ISSN: 2584-0142

PSYCHOPEDIA JOURNALS

International Journal of Interdisciplinary Approaches in Psychology (IJIAP)

A study on Peer Pressure and Alcohol Consumption among Young Adults

Jeevana Kaur, Student, Department of Psychology, MCM DAV College for Women,

Chandigarh, India.

bibajeevana@gmail.com

Abstract

Young adulthood is a critical age when individuals want to fit in. This period occurs between 18 to 25 years of age. Psychologically and biologically, this is a period of change and maturation. During this time an individual also goes through intense changes. It is when they form close friendships, explore romantic relationships, and begin to have a sense of identity. However, this period is not without its challenges. At this age out of all the things going around a young adult peer pressure plays an important role. A total sample of 50 young adults between the ages of 18 to 25 was collected. Standardised scales were used. The results found that there was a positive relationship between peer pressure and alcohol consumption. Even though this age is very exciting on their professional and personal front, they always have the need to fit in, in their friend circles.

Young adults should seek counselling and treatment without feeling shame and should be in the company of emotionally stable peers.

Keywords: Peer Pressure, Alcohol Consumption, Young Adults

Vol. 1, Issue 4 September 2023 ISSN: 2584-0142

Introduction

"Confidence is knowing who you are and not changing it a bit because someone's version of reality is not your reality."

~Shannon L. Alder

The act of peer pressure is not unacknowledged or unknown. The term "peer pressure" was first used in the early 1950s. By the early 70s, it was highly used in discussing adolescents and their influences on their behaviours. The origin of the word "peer" comes from Latin, which means "equal." "Pressure" is also Latin, from "premere" which means "pressed." Thus, peer pressure is the influence of members of one's peer group. Peer pressure happens at all ages, and it mainly happens to fit in a particular peer group. On the other hand, alcoholism refers to as, addiction to the consumption of alcoholic drink; alcohol dependency. The perception that "everyone's doing it" can also influence young adults, so that they can also be a part of the crowd. It is very hard for young adults to see themselves, or to be seen by others, as different. If the perception is that everyone is drinking alcohol, then they are most likely to also drink alcohol. Mostly young adults deliberately choose to drink alcohol to fit in and avoid being rejected.

Peer pressure refers to the influence exerted by peers or friends on an individual's behaviour, decisions, or attitudes. It's a common phenomenon during adolescence when individuals strive to fit in and be accepted by their social circle. Positive peer pressure can encourage constructive behaviours like adopting healthy habits or pursuing academic goals.

Vol. 1, Issue 4 September 2023 ISSN: 2584-0142

Negative peer pressure can lead to risky behaviours such as substance abuse or engaging in dangerous activities.

Peer pressure can play different roles in everyone's lives. Alcohol is one of the most frequently consumed proactive drugs worldwide, and one of the most serious problems (World Health Organisation, 2022). In fact, alcohol is one of the five main causes of illness, disability, and death among all age groups (Lim et al., 2012; Rehm et al., 2009), and is the first risk factor that contributes to Disability-Adjusted Life Years (DALYs) in young adults (Gore et al., 2011). In this scenario, accurate and efficient assessments of the risk and protective factors for alcohol use have become an essential practice to improve current prevention and intervention programs (Hawkins et al., 1992; Arthur et al., 2002).

Mental health is crucial for overall well-being. It involves emotional, psychological, and social aspects of our lives. Taking care of mental health through self-care, seeking support, and reducing stigma is important for leading a balanced and fulfilling life.

According to the World Health Organisation (2022), "Mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community." It also states that mental health is "more than the absence of mental disorders or disabilities. Peak mental health is not only about managing active conditions but also looking after ongoing wellness and happiness.

It is important to note that psychological distress is a common human experience and to some extent it is a normal reaction to challenging situations. However prolonged or intense distress can have significant negative effects on mental and physical health. Chronic psychological distress

Vol. 1, Issue 4 September 2023 ISSN: 2584-0142

has been associated with an increased risk of developing mental health disorders like anxiety disorders, major depression, and even physical health issues like cardiovascular problems.

Decker (1997); Burnette and Mui (1997), framed psychological distress as a lack of enthusiasm, problems with sleep (trouble falling asleep or staying asleep), feeling downhearted or blue, feeling hopeless about the future, feeling emotional (for example crying easily or feeling like crying) and feeling bored or a passing interest in things and thoughts of suicide (Weaver, 1995).

