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## Analysis of Peer Influence on Adolescents and Adults

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ANALYSIS OF PEER INFLUENCE ON ADOLESCENTS AND ADULTS

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*Peers are a huge part of life and affect people in many different ways. In adolescence and adulthood, peers have different kinds of impacts. The researchers chose to research how peer influence can affect the decisions, performance and attitudes of adolescents and adults. Specifically, researchers analyzed how lifestyle decisions influenced by peers affect mental health and how the effects differ from gender and age. Participants of the study were selected to fit the three age groups needed for this study and responses were collected via electronic survey. Throughout this study, the relationship that peer influence has with mental health, positive and negative activities, and age is fully addressed.*

## **INTRODUCTION**

Life goes through many phases of growing, two being adolescence and adulthood. The biggest developments in a person would be during their adolescence stage. During this phase, adolescents encounter changes with their mindsets through peer influences around them, along with positive and risky behaviors. Peer influence is when a person chooses to behave or act differently than they normally would not do mainly because they want to fit in and feel accepted by their peers. With these transformations and developments, it affects their mental health the most depending on how the adolescents approach these new changes. The development of an adolescent's emotional health is a significant aspect of growing up. In regards to comparing oneself with their peers or even other people surrounding them is a natural instinct. Adolescents who have strong relationships with their peers are more prone to be influenced. As adolescents are growing, they seek information or advice from their peers especially when they are encountering difficult situations. Although peers may not always be the effective source of information, teenagers heavily rely on the influences of their friends. Research suggests that in regards to peer influence, it can have a positive or negative influence on a person's behavior,

action, and/or mental health, specifically during adolescence because they are in the process of self-identity and maturing (Boruah, 2016). Adolescents are known to be strongly influenced by their peers and group's similarity in shared interests whether it is positive or negative. In a research conducted by Kimberly A. Maxwell, found that within the topic of smoking, people who smoke and listed their friend list, within that friend list, they also smoked as well, proving that the influence is more likely to occur within the same friend group (Maxwell, 2002). They are more likely to follow the ideas and behaviors and have similar beliefs or intuitions as each other about issues.

The research examines the relationship between an adolescent's emotional development through peer influence. Researchers found this research study to be a critical or significant topic to discuss, especially in today's social media world. People are constantly being influenced by other people surrounding them, leading them to either a positive or negative approach. The researchers found that the theories that could be applied to help explain this study's findings are the Elaboration Likelihood Model and Cognitive Dissonance Theory. Peers can play a huge role in social or emotional development. Both types of peer influence can explain how a person can partake in the effects of behavior, academics/work performance, and mentality. Positive influence increases the understanding that a person can have support from peers, positive mindset, and emotional health. Negative influence explains the effects of decreases in pleasure, self-confidence, and possibly harmful consequences.

## **LITERATURE REVIEW**

### **Introduction**

The importance of peer influence and adolescent development can be significant based on specific age, genders, socioeconomic levels and so much more. Peer influence is portrayed both

positively and negatively, depending on the situation. Positive peer influence might be something like choosing to wear the same clothes as their friends, eating healthier, or working hard in school. Negative peer influence could be choosing to take part in stealing, sexual activities, or consuming alcohol like their friends. Most of the time, this happens when a person chooses to act or behave in a different way that they would not normally do, but does this to feel accepted by their peers. Adolescents are at the stage where they are still maturing and learning more about themselves and the world. An adolescent's puberty change or decision making can be one of the many developments. This research focuses on the contribution between peer influence and adolescent's mental development.

### **Gender**

Depending on the study or research, genders can differ. For one study, researchers examined the correlation of peer influence and development of depression socialization within the participants' friendships. The participants were adolescents between 6th-8th grade and with that, one of the three factors: friendship, peer influence, and/or gender may be the factor to affect depression socialization. This study predicted that gender might be the one to be a big factor; however, after one year of the study, the results was that friendships were the factor that played the biggest role. (Conway et al., 2011). Making friends and selecting people as your friends can also take part into the peer influence as well. Within many friendships, the selectiveness was more based on gender and contentment. Gender identity and the influence of peers from 7th and 8th grade resulted in how the different levels of gender intergroup bias were found to be similar to their peers. There were minimal changes of gender identity development from peer influence (Kornienko et al., 2016). Maxwell's (2002) study examined that boys were more likely to do risky behaviors. It is interesting to discover that most journal articles or studies were used as

resources for Kornienko's study. His study was that boys were more likely to be pressured into doing things and yet, Kornienko found that there was no difference with the gender. The study in regards to resisting peer influence, females self-reported that they had a higher probability of standing up for their own beliefs over trying to fit in with their peers by doing the same things. (Steinberg & Monahan, 2007). To discuss this further, data collected from Goldstein et al. (2020) suggests that adolescent females are more susceptible to peer influence. Researchers gathered this from a series of surveys that were distributed throughout a middle school. However, researchers suggested that the data could not be generalized to the whole population as the sample size needed to be bigger.

### **Positive Peer Influence/Positive Behaviors**

Although there are a lot of risky behaviors that are correlated with peer influence, there are also positive behaviors correlated with peer influence. As mentioned previously regarding the Homel et al. (2020) study, the data also suggests that adolescents that participated in positive activities with their peers, had less symptoms of depression. This emphasizes that the activities that peers do, positive or negative, impacts the peers around them. To expand on this, data from Boruah (2016) suggests that positive peer pressure can improve the wellbeing of others. This includes improving behavior, academic performance, eating, physical activities and social and emotional development. In terms of behaviors, such as how others act, wear and say, peers can give constructive and helpful feedback as to what behaviors are acceptable. It was reported that the more friends a person has, the more they engage in physical activity compared to those who are lonely. Regarding eating habits, overweight adolescence ate more when alone versus in the presence of unknown peers. This can be seen as the adolescent trying to make a good impression amongst peers. Friendship is also an important factor to determine peer relationships and good or

bad influences. Many of these studies were selective with the peer relationships. With Conway's (2011) experiment, he had friendships selected and examined them for about a year to find the relation with depression socialization. Kornienko's study had selected friendships based on gender, socioeconomic status, ethnicity etc. Additional data from Boruah (2016) shows that peer pressure can influence students to be more engaged in school through a sense of belonging which improves academic performance. Lastly, social and emotional development is improved through peer influence as peers can give support. Adolescents that have a lower amount of peer support are more likely to participate in risky behaviors. Overall, if used in a positive way, peer influence can be beneficial.

