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## Attitudinal and Social Factors in Adolescent Smoking: In Search of Peer Group Influence<sup>1</sup>

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The smoking attitudes and behavior of two samples of British 15-year-olds ( $N = 278$ ) were studied by questionnaire. "Smokers" (anyone who had smoked at all within the previous week) held less negative attitudes about smoking, were more likely to have a father who smoked, and anticipated less parental disapproval of their smoking. When asked to name their five best friends among their classmates, smokers were more likely to name other smokers than were nonsmokers. On the basis of these results, we argue that the notion of "peer group influence" should be reconceptualized in terms of intergroup processes and social identity concerns within the peer group.

Studies of adolescent smoking are in broad agreement that young people take up smoking because of a variety of social influences. These are generally taken to include commercial advertising, the example of parents or siblings who smoke, and the pressures from others of the same age. Together with acquisition of the habit itself, more positive (or less negative) attitudes about smoking are also acquired by young smokers, presumably from the same sources. However, although such attitudes may partly rationalize smoking, the preparedness of smokers of all ages to endorse more or less negative statements about smoking is well documented (e.g., McKennell & Thomas, 1967). Social factors are distinguished, most importantly, from factors intrinsic to smoking itself—in particular the pharmacological properties of nicotine. The progression from novice to experienced smoker may indeed be presented as a progression from smoking for psychosocial motives to smoking so as to satisfy physical addiction (Russell, Peto, & Patel, 1974).

In accordance with this view, the role of social influence in adolescent smoking has been considered important in two contexts that are not always consistently distinguished. The first context is that of the adolescent's first experi-

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ence, or first few experiences, with cigarettes. Here the presumption is that adolescents often try cigarettes for the first time because they feel in some way pressured to do so, particularly by their peers. This has led on to a number of intervention strategies designed to prevent beginning cigarette smoking by teaching teenagers to resist social pressures to smoke (Botvin & Eng, 1982; Evans et al., 1981; Hurd et al., 1980; McAlister, Perry, & Maccoby, 1979). A recurrent feature of these strategies is the use (within the school curriculum) of films or videotapes to portray episodes in which a nonsmoking teenager is offered cigarettes by his or her smoking peers. Although young people act out the scripts in these films, the extent to which the scripts represent typical situations in teenagers' own experience is not always easy to determine from the reports. The empirical data presented are mainly directed to demonstrating an inhibitory effect of such interventions on smoking uptake. The main theoretical context in which such possible attitude/behavior change is often discussed is that of McGuire's (1974) inoculation model.

The second context in which social influence has been considered is that of the intervening between the time an adolescent takes up smoking and the time he or she becomes physically addicted. The definition of addiction here is far from simple (Eiser, 1982). Nonetheless there does seem to be a case for hypothesizing that many adolescents (and for that matter, adults) may smoke occasionally or even regularly, not to satisfy a craving or avoid withdrawal symptoms but to get something out of it "socially." Again, what is meant by "socially" in this context is defined in general terms. Much of the intervention work on resistance to social pressures has also attempted to counter images of young smokers as more mature, sophisticated, and attractive than nonmokers. The presumption is that smokers are attractive models for teenagers and that this is something interventions can change. If there is an identifiable theoretical framework for such approaches, it is probably Bandura's (1971) social learning theory.

Despite the claims of success for strategies based on these notions, there remains a need to identify more precisely the processes whereby any social influences to smoke may operate. The pervasiveness of commercial advertising in Western societies is self-evident. Association with parental smoking is well documented (e.g., Bewley, Bland, & Harris, 1974; Bynner, 1969), and any number of theoretical interpretations can account for the effects of parental example in this, as in other, areas of behavior. The case of influence of the peer group is more problematic. On the one hand, it is known that teenagers who smoke tend to have more friends who also smoke. However, this relation is highly ambiguous with regard to causality and could indeed occur without a peer group influence. Since smoking may be related to a variety of factors in people's social and demographic backgrounds, one would expect some covariation between people's own smoking habits and the smoking habits of their friends, simply on the assumption that friendship choice was predictable from shared social background.

Although it is highly counterintuitive to suggest that the peer group does not have an important influence on adolescent smoking (and we make no such suggestion), it is at least incumbent on researchers to be more specific about what kind of influence processes may be at work.