Young adulthood is a period that occurs between the ages of 18 to 25. This period represents a distant and dynamic phase of life characterised by significant growth and exploration. This period also involves critical development tasks such as self-discovery, identity formation and establishing a sense of individuality. This stage of life is a noticeable balance between new-fangled independence and the challenges of making very important life decisions. Young adults may also need guidance and support to shape their future. They also face a very wide range of issues such as health challenges and risk-taking behaviours that can affect their well-being.

Most of the 31.4 million persons between the games 18-24 years (US Department of Health and Human Services, 2014) are healthy, young adults experience increased rates of preventable morbidity and mortality from motor vehicle accidents, homicides, sexually transmitted infections (STIs), substance use and mental health issues (McGuire, 2013).

Vol. 1, Issue 4 September 2023 ISSN: 2584-0142

For young adults who engage in risky behaviours and unhealthy lifestyle choices, there may be lasting health consequences for decades to come. There is also substantial room for improvement with the current healthcare delivery system as demonstrated by lower rates of health insurance coverage among young adults (2016 Commonwealth Fund International Health Policy Survey of Adults, 2016), lower utilisation of healthcare services among young adults (Lau et al., 2014), and poorer health outcomes among this age group when compared to adolescents and middle-aged adults (McGuire, 2013). Nurse practitioners (NP) focus on health promotion and caring for vulnerable populations makes them well-positioned to improve the care and health outcomes of young adults.

Peer Pressure

During adolescence, peer relationships take on increasing importance and play a critical role in adolescents' development of intimacy, social skills, and self-concept (Klarin et al., 2006). Peer pressure is the key component in the socialisation of adolescents and younger adults (Brown & Clasen, 1985). It shapes their sense of identity (Erikson, 1968), and the perceived norms of which behaviours are acceptable or not (Bandura, 1977). Peer pressure is not a unitary (one-dimensional) construct, but rather a multidimensional one. Brown and Clasen (1985) clustered peer pressure into 5 different domains: peer involvement (i.e. involvement in peer social activities, such as spending free time with friends, attending parties, and school social events), misconduct (i.e. use of substances, unsafe sex, and minor delinquent behaviours), peer conformity (i.e. conformity to peer norms such as dressing or grooming styles, and musical tastes), involvement in school (e.g. being agreeable with teachers, working as diligently as possible), and involvement with family (e.g. obeying parents, showing respect for adults). These

Vol. 1, Issue 4 September 2023 ISSN: 2584-0142

authors developed a questionnaire - the peer pressure inventory (PPI) - designed to evaluate different types of paper pressure.

Peer pressure refers only to direct forms of persuasion, encouragement, or coercion to manifest certain behaviours, whereas peer influence refers to indirect forms (Urberg et al., 2003). In a study by Brown et al. (1986) early adolescent years are under the influence of peer pressure. During this time they avoid a relationship with their parents and focus on their independence and self-esteem development and identity. However, the need to be accepted by the peer group becomes very important. To fit in a peer group an individual can disregard one's wishes and beliefs.

According to Steinberg (1987) several family characteristics are related to the susceptibility of peer pressure. He argues that adolescents' susceptibility to anti-social peer pressure is related to family structure and family dynamics. For example, more parental monitoring is associated with less susceptibility to peer pressure to engage in anti-social behaviour. Furthermore, Tolan and Cohler (1993) suggest that susceptibility to peer pressure is greater among adolescents, whose parents are permissive, inconsistent in discipline and unlikely to monitor or supervise their behaviour. Burton et al. (2003) argues that children with low-quality relationships with significant others, e.g., parents, family members and friends are more prone to peer pressure.

Alcohol Consumption

Young adults have a higher prevalence of alcohol consumption than any other age group. They also drink more heavily, experience more negative consequences of drinking, and engage

Vol. 1, Issue 4 September 2023 ISSN: 2584-0142

in more activities while drinking that may put them at risk for many types of harm. Surveys have documented a decline in alcohol consumption among all age groups in recent years including young adults (Schulenberg et al., 1996; Midanik & Clark 1994; US Department of Health and Human Services, 1991; Williams & Debakey 1992). However, consumption rates remain the highest from the late teen years to the late twenties (US Department of Health and Human Services, 1991).

