



Quality of friendships and motivation to change in adolescents with Anorexia Nervosa



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ABSTRACT

This study explored the relationship between quality of friendships, motivation to change and peer support among young people receiving inpatient treatment for Anorexia Nervosa (AN). Thirty participants were recruited from three inpatient wards. Questionnaires assessed motivational stage, friendship functions and characteristics of friendships specific to AN. Three friendship functions - Help, Intimacy and Self-Validation - were significantly and positively correlated with greater motivational stage. Describing friends on the ward as supportive of adherence to the treatment program was positively associated with greater motivational stage and higher quality friendships. The association between motivation, friendship quality and peer support in treatment identifies close and supportive friendships among young people with AN as a potential target to improve outcomes.

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1. Introduction

While friendships form a part of adolescent development, young people are vulnerable to adopting unhealthy behaviors from each other (Dishion & Tipsord, 2011). Friendships among young people with Anorexia Nervosa (AN) provide a source of identification and support, but comparisons with friends may lead to guilt, competition, distress and the adoption of self-destructive behaviors (Bezance & Holliday, 2013; Colton & Pistrang, 2004; Federici & Kaplan, 2008; Roots, Rowlands, & Gowers, 2009). Moreover, unhealthy ward friendships have been linked to anorexic behavior in inpatient settings (Allison, Warin, & Bastiampillai, 2014; Vandereycken, 2011).

AN is notoriously challenging to treat and has serious psychological consequences associated with chronicity, including emotional dysregulation, interpersonal difficulties and social isolation (Arcelus, Haslam, Farrow, & Meyer, 2013; Courty et al., 2013; Harrison, Mountford, & Tchanturia, 2014). Moreover, premorbid friendship difficulties often play a role in developing AN (Davies, 2004). Applying the Transtheoretical Model of Change (Prochaska, DiClemente, & Norcross, 1992) to AN, higher motivation predicts improvements of pathological eating behaviors (Bewell & Carter, 2008; Schlegel, Quadflieg, Löwe,

Cuntz, & Voderholzer, 2014) and better outcomes (Gowers & Smyth, 2004; McHugh, 2007). Accordingly, measures have been developed to assess readiness for change among patients with AN (Fitzpatrick & Weltzin, 2015; Geller, Cockell, & Drab, 2001; Gusella, Butler, Nichols, & Bird, 2003; Rieger, Touyz, & Beumont, 2002).

Although a multimodal, multidisciplinary approach underpins inpatient treatment (Bakker et al., 2011; Hage, Rø, & Moen, 2015), facilitating healthy friendships on wards has received little attention. While clinicians have observed the negative impact of peers on engagement with treatment (Ramjan & Gill, 2012), young people have identified fellow patients as a key source of support (Offord, Turner, & Cooper, 2006). Building on these observations, we explored friendships among young people admitted for AN in relation to motivational stage. Specifically, we investigated whether those with more fulfilling friendships were more motivated to change and the extent to which higher quality friendships on the ward were associated with feeling supported in treatment.

2. Method

2.1. Participants and procedures

Participants were recruited from three specialist inpatient units treating young people for severe AN. Inclusion criteria were being female, under the age of 21, fulfilling the Diagnostic and Statistical Manual

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of Mental Disorders-IV criteria for AN (American Psychiatric Association, 1994) and an admission of at least six weeks duration. Informed consent was obtained from each young person, and, if under 16, a person with parental responsibility. Body Mass Index (BMI) centiles were calculated from routine ward documentation. The study was approved by the National Research Ethics Service, South East Coast Committee (04/Q1803/110).

2.2. Measures

2.2.1. Motivational stage of change

The Motivational Stages of Change for Adolescents Recovering from an Eating Disorder (MSCARED) (Gusella et al., 2003) is a self-report questionnaire for adolescents based on the Transtheoretical Model of Change (Prochaska et al., 1992). The MSCARED has sound psychometric properties and higher motivational stage has been found to correlate with less psychopathology (Hötzel, von Brachel, Schlossmacher, & Vocks, 2013).

2.2.2. Friendship quality, satisfaction and peer support

The McGill Friendship Questionnaires (Mendelson & Aboud, 1999) assess friendship quality and satisfaction through two questionnaires. The McGill Friendship Questionnaire Respondent's Affection (MFQ-RA) assesses Positive Feelings for a friend and friendship satisfaction. The McGill Friendship Questionnaire-Friend's Functions (MFQ-FF) assesses the degree to which a friendship fulfils various functions: Stimulating Companionship, Help, Intimacy, Reliable Alliance, Self-Validation, and Emotional Security (Mendelson & Aboud, 1999). Mendelson and Aboud (1999) reported good psychometric properties for both questionnaires among college students aged between 16 and 21 years. Participants completed the questionnaires based on their best female friend on the ward. A set of questions tapping into aspects of friendships related to treatment support in an inpatient environment, developed with members of staff and inpatients, was also employed.