One approach might be to study the actual situations in which peers exert influence to smoke or not to smoke. Such an approach is not within the focus of this article. An alternative strategy is that adopted by Krosnick and Judd (1982), who compare the relative importance of different sources of influence on cigarette smoking at different ages, in terms of a structural equation model. We are making no attempt here to consider age-related changes in the form of social influence, although we acknowledge their importance.

Another approach is to consider the possible relations between attitudinal and normative factors. According to Fishbein and Ajzen (1975), behavioral intentions may be jointly predicted from evaluative beliefs about the consequences of a given behavior and from normative beliefs or subjective norms (i.e., what one thinks significant others would feel if one behaved in such a way—the latter weighted by one's "motivation to comply" with such significant others). Fishbein (1982) presented data on the relative importance of attitudinal and normative factors as predictors of cigarette smoking among young women. This distinction is incorporated in the present study, although we do not compare the importance of attitudinal and normative factors directly.

Yet another approach is to consider in more detail what is meant by "the peer group." This is the main theoretical focus of this article, although it is no more than a first step toward a reconceptualization of the problem. On the basis of the data to be presented, however, we suggest that the concept of group influence is unlikely to become much clearer in this context if it is studied in isolation from that of group identity.

### Study 1

#### Method

A questionnaire was administered during regular classroom periods to 178 students (mean age 15.4 years) from the 5th year of an all-male comprehensive school in South-East London. The questionnaires were distributed and collected by members of the research team (not teachers), and subjects were assured that their answers would not be seen by anyone other than members of the research team. None of the 178 questionnaires were discarded from analysis, although subjects left some questions blank.

The questionnaire covered the following topic areas: cigarette consumption, alcohol consumption, evaluative and normative beliefs about smoking and motivation to comply with significant others (cf. Fishbein & Ajzen, 1975), smoking

Table 1

*Percentages of Subjects Describing Their Smoking Behavior in Terms of Responses Listed (London Sample)*

<u>Response</u>	<u>% subjects</u>
I have never smoked a cigarette.	24.7
I have only ever tried smoking once.	23.6
I have smoked sometimes, but I don't smoke as much as one a week.	8.4
I usually smoke between one and six cigarettes a week.	5.1
I usually smoke more than six cigarettes a week.	23.6
I used to smoke but I have given it up.	14.6

*N* = 178.

habits of family members, anticipation of adulthood, and friendship choices. Details of items and scoring of responses are described together with the relevant results.

#### Results

*Cigarette consumption.* Subjects described their own smoking behavior in terms of the six categories shown in Table 1. They also reported the number of cigarettes they had smoked during the previous week. Those who said they had smoked any cigarettes during the previous week (53, or 30%) were classified as smokers; the remainder were classified as nonsmokers. As can be inferred from Table 1, a few smokers claimed that they smoked less than one cigarette a week. On average, the smokers claimed they had smoked 43.8 cigarettes during the previous week. Smokers' and nonsmokers' responses to other items were then compared.

*Alcohol consumption.* Subjects reported how often they had an alcoholic drink when out with friends in terms of the categories: never (scored as 1), very rarely (2), quite often (3), and always (4). Smokers reported more frequent drinking than nonsmokers ( $M_s = 2.96$  and  $2.37$ ),  $t(176) = 4.27$ ,  $p < .001$ .

Subjects then had to check the number of alcoholic drinks of specified kinds they usually had when out with friends, and from this a total score for each subject was computed representing the number of glasses of drinks (or half-pints of beer or cider) consumed on a typical occasion. Smokers claimed to drink greater quantities than nonsmokers ( $M_s = 4.49$  and  $2.82$ ),  $t(176) = 4.37$ ,  $p < .001$ . In

Table 2

*Numbers of Subjects Choosing Lists of Friends Containing Various Percentages of Smokers (London Sample)*

Group	Smokers in list of friends					N
	0%	1%-39%	40%-60%	61%-99%	100%	
Smokers	9	5	15	10	7	46
Nonsmokers	61	28	14	4	6	113

response to the question, "Have you ever got really drunk?," 42 (79.2%) of the 53 smokers said yes, compared with 52 (41.6%) of the 125 nonsmokers,  $\chi^2(1, N = 178) = 21.17, p < .001$ .

