Eating Disorders: Cracking the Code An Interview with Steven Levenkron

by Susannah Sheffer

If all the fashion models and movie stars suddenly gained 30 pounds, would girls stop having eating disorders?

Granted, media images that show such a narrow ideal of beauty are part of the problem. But sometimes, talk about eating disorders makes it sound as if those images are the only problem. Pop culture is an easy target in some ways. It's hard to defeat, maybe, but it can be easy to blame. And blaming it can be easier than confronting some of the thornier and more personal issues that actually affect a girl's risk for developing an eating disorder.

In many areas of life, the claim can be made that people focus too much on the individual or familial causes of a problem and fail to look at the broader social and cultural context. With eating disorders, though, I often fear that the reverse is true. That's why I wanted to introduce Steven Levenkron to *New Moon Network* readers who may not yet know him.

Levenkron's novel about anorexia, *The Best Little Girl in the World*, has been in print for twenty years and Levenkron is one of the most respected voices in the field. His nonfiction book *Treating and Overcoming Anorexia Nervosa* was recently reissued, and when I showed parts of it to a friend struggling with an eating disorder, she said, "He really gets it. He understands."

I interviewed Steven Levenkron at his office in New York City, where he still, after all these years, conducts therapy for a full eight hours a day. Some girls travel from neighboring states for appointments, and he gets cards and letters from grown women whom he treated as girls and who still feel a strong bond with him. Most important, the vast majority of girls Levenkron treats get better.

I asked Levenkron whether focusing on media images of thinness can blind us to the deeper and more complex causes of eating disorders.

"It is important to keep the fashion industry on the defensive," he acknowledged. "But that alone won't solve the problem. Just about all girls are exposed to those images, but not all of them develop anorexia." Levenkron's key point, developed in both his fiction and nonfiction, is that anorexia means something to the anorexic, something that even the most well-developed programs promoting positive body image won't fully dispel.

"When an anorexic girl says 'I feel fat," Levenkron explains, "it's a form of identity impoverishment. She is taking all the complexity of herself and her feelings and reducing them to this one expression. A girl who says 'I feel fat' often really means 'I feel anxious' or 'I feel scared,' but she doesn't' know any other way to say it."

Indeed, one of the most important things to learn from Levenkron is that girls who don't know how or don't feel able to speak about their needs and feelings directly will speak in coded messages. It's not that an anorexic doesn't also truly feel fat. She does, even if she weighs 80 pounds. But because she's using that feeling as a proxy for other hard and perhaps forbidden feelings, if we respond only to the immediate statement, we're bound to end up frustrated. Trying to convince a girl who feels fat that

she isn't fat is usually a futile exercise. Working to crack the code -- to find out what "fat" means to her -- is hard, too, but ultimately more to the point.

"Anorexia is a crisis of trust, of attachment," Levenkron told me, echoing his book's explanation of how girls with eating disorders have -- for whatever complex reasons -- come to feel that they can't trust others with their fears and needs. In the book, he says that the anorexic "has been rewarded for not needing. Needing equals failing." Thus, by insisting that she isn't hungry, she is mastering her desires, becoming someone who doesn't need and who creates her own safety because she doesn't trust that she can feel safe with another person.

"It's sad, but often a girl's relationship with me, her therapist, is the first really trusting attachment she's formed," Levenkron observed. "A lot of kids today have the sense that their parents are really depleted, overwhelmed, that they need for their kids not to have problems." Levenkron tells stories of girls who come into his office wary and defensive and end up asking him questions about their developing bodies and their changing feelings that they've never dared ask anyone else. Hearing about the gradual transformation of wariness into trust always moves me, and it's also heartening that an adult, especially a male therapist, can be so comfortable discussing personal issues with girls. But it's disconcerting to realize that Levenkron's patients seem to have no one else they feel they can talk to. His descriptions are a pretty scathing indictment of the rest of these girls' lives.

Most adolescents swing back and forth between neediness and autonomy, but in the anorexic, Levenkron explains, "the balance has gotten out of whack. They think they have to rely on themselves

Levenkron explains, "the balance has gotten out of whack. They think they have to rely on themselve exclusively; they don't feel they can reach out to others or depend on others for comfort or reassurance, so they depend on their food rituals and on the belief in the magic of a perfect weight, instead."

This understanding leads Levenkron to approach therapy in a way that some old-school practitioners regard as unconventional or even unprofessional. Years ago he named his approach "nurturant-authoritative," and it's both more overtly nurturing and more prescriptive than some other therapists find comfortable. It requires a great deal of strength and centeredness on the part of the therapist. Levenkron has to show the girls he works with that he is strong enough to hear their worst feelings and not be overwhelmed. He has to show them that, contrary to what they believe, they aren't too much to handle. And he has to persist in offering the basic reassurance and comfort that they don't really believe they can ask for or receive.

I was interested in the strength that such an approach requires. "When you say reassuring thing to a girl," I asked, "how much of that is knowledge on your part, and how much is sheer faith?" Levenkron leaned back in his chair and thought for a minute. "I'd say by now, after twenty years, it's about 80% knowledge and 20% faith. I can say that because I've seen enough girls get better even from really severe anorexia. So I know it's possible. But at the beginning," he laughed, "it was really much more faith and a prayer for me."

Yet precisely because anorexia is in large part a crisis of hope and belief, it must help girls a great deal simply that Levenkron is able to offer that to them. At the end of his nonfiction book, in a section addressed directly to those who suffer from eating disorders, he says that in order to recover they will

have to dare to trust and dare to hope. Clearly what Levenkron does is help them to dare by daring first, when they can't do it themselves.

Having observed that his patients perceive their parents as overwhelmed and depleted, Levenkron adds that many contemporary parents truly are overwhelmed, which means that they sometimes look to their children to meet their needs instead of the other way around.

"Sometimes, without realizing it, parents convey to their kids the message that they need them to be strong, to be OK, they need their reassurance. One reason eating disorders often arise at threshold times -- at puberty and again when the teenager is getting ready to leave home -- is that there's confusion in the family about attachment and separation. A girl fears separation when she fears that her parents need her too much for her to go. And a mother's fears about her daughter's sexuality can really be fears about the daughter's growing up and leaving."

Levenkron's wife Abby is also a therapist, and she works with the mothers of girls with eating disorders, giving them, as Levenkron succinctly explains, "what they've been mistakenly trying to get from their kids."

Girls with eating disorders are preoccupied with food and weight, but what Levenkron shows us is that the best treatment -- and the best prevention -- does not only involve talk about body image. I believe him because I have known girls who can talk with apparent sophistication and savvy about body image and cultural expectations but who are still struggling privately with the very issues of trust, attachment, control, sexuality, and tolerance of complex feelings that Levenkron describes. Denying yourself food when you're hungry or even starving seems illogical, but -- like anything clung to so tenaciously -- it obviously gives a girl something she doesn't believe she can get elsewhere. Our job, Levenkron tells us, is to prove her wrong.

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