### **Negative Peer Influence / Risky Behaviors**

Risky behaviors between peers can involve negative influence. Drugs, alcohol, smoking and much more can play a big role in negative peer influence. Bauman and Ennett (1994) examined that adolescents that have friends that use drugs were most likely to also use drugs. It was discovered that teens that did not use drugs were mostly accused of using drugs by those who actually did use them. People who smoked were found to be more likely to list other people that smoke as one of their friends (Maxwell, 2002). Adolescence is a time of many developmental changes. This phase is when they are still uncomfortable or at an awkward stage because they are slowly maturing. Therefore, if they are close to someone or admire someone, it usually increases their chances of being influenced to act or behave the same way to avoid rejection from their peers. Negative behaviors can lead to negative consequences. Maxwell (2002) stated that risky behaviors are mainly caused by peer influence due to the comparisons of themselves and other peers around them, which is to validate or verify whether their own behaviors are appropriate or not. Another piece of data from Pistolessi (2022) suggests that there

is a small but negative effect on the decision to attend university when having peers with a low academic record. Although effects are generally low, it still affects decisions negatively.

Additional data discovered by Homel, et al. (2020) suggests that adolescents that participate with their peers drinking alcohol and abusing drugs were more likely to experience symptoms of depression. So not only does it influence the abuse of substances and harm to the physical body, the consequences of participating in those activities due to peer influence can harm a person mentally. Relationships may range between friendship to intimate/romantic relationships.

However, the majority of the studies focus on friendships; being friends with people can bring in many good and bad things. Bauman (1994) discovered that adolescents who are friends with people that are drug users have a higher chance of being drug users as well on account of peer influence. Additional data suggests that high susceptibility to negative peer influence is correlated with lack of family and school support along with relational aggression, whether they are the aggressor or the victim (Goldstein et al., 2020). This suggests that support and other healthy acts in relationships can really positively impact adolescent's involvement in risky behavior. Also, Maxwell's experiment uncovered new friendships were indubitably likely to have a bigger impact with behavior change. Maxwell's result was pretty similar to Steinberg's (2007) experiment because it resulted in finding behavior change from peer influence and wanting to avoid nonacceptance.

### **Age**

Within some studies, researchers discovered that age plays a big role as well because they had to select which age group would be beneficial and have more validity for their study. The study explored more into the research claiming that age was one of the factors that impacted negative behaviors. (Maxwell, 2002). Adolescents are more likely to be more influenced. Peer



influence occurs when an adolescent does the same activity as their peers; doing this makes them feel as if they are accepted or valued into the peer group. Many would say that adolescence is the time when peer influence may increase. However, Steinberg and Monahan (2007) discovered that adolescents ranging from 14-18 years old become more controlling in their beliefs; this could often lead to resistance from the influence of peers. In addition, Albert et al. (2013) utilized a game simulating a race through traffic to examine how likely others engage in risky behavior with a peer and alone through different age groups. It was found that the older a person is, the more likely they are resistant to peer influence overall.

### **Conclusion**

The correlation of peer influence and adolescent development is an interesting topic to research upon because it contains information on how we can understand better on how peer influence works whether it is positive or negative. Age and gender can also play a big role as well because it helps determine the impact they both have regarding peer influence and mental health. With peer influence, most teenagers do it simply to feel appreciated or be accepted by other peers. Issues of peer influence can occur because of how negative peer influence can get. However, if peer influence is done positively, it often helps adolescents learn to grow, which can include encouragement or support rather than to feel pressured to do something they do not want to participate in.

### **RESEARCH QUESTION/HYPOTHESIS**

This study was conducted to find the results of peer influence within the 3 different age groups since selected current research journals and articles failed to focus on the behaviors of different age groups, young and old, and how peer influence affects them differently. The literature review clarified that researchers found the correlation between the gender of an

adolescent and peer influence; however, they did not distinguish the correlation between the peer influence with mental health and gender. There were many articles that researchers found and utilized to support their claim with the adolescent's behavioral lifestyle choices such as physical activities, social interactions, drugs/alcohol use etc. (Boruah, 2016; Maxwell, 2002; Homel et al., 2020). Although there are still many resources out there regarding these topics, these researchers still wanted to test it themselves if their hypothesis were to be true because there were certain topics that were not covered in other resources.

There were two contradicting research studies that found females were more likely to be susceptible to peer influence and that females were prone to resist the peer influence and change their behaviors. Another research also found that males were more likely to do drugs, tobacco, and use marijuana. Based on these many research studies, researchers hypothesized that there were many predictions made stating gender would play a role within depression or mental health (Conway et al., 2011).

*RQ1: How does peer influence impact an adolescent's mental health based on their gender?*

*H1: Peer influence will have a significant impact on mental health based on gender.*

*Males and females will have different impacts from peer influences.*

Oftentimes, people did not understand why people behave in a certain way. There are people who do things particularly because they have a strong personal belief in something and resist peer influence (Steinberg, 2007). Majority of the time, people may behave or act in a certain way whether it be positive or negative due to the influences from peers. This relates to Steinberg's study in 2007 with the changes in adolescents wanting to get the approval from their peers in terms of the way they dress, behave, and/or act to avoid rejection. Researchers explored

how the participation of positive and negative acts contribute to the mental health of the participants.

*RQ2: How do positive and negative verbal messages and activities affect lifestyle choices, mental health, drug usage and work/school performance?*

*H2: Peer influence in the form of positive verbal messages and activities will positively impact mental health, drug usage, and work/school performance. As well as negative verbal messages and activities will negatively impact mental health, drug usage, and work performance.*

The body of literature is clear that there is a difference in how age groups, young and old, respond to peer influence. According to Dustin Albert, Jason Chein, and Laurence Steinberg's study, they found that while adolescents are more likely to give in, older people tend to have more resistance (Albert et al., 2013). Literature that was analyzed mainly focused on adolescents, there has yet to have more studies with multiple different age groups and how differently they respond to peer pressure.