2.3. Statistical analysis

Statistical analyses were completed with the Statistical Package for the Social Sciences, Release 22 (SPSS, IBM). Descriptive data is presented in the form of mean (SD) for friendship quality and satisfaction scores and medians (interquartile ranges) for peer support measures. Initially, age and illness severity were correlated with measures of motivation and friendship quality and satisfaction with a view to control for either or both in subsequent analyses where significant associations were observed. In order to analyze the relationship between motivational stage of change, satisfaction with friendships, friendship functions, and peer treatment support, respective Spearman non-parametric coefficients or one-way analysis of variance (using bias-corrected and accelerated [2000 repetitions] bootstrapping methods where continuous distributions violated normality assumptions) were computed. Given analyses were intended to be exploratory, no formal correction for multiple testing was applied. A sample size of 30 gave 80% power to detect a correlation coefficient of 0.5 and above, at a 5% significance level.

3. Results

3.1. Participant characteristics

Thirty young people were recruited between 2006 and 2013 from three inpatient units (21, 8 and 1, respectively). The age ranged from 12 to 20 with a mean age of 15.07 ($SD = 1.68$). The median BMI centile was 7.99 (interquartile (IQ) range = 2.02 to 21.43).

3.2. Motivational stage of change

The frequency of participants in each of the stages of change were as follows: Pre-contemplation $N = 1$ (3.3%); Contemplation $N = 8$ (26.7%); Preparation $N = 1$ (3.3%); Action $N = 15$ (50.0%); and Maintenance $N = 5$ (16.7%). No participants reported being in the recovery stage. There was no association of motivational stage with BMI centile ($r_s = -0.07$, $p = 0.728$) or with age ($r_s = 0.09$, $p = 0.624$).

3.3. Friendship quality and satisfaction

The means (SDs) for MFQ-RA and MFQ-FF subscales are shown in Table 1. Score distributions tended to be negatively skewed with means for MFQ-FF subscales that were all between 5.7 and 6.3 out of a possible 8. Mean scores on all subscales were similar to norms reported for non-clinical adolescent populations in previous studies (Mendelson & Aboud, 1999). There was no association between BMI centile and any of the friendship quality and satisfaction subscales (for all correlations, $r_s > -0.20$ and <0.11 , $p > 0.291$) indicating a lack of relationship of illness severity with friendship quality. However, age was significantly (positively) associated with MFQ-RA Positive Feelings/Satisfaction ($r_s = 0.44$, $p = 0.015$) and MFQ-FF Self-Validation ($r_s = 0.37$, $p = 0.048$) with trends for MFQ-FF Companionship ($r_s = 0.33$, $p = 0.080$) and Reliability subscales ($r_s = 0.34$, $p = 0.065$). As such, age was controlled for in subsequent correlational analyses of friendship quality and satisfaction.

3.4. Relationship between motivational stage of change, friendship quality and satisfaction

Correlational analyses (Table 1) revealed a significant and positive relationship between greater motivational stage and three subscales of the MFQ-FF; Help, Intimacy and Self-Validation. The associations were of small-to-moderate strength (r_s between 0.37 and 0.40). Notably, the mean scores of patients in Pre-contemplation, Contemplation, or Preparation stages of change ($N = 10$) were significantly less than those in Action or Maintenance stages ($N = 20$) for Intimacy ($M = 5.56$, $SD = 1.31$ vs $M = 6.58$, $SD = 1.16$, $p = 0.044$) but missed significance for Self-Validation ($M = 5.00$, $SD = 1.54$ vs $M = 6.06$, $SD = 1.20$, $p = 0.053$), and Help ($M = 5.28$, $SD = 1.56$ vs $M = 6.25$, $SD = 1.15$, $p = 0.084$).

Table 1

Friendship quality and satisfaction in adolescents with Anorexia Nervosa ($N = 30$): relationship with motivational stage of change.

Measure	Mean (SD)	Range	Association with stage of change (r_{ho})
MFQ-RA (-4 to 4)			
Positive Feelings/Satisfaction	2.11 (1.62)	-2.56-3.81	-0.005
MFQ-FF (0 to 8)			
Stimulating Companionship	6.20 (1.31)	2.40-7.60	0.139
Help	5.93 (1.36)	2.40-7.60	0.370*
Intimacy	6.24 (1.28)	3.80-8.00	0.378*
Reliable Alliance	5.83 (1.78)	1.00-8.00	0.241
Self-Validation	5.71 (1.39)	2.60-7.40	0.400*
Emotional Security	5.96 (1.36)	3.20-7.80	0.330

Notes: MFQ-RA = McGill Respondent's Affection, agreement ratings on Positive Feelings/Satisfaction subscale ranged from -4 = very much disagree to 4 = very much agree; MFQ-FF = McGill Friendship Function, frequency ratings on subscales ranged from 0 = never to 8 = always; All correlations controlled for age.

* $p < 0.05$.

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