*Evaluative beliefs.* Subjects responded to two items, "Do you think that smoking is really as dangerous as people say?" and "Do you think that smokers really enjoy cigarettes?," in terms of a four-category scale: definitely not (scored 1), probably not (2), yes probably (3), and yes definitely (4). Smokers regarded smoking as less dangerous and more enjoyable than did nonsmokers. For the first item,  $M_s = 2.94$  and  $3.46, t(176) = 4.66, p < .001$ ; for the second item,  $M_s = 3.24$  and  $2.88, t(176) = 3.41, p < .001$ .

Subjects were then asked, "At what age do you think smokers really start to become less healthy than nonsmokers?" Responses were in categories from 15 to 70 years at 5-year intervals, plus an additional category of *never* (which no subjects used). The age estimated by smokers was only slightly greater than that estimated by nonsmokers ( $M_s = 35.94$  and  $32.68, t(176) = 1.53, ns$ ).

A further item, "Do you think that smoking is generally a bad thing or a good thing?" elicited responses in terms of 11 categories from -5 (extremely bad) to 5 (extremely good), with the middle category labeled *neither bad nor good*. Smokers' evaluations were less negative than those given by nonsmokers ( $M_s = -0.53$  and  $-2.34, t(176) = 5.96, p < .001$ ).

*Normative beliefs.* Subjects' perceptions of their parents' and teachers' attitudes toward their smoking were assessed by the following questions: "How do you think your parents (and teachers) would feel about your smoking?" Response categories were as follows: they would be very angry (scored as 1), they would be a bit upset (2), they wouldn't mind (3), and they would be pleased (4). For the sample as a whole, parents were perceived as more disapproving of smoking than teachers ( $M_s = 2.06$  and  $2.70, t(177) = 8.73, p < .001$ ). Smokers perceived their parents as more tolerant of smoking than did nonsmokers ( $M_s = 2.25$  and  $1.99, t(177) = 2.23, p < .05$ ). However, smokers and nonsmokers did not differ significantly in their perceptions of teachers' attitudes ( $M_s = 2.75$  and  $2.67, t(177) = 0.79, ns$ ).

*Motivation to comply.* Subjects responded to the following three questions: "Do you care if people in your class (and your parents and teachers) disapprove of things you do?" Response categories were as follows: not at all (scored as 1), a little (2), quite a bit (3), and very much (4). Smokers did not differ from nonsmokers in how much they cared about classmates' (both  $M_s = 1.47$ ) or parents' disapproval ( $M_s = 2.53$  and  $2.67, t(177) = 1.08, ns$ ). However, they cared less than nonsmokers about teachers' disapproval ( $M_s = 1.66$  and  $1.98, t(177) = 2.39, p < .02$ ). Overall, subjects claimed that they cared less about the disapproval of their classmates ( $M = 2.64, t(177) = 16.35, p < .001$ ), or their teachers ( $M = 1.89, t(177) = 5.71, p < .001$ ). The parents versus teachers difference was also highly significant,  $t(177) = 10.66, p < .001$ .

*Smoking habits of family members.* Subjects reported whether their parents and siblings smoked. The clearest predictor of subjects' smoking status was whether their fathers smoked, with 69.2% (36 out of 52) smokers and 47.1% (57 out of 121) nonsmokers having a father who smoked,  $\chi^2(1, N = 173) = 7.16, p < .01$ . There was no corresponding relation with mothers' smoking; proportions were 36.5% (19 out of 52) and 35.8% (44 out of 123),  $\chi^2(1, N = 175) = 0.01, ns$ . The likelihood of siblings being smokers, after controlling for family size, was almost the same for smokers (0.288) as for nonsmokers (0.284).

*Anticipation of adulthood.* Subjects were asked the age at which they thought that "a person should be thought of as an adult." Smokers responded with a younger mean age (16.47 years) than nonsmokers (17.16 years),  $t(177) = 2.17, p < .05$ . When asked, "Have you got a girlfriend at the moment?," 60.4% (32 out of 53) smokers compared with 31.2% (39 out of 125) nonsmokers responded affirmatively,  $\chi^2(1, N = 178) = 13.21, p < .001$ . When those with a current girlfriend were asked if she smoked, 56.2% (18 out of 32) smokers compared with 12.8% (5 out of 39) nonsmokers responded affirmatively,  $\chi^2(1, N = 71) = 15.14, p < .001$ .

