

Lisa Curry leading national call for 4,000+ adult volunteers for world's largest genetics study on eating disorders

Decoding the genetics of eating disorders to identify risk & transform treatment

Run time: 1 hour 25 mins

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Lisa Curry AO

Triple Olympian, mother, grandmother, wellness entrepreneur & author, **SUNSHINE COAST**

00:40 – 00:51

Self-introduction

My name is Lisa Curry and I am 63 now believe it or not. And I live on the sunshine Coast and love where I am.

00:51 – 01:19

Can you reflect on your remarkable achievements in the pool – the first chapter of your life?

Those times in the pool was so significant for me. They were a stepping stone to everything else that I did in my life, and the dedication required to do what I did, particularly going to three Olympics and the last one as a mother with two daughters at home, was quite incredible when I look back on it. But the, the hard work, the work ethic is what I'm so proud of.

01:19 – 02:05

Can you explain the mental & physical challenges of being an Olympian?

Being an Olympian is a really special club, and not many people understand what goes into it. You know, not only do you have to get up and go training every single day without fail, every single day. It doesn't matter how you feel and what the weather's like, you have to do it for years on end. And then that moment comes and you stand behind the blocks and you can barely stand up because your legs are like jelly, and all the thoughts that run through your head. Have I done enough? What if this happens? Am I ready, am I prepared?

And then you've got to try and get rid of all those thoughts and think about all the things I have done, the work. I am ready, I've done everything possible.



02:05 – 03:39

How did your experience as an Olympian shape your relationship with food & body image?

So I was very fast as a 12 year old. I was one of the best in the world over my distance as a 12 year old. 13 year old, I nearly went to the Olympics for Australia, but they took my event out of the Olympic program. So that's how good I was at 12, 13, 14. At that time I was a skinny little rake. I didn't even eat food, you know, I had sausages and chips, carrot, lettuce, bread and Vegemite, toast and Vegemite, rice bubbles. So that was basically what I grew up on. And then, you know, you hit 15 and 16 and all of a sudden your body starts changing.

And I got a little bit chubby. I put on some weight. And I remember being in, in Japan at, one of the championships over there, and one of the head coaches, out of the blue called me 'Moon Face' and 'Queen Zit', because I had pimples. I was going through adolescence, you know, and then these names are thrown at you.

We were weighed every day while we were away. And that in itself was frightening for a teenager because we would get in trouble if we were a little bit over what we were yesterday, you know, and if you eat a meal and you're point two over, they're going to come down hard on you. So we had those fears instilled in us probably between the ages of 15 and 18.

03:39 – 04:19

Where does your unrivalled passion, drive & perfectionism come from? Could it be genetic?

My dad was very driven, really driven, and my mum was tremendously organised all the time. But she had to be, you know, dad was away a lot. She had three kids. They were all doing different things. My brother is an incredible musician, my sister is an incredible artist, and I was the athlete.

So in all of our ways, we were excellent at what we did. But those skills didn't come from mum or dad, but something else must have been passed down. So it's the genetic side that really interests me.

04:19 – 05:22

Can you describe your three children?

I do have three beautiful children. First born. Jamie. She would have been 38 this year. It's hard to think of her as being that age and what may have been, because she was, you know, she just wanted to be a little mother, in a little house with a picket fence, and lots of flowers to pick, and something in the oven. That was Jamie.

My middle daughter, Morgan. She has three children. She is incredible. So she has two different jobs. She runs around after those little boys; husband's a firey. So the household is busy. She danced at the Moulin Rouge. She takes dance lessons now. Amazing. And Jett, my baby boy, born 10 pound three, has turned into a monster of a kind human being. And everybody loves Jett. And yeah, that's my three kids – love them so much.

05:22- 05:44

How important is family to you?

Family is everything to me. And it. And it always has been. And now more so than ever. It's not until you lose someone that you, you know, you hold tighter. You, you love more, you want more.

05:44 – 06:37

Jaimi was the only one of your children who developed an eating disorder. Do you suspect genes may have been at play?

So my question is, if there is some sort of illness somewhere in our line, why does it only affect one person, one child? You have three children. One seems to get everything, and the other two are fine. That's my question, you know. And it's hard to think about that. It's hard to answer that. I know Jaimi would say to me often, mum, what is wrong with me? And I'd say, well, we know what's wrong because we're seeing it every day. But she'd say, no, but where did it come from? Why am I like this? I couldn't answer those questions. Nobody could answer those questions. And that's what made it so hard.

06:37 – 07:40

What treatment & support options did you explore for Jaimi?

For someone who has an eating disorder what are their options? Because we tried all those options and nothing worked. You know, and Jaimi's turned into an addiction as it often does, into a different addiction and we thought we tried everything, but nothing worked. The amount of times that I got sent home from the hospital, oh, no, all her bloods are fine.

And I was like, clearly they're not fine. She's very unwell. She's very unwell. Her bloods are not fine. They were in the normal range. Which part of normal do you not seeing here? You know. And so we had months and years of these discussions around what's normal. My child's really unwell and you keep sending her home some. Something needs to be done.

07:40 – 08:22

When did you first suspect something was not quite right with Jaimi?

When Jaimi was like 14, 15, 16, I knew something was going on, but we couldn't really put a finger on it. She didn't really say anything, but she'd have these massive mood swings, and would inhale everything out of the fridge, and then would disappear. So we kind of thought something was going on, but didn't really bring it up because it created World War III, because there was so much stigma and shame attached to it that it wasn't spoken about.

08:22 – 09:44

Can you reflect on Jaimi's turning point in relation to opening up about her eating disorder?

Because she was throwing up so much, she actually blocked the drains of her shower and came and told us and, and told us because she was vomiting so much, her shower was blocked.

So we had to ring a plumber. And the plumber arrived. And I was quite taken aback because she was quite open and quite happy to tell him why it was clogged up. And to me that was like, wow, like, she's really opened up to this guy she doesn't know. But I, I know now from psychologists and everything looking back, that they have like walls built around them. These boundaries that kids that have, mental illness, whatever, you know, whatever you want to call it. But for some people, it's just an open door. Because he was someone who came in, he's not going to judge her. So it's that judgement that she felt comfortable sharing with him. He wasn't going to judge her for that, so she felt open about telling him.

09:44 – 10:08

Can you explain the pain & confusion a parent to a child with an eating disorder may experience?

We didn't know what to do, because if you say one thing, they get upset. If you don't say something you haven't said enough. You can't ask a doctor because it's confidential. It's very confusing. So it left us in a world of hurt because it was just year after year, confusing.

10:08 – 11:46

Jaimi's disordered eating turned into a triple addiction – she was not eating, she was bingeing & drinking. Can you reflect on this?

