Capturing the Energy of Peer Pressure: Insights from a Longitudinal Study of Adolescent Cigarette Smoking

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ABSTRACT

The effects of peer pressure on smoking behavior were described by subjects in a longitudinal study in the ninth grade, the 11th grade and 10 years later. Peer pressure was reported in terms of meeting certain desirable image characteristics and not in terms of direct pressure to smoke. Smoking was just one of many ways to create this image. It is suggested that education can incorporate peer pressure in a positive way by considering ways to change the "images" that energize certain behaviors, by introducing the learner to alternative ways to achieve the image and by alerting (immunizing) young people to the manipulative functions of image and peer pressure.

Peer pressure is cited as one of the most potent forces in the lives of adolescents and one of the principal factors in the development of many adolescent health problems. If peer pressure enhances unhealthy behavior, why can't it also be used on behalf of health?

This paper explains the role of peer pressure in the acquisition and maintenance of one unhealthy behavior, cigarette smoking and suggests how a clearer understanding of peer pressure can be helpful in planning Health Education programs and achieving health enhancing objectives.

The conclusions come from data and experiences collected during a 13-year longitudinal study of 80 students, 40 smokers, 40 nonsmokers, half male, half female, beginning when they were in the ninth grade in 1967. In the first year, these students were part of the University of Illinois Anti-Smoking Education Study and participated in a detailed participant observation study one aspect of which explored the effects of peer group pressure. Two years later, 60 of this sample participated in a series of detailed follow-up interviews. After 11 years, 51 of these students were again located and interviewed concerning their recollections and experiences as adolescent cigarette smokers.

PEER PRESSURE(S)

Peer pressure is so frequently suggested as a reason for certain adolescent behaviors that the term has become almost meaningless to the serious student of adolescents. Conventional wisdom has incorporated the notion of peer pressure so totally that almost no one asks what exactly peer pressure is, who or what pressured the first peer who then pressured the group or how peer pressure can be used for positive ends. This paper describes peer pressure in a way that makes the term meaningful to the health educator and suggests ways to capture its apparent energy.

Peer pressure is often thought of as a single force where one youngster is encouraged to do something by other youngsters. This appears not to be the case. While peer pressure is discussed as a singular force, in reality it is a combination of forces. These forces may appear to be singular in effect but to consider them as a single entity would potentially overlook a number of subtleties important to program planning. Evans, for example, identified parents, peers and media as the major pressures seen by young people, encouraging cigarette smoking. Parental and media messages present a backdrop against which young people can interpret the expectation of their peers and the cues to acceptable adult behavior.

Because teachers and other adults often describe peer pressure as involving overt acts to coerce one individual to comply with the will of others; they see only a very limited aspect of this phenomenon.

Looking back at the beginning of their smoking habits, students in this study at first denied the existence of any peer pressure to smoke. This denial seemed to be based on a present day (adult) perception of peer pressure as an overt, coercive process. Further discussion usually led to an admission that there were pressures to smoke but that they were more subtle than the overt types of peer pressures described by adults. No doubt in some cases, groups and individuals were openly pressured to smoke but the initial denial of the importance of "peer pressure" provides an interesting insight into these pressures.

The remarks of these former students illustrate their beliefs in the absence of overt pressure:

... there wasn't really any pressure to smoke — it was just that you could start if you wanted to. I wish I hadn't!  
... about half of them (friends) smoked and half didn't. Some would simply say to their friends "no, I don't want one." That would usually clarify the issue.

However, throughout the follow-up interviews, a clear pattern of pressures emerged. These former students recalled these pressures as important forces in beginning smoking. These interviews suggested at least four different pressures: pressure to appear independent; pressure for recognition; pressure to appear mature or grown-up; and pressure to have fun.

The first of these pressures was to be different, to stand out and be counted — to be an individual. Despite students' descriptions of the school as an agency wanting conformity, there was a clear recognition of the benefit of being different. Quite inadvertently, the school rewarded being different with such distinctions as letters, honors, detention and suspension. Smoking was a good way to establish difference as three students explained:

The strict junior high school provided all sorts of implicit rewards for smoking. You were suspended for three days if you were caught smoking. Nothing else seemed to generate that degree of punishment. When you returned to school, other kids made a big deal of it. This reinforced the scuttlebutt that started with the suspension and continued the notoriety for a few more days. It was clear that all this was a reward for the person who was suspended but it also appeared as if others wished they had done it to get the attention, to appear macho; to show that they were their own people and could think for themselves and were not to be coerced by the school's rules.

It was good to have a bad reputation and it was impossible to have a good reputation. It was better to have a bad reputation than no reputation at all. . . . We had no money and no social position so why settle for being invisible — besides I liked to raise a little hell . . . There was peer pressure — pressure to fit and pressure to be different . . .

