It is estimated that 70 million individuals worldwide struggle with an eating disorder (ED) (Smink et al., 2012). The prevalence of EDs in the US is estimated at 30 million, 1.25 million in the UK, and reports also indicate rapid increases of EDs in Asia, with prevalence in Japan, reaching rates similar to Western countries (Beat, 2021; Hotta et al., 2015; Smink, 2012). Estimates indicate that worldwide up to 4% of women are diagnosed with bulimia nervosa (BN) in their lifetime, and nearly 4% of women and 2% of men are diagnosed with binge eating disorder (BED). In the UK, it is estimated that 3% of females between the ages of 11-34 struggle AN, as do 1% of males. In this same age range, 1% of females struggle with BN, as well as .33% of males (Beat, 2021). While it is difficult to determine the number of individuals living with an ED, as many do not seek treatment due to embarrassment or denial of their symptoms, it is important to recognise the serious and complex nature of EDs.

Almost 4% of women are diagnosed with anorexia nervosa at some point in their life, 1% of female adolescents carry this diagnosis, which also has the highest mortality rate of any mental illness. Individuals diagnosed with an ED are four times more likely to struggle with alcohol or substance abuse and studies indicate between nearly 20-70% are also diagnosed with post-traumatic stress disorder. In 2020 in the US, hospital admissions for EDs increased by 66% (STRIPED Harvard, 2020). Clients engaged in ED treatment are typically admitted to medical, mental health, or specialised ED treatment units. In these settings, they may be referred for music therapy services or receive them as a part of the treatment program. Given the complexity and unique nature of EDs, it is important that music therapists providing services to these clients develop their knowledge and competency to work safely, effectively, and ethically. This necessitates learning about EDs, as well as delving into the music
therapy research and practice literature with clients with EDs. One of these resources is *The Oxford Handbook of Eating Disorders* (2nd edition).

This is a comprehensive text edited by two experts in the field of ED treatment and research. Agras and Robinson have decades of experience conducting research with clients receiving treatment for the full range of EDs and working with clients in the treatment process. The 27 chapters include contributions from 69 authors that represent an international group of experts specialising in the field of ED and ED treatment. This text includes five sections entitled: Phenomenology and Epidemiology, Approaches to Understanding the Eating Disorder, Assessment and Comorbidities of the Eating Disorders, Prevention and Treatment, and Emerging Topics. While the text is comprehensive and written in an academic manner, there is a plethora of information important for music therapists to understand about EDs when working with clients in treatment. Therefore, this book review focuses primarily on aspects of the book relevant to music therapists working with clients with EDs.

The Introduction and Part One provide a history of EDs, exploring the lack of documented cases to the more recent changes of diagnostic labels in the DSM-5. Understanding this information helps a clinician recognise how EDs can merge and change over time. For example, a patient once diagnosed with AN may begin to binge eat and purge and then meet the criteria for BN. The DSM classifications and criteria for each ED are reviewed for including anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED), other specified feeding or eating disorder (OSFED), and unspecified feeding or eating disorder (UFED), including symptomatology and frequency of compensatory behaviours, and how they are distinctive for each disorder. This is important information for music therapy clinicians to be able to understand diagnostic information, communicate with treatment teams, and recognise the therapeutic needs of ED clients. This section also details prevalence and epidemiological data, cross-cultural patterns, comorbidities, mortality rates, and unique challenges with each disorder, which provides good foundational knowledge for clinicians specializing in this area of practice.

Part Two focuses on understanding EDs and each chapter in this section focuses on a different contributing factor. These include appetite regulation, dieting, genetic influences, psychosocial risk factors, mood and emotions, and cultural influences. These chapters address the myriad risk factors that contribute to the development of an ED and also explore the impact of cultural feeding and eating practices, cultural beliefs about the body, media images of male and female bodies represented, meaning attached physical attributes, the role and view of gender within the culture, class and socioeconomic status, and the impact of globalisation. Understanding these various risk factors ensures that clinicians have a holistic view of contributing factors and recognise the impact one’s culture may have on the development of their ED.

Part Three addresses assessment and comorbidities often associated with EDs and giving focus to psychological, medical, and examining comorbid factors. This section provides an important context to help clinicians understand the complexities of EDs including the psychological aspects, as well as the myriad of medical and comorbid complications unique to and commonly associated with EDs. The chapters in this section provide thorough information to help clinicians understand the complicated nature of EDs and the various factors to be considered in the course of ED treatment.

Part Four of the text focuses on prevention, as well as various approaches and aspects of ED treatment. This section includes chapters dedicated to the most common and evidence-based approaches in ED treatment, including prevention theory, cognitive behavioural therapy (CBT)
interpersonal psychotherapy, family therapy, dialectical behaviour therapy (DBT), cognitive remediation pharmacotherapy, and self-help. These chapters provide music therapists with information about the types of therapeutic philosophies and approaches they will likely encounter when working in ED treatment programs. Developing an understanding of these philosophies and therapeutic approaches can assist clinicians in recognising how music therapy can be integrated into programs utilising these approaches.

Part Five addresses emerging topics gaining attention and demonstrating promising outcomes related to EDs and ED treatment. This brings a menagerie of topics from selective eating, emerging syndromes, bariatric surgery, virtual reality, mobile applications, and internet-based interventions. The information included in these chapters is varied and diverse and provides an opportunity for clinicians to discover areas emerging in ED treatment and to consider how music therapy may be able to be integrated or interface in any of these areas. Especially in the areas of virtual reality and mobile applications, there may be opportunities for music therapists to consult and collaborate on developing tools and resources for clients. While the use of internet-based interventions was being explored as a therapeutic platform before COVID-19, the prolonged nature of the pandemic has called upon ED treatment programs to lean heavily on the method of service delivery. Music therapists will benefit from being able to provide services in this manner when appropriate.

Overall, the text provides clinicians and researchers practicing in the ED field with a comprehensive overview and foundational information about many aspects of EDs and ED treatment, which is important for clinicians working in this specialised area. While the text represents the collaborative work of nearly 70 experts in the field, there are topics and treatment modalities frequently in use in ED treatment programs around the world that have not been included or discussed in this text. The text does not examine the interdisciplinary treatment approach that is utilised in many ED treatment programs around the world. Exploration of how various disciplines work collaboratively and integrate therapeutic modalities to help clients and their families is practical information that is missing in this text.

There is no mention of music therapy, creative arts, or mind-body therapies in the text. While there is not enough evidence to date to warrant the editors including this in the prevention and treatment section, it could have included this in emerging topics. It is important to note that this text is not designed to inform music therapists about music therapy methods for use in ED treatment, but instead to gain important foundational knowledge about EDs and ED treatment to build one’s scope of practice and competence for practice with such complex disorders.

REFERENCES