We thought that eating this one was bad. By the time we knew that the drinking was bad enough, that it was unstoppable, that was even worse. The options, there, you know, to go into rehab or to go to a, you know, a retreat of some sort or, you know, 28 days here. And I say, well, what happens on day 29? You know, so we really knew that she needed to go somewhere for a good 6 to 9 months. She couldn't do that. She was a home body. She loved her brother and sister, and she loved all her family. And she loved cooking and flowers and everything. Everything was, you know, she's a real homebody. She didn't want to be in a room with people she didn't know. So that was really hard to. So, yeah, you talk about the, the triple, god, you know, triple add, added other things in there as well on top of, you know, of being rejected and, and by her boyfriend, and made to have a termination when that's all she ever wanted to be was a mother.

And then her other boyfriend that she was quite happy with, died. You know, it's like, what more could this kid have got? You know, just she could not, she could not pull herself out of that hole, you know. And this will, I guess, stand back from, you know, when she was in her teens. But it's layer upon, layer upon layer.

11:46 – 12:38

When Jaimi was 28 years old, the doctors were not certain she would make her 30th birthday. Can you reflect on this?

Jaimi was told she wouldn't make her 30th birthday, so she was very excited to have 30 candles on her cake. She said, mum, I made it. Okay, let's go for another 30. You know, trying to keep everything really positive. And, and there was so many visits to the hospital, like I'm talking three or four times a week, some weeks that we never knew when the last one would be.

And we talked about this often, because the doctors would say she's at the top of the elevator, but we don't know how far the elevator goes. But she's near the top of the elevator. When she gets there, it's, it's all over. So he spoke to her about that a lot. She had a thousand lives, I reckon.

12:38 – 14:39

Can you reflect on the final call you received from Jaimi's doctor in hospital?

We went in, Grant and I, and they said, she's not well, she's, on a ventilator. She hasn't been conscious for a while. We're just going to monitor her overnight. So we stayed for a little while. We went home. We both went home. And about, I was nearly at home, 40 minutes away. And the doctor called me again and said, you'd better come back.

So I rang Grant straightaway, and I said, the doctor's called, that we have to go back, and we went in and we sat there and the doctor said, he, it was a, she actually. She said straight out, 'Jaimi will die tonight'. What? What do you mean she will die tonight? But we, we knew it was coming. We knew this point, this conversation.

We knew it was going to happen at some point, but it just never came. You know, three years after her 30th birthday, it was, she was still going. We never thought we'd get that call. And here we were, facing it right here now. And I said to the nurse, she looks like she's, because then they took her off the ventilator and I said, she looks like she's breathing okay.

She looks like she's going to open her eyes. And the lady said, Lisa, I'm so sorry. She's not going to open her eyes. And we just sat there all night, all night trying not to fall asleep. And 7th September, seven in the morning. And she just sort of took a breath. And then her hands went cold.

That was it. And it's that, it's just like your heart's been ripped out. I wouldn't wish it on anybody.

14:39-15:02

Thank you for choosing to use your voice for good to help other parents of children living with eating disorders.

I do know that I have a voice, so I have to be able to use it for the good to help other parents not go through what we've been through, you know, so that they can say good night to their kid every night.

15:02 – 15:34

How are you faring these days?

I'm at five years. I'm slowly getting there. I remember the doctor said to me, 'Lisa, you're going to feel like this for a good two years.' Wait, two years? I can't feel like this for two years. It'll kill me. And still five years down the track, I'm, you can see how I am now. Like it's just. It just sits in you. So you have to learn to live with these feelings. And I think it's okay. It's okay to have these feelings. You can't suppress them.

15:34 – 16:08

What is your advice to anyone caring for someone with an eating disorder?

Just to love them, and to take them by the hand and go and sit in a park, sit on the beach, look up at the sky, buy an ice cream, just do something simple, and hold their hand and make sure that they know how loved they are. Because we don't know when they're going to go. So just do some simple things and hold their hand so they feel safe.

16:08 – 16:49

You released 'Lisa: A Memoir – 60 Years of Life, Love & Love' on May 4, 2022. What motivated you to write this memoir of the different chapters of your life?

I knew when I was turning 60 that that's probably a good time, you know, to write the book and, but I couldn't, because I couldn't function.

I couldn't think, I couldn't, I didn't want to, I couldn't put anything into words. And then the publishers called me, and I kid you not, they, they squeezed every word out of me for that book. Because it was too hard for me to even go there knowing that the end of it was going to be awful.

16:49 – 17:31

Why is the Eating Disorders Genetics Initiative 2 or EDGI2 so important to you?

The Eating Disorders Genetics Initiative 2 or EDGI2. When I first heard about it, I thought, this is really great, this is going to be great research. And it instantly took my attention, because I think it's important. I think it's really important, particularly these days. You know, I don't know what the statistics are at the moment, but I don't imagine that they're very good. But, you know, all these young kids and not so young kids, these people who are my age who still have eating disorders. I think it's really important that we start to understand what the causes might be.

17:31 – 18:35

Why have you chosen to lend your voice to EDGI2?

Well, I've decided to lend my voice to EDGI2, because of course, it has a personal attachment to me and my daughter is not here to tell her story.

I am here to help tell her story, and to help prevent it from somebody else, and help prevent another parent from losing a child. The more we talk about these things, the easier it is for people to know that it's okay to talk about it, to take away the stigma, to take away the shame, to take away any judgements. Say, you know what, I'm not okay, and I have this disorder, and I need to talk about it, because I need to help myself. Because what I found through my grief, is when I talk about it more, it helps me. Because when you feel like you're dying inside, when you can talk about it, it lifts the load.

18:35 – 19:04

How can people volunteer for, & learn more about EDGI2?

So if people want to volunteer for EDGI2 and be part of the research and part of the solution, which is fabulous, they just have to go to EDGI2.org.au and fill in the online assessment. And then if they qualify, they will be sent a saliva test, send it back, and it goes into the research. So it's I think it's fabulous. And the more people that do it, the better.

Professor Nick Martin

Lead Investigator, EDGI2, Geneticist & Head,
Genetic Epidemiology, QIMR Berghofer,
BRISBANE



19:14 – 19:28

Self-introduction

I'm professor Nick Martin, I'm a geneticist interested in complex, disorders. And I'm at the Queensland Industry Medical Research in Brisbane.

19:28 – 19:41

What is an eating disorder?

Eating disorders are severe, mental disorders that, can have drastic physical consequences.

19:41 – 19:51

How many Australians are currently living with an eating disorder?

The number of Australians living with an eating disorder is huge. It's about 1 in 23, almost 5 per cent of the population.

