

The Sources, Impacts, and Therapies of Teenagers' Peer Pressure

Wenyue Liu^{1, †}, Jiayi Lu^{2,* †}, Yushu Tang^{3, †}

¹ Yanjing Medical College, Capital Medical University, Beijing, 101300, China

² College of environmental science and Engineering, Donghua University, Shanghai, 200063, China

³ Malvern College Chengdu, Chengdu, 611432, China

*Corresponding author. Email: 181410113@mail.dhu.edu.cn

†These authors contributed equally.

ABSTRACT

Peer pressure is common among teenagers. Family and school are the main sources of peer pressure. It is especially important to interact with others during growth and development. Appropriate peer pressure has a positive impact on the growth of teenagers. However, too much peer pressure can lead to depression and eating disorders in adolescents. To make people better understand peer pressure, this paper takes adolescent peer pressure as the research object and summarizes the five causes, effects, and treatment methods of adolescent peer negative pressure. It is hoped that parents and schools can pay attention to teenagers' peer pressure and potential negative peer pressure. Due to many factors especially physical and mental problems, more attention should be paid to adolescents and help them experience this time smoothly. This study may provide insights for future research in reducing the potential threat during adolescent growth.

Keywords: Peer pressure, adolescent, therapy, source of peer pressure

1. INTRODUCTION

It is especially important to interact with others during growth and development. Adolescence is the period of growing and developing in one's life, it is also a key period to forming a world view, values, and life view. And being a member of a peer group is one of the main developmental tasks of adolescence [1]. Teenagers need a peer group, eager to accept, affirm, like, and respect, to make individuals have a sense of belonging, existence, achievement, and value in the group. "The peers of the same age will affect the social and identity of adolescents by allowing young people to explore personal interests and uncertainty while maintaining belonging and continuity in a group of friends"[2]. Peer pressure refers to the pressure felt by the individual to think and act according to the rules of his peers, or the pressure that the individual feels when he or she is encouraged or asked by his peers to do or not to do some behavior that is not the individuals will[3]. In adolescence, obeying peer pressure may have both positive and negative effects. Positive peer pressure mainly refers to the pressure of peers to encourage or ask individuals not to do certain bad behaviors, while

negative peer pressure refers to the pressure of peers to encourage or ask individuals to do certain bad behaviors [4]. Positive peer pressure can promote teenagers to study hard and play excellently in benign competition, have a high sense of morality, reduce the incidence of problem behaviors in the group and promote the better growth of teenagers. In contrast, negative peer pressure usually hurt others as well as themselves. Therefore, this study reviewed the source including campus, traditional factors, and other factors, the impacts, and the therapies such as talk therapy, medication, neurostimulation therapy, physical therapy, and group therapy.

2. SOURCE OF PEER PRESSURE

2.1 The source of peer pressure

Research on peer pressure began in the United States in the 1950s. Due to the post-war recession. The negative influence of peers has accelerated the spread of passive attitudes and risky behaviors among American teenagers. Among them, the negative influence of peers has played a great role in the spread of young people's negative

psychology and dangerous behavior. Thus, the research concentrated on peer pressure is carried out.

From the perspective of adolescent development, peer pressure includes restricting the ability of individuals to make decisions based on their own will. Teenagers feel uncomfortable with their views through various influences and finally voluntarily or passively participate in the activities of their peers. The generation of this pressure may be diverse. Most teenagers are easily influenced by their peers because they admire them and respect their opinions, the cost is facing unendurable pressure during their adolescent period. The research on peer pressure mostly is originated from the discussion of adolescent risk behavior. Among them, alcohol addiction and drug abuse are the most common behaviors causing peer pressure, and another important factor is smoking. The pressure caused by peer prompted smoking is the focus of relevant research.

Peer pressure can be concluded from five sources: involvement in peer social activities, misconduct, involvement in school, conformity to peer norms, and involvement with the family. There is no denying that family and school are the two key factors, for most time of teenagers spend their time in these two environments. At the same time, the surrounding environment including who adolescents play with, which place they usually go after school, etc. cannot be ignored. It is very necessary to deal with pressure and have good solutions and communication methods.

2.2 Peer pressure from campus

School performance is also one of the important factors that bring peer pressure. Campus violence will also bring peer pressure to teenagers. The occurrence of campus violence has social problems, such as being unable to integrate into a group, having different ideas from their peers around, etc. on the other hand, students will oppose telling their peers about their efforts to achieve good results, At the same time, people with strong learning ability will not achieve anything in learning to prevent social exclusion [5]. It is not difficult to see that the main reason causing teenagers' peer pressure is the pressure brought by interpersonal communication. In social activities, when conflict results between the inner self and the environment, it will produce a state of physical or psychological stress.

