

Peer Influences on Attitudes and Behaviors

Paul Deschamps and Daniel Belicieu

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Dr. Chrustowski

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Most individuals belong to a peer group who share commonalities such as age, gender, occupation, religion, or opinion. Peers play an integral role throughout development beginning in early childhood and extending to adulthood. Peers provide companionship, influence our moral development, and provide feedback. During adolescence, peer influence becomes stronger and more important. All the while, parents influence who adolescents choose as friends and impact how vulnerable they will be under their mates' pressure. Peer pressure can be defined as pressures and influences from an outside peer group which influence one's attitudes, behaviors, and beliefs to conform. The opinions and advice of others, especially people whose knowledge and judgment one respects, are important influences on our choices and decisions. Peer pressure can have both negative and positive influences. Positive pressure may influence one to increase school achievement, whereas negative pressure may influence one to engage in deviant behaviors, like having sex or using drugs.

In most western nations, peers figure prominently in adolescents' lives, and may even take on roles that are otherwise assumed by parents. Among street youth in South America, the peer network serves as a surrogate family that supports survival in dangerous and stressful settings (Brown, 2004). In other regions of the world, such as in Arab countries, peers have very restrictive roles, especially for females (Booth, 2002).

As children enter elementary school, reciprocity becomes especially important in peer interchanges. Social interaction with peers increases from 10 percent at 2 years old to 30 percent in middle and late childhood (Rubin, Bukowski, & Parker, 2006). Developmentalists have distinguished five peer statuses by having children nominate the children they like most or least. Popular children are frequently nominated as a best friend and rarely disliked by their peers. Average children receive an average number of both positive and negative nominations from

peers. Neglected children are infrequently nominated as best friend but not disliked either. Rejected children are infrequently nominated as best friend and actively disliked by their peers. Controversial children are frequently nominated both as best friend and being disliked (Wetzel & Asher, 1995).

Rejected children often have the most serious adjustment problems. Rejected children have fewer social skills in making friends and maintaining positive relationships with peers. Withdrawn children who are rejected by their peers or who are victimized and lonely are at risk for depression. In adolescence, poor peer relationships are associated with depression (Bearman & Moody, 2004). Not having a close relationship with a best friend, having less contact with friends, and experiencing peer rejection all increase depressive tendencies in adolescents.

In kindergarten, children who were rejected by their peers were less likely to engage in classroom participation, more likely to express a desire to avoid school, and more likely to report being lonely than children who were accepted by their peers (Buhs & Ladd, 2001). Long term problems arise when peers are both rejected and aggressive. One longitudinal study of 112, fifth grade boys showed that aggression towards peers in elementary school was the best predictor of whether rejected children engage in delinquent behavior or drop out of school (Coppersmith & Coie, 1990).

Like adult friendships, children's friendships are typically characterized by similarity of age, sex, race, attitudes toward school, educational aspirations, and achievement orientations. Children's friendships can serve six functions 1) Companionship, 2) Stimulation, such as information, and amusement, 3) Physical support 4) Ego support to maintain an impression of themselves as worthwhile, 5) Social Comparison, and 6) Affection and intimacy (Guttman & Parker, 1987).

Peers play an important role in facilitating moral development. Piaget concluded children go through two distinct stages in how they think about morality. At ages 4-7, they think of rules and justice as unchangeable properties of the world. At ages 7-10, they are in transition between stages. At ages 10 and older, they show awareness that rules and laws are created by people, and it is important to consider the intentions as well as the consequences. He argued that changes in moral reasoning occurred in the peer group where others have the power and status similar to the child's. Also, plans are negotiated and disagreements are reasoned out, as opposed to the family environment in which the parents hold the power and there is little room for child reasoning (Santrok, 2006). Kohlberg believed that peer interaction is a critical part of the social stimulation that challenges children to change their moral reasoning through his stages: pre-conventional, conventional, and post-conventional. Whereas adults characteristically impose rules and regulations on children, the give-and-take among peers gives children an opportunity to take the perspective of another and generate rule democratically (Santrok, 2006).

Peers extensively reward or punish gender behavior in children, rewarding them when they play in sex-appropriate ways, and rejecting children who act in a manner more consistent with the opposite gender (Lott & Maluso, 2001). Gender molds aspects of peer groups such as composition and size. For example, at age 3, children already show preference for same-sex playmates and from 4 to 12 years, play in same-sex groups increases (Maccoby, 1998). Also, boys 5 years and up are more likely to associate in large clusters whereas girls are more likely to play in dyads and triads (Benenson & Heath, 2006).

