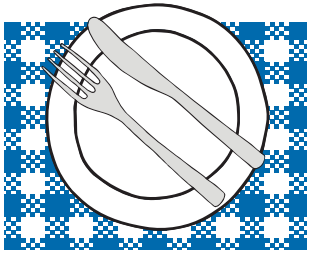
Excellent



Ready for second plate



Finished



Do not like