2.3 Traditional factors lead to peer pressure

According to Brown's research, peer pressure also has a significant impact on genders, it is suggested that women are generally more affected than men [6]. So different gender suffers a different level of feeling pressure. For a long, that's probably due to women must breed the next generation, they have to experience the body changing. In traditional thought, women must take

care of the whole family, including housework, calculating financial bioburdens, etc. These social thoughts give natural pressure on females. Even though the thought has been improved, women still can't get rid of this circle. And to adolescents, this kind of pressure can be caused by body shaming, school performance, teacher's preference, etc. which can result in a deeper gap between males and females and loss of female confidence.

Adolescents in early adolescence will be in the age group with the greatest pressure due to the influence of peer group habits, ideas, and social interaction [7]. It can be easy to understand that younger adolescents have weaker perseverance than older ones, for they experienced less than them and will be suspected of themselves. They are willing to choose what others choose to make fewer mistakes. However, such behavior has the disadvantage of building their value and needs adults' attention.

Under the affection of culture, people living in a collectivist society is suffering more influence and peer pressure than those in an individualist society [8]. That's mainly because the former has the culture of being the same and finding the best answer, while the latter has the spirit of being oneself. For adolescents' living environment, adults must put much emphasis on students' mental health in a collectivist society. It's a disaster for an adolescent who finds that he or she is engaged in a group that is different from his value. Even though they need time to try to accustom to, instruction on how to build a good relationships with others is needed when they are in trouble or they will potentially feel peer pressure and the worst may cause depression.

2.4 Other factors lead to peer pressure

Smoking, drinking, sexual behavior, and other risk-taking behaviors are one of the causes of peer pressure. These behaviors often transform and interact with pressure to form a vicious circle. Similarly, dieting and prejudice are also causes of peer pressure [9]. Adolescence is a vulnerable period of increased peer pressure on appearance, which may be related to dysfunctional eating patterns, from extreme weight loss to overeating. Indeed, during adolescence, the importance of peers increases, and there is an augmented susceptibility to peer pressure that may be associated with risky behaviors [10].

3. THE IMPACTS

3.1 Personal health

Non-benign peer pressure could lead to many non-ideal impacts. The negative influence imposed on teenagers may cause lifetime changes in their physical and mental health. Strong competition among peers at school may seem can increase the average score rates,

however, a long time under strong pressure can lead to depressive symptoms [11].

A study from Norway involves 1183 adolescents aged 13-18 who attend public schools in mid-Norway. As a result, the boys show generally higher stress and a sense of coherence (SOC) than girls. There is a positive relationship between boys' depression and anxious mood and stress coursework work in school. This study shows that stress from peer competition could lead to both depression and anxiety. Apart from this, peer pressure can cause changes in teenagers' attitudes and behavior at school, as well [6].

In the research on peer pressure and its influence on adulthood, almost one-third of the college students claimed that peer pressure they have experienced during their secondary school time caused a massive influence on them, and it was one of the hardest things for them to deal with. The study also shows that the negative impact shows a stronger influence on females than males. The dating attitudes, sexual activities, drugs drug alcohol addiction all contribute to peer pressure among adolescence. It is incontestable that the negative impacts which teenagers pass through each other could lead to consequences that no one wants to see. For example, with indirect peer influence, adolescence may begin to use tools like tobacco and alcohol for better socialization among peers [12]. This behavior may also lead to several impacts, including images on the lungs, and brain [13].

3.2 Social functions

Research shows that individuals with long-term depression could develop her impact on peer groups, in words that they could bring a negative influence on students around and thus leads to short-term depression in others [14]. The study shows that there is an increase of one in the shares of own-gender peers (schoolmates) who are depressed. They have a higher probability of depression developing in adulthood by 2.6 percentage points for females (or 11.5% of mean depression). This research only found a significant relationship in U.S. females other than males. It is considered that peer competition among students (girls) has released a higher chance of affecting the willingness of college attendance.

Beyond this, another study also shows that peer pressure can increase the volume of alcohol drinking and the risk of single-occasion drinking [15]. The methods represent 5521 young Swiss men aged around 20, and they finished the questionnaires with questions about the weekly drinking volume, rate of single-occasion drinking, and drinking motivation. It also concludes 3 respects of peer pressure. Results show that drinking motivation is associated with peer pressure and it can lead to the development of motivation for alcohol use.

4. THE THERAPIES

4.1 Solution to school bullying

School bullying is a form that normally hides under control by school and teachers, it often causes enormous influence on not only the bullied individuals but also the whole peer group. Cyberbullying is a form of bullying which processed through electronic devices such as mobile phones and computers.