Not only teachers noticed you if you were different but more importantly your peers noticed . . .
As one nonsmoker acknowledged, “it is good to see kids smoke and get away with it, at least there’s something we can still do.” Smoking was an act of independence, a value students felt pressured to strive for; it implicitly provided recognition. For some, smoking was an act of rebellion, a political act representing independence, a value widely prized, recognized and often described in classes as exemplary — American history, for example.

Many students admitted or suggested that one of the pressures to smoke was the pressure to appear “grown-up.” Something of the nuances of what being “grown-up” meant to a ninth-grade girl is illustrated in the following comments from interview notes:

She remembers starting smoking. She got off the school bus and bought a pack of cigarettes at the gas station and went into the washroom to smoke them. She smoked on her own and did often simply because, she said, it looked near. She was impressed by the way people held cigarettes in their fingers; by the way they inhaled and blew out smoke. She believed it made you look grown-up. For her, it was a solitary behavior. She practiced it in front of the mirror. She believed others started smoking for exactly the same reason . . .

The school encouraged young people to “act like adults,” parents wanted mature and responsible acting children and young people wanted to be older because of the special privileges associated with age. The pressures to be “adult” were numerous, the alternatives to portray adult status were few — smoking was one of the few.

Another pressure, in the minds of young people, was having fun. Appearing to have fun was important and smoking, for various reasons, was a way of having fun.

A friend gave me a cigarette and I smoked it. It made me dizzy but it was fun . . . .

PEER PRESSURE — YES; PRESSURE TO SMOKE — NO

Peer pressure was considered by this group of young adults to be pressure for acting in response to a felt need to achieve certain standards implied by others. Direct pressures to smoke were few and relatively unimportant. However, smoking was seen as a means of achieving these implied standards and not simply an end in itself. Other means were available but smoking was seen as the easiest way to appear grown-up, to show independence, to receive recognition and to have fun. Smoking was, for many, the most available alternative because they knew no other. The pressure was to meet the perceived expectations of others and not necessarily to smoke per se.

You think you know everything and you want to please everybody. You want to say yes to everybody to be popular. That’s really dangerous you know. That’s pressure . . .

I pressured myself to be like the rest of the crowd rather than they actually pressuring me . . .

I never thought there was pressure to smoke but I wanted to be part of the crowd so in a sense there was pressure to smoke . . .

What is intriguing about peer pressure, from a practical perspective, is that a closer examination suggests several ways to develop educational programs to neutralize its effectiveness in encouraging poor health practices. In the balance of this paper, four of these ways are discussed.

PEER PRESSURE AS A PERCEPTUAL PROBLEM

Basic to the suggestion that peer pressure can be redirected is the assumption that peer pressure, as a concept, exists only in the minds of individuals. In reality peer pressure is the perception that others want you to act a particular way. Perceptions are the results of messages received, and like all messages, their meaning is determined by the receiver and not the sender. Perceptions are based on signals received through observation, information and experience. However, there is good evidence that young people grossly misread these signals.

For example, Durnea and Martin report that junior and senior high school students consistently overestimate the proportion of their peers, adults and adolescents who smoke cigarettes. Young people agree that cigarette smoking is dangerous but few know of the specific dangers and fewer still see any personal relationship between their smoking and actual risk.

Peer pressure depends on perceived reality and if these perceptions are not accurate then at least two teaching options are suggested to help young people manage peer pressure.

First, simply understanding that pressures exist only in the minds of individuals is an important concept for young people to grasp. Knowing this does not necessarily reduce the pressures but does suggest a potential for possible self-management. Second, receiving help in accurately interpreting events in the general environment can help shape perceptions. As Durnea and Martin have shown, young people often perceive the majority of their peers and their teachers to be smokers: This is untrue. Similarly, pervasive and attractive cigarette advertisements carry a message of implied fun, individuality and masculinity or femininity if one smokes: This also is untrue. Likewise, lax enforcement of laws on cigarette sales to minors and the lax enforcement of “no smoking” restrictions suggests society doesn’t care and isn’t adversely affected by cigarette smoking: Again untrue.

Knowing that less than half the adult population smokes, the actual health risks of smoking and the types of deceptions found in advertisements is only a small part of a Health Education program. But if this type of information is perceived accurately, it begins to create a “peer pressure” to not smoke, or not participate in some other health depreciating behavior.

The degree of pressure and the direction of the pressure perceived by young people will ultimately be influenced by their interpretations of these pressures. Helping young people recognize and understand these pressures then is a central problem for Health Education.