19:51 – 20:28

What do we currently know about the role of genes in eating disorders?

Because I'm a geneticist, it's the genetic aspect of these eating disorders that most interests me. And from work I started about 30 years ago looking at, eating disorders in twins and from that, we showed that about 60% of the variation in anorexia and bulimia, is due to genetic factors and subsequently other people have shown the same is true, for binge eating and for ARFID.

20:28 – 20:17

How many genes are involved in an eating disorder?

The number of genes involved in these complex, disorders we've found, where we've had large enough sample sizes is huge. It's, often, in the hundreds. And we've actually found nearly 500 genes for depression. About the same number for schizophrenia.

We've got no reason to suspect that it would be any different for these eating disorders. But so far, we've only found eight because our sample size is just way too small. So that's what this project is about. It's about trying to get a much larger sample of people who live with these, disorders to take part in our study and donate, saliva so we can make DNA.

20:17 – 21:57

Can you reflect on the strong association between eating disorders & other mental health disorders?

Eating disorders are known to be quite strongly associated with other mental disorders, in particular anorexia and, obsessive compulsive disorder are strongly related.

And, we need to understand that relationship much better. I mean, given that somebody has got a tendency to obsessive compulsive disorder, what else is it that drives them over the edge into a full blown eating disorder that can require hospitalisation? So, that's a that's one of the real motives for our for our work.

21:57 – 22:58

What is the Eating Disorders Genetics Initiative (EDGI) 2 & what is its aim?

EDGI2, Eating Disorder Genetics Initiative 2 is, part of an international collaboration, which includes other countries, including, Sweden, Denmark, Mexico, US, New Zealand, Australia. Aiming to collect a very large sample. We'd like eventually to get to 100,000 people, with these eating disorders. And we need to get that number to really understand the particular genes that are contributing to these conditions.

And we need to do that because, that will enable us to, design new medications, to have a much better understanding of the biochemical basis of these disorders, and also to actually make predictions about which people are most, liable, most susceptible to these conditions.

22:58 – 23:26

How does EDGI2 differ from the original EDGI study?

EDGI2, ah, is a bit different from EDGI1 in that we've added an extra eating disorder, namely avoidant restrictive food intake disorder or ARFID, which mainly affects young people, but not only, and is characterised by extremely restrictive food intake practices.

23:26 – 23:58

How many genes does EDGI2 aim to identify, that influence a person's risk of developing an eating disorder?

Our work so far on eating disorders has defined eight genes. That's up from zero before, so we're very pleased with that. But we know, comparing with other complex trait disorders, including psychiatric disorders, that there are most likely to be hundreds of such genes. And we also know that the number we find is directly proportional to the sample size we get.

23:58 – 25:01

What is 'genome wide association' or GWAS & what does it allow researchers to do?

So the scientific aim of our study is to collect DNA from participants and then, use that in what's called a genome wide association study. Now, that means actually typing your DNA on a chip, actually, just like this one here. And, that chip contains, or it's actually a slide, contains 24 little patches, in each one of those patches, types about a million, single nucleotide polymorphisms or gene variants. And these are spread right across the 23 chromosomes of the human genome. And it's actually the typing of those in very large numbers of people, both people who are affected with the condition, and those who are not, that enables us to look for differences, in those gene variants, and see which ones are actually involved in the condition.

25:01 – 25:29

How many adult volunteers, & who specifically, are you aiming to recruit into the Australian arm of EDGI2?

We're aiming in Australia to recruit at least 4000 participants in our study. These would be people, people over 18 years of age, who have experience either now or in the past, of anorexia, bulimia, binge eating or ARFID.

25:29 – 25:50

What does participation in EDGI2 involve?

Participation in our study is quite simple. Just go to a website **EDGI2.org.au**. That would give you all the information you need about the study. A short questionnaire, and then information about donating a saliva sample.

25:50 – 26:22

Why should people with experience of an eating disorder volunteer for EDGI2?

I think a lot of people out there who have eating disorders feel quite powerless and that that, there's nothing that can be done and nothing is going to get any better or improved. I think taking part in our study can actually give hope that these things can get better, and also can give them a much better self-understanding of, of the causes of their condition. And that in itself is, can be empowering and quite helpful.

26:22 – 26:44

What is your message to people aged 18+, living in Australia, with experience of an eating disorder?

If you do, have experience of one of these conditions, please take a little bit of time out of your life. Not very much, to take part in our study and help us find the causes of, these conditions and hopefully new approaches to treat them in the future.

Professor Sarah Maguire OAM

Chief Investigator, EDGI2 Australia, Clinical Psychologist & Director, InsideOut Institute, **SYDNEY**

26:53 – 27:08

Self-Introduction

I'm Professor Sarah Maguire, Director of InsideOut Institute at the University of Sydney and a Chief-Investigator of the Australian site of the EDGI2 study.

27:08 – 27:45

What is an eating disorder?

I'm not sure we understand what an eating disorder is and that's actually the purpose of this study. They have historically been thought of as illnesses that center around body weight and shape. But treatments designed to target those particular symptoms have been pretty unsuccessful. The early data from the EDGI studies, is that actually eating disorders may well be metabolic psychiatric disorders that have powerful biological drivers, as well as psychological drivers.



27:45 – 28:14

What are some common eating disorders?

The eating disorders that are marked by binge eating, bulimia nervosa and binge-eating disorder are actually more common than eating disorders marked by restriction, like anorexia nervosa and ARFID. ARFID is an eating disorder marked by pathologically picky eating. Um, people colloquially might refer to it as very fussy eating, but it's an extreme version of that.

28:14 – 28:23

How many Australians are currently living with an eating disorder?

Conservative estimates suggest a million Australians have an eating disorder.

28:23 – 28:39

Who is affected by an eating disorder?

Eating disorders occur across the lifespan. The earliest reports are about age six, and they go through to end of life. But you are at the highest risk in the adolescent and early adult years.

28:39 – 29:01

How can an eating disorder affect a person's quality of life?

Eating disorders have been demonstrated to have a severe impact on quality of life. How can they affect it? In just about every way professionally, in your personal relationships. Families report very high rates of burden at the same level as schizophrenia.

29:01 – 29:27

What do we currently know about the role of genes in eating disorders?

We don't know nearly enough about the role of genes in eating disorders. We do know enough to know that we should be looking at it. We have decades of research that looks at the prevalence of eating disorders in people who are related to one another, and we do see higher rates in relatives. We even see higher rates in twins that aren't raised together.

29:27 – 30:04

Why is it important to identify the genes that contribute to eating disorders?

Well, genes are the building blocks of human existence and experience, including the experience of an illness, like an eating disorder. We've been, I suppose, researching, understanding and treating eating disorders from the top down.