*RQ3: How does peer influence differentiate between age groups?*

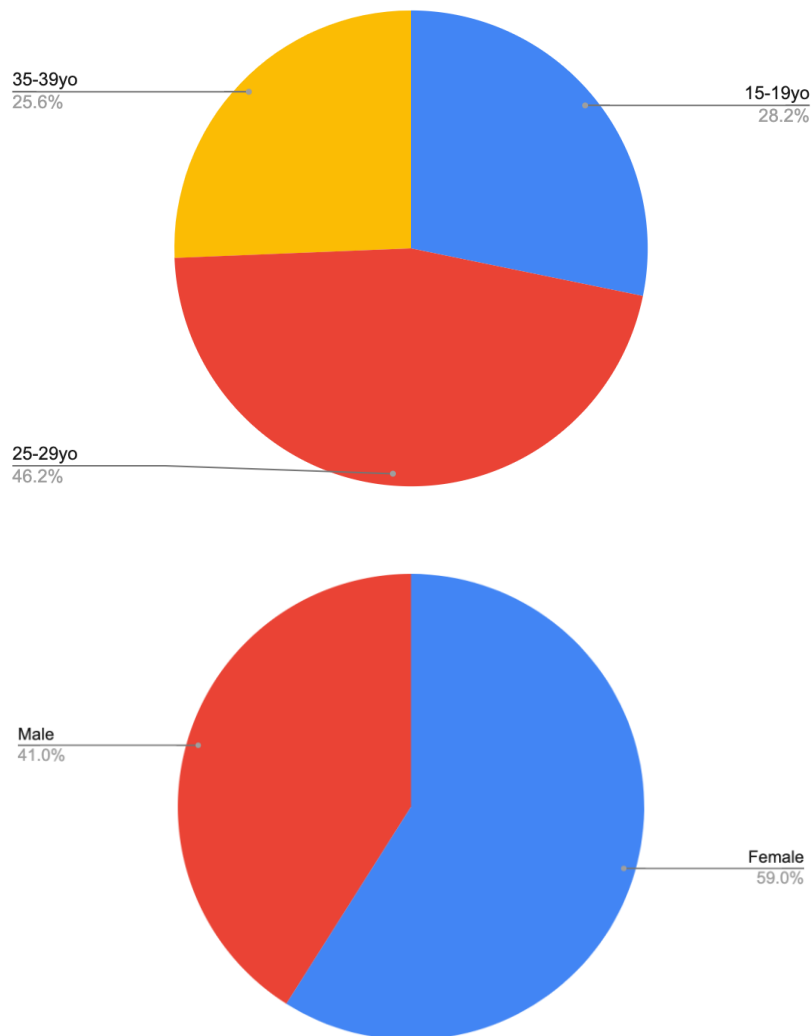
*H3: There is a significant difference within the relationship of three age groups (15-19, 25-29, & 35-39 years old) when comparing the effects and causes to participating in peer influence.*

## **METHODS**

The research design will be cross sectional as multiple participants will take a survey at one point in time, meaning that this study that was conducted was quantitative research. The space will be field independent as the space that the survey is taken is not relevant to the study. Participants chosen for the surveys will be selected via snowball sampling as the study required

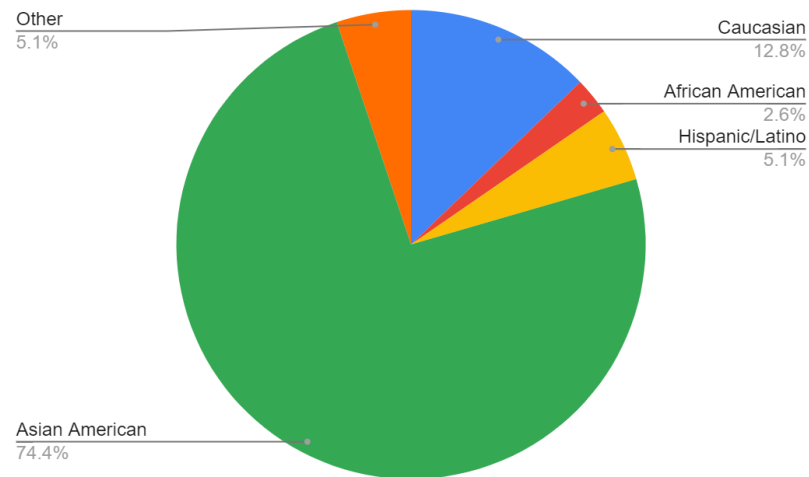
participants to fit in one of the three age groups this study utilizes. The survey contained closed ended questions in order to create concise data. The survey was self-administered and sent as a link to any available participants. Prior to distributing the survey, the Institutional Review Board (IRB) granted approval regarding whether the survey was ethical or not since the study involved human participants.

### Participants



The survey had a sample size of 39 (N=39) participants that ranges from ages 15 to 39 years old. The research was split into 3 different age groups: eleven 15-19 year olds, eighteen 25-

29 year olds, and ten 35-39 year olds. As for the gender group, 23 participants were females and 16 were males. All surveys and questionnaires were completed as participants were required to answer each question given. Originally, 46 participants completed the survey, however, 11 responses had to be deleted because the 11 participants were not in the range of the 3 age groups stated. The researchers categorized all surveys into the three age groups and decided they needed to collect more data from participants that are in the range of 35-39 years old.



To touch briefly on the racial demographics, 29 participants identified as Asian/Asian American, 5 participants identified as White, 2 participants identified as Hispanic/Latino, 1 participant identified as Black, and 2 identified as other.

### Procedures

The researchers conducted the survey via SurveyMonkey and the survey was open for two weeks to be able to get enough people to participate for a bigger sample size and valid responses. The survey was distributed to available participants through a link. The self-administered survey contained a short paragraph in regards to the summary of the research, potential risks, benefits etc. Before starting the survey, participants were given two options of informed consent to choose from: minors, under the age of 18, had to have a parent signature and

those who were over 18 years old. The survey questions were based on a likert scale in order to measure the opinions and attitudes of the participants regarding the topic of peer influence and adolescent emotional development. It consisted of 25 questions in terms of the participant's demographics, decision making, mental health, alcohol/drug use, behaviors, and activities they have participated in with their peers.

