Social relationships, loneliness and adolescence: the potential for disruption by chronic illness

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Social relationships play a vital role in our wellbeing throughout our lives and, as Crossley (2010, p8) states:

> *'Relationships are not "things" that are either absent or present. Nor are they uniform. They are lived histories of iterated interaction which constantly evolve.'*

These histories evolve and are changed by different circumstances. Acquiring close peer relationships is a particularly important developmental task in adolescence. Young people with close and supportive peer relationships are more likely to have higher levels of general peer acceptance, be more socially competent, have higher levels of self-worth, be more likely to be active, and have higher levels of performance in school. Also, secure friendships provide an emotional buffer against feelings of distress, as well as psychological and emotional support (Hall-Lande *et al.*, 2007). However, for adolescents with a chronic illness the task of developing close peer relationships may be a particularly difficult one because opportunities to engage with peers may be disrupted by symptoms, treatments, and time away from school due to hospitalisation and appointments. This disruption can be particularly challenging for young people whose symptoms and treatment may be viewed as socially undesirable and where the course of the illness is unpredictable, for example, Inflammatory Bowel Disease (IBD). The potential for embarrassment due to the symptoms, such as diarrhoea, impose social limitations on young people with IBD. This is profound among adolescents who are reluctant to disclose the nature of their condition to peers for fear of discrimination or rejection. Social withdrawal and interpersonal difficulties can, therefore, become very real problems because they undermine opportunities to develop and maintain positive social relationships, affecting the young person's ability to function socially (Mackner *et al.*, 2013).

While it is usual for adolescents to experience some interpersonal difficulties, severe and persistent interpersonal problems put adolescents at risk for a variety of poor outcomes, including poor academic achievement, depression, anxiety, and prolonged loneliness.

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Loneliness is described as a psychologically painful and distressing state that occurs where there are discrepancies between the interpersonal relationships that a person desires compared to those that they perceive they have. During adolescence, high levels of loneliness are related over time with increasing depression, more frequent visits to the doctor, and poorer self-reported general health (Qualter *et al*., 2013). Further, there is evidence that interpersonal problems in adolescence predict later physical health problems, such as metabolic and cardiovascular abnormalities, suggesting that poor social functioning during adolescence might be a particular issue for adolescents who already have a chronic health condition. It is possible that poor social relationships and poor social functioning (loneliness and poor friendship quality) during adolescence for those with illnesses such as IBD can undermine both current and long-term physical health.

However, although some young people will miss out because they have fewer friends and poor quality social relationships, other young people may crucially benefit from high levels of contextual support from peers and from their parents. Studies of similarly socially limiting conditions to IBD, have found that young people with Bladder Exstrophy who have close peer relationships can encounter positive experiences of disclosure, leading to better understanding and support within their friendship groups, and the successful management of difficulties related to their diagnosis (Wilson *et al.,* 2007).

While it is important that health professionals address symptom control and provide clear and supportive advice about how young people can develop expertise in the management of their illness, it is essential that we do not overlook the social impact of being ill. Developing a better understanding of the social worlds of adolescents growing up with chronic illness, and the ways in which they form and maintain social relationships, is an area that deserves more attention. By ensuring that young people have appropriate support in place to help them develop strong social relationships, we are likely to impact short and long term wellbeing and health.

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