*Friendship choices.* Subjects were asked to list the full names of up to five other students in their class with whom they were most friendly. The smoking status of these friends was then checked from their own questionnaires. Smokers did not differ significantly from nonsmokers in the number of friends they listed ( $M_s = 3.11$  and  $3.34, t(177) = 0.83, ns$ ). Smokers (29.8% of the sample) received 28.4% of all friendship choices,  $\chi^2(1, N = 582 \text{ choices}) = 0.57, ns$ . Thus overall popularity was unrelated to smoking status.

Table 2 shows the numbers of smokers and nonsmokers for whom various percentages of their friends were smokers, after exclusion of 19 subjects who failed to list any friends. There was a clear tendency for smokers to be more likely than nonsmokers to choose smoking friends,  $\chi^2(4, N = 159) = 35.40, p < .001$ . More than half the nonsmokers, but under a fifth of the smokers, provided lists of friends consisting entirely of nonsmokers.

Subjects were also asked to estimate the number of smokers and total num-

ber of students in their class. From these two items an estimated percentage score was derived for each subject. Smokers gave marginally higher estimates of the incidence of smoking among their classmates than did nonsmokers ( $M_s = 35.51$  and  $31.40$ ),  $t(176) = 1.73, p < .1$ .

### Discussion

This study, then, found that 30% of the sample were smokers, in the sense of having smoked at least one cigarette in the previous week, according to their self-reports. Smokers also reported more frequent and heavier use of alcohol.

Smokers were more likely than nonsmokers to have fathers who smoked, but there was no relation with mothers' smoking. Smokers were also likely to have more smokers among their preferred friends at school. Smokers were significantly less convinced of the dangers (and less skeptical of the pleasures) of smoking and perceived their parents' attitudes to be more tolerant toward their smoking. Both smokers and nonsmokers considered their teachers' attitudes toward the possibility of their smoking to be quite tolerant. A result that, superficially at least, runs counter to the notion of peer group influence is the low importance attached by both smokers and nonsmokers to being disapproved of by their classmates, whereas both groups attached fair importance to parental disapproval.

If one considers these data (albeit crudely) in terms of the distinction between attitudinal and normative factors in the Fishbein and Ajzen (1975) model, there are more general problems in arguing that the normative component is particularly important. We stress that this study is not intended as a test of that model. Nonetheless, according to Fishbein and Ajzen (1975), normative beliefs and motivation to comply should combine multiplicatively. Since both smokers and nonsmokers reported little motivation to comply (as operationalized by us) with their classmates, and since smokers' estimates of the proportion of their classmates who smoked was only marginally higher than the nonsmokers' estimates, it would be surprising if the peer group aspect of the normative component was an important predictor of smoking behavior. The difference between smokers and nonsmokers in terms of motivation to comply with teachers invites speculations that smokers were more likely than nonsmokers to reject school discipline and values generally. However, since both smokers and nonsmokers perceived teachers as relatively neutral in their attitudes toward their students' smoking, if one applies the multiplicative rule proposed by Fishbein and Ajzen, it is difficult to see how the teachers aspect of the normative component would have much predictive value.

It is only when one considers subjects' perceptions of their parents' attitudes that the Fishbein and Ajzen (1975) model allows a comparison between smokers and nonsmokers in terms of the normative component. Both smokers and nonsmokers cared about parental disapproval (high motivation to comply), but

smokers' parents were seen as less likely to disapprove of the smoking (a difference in normative beliefs).

Therefore, applying the Fishbein and Ajzen (1975) approach to these data does not support the hypothesis that peer group influence is important. Nonetheless, data from subjects' sociometric choices clearly show that friendship patterns and smoking behavior covaried. In order to replicate this finding, and in particular to see whether it could be generalized to a coeducational school (in which difference factors might influence friendship choices), a second study was conducted.