## **RESULTS & DISCUSSION**

### **Gender & Mental Health**

To determine the correlation between the peer influence in the gender group, mental health and alcohol/drug use were the categories that were used to compare the data. When the data was filtered, it was found that 23 participants were female (59%) and 16 participants were male (41%). To test the first hypothesis, the questions regarding mental health were combined together. Since the questions were the same categories, all the outcomes were added together. The groups were the gender, male and female, and the categories were the answer options given which was "Not at all, Several days, More than half the days, Nearly everyday," meaning that there were 2 groups and 4 categories. The data showed that females had more negative answers compared to males (89:64). With that said, the statistical test used was the chi-squared test. When the calculations for gender and mental health were performed, the outcome was that the p-value was 0.663, meaning it was not significant and the chi-square statistic resulted at 0.19. This means that the null hypothesis (Ho) was valid and accepted because at the 5% level of significance, there was enough evidence to support the claim that based on gender, peer influence increases an adolescent's low emotional development. This shows that it can be assumed that females have a higher susceptibility to peer influence. Looking at the data below, there was a cross-tabs data regarding the gender and alcohol consumption question. 12 out of the

39 participants answered “always” with the percentage of 61.68%; the most participants that answered “always” were females. After the calculations were made, the results came out to be insignificant. Because the p-value (0.881) was larger than 0.05, the researchers cannot conclude that a significant impact or difference exists; therefore, the null hypothesis was accepted and the alternative hypothesis was rejected. This can possibly lead to peer influence, impacting the mental health of oneself. According to Maxwell’s study based on the role of peer influence across adolescent risk behaviors, the study resulted in finding that males are more prone to influence when it comes to consuming alcohol and resulted in higher rates of depression (Maxwell, 2002).



The next test performed was another chi-squared test, in which similar questions from the survey were combined, which it is based on the participant’s behavior and activity and whether it has a relationship with the gender category. This test consisted of 2 groups and 5 categories,

“Strongly agree, Agree, Neither, Disagree, Strongly Disagree,” leading to the results of the chi-square statistic being 5.8443, and the p-value=0.211. This subsequently results in the test being statistically insignificant since the p-value is larger than 0.05 and having to reject the alternative hypothesis ( $H_a$ ) in which it can be distinguished that the null hypothesis ( $H_0$ ) is true and should be accepted. As there were no significant differences, it was interesting to find that a huge number of female participants, specifically 61, chose “always” for all of the questions combined. This shows that the majority of female participants are with their peers and more likely to be influenced by them, proving that it also can be a reason why there can be a negative impact on an individual’s mental health. In terms of the males, their highest number resulted in the “neither” section of the answers. Although the male participants self-reported “neither”, there are other research studies that show men are more likely to have a higher rate of negative mental health in contrast to females. Males are more likely to do drugs, alcohol, and use marijuana which can result in a higher rate of low mental health or depression (Maxwell, 2002).

Comparing the gender and positive and negative communication between the participant and their peers was also done through a cross-tabulations. Overall, 42.93% answered “a great deal” of receiving positive feedback, yet with the negative feedback, only 4.35% answered “a great deal”. Interestingly enough, when the chi-square test was calculated, it was insignificant because  $p=0.743$ . Despite the test being statistically insignificant, it is interesting to note that males and females indulge in positive activities with their peers, showing that they play a huge role in the participant’s lives, they are more likely to be influenced by their peers. Looking at the bottom chart below containing the negative activity question, participating in risky behaviors with their peers can impact males negatively because they had a total of 56.25% once “a great deal”, “a lot”, and “a moderate amount” is combined. Only 26.09% of the female participants



selected “a great deal”, “a lot”, and “a moderate amount” for the risky behaviors/activities. This relates to the positive/negative feedback; both data between positive and negative shows that the positive influence is more likely to occur for females in opposed to negative influence within the participants in this study. Also, this gives more evidence to prove that males are susceptible to have a higher percentage of depression compared to females when regarding alcohol consumption. Overall, the data analysis from these results can support the claim of males and females having different impacts within peer influence.