For a long time, we've been looking at the outside symptoms of weight, shape, food and treating the illnesses as such, and we've been really quite unsuccessful. We need to look at biological mechanisms and biological drivers so that we can develop targeted therapies.

30:04 – 30:25

What is the Eating Disorders Genetics Initiative 2 (EDGI2) & what is its aim?

The Eating Disorders Genetics Initiative 2 or EDGI2 is part two of a very large international consortium of researchers that are trying to gather enough genetic samples from affected people, to determine the genetic architecture, of a range of eating disorders.

30:25 – 30:48

How does EDGI2 differ from the original EDGI study?

EDGI2 expands the comprehensiveness of the range of eating disorders that we're collecting genetic material on in this, in EDGI2 we're including ARFID so that we have a broad capture of eating disorder presentations. And we can try to identify the genetic architecture of each of them and how they differ from each other.

30:48 – 31:15

What is Avoidant Restrictive Food Intake Disorder or ARFID & how does it differ from other eating disorders?

As the name ARFID implies, it is an eating disorder marked by an extremely avoidant and restrictive relationship with certain foods. It differs from an illness, say, like anorexia nervosa, in that it doesn't really have those body weight and shape components. It really centers around this extreme fear of certain foods, and it tends to onset in childhood.

31:15 – 31:40

What are some of the impacts of ARFID?

For people that have had a child with ARFID, they will explain to you how extreme it is. They will explain to you the impacts on their child's development, on their growth, on their health, on family life, on every meal, on their developmental years through childhood and adolescence.

31:40 – 31:54

How many sites are participating in EDGI2 worldwide?

There are six international sites participating in it EDGI2, Australia, New Zealand, the United States from where the study is led Mexico, Sweden and Denmark.

31:54 – 32:16

How many adult volunteers, & who specifically, are you aiming to recruit into the Australian arm of EDGI2?

In Australia, we need at least 4000 adults who have an experience of an eating disorder at any point in their lifetime. Either anorexia nervosa, bulimia nervosa, binge eating disorder, or ARFID to sign up for the study and fill in some questionnaires and give us a genetic sample.

32:16 – 32:43

Do you need to have had a formal diagnosis of an eating disorder to participate in EDGI2?

You don't need to have been given a formal diagnosis of an eating disorder to participate in the EDGI2 study. If across your lifetime, you think that you've had an experience of any eating disorder - anorexia nervosa, bulimia nervosa, binge eating disorder or ARFID - then go to the EDGI2 website, fill in some questionnaires. Your diagnosis can be confirmed through those questionnaires.

32:43 – 33:01

What does participation in EDGI2 involve?

Participation in EDGI2 is really simple. It just involves some online questionnaires, then we'll mail a spit kit to the house, and you can give us a saliva sample, and we give you a prepaid envelope to mail it back to us.

33:01 – 33:26

How can research initiatives like EDGI2 pave the way toward improving treatment?

In my opinion, there's no more important a piece of research for eating disorders than to determine the genetic architecture of the illnesses. It will transform our understanding. It will transform our ability to treat. It should transform our impact on mortality and outcomes altogether, and most importantly, it should change people's lives.

33:26 – 33:45

In your just published MJA Insight+ article you explain eating disorders are a growing public health concern in Australia. Why is this the case?

In our just published MJA Insight+ article, we talk about the growing burden and concern of eating disorders in Australia. In terms of prevalence, in terms of presentations to hospitals and treatment services, and in terms of the cost.

33:45 – 34:16

In your just published MJA Insight+ article you reflect on the failures of treatment for eating disorders. Please elaborate.

In our just published MJA Insight+ paper we reflect on some of the failures of treatment for eating disorders that are a result of our poor understanding of what types of illnesses they are. And until we have the genetic data to inform and transform our understanding, we're going to continue to see that mismatch between treatment and condition and the poor outcomes that it yields.

34:16 – 34:43

What is your message to people aged 18+, living in Australia, with experience of an eating disorder?

To adult Australians who believe that they've had an experience of an eating disorder, anorexia, bulimia, binge eating disorder, or ARFID at any point in their life, please help us be part of the solution. Go to the EDGI2 website, fill in some brief questionnaires, give us a sample of your saliva and let us determine the drivers of these illnesses.

Elise, 39

Corporate breathwork & meditation facilitator, mindset coach & counsellor who lived with anorexia nervosa for 23 years, **SYDNEY**



34:52 – 35:08

Self-introduction

My name is Elise, and I'm 39 years old. I live on the northern beaches of Sydney, and I'm a breathwork facilitator, ice bath coach and empowerment coach.

35:08 – 35:22

When and by whom were you diagnosed with anorexia nervosa?

I was diagnosed with anorexia nervosa when I was 14 years old, and I was diagnosed by my GP at the time.

35:22 – 35:33

For how long do you suspect you had been living with anorexia nervosa before your diagnosis?

I'd been living with anorexia nervosa for around two years prior to my diagnosis.

35:33 – 36:28

What events led to your diagnosis of anorexia nervosa?

I had a comment made by a close family member that I really looked up to about me having a pot belly. And at the time, at 12 years old, that really was quite devastating for me. From there, I went on to start to run around the block and really watch and restrict my food. And then moving into high school, I went to a high school that was a long way away from my home, where no one from my primary school came with me to that high school. And so I felt very isolated and alone and started to really feel like I didn't fit in or belong. And so I thought that perhaps if I was skinnier or had a different body shape, that perhaps I might have more of a chance of fitting in with the girls at that school.

36:28 – 36:55

What fuelled your eating disorder?

I think what else was fuelling the anorexia at school was probably a level of perfectionism. I've always been a perfectionist, and I think I was striving for that perfection in order to feel like I could fit in and make friends. If I was perfect, then people would want to be my friend.

36:55 – 37:37

You were also diagnosed with anxiety – a condition that co-occurs with an eating disorder. Can you reflect on this?

So I was diagnosed with anxiety disorder throughout my teen years. And I really think that that was a big part of what fuelled my eating disorder. I had that high level of anxiety that made my world feel very stressful and chaotic. And so I used my eating disorder to try and calm that chaos, to create that control in a really chaotic world. So it's almost as if my eating disorder was something that I was trying to fix my anxiety with.

37:37 – 38:00

How does it feel to live with anorexia nervosa?

Living with anorexia nervosa is so extremely isolating and it's all consuming. Every thought is related to the illness around to how much you're going to restrict that day, how much exercise you're going to do, and it becomes really, really lonely.

38:00 – 38:32

What were your symptoms of anorexia nervosa and how long did you experience them?

