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Perceived expressed emotion in anorexia nervosa, bulimia nervosa, and binge-eating disorder

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Abstract

The aim of this study was to verify the level of expressed emotion (EE) as perceived from patients with an eating disorder (ED). The Italian translation of the Level of Expressed Emotion Scale was administered to 63 female patients with *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, diagnosis of anorexia nervosa, bulimia nervosa, and binge-eating disorder and 63 control subjects, according to a case-control procedure. Patients with ED showed higher level of perceived EE than controls, whereas no significant differences were observed when comparing the 3 patient subgroups. The level of perceived EE was found to be independent of age, person who has been most influential in the patient's life, amount of contacts, and duration of treatment. Different associations between eating disorder psychopathology and EE were found, suggesting a close relationship between the emotional response and tolerance of influential person and the dysfunctional attitudes regarding eating, weight, and body shape.
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1. Introduction

The concept of expressed emotion (EE) was developed in the 1960s by Rutter and Brown [1,2] to assess some aspects of family life associated with relapse in patients with schizophrenia. Later, EE has been shown to be a good predictor of relapse also for patients having other psychopathologic conditions, including Alzheimer disease, anxiety disorders, depression, substance abuse, and eating disorders [3-6]. Leff and Vaughn [4] reported that high EE is characterized by 4 attitudes or response styles: (1) high level of intrusiveness (ie, making repeated attempts to establish contact or to offer unsolicited and frequently critical advice), (2) highly emotional response to the patient's illness (ie, responding with anger, acute distress, reactions that tend to upset the patient), (3) negative attitude toward the patient's illness (ie, doubting that he/she has no control over symptoms; blaming or holding the patient responsible for his/her condition), and (4) low level of tolerance and high expectations of the patient (ie, relatives are not convinced that the patient is really ill, they are intolerant of the patient's behaviors and social impairments).

As far as eating disorders (EDs) are concerned, some studies described an interaction between EE and abnormal eating behaviors, and between EE and the development and maintenance of anorexia nervosa (AN) and bulimia nervosa (BN) [5,7]. On the other hand, binge-eating disorder (BED) has never been explored from this point of view. The Camberwell Family Interview (CFI) [8] was the first psychometric instrument devoted to the assessment of the family emotional climate and is considered the gold standard for it. However, CFI requires time for its training, administration, and coding and also requires the availability of a key relative. The Level of Expressed Emotion (LEE) Scale [9] examines the EE perceived from the patient's perspective and has been constructed from the conceptual framework described by Vaughn and Leff [3].

The present study is aimed at the evaluation of the level of EE in families with a member having AN, BN, and BED, considering the perceived EE from the patient's perspective. In addition, we investigated the possible effect on the LEE scores of the following factors: age, duration of treatment,

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Table 1
Patients (N = 63)—main clinical features

Diagnosis	Age (y)	Body mass index (kg/m^2)	Age at onset (y)	Duration of treatment (y)	Hospitalization, n (%)	
					Without, n = 40 (63.5%)	With, n = 23 (36.5%)
AN, n = 20	24.40 ±7.03	17.2 ± 2	15.75 ±3.60	3.15 ± 6.57	8 (40%)	12 (60%)
BN, n = 20	25.25 ±4.17	25.1 ± 2	17.00 ± 1.60	1.51 ± 1.81	10 (50%)	10 (50%)
BED, n = 23	54.43 ± 11.28	34.4 ± 2	34.52 ± 12.34	3.31 ± 3.54	22 (96%)	1 (4%)

Data are expressed as mean ± SD.

and amount of contact with the influential person as indicated by the patient.

2. Methods

2.1. Participants

A consecutive series of 63 patients with *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, diagnoses of EDs (20 AN, 20 BN, 23 BED) were studied. All the subjects were Italian white women with age ranging from 17 to 72 years old. The study was approved by the Human Subjects Review Committee of the Florence University, and all subjects participated with informed, voluntary, written consent. The patients were recruited at the Eating Disorders Clinic of the Department of Neurology and Psychiatry, University of Florence (Italy), and were diagnosed by means of the Structured Clinical Interview for DSM I [10]. Forty-two were single (n = 42; 66.67%), 17 were married (26.98%), 1 divorced (1.59%), and 3 were widowers (4.76%). Considering the occupation of the patients, 21 (33.33%) were students, 13 (20.63%) were housewives, 11 (17.46%) were office workers, 9 (14.29%) were workers, 6 (9.52%) were workers in services, and 3 (4.76%) were unemployed. Educational level was high school for 44 patients (69.84%) and secondary school for 19 patients (30.16%). Table 1 shows the major clinical features of the patients.

Subjects completed, individually, the 60-item LEE Scale [13] and reported the most influential person in their life for the past 3 months and the amount of contacts per week with him or her. These 63 patients were also assessed by means of the Eating Disorder Examination Questionnaire (EDE-Q) [11], the Emotional Eating Scale (EES) [12], and the Binge Eating Scale (BES) [13]. These patients were compared with a sample of healthy controls drawn from general population. Of the 237 female subjects comprising the group used for the Italian validation of the LEE [17], 63 were randomly selected to match the patients sample for age and education, according to a case-control method. These subjects were originally recruited by opportunity sampling, on the basis of geographical area, sex, nationality, age, and employment status. Participants were not offered any incentives for participation. The questionnaire has been fulfilled individually and in reserved settings. Table 2 shows the main features of the control group.

2.2. Instruments

2.2.1. Level of expressed emotion scale

The Level of Expressed Emotion Scale is a 60-item self-report rating the perceived EE from the patient's perspective. The item selection was based on the theory of Vaughn and Leff [14] that suggested 4 dimensions that could discriminate between high and low EE: intrusiveness, emotional response, attitude toward the illness, and tolerance/expectations concerning the patient. There are 15 true or false items for each component, generating a total score of 60. Higher scores indicate higher EE levels. Patient is classified as high EE when his or her score lies above the median [15]. The scale has good internal consistency, good test-retest reliability, and good temporal stability. Intrusiveness and tolerance/expectation subscale are significantly correlated with the critical comment scale of the CFI (r = 0.40) [16]. For the present study, we used the Italian version of the LEE Scale [17]. It has sound psychometric properties of construct validity, internal consistency, and reliability (the internal consistency reliability [KR-20] coefficient for the overall scale was 0.95; the subscales

Table 2
Mean and SD EE scores in the 3 patient groups

Age (y)	34.7 (± 15.6)[a]
Body mass index (kg/m^2)	24.8 (± 4.0)[a]
Ethnicity	White
Marital status	
Single	69.84% (n = 44)
Married	25.4% (n = 16)
Divorced	3.17% (n = 2)
Widowed	1.59% (n = 1)
Occupation	
Students	36.51% (n = 23)
Office workers	19.05% (n = 12)
Housewives	20.63% (n = 13)
Workers	7.94% (n = 5)
Workers in services	11.11% (n = 7)
Unemployed	4.76% (n = 3)
Educational level	
High school	69.84% (n = 44)
Secondary school	30.16% (n = 19)

[a] Data are expressed as mean ± SD.

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