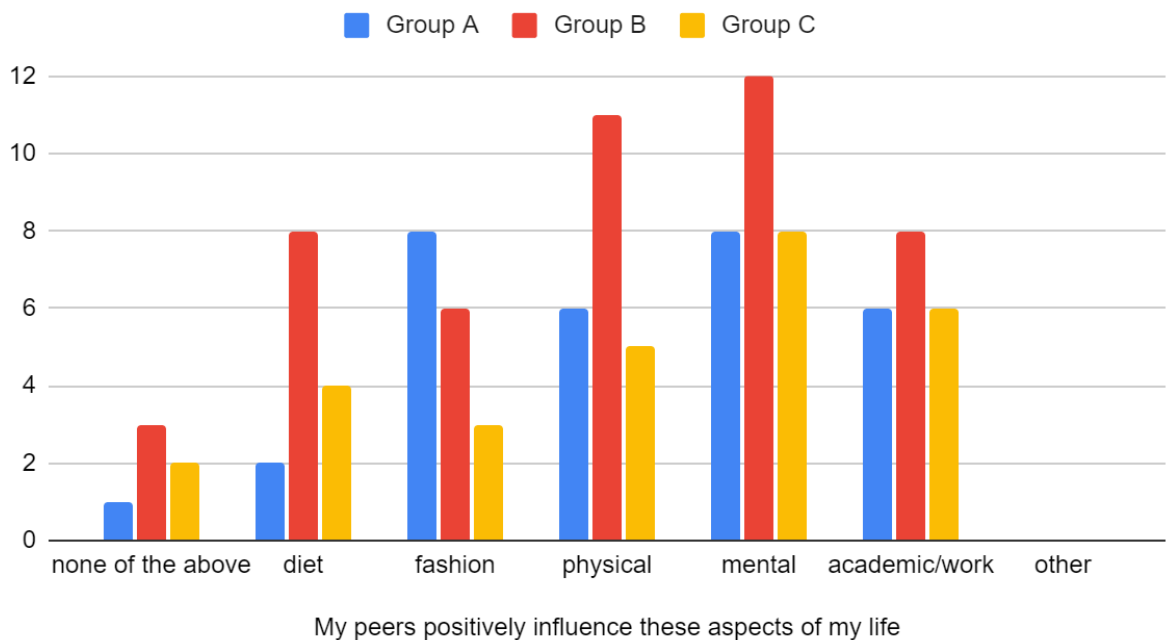


## Positive and Negative Effects on Lifestyle Choices

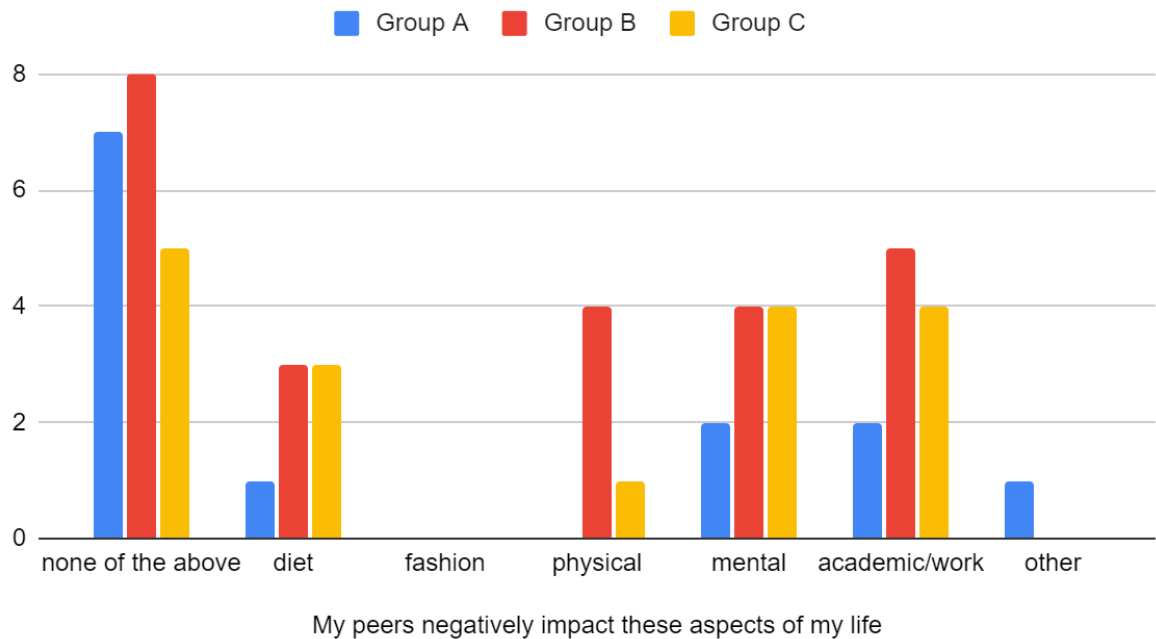
To discuss the second hypothesis of positive and negative behaviors and how it affects lifestyle choices, many different areas are examined. The findings discussed contains the collection of data showing what aspects of the participant's lifestyle affect them negatively and positively, how positive/negative communication with peers correlates with mental health, how positive/risky activities with peers correlate with mental health, how personal work/school performance correlates with peer's work/school performance, and how risky behavior correlates with consumption of marijuana and peer influence to consume alcohol altogether.

### *Aspects of Lifestyle Affected Negatively & Positively*

#### My peers positively influence these aspects of my life:



### My peers negatively impact these aspects of my life:



First, shown above are charts that signify a general view of what aspects of life peers affect our participants. Group A is identified as the 15-19 age group, group B is identified as the 25-29 age group, and group C is identified as the 35-39 age group. Based on the data, peers have an impact on people's lives both negatively. So far, peers mainly have a positive impact on the lifestyle of the participants as the numbers are higher for many of the categories. The highest positive impact being mental health as peers can be part of one's emotional support system. As for the most negatively impacted area found, academic/work performance is assumed to be affected due to distractions. Being part of a social circle, many may have effects of FOMO (fear of missing out) and indulge in activities and communication that may ultimately distract them from performing their best at work/school. Additional findings from this study will elaborate more on some of the areas of life that are found to be affected seen in the bar charts.

#### *Positive & Negative Communication*

Second, when discussing positive and negative communication, positive communication is meant to be represented as comments given by peers that have a positive impact on the mood of the participant, while negative communication signifies comments given by peers that have a negative impact on the mood of the participant. Two questions in the survey asked participants: “My peers uplift me with positive comments” and “My peers put me down with negative comments.”

While comparing the frequency of positive comments to mental health questions that were answered, it was found that overall, when people have peers that give them positive comments, they experience less symptoms of depression. In the survey of those who experienced no symptoms of depression or hopelessness in the last two weeks, 93.33% of participants received moderate to great amounts of positive comments from their peers. In addition, those who did not experience feelings of little interest and pleasure in doing things in the last two weeks, 94.44% of those participants received moderate to great amounts of positive comments. Lastly, those who did not experience negative feelings towards themselves in the last two weeks, 89.48% of participants received moderate to great positive comments from their peers.

In contrast, negative talk also has an impact on mental health. Those who did not experience any symptoms of depression, little interest in doing things, and negative feelings about themselves in the last two weeks, 100% of those participants received little to no negative talk from peers. With this information, it is shown that participants who experienced less negative comments from peers experience less symptoms of depression. It can be speculated that the absence of negative comments allows for the likelihood that there will also be an absence of feelings of depression.

#### *Positive & Risky Activity*

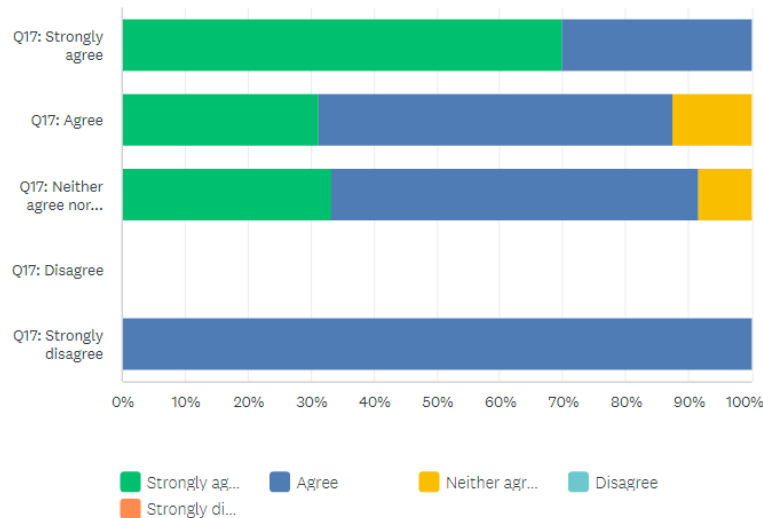
Third, to find a generalized amount of positive and risky activities done with peers, the following questions were asked in the survey: “I participate in positive activities with my peers (ex. exercise, sports, games, hobbies, etc)” and “I participate in risky behavior with my peers (drugs, overconsumption of alcohol, speeding, etc).” These questions were compared to the mental health questions found in the survey as well. Altogether, those who did more positive activities with friends experienced less symptoms of depression. Based on our survey, 86.86% of those who did not experience feelings of depression and hopelessness in the last two weeks participated in positive activities to a moderate and great extent. In addition, 92.31% of participants that experienced no symptoms of trouble sleeping in the last two weeks participated in positive activities from a moderate to great amount. Also, 81.82% of participants who did not experience any poor eating in the last two weeks participated in positive activities from a moderate amount to a great amount.