My symptoms of anorexia nervosa were extreme food restriction. So sometimes going all day or days without eating any food, I also would engage in extreme levels of exercise. So going for really long runs, going to the gym, doing sit ups in my room, you name it, as I would do as much exercise as I could possibly do.

38:32 – 39:06

How did your symptoms affect you?

My symptoms were causing me to be extremely tired and lethargic and terribly moody. I remember having really big rageful outbursts towards my parents, my mum in particular. And I think because of the lack of food and the amount of exercise that I was doing, that I just had no energy for my brain to be functioning at its best and for my moods to be stable.

39:06 – 39:25

For how long did anorexia nervosa continue to pervade your life?

I was diagnosed with anorexia nervosa at the age of 14, and this continued on until my early 20s. But then I had a couple of relapses after that, later on in my 20s.

39:25 – 39:52

Can you explain your first relapse as an adult?

The first one was triggered by my very first heartbreak in my early 20s. And obviously my world felt like extreme chaos when my very first love had broken up with me. And so I turned to the one thing I knew that would bring some calm to the chaos, and that was restricting my food and doing an extreme amount of exercise.

39:52 – 40:09

Can you explain your second adult relapse?

The relapse in my early 30s was not terribly long lasting because I had a much greater level of self-awareness, and I knew that I didn't want to live that life anymore.

40:09 – 40:31

How challenging was it to discuss your symptoms with your family and friends?

It was the one thing that made me feel safe and made me feel like I had control in what was a bit of a chaotic world. So the thought of discussing it and someone taking the illness away from me was absolutely petrifying.

40:31 – 40:42

Do you have a family history of an eating disorder?

Yes. There is a family history of mental illness and potentially an eating disorder.

40:42 – 41:30

How did living with anorexia nervosa affect your life from a physical, mental and social perspective?

Living with anorexia nervosa impacted my life significantly, particularly on a social level. I missed out on so much, and I reflect back at moments in time where I could have shared a beautiful meal with family, where I could have celebrated a birthday and enjoyed some cake with my loved ones and all that was surrounding

those experiences was anxiety around the food that was being served, and it was just so isolating for me and so extremely stressful at the same time. In moments that I really could have just been experiencing joy and love and all the really amazing, delicious things that life has to offer.

41:30 – 42:10

How did living with anorexia affect your career?

It took me into the fitness industry where I started to help people to really learn how to love their bodies and the things that they could do with their bodies, not just how their bodies looked, but the amazing capabilities of their bodies. And then from there, I've moved into becoming a breathwork facilitator, ice bath coach, and empowerment coach. And that has really allowed me to use all the lessons that I learnt throughout my illness, to then help other people to not experience what I did.

42:10 – 42:44

What was your main motivation for seeking medical attention for your eating disorder?

The main motivation for seeking attention for my eating disorder did not come from me. It was absolutely from my mum and my dad, and I have them to thank for starting the road to recovery. They were there by my side, ensuring that I attended my doctor's appointments. I saw my dietician. I stuck to my eating plan. And I couldn't have started the road to recovery without them by my side.

42:44 – 43:11

What are you doing these days to prevent a relapse of anorexia nervosa?

I love going to the gym and lifting really heavy weights. I love to do yoga and see how the different positions that I can get my body in and just really, really rejoice in the capabilities of my body and how incredible it is and the wonderful things that it does for me, and the fact that it carries me through this incredible life that I get to live.

43:11 – 43:45

Why is the Eating Disorders Genetics Initiative 2 (EDGI2) important to you?

EDGI2 is so important to me because the idea that we could identify whether someone has a genetic predisposition to an eating disorder would then mean that they wouldn't have to endure what I endured as I was growing up, if we could put in place things to avoid that eating disorder being triggered, that would mean that someone doesn't have to experience what I did.

43:45 – 43:58

Why have you chosen to participate in EDGI2?

I've chosen to participate in EDGI2 in order to improve treatment and save lives.

43:58 – 44:13

How can people volunteer for, and learn more about EDGI2?

People can learn more about EDGI2 by going to the website, EDGI2, that's number 2.org.au.

44:13 – 44:37

What is your message to other Australians living with an eating disorder?

You can get through this. That life can be so much more than it is right now. Life can be so absolutely incredible and you are so much more than your body. You have so much more to offer this world. And just believe in yourself. You can get to the other side of this.

Shannon, 48

Lived experience educator & dog lover who grappled with anorexia nervosa & bulimia nervosa for more than three decades, **PERTH**



44:45 – 45:00

Self-introduction

Hi, I'm Shannon, I'm from Perth, Western Australia. I'm 48 years old and I'm a lived experience and adviser working in eating disorders, mental health and palliative care and system reform.

45:00 – 45:30

When and by whom were you diagnosed with anorexia nervosa and bulimia nervosa?

It was back in 1992 when I was 13 years old in boarding school, and this was back in South Africa when I was first diagnosed with anorexia nervosa. I went into hospital not long afterwards, and it was actually a psychologist who made the formal diagnosis. Unfortunately, I also developed bulimia nervosa throughout my years, and my eating disorder experience unfortunately lasted for almost three decades of my life.

45:30 - 45:57

What events led to your diagnosis of anorexia nervosa and bulimia nervosa?

I was hitting puberty, and I had a few health issues at the time, so medication influenced my weight and how I felt physically, so I think the ripple effect of that, and also potentially feeling powerless around circumstances around me, all sort of overlapped, and I think probably led to developing symptoms and then exacerbating over time.

45:57 – 46:40

How does it feel to live with anorexia nervosa and bulimia nervosa?

For me, it was like living with a constant bully. So as much as I didn't want the experience at all, it was also very hard to let go of it because I had become so accustomed to it becoming a part of my life. But I felt like I was constantly living in secret, constantly living in fear, in pain, both physically and emotionally. It wasn't something that ever subsided or gave me respite. I think the experience was relentless, and sadly just became a way of my living and the way of my life. It was hard to sort of know what life looked like outside of it.

46:40 – 47:03

What were the long-term health impacts of living with two eating disorders?

I had developed osteoporosis particularly having an eating disorder for so long. I was in pain all the time and I also developed major gut issues. So I had three abdominal surgeries over the years and that was something that was really difficult to recover from.

47:03 – 47:24

How challenging was it to discuss your symptoms with your family and friends?

I was concerned that people would think it was vanity or really the drive to lose weight that was behind the cause and why would somebody want to do this to themselves to just simply lose weight and it was far from that. If I reflect back on it, it had nothing to do with my weight.

47:24 – 48:02

Despite being severely unwell, you struggled to accept your diagnosis. Can you reflect on this?