Research suggests that schools should find methods to prevent and stop this behavior [16]. It is recommended to protect students from cyberbullying by banning devices like computers from those students who use them incorrectly as a tool for bullying others. It is also suggested that policies and programs should be developed to guide educators from the complexities and to enable teachers to understand the situation. Students should also be aware of the seriousness of school bullying and it is a human right to protect themselves when bullying takes place. It is very important to let. students know that parents and teachers are trustful and reliable.

4.2 Talking therapies

Depression is a common result of peer pressure because this disease could be caused by a high-stress environment and continuously inactive thoughts. So, it is crucial to give adequate treatments immediately after noticing depressive symptoms [17]. The first step after feeling depressed is seeking support, no matter from therapists, family members, or friends. Multiple treatments can be given by therapists and psychiatrists, including psychotherapy and medication support. Through psychotherapy, therapists can mostly reduce emotional discomfort and incorrect behavior by "talking therapy". Cognitive Behavioral Therapy (CBT) can change individuals' thoughts, attitudes, or beliefs by guiding and helping the client to understand the way they think. CBT is mostly used for treating depression and anxiety disorders [18].

4.3 Drug therapies

Beyond from psychotherapies, patients could also be suggested for drug therapies if they person has already developed a more serious level of mental health (major depression, schizophrenia, panic attacks, etc.). Common antidepressants are nortriptyline (brand name Pamelor), imipramine (Tofranil), desipramine (Norpramin), fluoxetine (Prozac), sertraline (Zoloft), and paroxetine (Paxil) ("Drug Therapy - Disorder, Treatment, Medication, and People"- JRank).

It is also worth mentioning that all the drugs contain a certain amount risk of triggering a manic or hypomanic episode. This means it is important to consider carefully when choosing chemotherapy and be aware of the side

effects. Studies have shown that adolescents may show different efficiency when using the same antidepressants. Researchers did this experiment with both adults and juvenile animals; the result shows that there is a significant distinction in both neurochemical and behavioral ways [19]. Juvenile animals have differences in the maturation of both serotonergic and noradrenergic systems. There is also a different requirement in the adrenergic receptor regulation after administrated antidepressants.

4.4 Neurostimulation therapies

Phototherapy (heliotherapy) is a treatment for various diseases. This method uses out-uses natural lights or indoor artificial specific light machines. Although the use of phototherapy is mostly for seasonal affective disorder(SAD), there is still some evidence showing that it can be used for treating non-seasonal depressive symptoms [20].

Electroconvulsive therapy (ECT) works under general anesthesia so the patient will feel painless [21]. When a small electric pulse passes through the brain and thus triggers the brain to release certain chemicals that can efficiently reverse certain mental illnesses. However, the risk of this treatment involves confusion, memory loss, physical side effects (headache, muscle ache), and medical complications.

Vagus nerve stimulation (VNS) is a procedure that uses electronic impulses to stimulate vagus nerves to treat mental disorders like depression [22]. This treatment will implant a special device under the patient's skin or chest through surgeries. It is also worth mentioning that the new technique of VNS which doesn't need to take surgery now has been approved for treatments in Europe and the U.S. The side effects of VNS include pain in the cut where the device is implanted, hard to swallow, certain inflections, and vocal cord paralysis which can be either permanent or life-long.

Repeated transcranial magnetic stimulation (rTMS) is a noninvasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression [23]. This procedure works by placing an electromagnetic coil on the scalp near the forehead. The electromagnet. then release a magnetic pulse that stimulates nerve cells in a part of the brain that controls mood and depression without pain. It can reactive the region of the brain where has a decreased activity of depression. However, it is thought to be the final method when all the other treatments for depression are ineffective [24].

4.5 Physical treatment

Researchers have suggested that there is an enormous relationship between physical activities and mental

health. It is said that people with major mental illness often are lack physical exercise, and show a disability in psychiatric, and social cognitive ways [25]. Study shows that sedentary people have a higher rate of getting numerous diseases compared with physically active people. It is suggested that physical therapy has played a potential role in the treatment of mental disorders illness.

4.6 Group therapies

Group therapy is considered a form of psychotherapy that normally involves at least one or two therapists working with a group of people together at the same time. This kind of therapy didn't require medical support but if the clients have serious mental health disorders, then therapists may suggest they to go psychiatrists for further treatments.

5. CONCLUSION

Peer pressure is commonly widespread throughout the world. Adolescent is vulnerable people. During this period, their self-control ability is still weak, but self-awareness is highlighted, and sensitivity to the surrounding environment leads to a disconnect between biochemical development and psychological development, making adolescents more likely to produce a lot of negative emotions, and the accumulation of negative emotions will produce a lot of energy. These energies will develop into negative energies, which will lead to adverse consequences. Due to many factors especially physical and mental problems, more attention should be paid to adolescents and help them experience this time smoothly. We found that there is a variety of factors can lead to peer pressure and many therapies have been applied to solute the problem. To enable teenagers to develop healthily and reduce the potential consequences of peer pressure. It is very important to understand and study the causes of peer pressure and its solutions, to effectively prevent and cure teenagers' psychological problems. In the future, families and schools could be more involved in the psychological development of teenagers and help them grow up healthily.