Whereas for risky activities, those who did not experience feelings of depression in the last two weeks, 73.34% of participants indulge in risky activities from a little amount to no amount. In terms of experiencing trouble sleeping in the last two weeks, 76.93% of those with no symptoms participate in risky activities from a little to no amount. Additional data shows that 63.63% of participants who did not experience the symptom of poor eating in the last two weeks participated a little amount or no amount in risky activities. As the absence of negative comments allows for the absence of depression, the same principle is applied to risky activities. It is speculated that an absence of risky activities reduces the likelihood of feelings of depression.

### *Work & School Performance*

I have good academic standing/good work performance in the work force

Answered: 39 Skipped: 0



	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL
Q17: Strongly agree	70.00% 7	30.00% 3	0.00% 0	0.00% 0	0.00% 0	25.64% 10
Q17: Agree	31.25% 5	56.25% 9	12.50% 2	0.00% 0	0.00% 0	41.03% 16
Q17: Neither agree nor disagree	33.33% 4	58.33% 7	8.33% 1	0.00% 0	0.00% 0	30.77% 12
Q17: Disagree	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0
Q17: Strongly disagree	0.00% 0	100.00% 1	0.00% 0	0.00% 0	0.00% 0	2.56% 1
Total Respondents	16	20	3	0	0	39

Fourth, participants were asked to rate their own and their peer’s work or school performance. As seen in the chart above, many who agreed that their peer’s work performance was good, (Q17) also rated their own work/school performance as good. With this data, it can be seen that peer’s positive work/school performances positively influences one’s own performance.

*Risky Behavior and Drug Consumption*

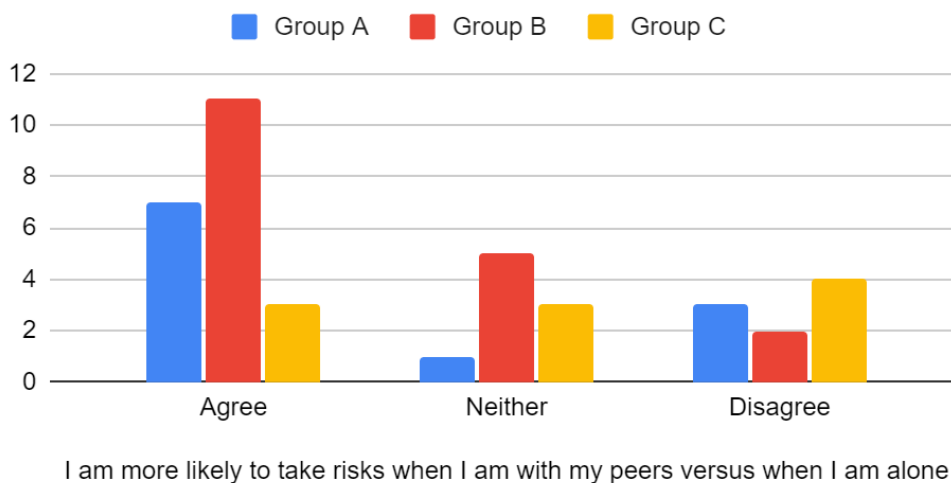
Fifth, risky behavior and drug consumption are speculated to be related to one another. When looking at the amount of participants engaging in risky behaviors and marijuana

consumption, it is shown that almost 100% of participants that have used marijuana in the past two weeks participate in risky behaviors from a great to moderate amount. Furthermore, participants who indicated that they always consume alcohol with peers, 66.67% are said to be more likely to take risks versus when they are alone. This shows that people who take more risks when they are with their peers, are more likely to join in activities such as drinking while peers are around. Moreover, 83.33% of participants who selected that they consume alcohol weekly agree that they are more likely to take risks with peers. With this data, it is speculated that since peers are more likely to participate in drugs and alcohol together, the frequency of participating may be synonymous with how often peers would like to participate as well.

### Peer Influence's Affect on Age Groups

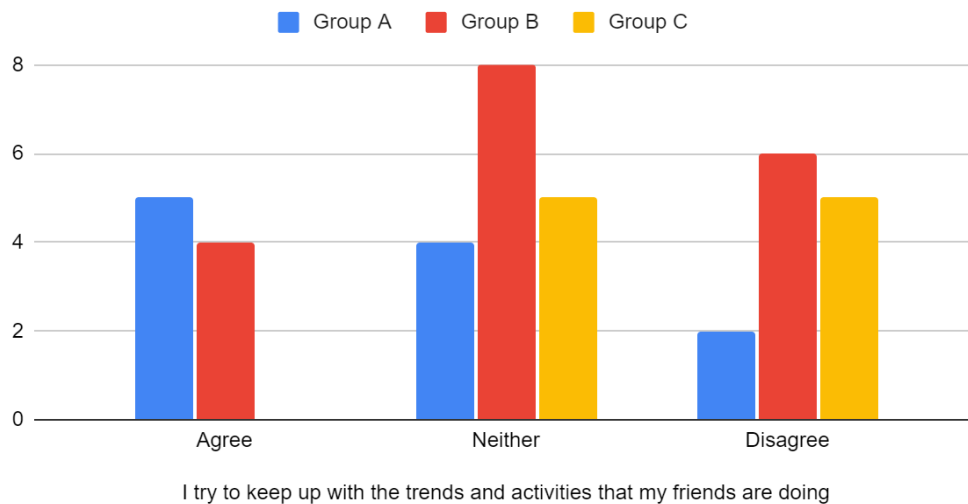
To discuss the differences of the effects that peer influence has on different age groups, answers from the survey were analyzed. The first question that was analyzed is the question that asks, "I am more likely to take risks when I am with my peers versus when I am alone."