### Study 2

#### Method

Subjects were 100 students (59 male, 41 female) from the 4th year of a coeducational comprehensive school in Exeter, England. The school has a mixed catchment area in terms of social class and a very much lower proportion of students from families with immigrant backgrounds than the South-East London school. These 100 constituted the total attendance from six classes on the days of testing (a number being on a school outing), apart from 3 subjects who failed to complete satisfactorily enough of the questionnaire to be included in the analyses. The mean age was close to that of the London sample, approximately 15.3 years.<sup>3</sup>

The researchers administered a questionnaire during regular classroom periods. This contained the same questions on smoking incidence but included a new set of 10 evaluative belief statements derived from a content analysis of group discussions among students from the London school (see Eiser, van der Pligt, & Friend, 1983). Subjects responded in terms of the same four categories: definitely not (1), probably not (2), yes probably (3), and yes definitely (4). The 10 statements are shown in Table 3.

Subjects also completed the sociometric choice item (naming up to five friends in their class) and estimated the proportion of smokers among their classmates.

#### Results

Of the 100 subjects, 25 (15 male and 10 female) indicated that they had smoked during the previous week and were classified as smokers. Table 4 shows the percentages describing their smoking behavior in different ways.

The 10 belief statements were first analyzed separately. As may be seen from Table 3, the mean differences were all in the direction of smokers evaluating

<sup>3</sup>The age of transition to comprehensive school in Exeter is 1 year older than in London.

Table 3

## Mean Responses of Smokers and Nonsmokers to 10 Belief Statements

Belief statement	Smokers (n = 25)	Nonsmokers (n = 75)	t(98)
Smoking is smelly and dirty.	3.00	3.45	2.73***
Smoking is worse than lots of other habits.	2.88	2.73	0.75
You can get cancer even if you don't smoke.	3.76	3.68	0.45
Smoking is a waste of money.	3.24	3.55	1.74*
You're much more likely to get lung cancer if you smoke.	2.96	3.40	3.10***
Smoking helps you relax.	3.28	2.88	2.13**
Everybody's got to die sometime, so it doesn't matter if you smoke or not.	2.36	2.13	0.86
Smoking annoys other people.	2.92	3.39	2.51**
Most smokers are just as healthy as nonsmokers.	2.28	1.91	1.98*
Smoking makes you less fit.	2.92	3.05	0.59

Note: Scale anchors were *definitely not* (1) and *yes definitely* (4).

\* $p < .1$ ; \*\* $p < .05$ ; \*\*\* $p < .01$  (all two-tailed).

smoking less negatively than nonsmokers, significantly so on four of the items. We next counted for each subject the number of positive statements rated as definitely or probably true minus the number of negative statements so rated. The means, with a possible range of -5 to 5, were for smokers -0.76 and for nonsmokers -1.45,  $t(98) = 2.12$ ,  $p < .05$ .

We next analyzed the data from subjects' sociometric choices. As before, smokers did not differ from nonsmokers in the number of friends they chose, nor in the number of times they were chosen by others (see Table 5). Friendship choices, however, were significantly related to smoking status,  $\chi^2(4, N = 92) = 12.03$ ,  $p < .02$ .

When asked to estimate the proportion of smokers in the class, smokers gave a mean of 41.3% compared with 41.9% given by nonsmokers, a nonsignificant difference.

Table 4

## Percentages of Males and Females Describing Their Smoking Behavior in Terms of Responses Listed (Exeter Sample)

Response	% male (N = 59)	% female (N = 41)	% total (N = 100)
I have never smoked a cigarette.	23.7	7.3	17
I have only ever tried smoking once.	27.1	22.0	25
I have smoked sometimes, but I don't smoke as much as one a week.	13.6	17.1	15
I usually smoke between one and six cigarettes a week.	3.4	4.9	4
I usually smoke more than six cigarettes a week.	18.6	19.5	19
I used to smoke but I have given it up.	13.6	29.3	20

Table 5

## Numbers of Subjects Choosing Lists of Friends Containing Various Percentages of Smokers (Exeter Sample)

Group	Smokers in lists of friends					N
	0%	1%-39%	40%-60%	61%-99%	100%	
Smokers	5	7	9	0	3	24
Nonsmokers	28	20	18	2	0	68

## General Discussion

The data from our two experiments testify to the range of smoking behavior shown by adolescents and to the predictable relations between such behavior and a variety of attitudinal measures. Teenagers who smoke hold less negative views about the consequences of smoking and have more smokers as models within their family and among their friends. Such conclusions correspond closely to those of previous research, but the causal interpretation of such findings is more elusive than might at first appear.