Early on, children's attitudes and behaviors are mainly influenced by their parents. As they approach adolescence and they spend more time with their friends, the attitudes and beliefs of those friends become more influential. Adolescents spend twice as much time with their peers

as compared to time with their parents (Brown, 1990). As children move through middle and late childhood, the size of their peer group increases, and peer interaction is less closely supervised by adults (Rubin, Bukowski, & Parker, 2006). In childhood, the focus of peer relations is being liked by classmates and being included in games or lunchroom conversations. During middle and late childhood, children spend more time with their peers than in early childhood, and friendships become more important to them. They can take the perspective of their peers and friends more readily than in the past, and their social knowledge of how to make and keep friends increases (Santrock, 2008).

Unlike children, whose groups are usually informal collections of friends or neighbourhood acquaintances, adolescents are often members of formal and heterogeneous groups, such as student council, the football team, and honor society. Researchers have found that the standards of peer groups and the influence of crowds and cliques become increasingly important during adolescence. For most children, being popular among their peers is a strong motivator. Beginning in early adolescence, teenagers have fewer friendships that are more intense and intimate (Santrock, 2008). By ninth grade, there is nearly universal agreement among students about their school's crowd structure, and students' assessment of the strength of peer group influence is very high. Between ninth and twelfth grade, the significance of the crowd structure begins to decline, and the salience of peer pressure wanes.

Early on, children essentially determine who their friends will be based on similarities, specifically shared values and attitudes (Muuss, 1990). Parents' values and attitudes have a strong effect on with whom their children become friends (Atwater, 1988). The friends that adolescents choose play an important role in their beliefs. Adolescence is the time where one begins to develop one's own self-identity. It is a period when one begins to associate oneself

with people who are the same age and have the same interests. They begin to develop a sense of independence, and have the mentality of not being under the supervision of parents.

Peer pressure becomes different in adolescence. Peer pressure has an impact developing who one is well as the decisions one makes. These decisions ultimately can evolve in influencing who one is and how one develops throughout the rest of one's lives. Peers play powerful roles in the lives of adolescents: on the telephone, in school activities, in the neighborhood, at dances, hanging out, etc. Peer relations undergo important changes in adolescence, including changes in friendships and in peer groups and the beginning of romantic relationships (Santrock, 2008). In fact, adolescents say they depend more on friends than parents to satisfy their needs for companionship, reassurance of worth, and intimacy. (Berndt, 2002).

Prevention of negative peer pressure can essentially begin with a teen's family. It becomes very important that parents implement their values and beliefs into their children, so long as parents' beliefs are sound. Parental support marked by strong parent-child communication, lessens adolescents' vulnerability to negative peer pressure (Hendry, 1993). As a result, adolescents who have higher levels of family bonding are more likely to have friends who do not use drugs (Bahr, Marcos, & Maughan, 1995). A household lacking positive influence may provide grounds for adolescents to engage in negative behavior. Parents can aid in determining which behaviors their children become involved. When parents show interest in their children's hobbies, they have more influence on their children's attitudes and behaviors.

Adolescents who have distant relationships with their parents are generally more susceptible to peer pressure (Steinberg & Silverberg, 1986). Consistent with this, adolescents who have warm family relationships or a close relationship with an adult mentor are less susceptible to the negative influence of antisocial peers (Beam, GilRivas, Greenberger, & Chen,

2002). A considerable amount of research indicates that the quality of the parent-adolescent relationship influences the quality among adolescent brothers and sisters, which in turn influences adolescents' relationships with peers (Reese-Weber, 2000). Adolescents from single-parent families, as well as those with less supportive or involved parents, appear relatively more susceptible to antisocial peer pressure (Farrell & White, 1998). Peer-oriented children, especially when in antisocial situations, are likely to have parents who were less nurturing and either extremely controlling or extremely permissive. Behavioral autonomy appears to be associated with authoritative rather neglectful, authoritarian, or permissive parenting styles (Devereux, 1970). Consistent with this, the sexual behavior of adolescents who have discussed sex with their parents is less influenced by peer pressure than is the behavior of adolescents who have not communicated with their parents about sex (Whitaker & Miller, 2000). In addition, adolescents whose parents strongly disapprove of smoking are less likely to be influenced by their friends' smoking than are adolescents whose parents do not voice their disapproval (Sargent & Dalton, 2001). Adolescents from authoritative homes are less susceptible to antisocial peer pressure, but they may be more susceptible to the influence of positive peers. They are less likely to be influenced by having drug-using friends, but they are more likely than their peers to be influenced by having friends who perform well in school (Mounts & Steinberg, 1995).