REFERENCES

- [1] Erikson, E.H., Identity: Youth and crisis. 1968: WW Norton & company.
- [2] Hartup, W.W., Peer relations. Handbook of child psychology: formerly Carmichael's Manual of child psychology/Paul H. Mussen, editor, 1983.
- [3] Clasen, D.R. and B.B. Brown, The multidimensionality of peer pressure in adolescence. Journal of youth and adolescence, 1985. 14(6): p. 451-468.

- [4] Brown, B.B., D.R. Clasen, and S.A. Eicher, Perceptions of peer pressure, peer conformity dispositions, and self-reported behavior among adolescents. *Developmental psychology*, 1986. 22(4): p. 521.
- [5] Chen, S.-Y. and S.-W. Lin, A cross-cultural study of mathematical achievement: From the perspectives of one's motivation and problem-solving style. *International Journal of Science and Mathematics Education*, 2020. 18(6): p. 1149-1167.
- [6] Brown, B.B., The extent and effects of peer pressure among high school students: A retrospective analysis. *Journal of youth and adolescence*, 1982. 11(2): p. 121-133.
- [7] Steinberg, L. and K.C. Monahan, Age differences in resistance to peer influence. *Developmental psychology*, 2007. 43(6): p. 1531.
- [8] Bhawe, S., et al., 156. Peer Pressure Among Adolescent School Children in India. *Journal of Adolescent Health*, 2011. 48(2): p. S98-S99.
- [9] Swanson, S.A., et al., Prevalence and correlates of eating disorders in adolescents: Results from the national comorbidity survey replication adolescent supplement. *Archives of general psychiatry*, 2011. 68(7): p. 714-723.
- [10] Michell, L. and P. West, Peer pressure to smoke: the meaning depends on the method. *Health education research*, 1996. 11(1): p. 39-49.
- [11] Moksnes, U.K., G.A. Espnes, and G. Haugan, Stress, sense of coherence and emotional symptoms in adolescents. *Psychology & Health*, 2014. 29(1): p. 32-49.
- [12] Yang, Z., C.M. Schaninger, and M. Laroche, Demarketing teen tobacco and alcohol use: Negative peer influence and longitudinal roles of parenting and self-esteem. *Journal of Business Research*, 2013. 66(4): p. 559-567.
- [13] Zhang, H. and B. Cai, The impact of tobacco on lung health in China. *Respirology*, 2003. 8(1): p. 17-21.
- [14] Giulietti, C., M. Vlassopoulos, and Y. Zenou, Peers, gender, and long-term depression. *European Economic Review*, 2022: p. 104084.
- [15] Studer, J., et al., Peer pressure and alcohol use in young men: A mediation analysis of drinking motives. *International journal of drug Policy*, 2014. 25(4): p. 700-708.
- [16] Shariff, S. and L. Johnny, Cyber-libel and cyber-bullying: Can schools protect student reputations and free expression in virtual environments? *Education & Law Journal*, 2007. 16(3): p. 307.
- [17] Duval, F., B.D. Lebowitz, and J.-P. Macher, Treatments in depression. *Dialogues in clinical neuroscience*, 2006. 8(2): p. 191.
- [18] Asmundson, G.J., and G. Andersson, Cognitive behavior therapy: Publication trends and future directions. *Cognitive Behaviour Therapy*, 2002. 31(1): p. 3-7.
- [19] Bylund, D.B. and A.L. Reed, Childhood and adolescent depression: why do children and adults respond differently to antidepressant drugs? *Neurochemistry international*, 2007. 51(5): p. 246-253.
- [20] Meesters, Y. and M. Gordijn, Seasonal affective disorder, winter type: current insights and treatment options. *Psychology research and behavior management*, 2016.
- [21] Setzer, W.D., *Electroconvulsive Therapy (ECT) for Depression*. 1980.
- [22] Yuan, H., and S.D. Silberstein, Vagus nerve and vagus nerve stimulation, a comprehensive review: part I. Headache: *The Journal of Head and Face Pain*, 2016. 56(1): p. 71-78.
- [23] Hallett, M., *Transcranial Magnetic Stimulation: A Primer*. *Neuron*, 2007. 55(2): p. 187-199.
- [24] Edwards, C.A., et al., Neurostimulation Devices for the Treatment of Neurologic Disorders. *Mayo Clinic Proceedings*, 2017. 92(9): p. 1427-1444.
- [25] Richardson, C.R., et al., Integrating physical activity into mental health services for persons with serious mental illness. *Psychiatric services*, 2005. 56(3): p. 324-331.