I did find it really hard to accept the diagnosis in itself. There's something about an eating disorder that, um, tries to convince people that they're not sick enough. And I felt that I didn't meet the norm of what I understood to be an eating disorder. And if I'm honest, I only ever really thought of an eating disorder as anorexia nervosa or bulimia nervosa. And, perhaps I was looking for what it, how it was perceived, not realising that, much of how it impacts a person is behind closed doors.

48:02 – 48:47

In your teens you were also diagnosed with anxiety, depression, and later complex trauma. Years later into your recovery, you were also diagnosed as neurodivergent, conditions that co-occur with eating disorders. Can you expand on this?

For me, I think I did start to experience depression and anxiety, but the eating disorder certainly made that far worse. Particularly being malnourished. And, you know, the impact of the symptoms within eating disorders certainly, can impact so many other aspects of your life in general. I think I learned to live with those symptoms, sadly, for many, many years. But the impact of my eating disorder, how it significantly impacted not only my health and wellbeing, but that of my family and those that I loved, also caused a lot of trauma over the years, particularly in trying to seek appropriate treatment and even access treatment.

48:47 – 49:11

Do you have a family history of an eating disorder?

So I was aware that my aunt had anorexia nervosa. But if I reflect back on my experiences I think in hindsight and maybe understanding a bit more about eating disorders, I can certainly say I think there was definitely traits of disordered eating in my family and potentially undiagnosed eating disorders as well.

49:11 – 50:04

How has living with anorexia nervosa and bulimia nervosa affected your life from a physical, mental and social perspective?

Living with both disorders over the years had an impact on my physical wellbeing. I was in pain all the time. I had constant physical symptoms. I think the ripple effect of that, was also impacting how I slept, how I connected with friends and family. So then that in itself then led to a great deal of isolation. I wasn't able to focus in school life and work life, to the point where, you know, those were things that I needed to stop doing. They were the things that I loved doing. So I think they went to hand in hand. Not only were they making me incredibly unwell physically, but also brought a great deal of sadness and disconnection from the world and those that I loved.

50:04 – 50:19

Can you explain the potentially devastating consequences of living with anorexia nervosa and bulimia nervosa?

I think having eating disorders to the degree that I did took away everything that mattered the most to me to the point where I nearly lost my life.

50:19 – 51:10

Now nine years into recovery, you are channeling your personal journey into eating disorder advocacy, education and driving system change. Can you reflect on this?

Nine years into recovery, I am choosing to take my lived experience to hopefully improve the system of care. I think having such a long experience has brought a deeper understanding of how it not only impacts the person, but also those around them, and also those that are trying to support and care for them. And I've seen everybody impacted in that process, and so it's been really important to me to try and support system reform that can drive a person-centered approach to care so that people not only can get their right care, at the right place, and the right time, but also hold onto hope that they can actually recover from an eating disorder and mental health challenges and not feel that it's something that has to have such a significant hold on their life like it did with mine.

51:10 – 51:40

How hard was it to recover from your eating disorder?

I think recovering from an eating disorder was one of the hardest things I've ever done in my life, and it certainly wasn't easy, and I didn't think it was something that I would be able to achieve. And I think nine years into that process, I feel confident to say that what drove my eating disorder before certainly doesn't influence how I navigate life, the good, the bad, and the ugly.

51:40 – 52:12

Why is the Eating Disorders Genetics Initiative 2 (EDGI2) so important?

The Eating Disorders Genetics Initiative two is such an important study. Not only does it touch on anorexia nervosa, bulimia nervosa and other eating disorders, but it's going to help understand and gain more insight and information not only to the environmental factors that cause eating disorders, but also potentially the genetics behind what influences people to become so unwell from eating disorders.

52:12 – 52:47

Why have you chosen to participate in EDGI2?

I think understanding the importance of EDGI2 is a no-brainer for me, knowing that it will potentially save many lives and hopefully prevent people from being so significantly impacted by eating disorders. It's such a profound, huge study, a very easy study to participate in, and if it's going to support my peers and colleagues in the community and help them to not develop or be impacted by eating disorders the way I was, then it's a no brainer for me. I can't not be involved.

52:47 – 53:12

How can people volunteer for, and learn more about EDGI2?

The best way to understand a bit more about the study and be involved is to go online to EDGI2.org.au, so EDGI and the number '2'.org au, and that'll give you some insight into the study in itself and show you and explain how you can be involved and hopefully volunteer for the study.






53:12 – 53:47

What is your message to other Australians living with an eating disorder?

I'd just encourage you to reach out to somebody that you can trust, whether it's someone in your family, a GP, a teacher at school, and let them know what's going on. I think the sooner that you can get the right supports, the sooner you can start to live your best life. Eating disorders can take away so much from you, and no one deserves that, but I think the right support and potentially treatment, I think you can start to live the life that you deserve.

OVERLAY

3D animations

TIME CODE	DESCRIPTION	PREVIEW
53:58 – 54:09	Rotating blue DNA helix animation	
54:09 – 54:31	Rotating blue DNA helix from glowing particles animation	
54:31 – 54:52	Rotating blue DNA helix & DNA sequencing analysis animation	
54:52 – 55:15	DNA sequencing analysis animation	
55:15 – 55:30	DNA double helix comprising human figures animation	

55:30 – 56:04

Timelapse vision of researchers at work in laboratory



Lisa Curry AO, 63

Triple Olympian, mother, grandmother, wellness entrepreneur & author, ***Sunshine Coast***

56:06 – 56:11

Mid shot of Lisa looking up at camera in slow motion

56:11- 56:17

Wide shot of Lisa looking up at camera in slow motion

56:17 – 56:27

Wide shot of Lisa building a fire in her garden

56:27 – 56:43

Wide shot of Lisa carrying firewood; walking away from camera

56:43 – 56:50

Mid shot of Lisa placing wood into fire pit

56:50 – 57:03

Mid shot of Lisa walking around her dog

57:03 – 57:12

Wide shot of Lisa's garden and palm trees in the rain

57:12 – 57:24

Wide shot of Lisa and her husband calling her dog in garden

57:24 – 57:28

Mid shot of Lisa stroking her dog with her husband Mark by her side

57:28 – 57:36

c/u shot of Lisa talking to her husband

57:36- 57:39

Mid shot of Lisa laughing with her husband

57:39 – 57:48

Mid shot from Lisa (rear) and her husband throwing a ball to their dog

57:48 – 57:55

c/u shot of Lisa with her arm around her husband, smiling

57:55 – 58:33

Wide shot of Lisa entering room, sitting down by window, sipping cup of tea

58:33 – 58:44

Mid shot of Lisa sipping cup of tea

58:44 – 59:00

Wide shot of Lisa inside, sipping tea and gazing out of window

59:00 - 59:08

Wide shot of Lisa sat inside, looking out window; Lisa blurring; rain in focus



59:08 – 59:24

Mid shot of Lisa (rear) looking at a photo of Jaimi and sipping tea

59:24 – 59:28

c/u shot of picture frame of Jaimi with fairy lights

59:28 – 59:51

Wide angle shot of Lisa walking towards her craft house with dog in tow

59:51 – 1:00:29

Mid shot of Lisa blowing out candles in her craft house and sitting down on chair