Few parents imagine and predict just how strong adolescents' desires often are to spend time with peers. Adolescents may wish to demonstrate that they are responsible for their successes and failures, not their parents. The ability to attain autonomy and gain control over one's behavior in adolescence is acquired through appropriate adult reactions to the adolescent's desire for control (Collins & Steinberg, 2006). At the onset of adolescence, the average individual does not have the knowledge to make appropriate or mature decisions in all areas of

life. As the adolescent pushes for autonomy, the wise adult relinquishes control in those areas in which the adolescent can make reasonable decisions but continues to guide the adolescent in other areas. Gradually, the adolescent acquires the ability to make mature decisions on his or her own.

Attachment theory sheds light on peer pressure. Securely attached adolescents were less likely than insecurely attached adolescents to engage in problem behaviors, such as juvenile delinquency and drug abuse (Collins & Steinberg, 2006). Those adolescents who were securely attached to their parents had better peer relations than those with insecurely attachments (Kobak, 1999). However, the correlations between adolescent-parent attachment and adolescent outcomes were moderate (Buhrmester, 2003).

In the National Longitudinal Study on Adolescent Health of more than 12,000 adolescents, those who did not eat dinner with a parent at least five nights a week had dramatically higher rates of smoking, drinking, marijuana use, getting into fights, and initiation of sexual activity (Council of Economic Advisors, 2000). In another study, parents who played an active role in monitoring and guiding their adolescents' development were more likely to have adolescents with positive peer relations and lower drug use than parents who had a less active role (Mounts, 2002).

Results from Goldstein, Davis-Kean, & Eccles (2005) illustrate the delicate balance between parental control and permissiveness. They found that adolescent' perceptions of autonomy and warmth (or lack thereof) in relationships with parents in the seventh grade were linked with the adolescents' participation in delinquent behavior with peers in the eighth grade, which also was related to engagement in delinquency and drug use with peers in the eleventh grade.

In terms of autonomy, young adolescents who perceived that they had a high degree of freedom over their daily activities (i.e. curfew and dating), participated in extensive unsupervised interactions with peers. The participation in these interactions was related to deviant behaviors in the eleventh grade. Young adolescents who perceived their parents as too intrusive tended to frequently interact with peers who engaged in deviant behavior, and, consequently, had increased deviant behavior in the eleventh grade. Young adolescents had less positive relationships with their parents tended to have an extreme peer orientation, which was linked to engaging in deviant behavior in the eleventh grade.

Famous Psychologist, Erik Erikson believed that adolescents, whose development has restricted them from acceptable social roles or made them feel that they cannot measure up to the demands placed on them, may choose a negative identity. Adolescents with a negative identity may find support for their delinquent image among peers, reinforcing the negative identity (Santrok, 2008). In general, studies that contrast parents' and peers' influences indicate that, in some situations, peers' opinions are more influential, but that in other situations, parents' opinions are more powerful. Specifically, adolescents are more likely to conform to their peers' opinions when it comes to short-term, day-to-day, and social matters such as styles of dress, tastes in music, and choices among leisure activities. Teenagers are primarily influenced by their parents concerning long-term questions about educational or occupational plans, values, religious beliefs, or ethics (Brittain, 1963; Young & Ferguson, 1979).

Adolescents turn to different people in different situations. Friends advise on social matters whereas parents advise on values, ethics, and plans (Finken & Jacobs, 1996). Teenagers are likely to turn to experts outside the family like teachers for objective information such as college admission requirements (Young & Ferguson, 1979). When the adolescents' problems

center on relationships with friends, they turn to a peer. But, adolescents' willingness to turn to an adult for advice with problems remains very strong and increases as individuals move toward late adolescence.