#### I am more likely to take risks when I am with my peers versus when I am alone



The results from this question show that 63% of 15-19 year olds, 61% of 25-29 and 30% 35-39 year olds within this study agree that they are more susceptible to taking risks when they are with peers. Overall, as the age of the participants increases, the less susceptible they are to taking risks with peers. In addition, to discuss motivation to do the same things as one's peers, the question of "I try to keep up with the trends and activities that my friends are doing" was asked in the survey.

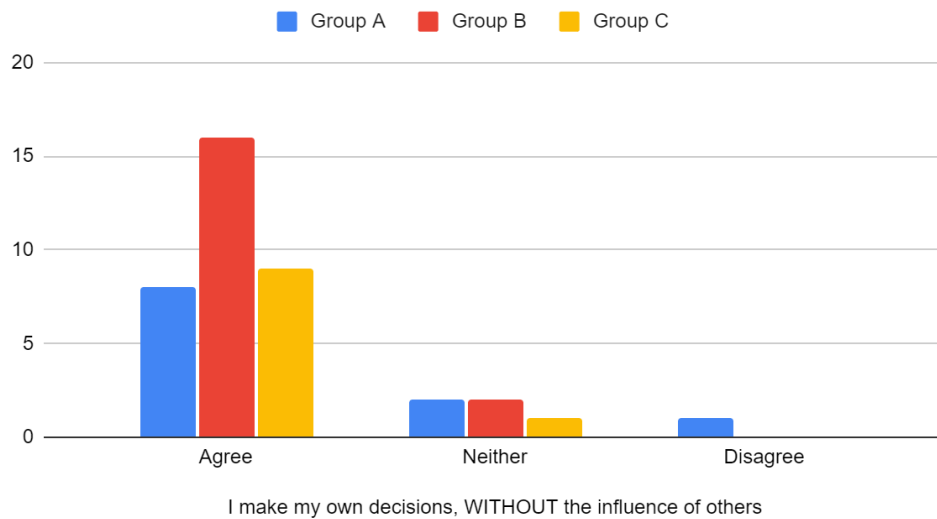
I try to keep up with the trends and activities that my friends are doing



By looking at this data, it is clear that the age group of 35-39 do not have much motivation to keep up with the trends and activities that their peers are doing as 0% of the eldest age group agreed. Whereas, 45% of the 15-19 age group and 22% of the 25-29 age group agree that they try to keep up with the trends and activities that their peers are doing. Again, data shows that the older one may get, the less susceptible they are to participate in activities that their peers are doing solely because everyone else is doing it. Finally, the survey question of "I make my own decisions, WITHOUT the influence of others" was asked to all age groups.



## I make my own decisions, WITHOUT the influence of others



With this data, 72% of 15-19 year olds, 89% of 25-29 year olds, and 90% of 35-39 year olds agree with the statement that their decision making is not influenced by their peers. Considering that the percentages of no influence went up by age group, it can also be assumed that the older age groups are less influenced by the opinions of their peers when it comes to decision making. This correlates with Steinberg's (2007) study regarding those that are 18 years and older, they gradually develop their behaviors to avoid peer influence.

### Elaboration Likelihood Model

The Elaboration Likelihood Model explores the likelihood of attitude changes regarding a topic, stance, or belief that may occur during persuasive communication. Throughout the model, there are some parallels between the model and this research study. McNeill & Stoltenberg (1989) explains that parts of the model are composed of two routes of persuasive communication: central and peripheral. In regards to the younger group who is more susceptible to giving into peer influence, the peripheral route may explain why they are more vulnerable. Many may use the peripheral route if they lack the motivation or ability to think cognitively deeper about a persuasive argument. Motivations to process may vary based on how important

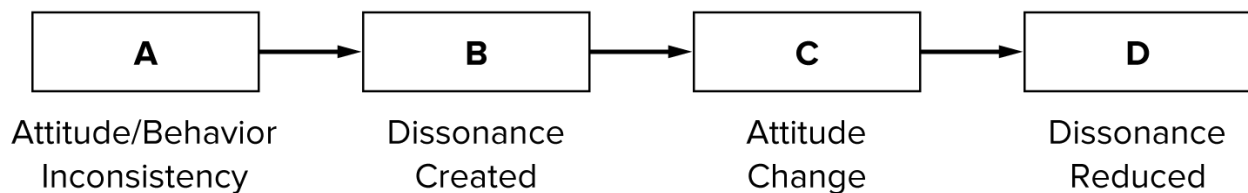
the persuasive topic is to the listener. If something is less important or relatable to a listener, the need for deep cognitive thinking is reduced. They are more likely to use a shortcut which either results in no change of attitude or a weak temporary attitude change. Another reason could be due to peripheral cues. According to McNeill & Stoltenberg (1989), cues could be considered expertise/source credibility, attractiveness, or number of arguments. Onto the definition of the peripheral route, it is the cognitive shortcut of paying “attention to cues and decision rules may shape attitudes or allow a person to decide what attitudinal position to adopt without the need for engaging in any extensive cognitive work relevant to the issue under consideration” (McNeill & Stoltenberg, 1989). Instead of thinking critically about the consideration offered, one may use peripheral cues to create a fast decision based on their attitude of no change or a slight temporary change. This reflects young people’s willingness to participate in risks together and follow trends more than older people since they may be convinced to do things with their peers whom they view to be credible. To add on, they may see it as attractive to indulge in behavior to maintain the normality of communication and activities done within relationships in order to be liked. In contrast, the central route “views attitude change as resulting from a diligent consideration of information that is central to what people believe are the true merits of an advocated position” (McNeill & Stoltenberg, 1989). People in older age groups who utilize the central route may have stronger convictions of what they believe in and further persuasive communication may strongly sway their attitude or solidify their position. Thus, they are more likely to stand their ground to resist peer influence and cognitively think deeper of whether or not they want to participate in risky behaviors.