1:00:29 – 1:00:48

Mid shot of various photos of Lisa, her husband and her two daughters

1:00:48 – 1:01:06

Wide shot of Lisa sitting down, crocheting

1:01:06 – 1:01:13

Mid shot of Lisa sitting down, crocheting

1:01:13 – 1:01:22

Mid shot of Lisa sitting down, crocheting (right side of body)

1:01:22 – 1:01:29

c/u of Lisa crocheting and looking downwards, smiling

1:01:29 – 1:01:42

c/u shot of Lisa crocheting

1:01:42 – 1:01:55

Wide shot of Lisa (rear) playing the piano

1:01:55 – 1:02:02

c/u of Lisa playing piano

1:02:02 – 1:02:20

c/u of Lisa's hands playing piano

1:02:20 – 1:02:38

Mid shot of Lisa leafing through old pictures of Jaimi as a baby

1:02:38 – 1:03:11

c/u of pictures of Jaimi as a baby

1:03:11 – 1:03:39





c/u pictures of Lisa as a swimmer and with her two daughters



1:03:39 – 1:04:18

c/u of Lisa's book – *A memoir – 60 years of life, loss and love*

Lisa Curry AO photo gallery

TIME CODE	DESCRIPTION	PREVIEW
1:04:20 – 1:04:26	Lisa Curry AO, portrait 1	
1:04:26 – 1:04:31	Lisa Curry AO, portrait 2	
1:04:31 – 1:04:35	Lisa Curry AO and her husband Mark	

1:04:35 – 1:04:40	Jaimi and her love for flowers	
1:04:40 – 1:04:45	Jaimi, portrait 1	
1:04:45 – 1:04:50	Lisa and daughter Jaimi	
1:04:50 – 1:04:55	Lisa's daughter Jaimi	

<p>1:04:55 – 1:05:00</p>	<p>Olympian Lisa Curry AO and her daughter Jaimi at 1992 Barcelona Olympics</p>	
<p>1:05:00 – 1:05:05</p>	<p>Lisa Curry AO + young Jaimi</p>	
<p>1:05:05 – 1:05:10</p>	<p>Lisa Curry AO + her daughter Morgan at Jaimi's funeral</p>	

Professor Nick Martin

Lead Investigator, EDGI2, Geneticist & Head,
Genetic Epidemiology, QIMR Berghofer,
BRISBANE



1:05:11 – 1:05:23

Mid-shot of Professor Nick Martin in slow motion looking up at camera

1:05:23 – 1:05:29

Mid shot of Professor Nick Martin in slow motion, looking up at camera, smiling

1:05:29 – 1:05:36

Wide shot of Professor Nick Martin and researchers standing in lab, smiling at camera

1:05:36 – 1:05:46

c/u shot panning shot of researchers and Professor Martin in the lab

1:05:46 – 1:05:54

Mid-shot of Professor Martin and researcher walking through the lab

1:05:54 – 1:06:03

Mid-shot over shoulder of Prof Martin and researcher working on computer in lab

1:06:03 – 1:06:10

Mid shot of Professor Martin and researcher talking in lab

1:06:10 – 1:06:14

c/u of QIMR Berghofer lab coat logo

1:06:14 – 1:06:22

c/u of Eppendorf tubes in lab

1:06:22 – 1:06:30

Wide shot of Professor Martin and researcher working in lab

1:06:30 – 1:06:36

c/u of the machine working in the lab

1:06:36 – 1:06:40

Mid shot of Professor Martin and researcher talking in lab in front of machine

1:06:40 – 1:06:46

c/u shot of Professor Martin and researcher talking in lab

1:06:46 – 1:06:50

Mid shot of Professor Martin and researcher talking in lab in front of machine

1:06:50 – 1:06:55

Mid shot over the shoulder of the researcher pipetting

1:06:55 – 1:07:03

c/u of researcher pipetting into box

1:07:03 – 1:07:18

Mid-shot of researcher placing box in machine and switching it on

1:07:18 – 1:07:34

c/u of machine spinning

1:07:34 - 1:07:44

Mid-shot of Professor Martin and researcher looking up at test tubes and placing them back into machine

1:07:44 – 1:07:50

Mid shot over shoulders of Professor Martin and researcher using machine

1:07:50 – 1:07:55

Mid shot panning out of researcher working at bench

1:07:55 – 1:08:04

c/u of researcher pipetting

1:08:04 – 1:08:20

Mid shot of researcher pipetting

1:08:20 – 1:08:30

c/u of researcher over her shoulder working on computer

1:08:30 – 1:08:36

Wide shot of Professor Martin walking towards the camera through building

1:08:36 – 1:08:42

Wide shot of Professor Martin walking toward the camera looking at wall

1:08:42 – 1:08:48

Mid-shot of Professor Martin walking while looking at names on wall

1:08:48 – 1:08:57

Mid-shot over shoulder of Professor Martin passing auditorium

1:08:57 – 1:09:01

Wide shot of Professor Martin walking into office

1:09:01 – 1:09:05

Wide shot of Professor Martin walking towards camera and into his office

1:09:05 – 1:09:10

Wide shot of Professor Martin working on his computer

1:09:10 - 1:09:23

Mid-shot of Professor Martin working on computer and taking notes

1:09:23 - 1:09:32

Mid-shot over the shoulder of Professor Nick Martin working at his computer

1:09:32 - 1:09:36

c/u shot of Professor Martin looking up at computer

1:09:36 – 1:09:54

c/u shot of Professor Martin and Professor Sarah Medland looking at data on the table and talking

1:09:54 - 1:10:10 c/u shot of Professor Nick Martin holding a gene carrier

Professor Sarah Maguire OAM

Chief Investigator, EDGI2 Australia, Clinical Psychologist & Director, InsideOut Institute, **SYDNEY**