The notion that adolescents who smoke have succumbed to peer group influ-

ence has been a truism for at least a decade. Bynner (1969) observed a correspondence between adolescents' reports of their own smoking behavior and their perceptions of the smoking behavior of their friends. Hill (1971) rightly pointed out the preferability of obtaining data from the friends themselves, and his method of relating smoking behavior to sociometric choices was the one we adopted in our own analyses. The correspondence between subjects' own smoking behavior and that of their friends that we found in London and Exeter was very similar to that obtained by Hill with an Australian sample and may therefore be regarded as a very reliable finding.

The step from here to an interpretation in terms of peer group influence, however, still needs clarification. A question often lost sight of is that of the relative importance of peer group as distinct from adult influence. In attempting to define the notion of peer group influence, Hill interestingly cited Sherif and Sherif's (1969, p. 260) suggestion that adolescents' strivings are characterized by "the overwhelming desire to do things adults do, on their own, without programming or intervention by the older generation." But if this is the key to peer group influence, then peer group influence seems dependent on available models of "what adults do," that is, on adult example, if not adult influence.

Our own data point to the stronger (reported) concern by our subjects for approval from their parents and even from their teachers than from their classmates. Obviously, social desirability response sets could bias answers to such questions, and the issue of correspondence with actual behavior is left untouched here. Nonetheless, there seems no a priori reason to suppose that social desirability should have a consistent effect here in the direction of overestimating the motivation to comply with adults rather than with people of their own age. (Subjects of similar age tested under similar conditions are quite prepared to endorse or generate statements against parental or school authority; Eiser & Mower White, 1974; Eiser & Pancer, 1979.) In short, although we interpret these data cautiously, we do not feel they can be dismissed out of hand. There is a strong body of data testifying to the importance of parental smoking habits (e.g., Bewley et al., 1974; Bynner, 1969; McKennell & Thomas, 1967), and father's smoking was a clear predictor in our results also.

"Passing the buck" to the peer group rather than the parents may be an interpretation more comfortable to adults than compelled by the evidence. Also, when one considers the teachers' relative tolerance of smoking as perceived by our subjects, the question of buck passing remains very much alive. If teachers do not or cannot consistently enforce nonsmoking rules on or near school premises, what specifically makes this particularly difficult or not worth the aggravation? How do teachers' (and parents') own smoking habits affect their ability to dissuade young people from smoking?

But even granted that peer group influence can only be one of a number of potentially important factors, how is it supposed to work? Attempts to answer

this question have frequently started by looking for characteristics that distinguish young smokers from young nonsmokers. A variety of personality measures have been used, including needs for affiliation and autonomy (Hill, 1971) and orality and impulsivity (Jacobs et al., 1966). Delinquents (Gibson, 1971) and those of lower academic achievement (Bynner, 1969) have also been found to smoke more. Aitken (1980) presented 10- to 14-year-olds with hypothetical moral dilemmas that could be resolved by accepting either a peer-approved or adult-approved solution; smokers (anyone who had at least tried a cigarette) were more likely to choose peer-approved solutions, and nonsmokers, adult-approved solutions. In short, the emphasis in such research has been on the recipients of peer group influence rather than on the nature, source, or content of the influence itself. It is almost as though these studies could be summarized as saying, "There is always peer group pressure to smoke. The weaker and more gullible succumb to this pressure; the stronger and more intelligent resist." Naturally, if smoking is seen as a sign of weakness and stupidity, this argument is circular.

The central problem that this argument fails to deal with is the simple fact, replicated time and again in the same data that are used as the basis for the argument, that smoking is a minority activity. This is now true among adults and is certainly so among the younger samples considered. So, if succumbing to peer group influence simply involves doing the same as one's peers, then on balance peer group influence should discourage rather than encourage young people to smoke, and if one's investment is in individual differences, it would be among the nonsmokers rather than the smokers that one might first look for signs of weakness and persuadability.

This tangle arises not from the inadmissibility of a concept like peer group influence as an explanation but from the failure to appreciate that this influence, if it operates, is a social process and must be studied as such. The concept will not, in our view, be further elucidated by evidence on characteristics of the younger smoker unaccompanied by examination of the process of influence itself.