### **Cognitive Dissonance Theory**

The Cognitive Dissonance Theory was a theory that was developed in 1957 by a former Stanford University social psychologist named Leon Festinger. In one of the journal articles titled *An Introduction to Cognitive Dissonance Theory and an Overview of Current Perspectives on the Theory* written by Eddie Harmon-Jones and Judson Mills, they stated, “The existence of dissonance, being psychologically uncomfortable, motivates the person to reduce the dissonance and leads to avoidance of information likely to increase the dissonance” (Harmon-Jones & Mills, 2019). Cognitive dissonance refers to the mental discomfort that is developed when a person has two contradictory assumptions such as their beliefs, attitudes or perspectives happening at the same time. Common examples of cognitive dissonance can be a person smoking cigarettes knowing that smoking is not good for their health. Another example would be a person who considers themselves an animal lover. They eat meat and yet choose not to acknowledge the idea of where meat comes from. Harmon-Jones and Mills states, “the greater the magnitude of the dissonance, the greater is the pressure to reduce dissonance” (Harmon-Jones & Mills, 2019). This may lead to an emotional discomfort and can result in the person having the ambition to reduce the cognitive dissonance in which they would try to change their attitudes of the beliefs.

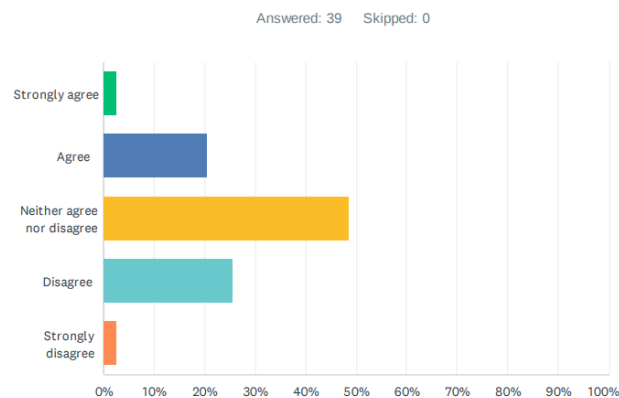
Cognitive dissonance is often triggered by events such as new information learned, changed attitudes, or unexpected events. This causes the person to hold two opposing viewpoints simultaneously and the person will find ways to change how they feel. Oftentimes, people resolve this situation by simply ignoring or denying the information.

(Festinger’s Model on the Process of Cognitive Dissonance)



According to Festinger, he claimed that there are four stages of cognitive dissonance. In the first stage, the person experiences the discomfort from the lack of consistency of their own beliefs, attitude or behavior. Second, dissonance is created and the person tries to change their beliefs by eliminating the contradictory beliefs. Third, the person's attitude changes within this stage and they come up with reasons why these conflicting beliefs do not matter. Lastly, the person makes the adjustment of coming to a state of resolution which reduces the dissonance. With this said, Festinger conducted an experiment to test his cognitive dissonance theory. Throughout these years, the theory has been studied many times by other researchers and was also applied to various areas of study such as communication, public health, and education.

Q7 My peer's opinions often change my mind on decisions



In regards to the peer influence research, when the data was collected, it was found that this research can relate to this theory. When analyzing the question “My peer’s opinions often change my mind on decisions”, the data showed that there was 8 participants answered “agree” with the percentage of 20.51%, 19 participants answered “neither agree nor disagree” having the highest percentage of 48.72%, 10 participants answered “disagree” with the percentage of 25.64% and 1 participant each who answered “strongly agree” and “strongly disagree” with the lowest percentage of 2.56%. This question was utilized specifically because the question relates

to people's opinions on decision making through their peers and how the theory claims people can change their behaviors and attitudes due to the lack of similarity of their own opinions with other people's opinions. Interestingly enough, the highest percentage of 48.72% for "neither agree or disagree", shows that almost half of the respondents decision makings are not affected by their peer's opinions, yet there are many studies resulting that peers' opinions affect the participant's decision making. Selective exposure can prevent the lack of compatibility of a person's belief and in terms of the answers, there isn't any correlation of the information given from peers. To clarify, selective exposure is when people avoid information to create cognitive dissonance. The influence from peers can cause a person to feel distressed and develop the need to change their beliefs or behaviors.

### **Limitations**

One limitation for this research would be having a very small sample size. To reiterate, the sample size was 39 participants composed of eleven 15-19 year olds, eighteen 25-29 and ten 35-39 year olds. Due to the small sample size, many statistical tests that were run were found as insignificant. If the study was conducted longer, the sample size would have not been less than 40 participants in which researchers would have been able to find better results within the study.

An additional limitation is the diversity within the sample size. Around 74% of the participants identified as Asian American. The lack of diversity is a limitation as the data isn't equally representative of other ethnicities. So while most of the data is derived from Asian Americans, another test that had a diverse population may have completely different responses.

Another limitation with this data is that researchers consider that participants may be more likely to self-report positively about themselves more than what is actually accurate. As reported by four researchers, Alexa Jimenez, Tierney P. McMahon, David Watson, and Kristin

Naragon-Gainey, they explained, "retrospective questionnaires...rely on recollections of past experiences to provide a summary of symptoms over a given period. These recollections are subject to numerous recall biases" (Jiminez et al., 2022). This can be applied to nearly all of the questions asked in the survey, however, especially the questions regarding the participant and their peer's work and school performance.

### **Suggestions for Future Research**

Suggestions for future research consist of expanding on different types of communication. While this study discussed positive and negative talk between peers and the participants, further research could discuss different mediums of communication between peers such as face to face conversations, phone calls, texts, etc. As well as discuss how often participants engage in communication with their peers, whether it be daily, weekly, or monthly and discuss how many times in a day. This could be significant as it may help measure how frequency of communication with peers and how rich a medium of communication can affect people and their mental health. Many could hypothesize that less rich mediums of communications and a low frequency of conversation may affect one's mental health negatively.

Another suggestion for further research can be conducting a longitudinal study on the social interactions between adolescents with their peers in and outside of school to get a better understanding on how an adolescent would mentally develop and identify the types of peer influences they may have within their relationships.

As for measuring work/school performance between one's self and peers, there is a limitation that participants may self-report a more positive view of themselves than what is accurate. For further research, it may be interesting to look at grades in education or work

performance reviews to fully assess whether or not their work performance is actually accurate with their self reported response.

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