1:10:11 – 1:10:20

Wide shot zooming in on Professor Sarah Maguire OAM looking up and at camera

1:10:20 – 1:10:28

Wide shot zooming in on Professor Maguire smiling, looking up at camera

1:10:28 – 1:10:34

c/u panning shot of Professor Maguire smiling at camera



1:10:34 – 1:10:46

Wide shot of Professor Maguire walking in slow motion down corridor

1:10:46 – 1:11:22

Mid-shot of Professor Maguire walking in slow motion towards camera

1:11:22 – 1:11:44

Mid-shot from behind of Professor Maguire walking up stairs in slow motion

1:11:44 – 1:12:00

Wide shot of Professor Maguire in slow motion walking down stairs

1:12:00 – 1:12:19

Mid-shot panning around Professor Maguire walking down stairs in slow motion

1:12:19 – 1:12:46

Wide shot of Professor Maguire passing lab in slow motion

1:12:46 – 1:13:05

Mid-shot of Professor Maguire passing lab in slow motion

1:13:05 – 1:13:30

Wide-shot moving past lab with a researcher pipetting

1:13:30 – 1:14:16

Wide shot of Professor Maguire and patient sitting in front of window talking

1:14:16 – 1:14:33

Mid-shot over Professor Maguire's shoulder of Sarah chatting with colleague

1:14:33 – 1:14:53

Mid-shot of Professor Maguire laughing with her patient

1:14:53 – 1:15:03

Mid shot of Professor Maguire and patient's hands talking

1:15:03 – 1:15:08

c/u shot of InsideOut Institute logo on door, blurring; Professor Maguire and her patient meeting in office

1:15:08 – 1:15:17

Mid shot behind patient of Professor Maguire talking to patient

1:15:17 – 1:15:22

Mid-shot of patient (rear) of Professor Maguire using her laptop

1:15:22 – 1:15:26

Mid-shot through glass of Professor Maguire talking to her colleague, and using her laptop

1:15:26 – 1:15:36

c/u panning shot of laptop, panning up to Professor Maguire listening to her colleague

Elise, 39

Corporate breathwork & meditation facilitator, mindset coach & counsellor who lived with anorexia nervosa for 23 years, **SYDNEY**



1:15:37 – 1:15:47

Mid shot of Elise in slow motion, looking up at camera

1:15:47 – 1:15:59

Mid-shot of Elise in slow motion, looking up at camera, smiling

1:15:59 – 1:16:23

Wide shot of Elise in slow motion walking into pilates studio; then lying down on reformer pilates equipment

1:16:23 – 1:16:39

c/u shot of Elise in slow motion doing reformer pilates

1:16:39 – 1:16:45

Wide shot of Elise doing pull ups in Cube Gym

1:16:45 – 1:16:57

Mid shot of Elise (from rear) doing pulls ups

1:16:57 – 1:17:13

c/u shot of Elise placing weights onto a bar

1:17:13 – 1:17:22

Mid shot of Elise placing weights onto a bar

1:17:22 – 1:17:32

Wide shot of Elise doing deadlifts

1:17:32 – 1:17:45

c/u shot of Elise picking up weights

1:17:45 – 1:17:49

Wide shot of 'Be cool. stay cool' print on wall of ice bath

1:17:49 – 1:17:59

Wide shot of Elise entering ice bath

1:17:59 – 1:18:09

Mid shot of Elise entering ice bath

1:18:09 – 1:18:12

c/u shot of Elise meditating in ice bath

1:18:12 – 1:18:24

c/u shot of Elise getting out of ice bath

1:18:24 – 1:18:37

Wide shot of Elise playing with her dog on sofa

1:18:37 – 1:18:58

c/u of Elise's dog looking up at Elise; Elise looking down at her dog

1:18:58 – 1:19:17

Mid-shot of Elise stroking her dog on sofa

1:19:17 – 1:19:34

c/u shot of Elise making tea

1:19:34 – 1:19:42

Wide shot of Elise pouring teas, picking up cups and walking towards camera

1:19:42 – 1:19:50

Wide shot of Elise placing a cup of tea in front of her mum and sitting down at table

1:19:50 – 1:19:58

Mid shot over Elise's shoulder of Elise's mum straining her tea and chatting to Elise

1:19:58 – 1:20:10

Mid shot over Elise's mum's shoulder of Elise drinking tea and smiling at her mum

1:20:09 – 1:20:12

c/u shot of Elise's hands holding a cup of tea

1:20:12 – 1:20:17

Mid shot of Elise drinking a cup of tea

1:20:17 – 1:20:26

Wide shot of Elise and her mum sitting at table, talking

1:20:26 – 1:20:31

c/u of Elise's hands holding a cup of tea.

Shannon, 48

Lived experience educator & dog lover who grappled with anorexia nervosa & bulimia nervosa for more than three decades, **PERTH**



1:20:31 – 1:20:41

Wide shot of Shannon walking along boardwalk with her dog

1:20:41 – 1:20:56

Wide shot of ocean and Shannon walking along beach carrying her dog

1:20:56 – 1:21:05

Aerial wide shot of Shannon walking along beach carrying her dog

1:21:05 – 1:21:17

Wide shot of Shannon carrying her dog on beach with ocean in the background

1:21:17 – 1:21:21

Wide shot of Shannon leaving the beach with her dog

1:21:21 – 1:21:29

Mid shot of Shannon walking towards camera holding her dog

1:21:29 – 1:21:40

Wide shot, moving into mid shot of Shannon climbing boardwalk stairs, carrying her dog

1:21:40 – 1:21:52

Mid shot (rear) panning around to Shannon (front), with her dog, gazing at ocean

1:21:52 – 1:22:00

Mid shot of Shannon cuddling her dog

1:22:00 – 1:22:09

c/u shot over right shoulder of Shannon kissing her dog

1:22:09 – 1:22:15

Wide shot of two still kangaroos on golf course

1:22:15 – 1:22:22

Wide shot of Shannon and her dog walking on golf course

1:22:22 – 1:22:49

Mid shot of Shannon carrying her dog, walking on golf course

1:22:49 – 1:22:57

Mid shot from behind of Shannon carrying her dog walking along path

1:22:57 – 1:23:08

Wide shot of Shannon walking through the trees carrying her dog

1:23:08 – 1:23:24

Wide to mid shot of Shannon sitting down, picking up and placing her dog in her lap

1:23:24 – 1:23:47

Mid shot of Shannon sitting down on a tree stump with her dog in her lap

1:23:47 – 1:23:53

Mid shot of Shannon typing on her laptop at home

1:23:53 – 1:23:59

c/u shot of Shannon working on her laptop at home

1:23:59 – 1:24:11

c/u shot of Shannon's hands typing on her laptop

1:24:11 – 1:24:30

c/u over Shannon's shoulder of her working on her laptop

1:24:30 – 1:24:39

Mid shot of Shannon sitting down working on her laptop

1:24:39 – 1:24:50

Mid shot (aerial) of Shannon working on her laptop

1:24:50 – 1:24:58

c/u shot of Shannon reading on her laptop.

ends#

For more information regarding this VNR please contact:

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