So what kind of social pressure is involved? Although young smokers are in the minority, it could be conjectured that they adopt a kind of leadership role among their peers. Perhaps they are seen as more daring and attractive and hence as more appropriate models for emulation. This conjecture, however, is simply not acceptable (at least in this form) in view of the finding in both studies that smokers received no more friendship choices from their classmates than did nonsmokers.

So we come back to the basic result: Smokers tend to choose other smokers as friends in higher proportions than do nonsmokers. Out of such associations hypotheses of a causal connection have been born. Supposedly friendship patterns are the antecedents of smoking, but one could equally argue that adoles-

cents who are attracted to smoking, inter alia, seek out friends with similar interests. The friendship group may thus function more as a source of social support for smoking (or nonsmoking for that matter) than as a source of any kind of coercive or unanticipated persuasion. Another view compatible with such correlations is that friendship patterns and smoking habits have nothing particularly to do with each other, but both independently result from a common set of antecedent factors (e.g., parental characteristics and behavior or proximity of homes).

Yet inconclusive as such speculation may be, a crucial step has been taken away from the original concept of peer group influence. Hypothesizing about leadership processes (even incorrectly), or introducing the idea of friendship patterns, is to move away from considering the peer group as an undifferentiated whole. One cannot simply take a sample of same-age pupils from a school and assume that these constitute a psychologically meaningful and unitary group for the individuals within the sample. (Still less can one generalize about adolescent values as distinct from adult values.) Within any statistically defined peer group there will be separate social groups of friends, each with a structure of their own, a psychological significance for their members, and relationships with other groups.

The covariation of smoking and friendship patterns therefore is not primarily or necessarily a sign of peer group pressures to smoke so much as evidence of a division of the peer group. The smokers fall onto one side of the divide (and there are fewer of them). A more fruitful theoretical starting point than that of group influence and persuasion may therefore be that of intergroup relationships. In concentrating on the fact that smoking friends appear to influence each other to smoke, researchers have left relatively untouched the question of how young smokers see their friendship group as distinct from other friendship groups among their peers. Social psychological research on intergroup relations (see Tajfel, 1978) lays great emphasis on group members' search for a positive social identity through belonging to their group. A common effect of this is for group members to find and attach special importance to something at which they feel their group is distinctively good, according to majority criteria if possible, but if this is not possible, according to alternative systems of evaluation.

One finding from the experimental literature on intergroup behavior is that members of groups, who find themselves in a disadvantaged position so that they cannot easily excel according to conventional criteria, will redefine for themselves the goals they seek to achieve and the criteria by which they seek to be evaluated (Lemaine, 1974). Evidence from other studies linking smoking with lower school achievement and lower socioeconomic status might lead one to expect that teenage smokers are more likely than nonsmokers of the same age to see themselves as disadvantaged in a number of ways. However, it would be a mistake to infer from our data that the smokers in our sample were rejecting

adult values and authority. Although smokers said they cared less about teachers' disapproval and showed some signs of greater anticipation of adulthood, they still seemed concerned, as did the nonsmokers, about retaining parental approval.

The distinctive social identity that, we hypothesize, teenage smokers may seek to achieve may therefore not be necessarily or even primarily a distinctiveness from adult conventions so much as from the conventions of a proportion of their own age group from whom they are anxious to be discriminated. The identity concerns of adolescents may be focused at least as much on their subjective distinctiveness within their own reference group as on contraidentification from an older generation that for many purposes may already fail to provide relevant standards for social comparison.

Why cigarette smoking should be part of such subjective distinctiveness for many teenagers is a question that invites speculation but probably no single answer. Our own view is that, whereas identity concerns may be a universal aspect of adolescence, there may be no particular psychological reason for cigarette smoking to be bound up with such concerns. The psychosocial functions fulfilled by smoking in this regard may be no more important to the adolescent than those fulfilled, say, by dress or hairstyle.

We have argued that there is a need to reconceptualize the nature of peer group influence in the context of adolescent smoking. We believe that social processes within the adolescent peer group are important in the uptake of smoking, but not all-important. Cigarettes are widely advertised and easily available. Furthermore, when one considers the link with father's smoking habits in our study and many others, cigarettes may be more available to those teenagers who take up smoking than to those who do not. The kind of psychosocial motives we have discussed, though potentially powerful, may operate only within the constraints imposed by environmental factors we have not considered. Unless smoking is exceptional among addictive behaviors, availability is likely to be one of the most important of these factors.

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