Conformity to peers is higher during early and middle adolescence than during preadolescence or later adolescence, peaking around age 14 (Steinberg & Silverberg, 1986). Adolescents are more susceptible to peer influence during this time because of their heightened orientation toward the peer group. They care more about what their friends think and are more likely to go along with the group to avoid being rejected (Brown et al., 1986). Young adolescents conform more to peer standards than do children. Around eighth and ninth grades, conformity to peers - especially to their antisocial standards - peaks (Leventhal, 1994). At this point, adolescents are most likely to go along with a peer to steal hubcaps off a car, draw graffiti on a wall, or steal cosmetics from a store counter (Santrok, 2008).

Positive peer pressure can result in high academic performances or developing healthy relationships. Peers can motivate each other, and best understand the problems associated with being an adolescent. Some of the best social behavior can come from other peers. Studies have shown that most teenagers feel that their friends are likely to pressure them not to use drugs or not to engage in sexual activities (Steinberg, 1996). Peer groups provide adolescents with opportunities for practicing new behaviors and developing necessary social skills for future interactions (Hendry, Shucksmith, Love, & Glending, 1993).

Persons in negative peer groups may rebel against their parents' beliefs and risk getting in trouble. Teens that rebel tend to lose the respect of their parents' trust and will engage in a bad behavior in order to fit in or conform to a group where they will be accepted. This need for acceptance is largest during the teen years. Teens that are rejected will perform dangerous

activities in order to be accepted. A teen that comes from an unstable household has a greater risk of engaging in bad behavior.

Some of the biggest decisions adolescents are faced with are when they are introduced to the ideas of drugs and alcohol. When it comes to this topic, parents have the strongest influence, especially during their children's' pre-adolescent years. Parents may have seen the effects of these substances through their own use of alcohol and drugs (Muuss, 1990). Adolescents who do not use drugs or drink alcohol tend to come from families who are less likely to use drugs and alcohol (Mcbroom, 1994). Parents, peers, and social support can play important roles in preventing adolescent drug abuse. Lack of parental involvement, peer pressure, and associating with problem-behaving friends were linked with higher use of drugs by adolescents (Simons-Morton & Others, 2001).

Much of delinquent activity occurs in situations in which adolescents are pressured by their friends to go along with the group (Zimring, 1998), and exposure to antisocial peers is a chief contributor (McCabe, Hough, Wood, & Yeh, 2001). Also, adolescents who interact with older youths engage in delinquent behavior more frequently (Billy, Rodgers, & Udry, 1984). Family and peer influences work together in the development of delinquency. Harsh, inconsistent, and parental discipline during elementary school years lead to an association with deviant or antisocial peers and delinquent behavior (Patterson, 1986). One of the strongest predictors of delinquency and other forms of problem behavior is the extent to which adolescents spends unsupervised time in unstructured activities with peers, such as hanging out, driving around, and going to parties (Osgood, Wilson, O'Malley, Bachman, & Johnson, 1996).

Peer groups influence sexual behavior. Adolescents are more likely to be sexually active when their peers are sexually active (DiBlasio & Benda, 1992), when they believe that their

friends are sexually active (Brooks-Gunn & Furstenberg, 1989), and when they have older siblings who model more sexually advanced behavior (Widmer, 1997). Earlier sexual activity occurs more frequently in disorganized neighborhoods where adults have little control over teenagers and where peer groups are more powerful (Upchurch, Aneshensel, Sucoff, & Levy-Storms, 1999). Additionally, drug use may lead to earlier involvement in sexual activity because adolescents may form friendships with users who are sexually more permissive (Whitbeck, Conger, Simons, & Kao, 1993). A protective factor is regular church attendance, which is associated with delayed sexual activity among adolescents whose friends attend the same church (Mott, Fondell, Hu, Kowaleski-Jones, & Menaghan, 1996).

Peer influences on sexual activity work in two different but compatible ways. First, when adolescents' peers are sexually active, they establish a normative standard that having sex is acceptable (Stack, 1994). Second, peers influence each other's sexual behavior directly, through communication among friends or potential sex partners. Sexual activity spreads within a community of adolescents much like an epidemic (Rodgers & Rowe, 1993).

From early childhood through adulthood, peers play a powerful role in development of others. Also, parents play a role in determining how influential peers will be. Sexual behavior, drug use, and delinquency are all examples of negative peer pressure, but adolescents may be motivated positively by peers as well. Those who come from warm and communicative households have the best chance of resisting pressures to negatively conform and holding true to their own values. The influence of peers and the impact of parenting should be always kept in mind when dealing with children and adolescents.

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