A first step in helping young people develop abilities to handle peer pressure is to recognize these pressures and understand that they are largely self-generated and can therefore be self-managed. A second step is to provide young people enough accurate knowledge to develop an adequate picture of risks and payoffs. Knowledge alone is not sufficient to ensure appropriate action, but it is a vital component of any program to enhance health and counteract social pressure.

SPECIFIC ASPIRATIONS: THE IMAGE

Smoking is seen as part of a particular image, an image to be aspired to — independent, recognized, fun-loving and adult. The accuracy of these images presents a second set of educational opportunities. For example, most adults don’t smoke. Not even one-third of adult males smoke; therefore, smoking is hardly representative of all men. The declining rate of female smoking means smoking is less and less indicative of adult females. Smoking is not indicative of adulthood and people are not judged adult on the basis of smoking. The question of the adequacy of an image that is aspired to may seem insignificant but it takes on greater meaning when it is recognized that many young people do not really know what the qualities of adulthood are. Again the issue is perceptual and the challenge is to provide adequate information and experiences in an educational program that will encourage the development of more adequate perceptions.

It is the same with the qualities of independence, rebellion and having fun. Independence may look like rebelling — breaking the law, defying authority — but this represents only
a small segment of what independence means. Independence and rebellion, as a positive force, are frequently unrecognized. In many cases young people simply don’t know what independence is or how it can be achieved. Having fun may be frequently thought of as smoking and drinking, as much media portrays. But again, young people have received little help from the schools in expanding their understanding of these important images. Youn people interviewed in this project admitted that in their high school years their images of people portraying important aspirations were especially limited.

**SPECIFIC ASPIRATIONS: ACHIEVING THE IMAGE**

Young people in this study smoked to appear grown up, or as the earlier case of the girl smoking in the gas station washroom, to appear sophisticated. Regardless of the image they aspired to, the fact that cigarettes were so frequently seen as a means to achieve that image raised questions about what young people know about other alternatives to achieve these ends.

The pertinent question relates to what opportunities teachers have provided to help young people to learn and experience ways to practice being adult or showing independence or having fun. This assumes that young people have developed adequate notions of what these qualities are. Clearly, some students in schools are given this opportunity. Student council members, athletes and academic achievers all experience a greater degree of independence and adult status than the average student and these groups are least likely to be cigarette smokers. However, little is done to help young people learn new means of having fun. Learning how to use leisure time and developing recreational skills are low priority items in the average curriculum.

Independence depends largely on the ability to act alone. Opportunities to learn skills to resist peer pressure are rarely taught although such skills are clearly useful in reducing the incidence of adolescent smoking’ and encouraging independence. The learning of skills in almost any area, not just in resisting social pressures, tends to enhance a sense of independence and security, but often the skills learned in school are largely unseen by others or are not learned to a sufficient degree to foster a feeling of independence.

Another way of looking at this dominant pressure of being adult is to consider ways to help young people change their timetable for being adult. Granted, all want to be considered adults and do not take kindly to advice to delay this, but helping young people delay this process would clearly be advantageous.

**DEVELOPING IMMUNITY**

Curriculum planners have frequently paid attention to increasing knowledge, changing attitudes, and, more recently, helping students make decisions. However, the most critical and frequently overlooked element is helping young people develop skills to act out their decisions and thereby develop true independence. At the same time, peer pressure is frequently cited as the principal force encouraging inappropriate behavior and the greatest deterrent to acting out a decision that is not supported by others. This lack of skills to handle peer pressure and other perceived pressures is perhaps the most challenging area in Health Education.

McGuire has described the importance of alerting students to potential problems (pressures) and allowing them, in anticipation, to devise and practice ways to overcome these problems. Evans built on this foundation and, using Bandura’s principles of social learning, devised a successful program to reduce adolescent smoking. The data presented here suggest that just prior to the time most young people tend to become smokers they should be alerted to the nuances of peer and other pressures and encouraged to develop individual means to analyze these pressures and to devise ways to manage these pressures. To the degree possible in role play and other class activities, students should be given an opportunity to practice handling these pressures in realistic situations, testing and expanding their repertoire of means to manage social pressures, the most significant of which is peer pressure.

**SUMMARY**

The student image of peer pressure differs significantly from the image of peer pressure held by most adults. Closer analysis of how young people see peer pressures suggests that educational strategies can be developed to help students handle these pressures. This paper draws on data and experience gained in a 13-year longitudinal study of adolescent cigarette smoking and suggests that young people can be helped to recognize the perceptual nature of these pressures, helped to develop better models to aspire to, helped to develop a better understanding of alternative ways to achieve aspirations and become better prepared to resist pressures to participate in health depreciating behaviors.

**References**


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