Alcohol expectancies (AE) have repeatedly predicted current and future alcohol use. AEs are defined as positive and negative beliefs about the cognitive, affective and behavioural effects of alcohol (Jonas et al., 2001; Reich et al., 2010).

Regarding alcohol-related problems (APs) there is evidence for positive associations between negative AEs and APs in younger (Ibáñez et al., 2015) and older participants (Klimas et al., 2013). These positive associations between negative AEs and APs suggest that negative AEs might result from bad alcohol consumption experiences rather than their cause (Spillane et al., 2012). In line with this idea, differences between AEs when comparing clinical and non-clinical samples are bigger for negative AEs than for positive AEs (Li & Dingle, 2012). Despite previous findings, more research is needed to clarify the role of negative AEs in different alcohol-related outcomes.

The EQ is composed of 34 items. Exploratory and confirmatory factor analyses have consistently replicated a hierarchical model with eight first-order factors (i.e., four positive and four negative AEs) and two second-order factors, namely positive and negative AEs (Camacho et al., 2013;

Vol. 1, Issue 4 September 2023 ISSN: 2584-0142

Leigh & Stacy, 1993). Positive expectancies of alcohol use include social positive (i.e., social facilitation), fun (i.e., positive affect potentiation), sex (i.e., sexual disinhibition) and tension reduction (i.e., stress relief). Negative expectancies are social negative (i.e., anti-social effects of alcohol use), emotional negative (i.e., negative emotional stress due to alcohol consumption), physical negative (i.e., undesirable physical effects) and cognitive negative (i.e. cognitive impairment).

Purpose

The purpose is to study the effect of peer pressure on alcoholism including peer pressure, mental health, psychological distress, and alcoholism among young adults.

Hypothesis

There will be a positive relation between peer pressure and alcohol consumption.

Sample

A total sample of 50 young adults in the age group 18-25 was collected in Ferozepur.

Measures

PPQ-R is a 29-item self-report scale that assesses peer influences in everyday life situations. It is a 5-point Lickert scale with 1 (strongly disagree) to 5 (strongly agree). The scale consists of five subscales and a high score on each subscale indicates higher peer pressure in that form.

Vol. 1, Issue 4 September 2023 ISSN: 2584-0142

Development and validation of the Alcohol Expectancy Questionnaire Short Form (EQ-SF)

One of the most frequently used and recommended instruments is the Expectancy Questionnaire (EQ) (Leigh & Stacy, 1993).

Procedure

The participants were informed about the purpose of the research and the questionnaires were filled through Google Forms. Each participant was thanked for their cooperation and kind help. Standardised psychological tests were administered to the participants.

Analysis of Data

The responses of participants were analysed using a correlation matrix to see peer pressure on alcohol consumption in young adults. Mean and standard deviation are shown in Table 1, and Table 2 shows the correlation between peer pressure, social positive, fun positive, sex-positive, physical negative and cognitive negative.

Results

Table 1

Mean and Standard Deviation

	peer pressure	**social positive**	**fun positive**	**sex positive**	**physical negative**	**cognitive negative**
N	50	50	50	50	50	50

Mean	55.9	18.3	20.1	11.6	10.1	13.1
Standard deviation	14.0	6.29	6.40	5.48	4.16	5.06

Table 2

Correlation between peer pressure, social positive, fun positive, sex-positive, physical negative and cognitive negative.

	peer pressure	**social positive**	**fun positive**	**sex positive**	**physical negative**	**cognitive negative**
peer pressure	—					
social positive	0.208	—				
fun positive	0.228	0.764 ***	—			
sex positive	0.212	0.726 ***	0.732 ***	—		
physical negative	0.141	0.428 **	0.413 **	0.275	—	
cognitive negative	0.167	0.639 ***	0.553 ***	0.376 **	0.755 ***	—

Note. * p < .05, ** p < .01, *** p < .001

Vol. 1, Issue 4 September 2023 ISSN: 2584-0142

Discussion of Results

The results found that there is a significant positive correlation between fun positive and social positive (r=0.764, p<.001). The results also found a significant positive correlation between sex-positive and social-positive (r=0.726, p < .001). Further the results also found out that there is a significant positive correlation between sex-positive and fun-positive (r=0.732, p < .001). Also, it was found that there is a significant positive correlation between physical negative and social positive (r=0.428, p <.01). A significant positive correlation is seen between physical negative and fun positive (r=0.413, p < .01). Cognitive negative and social positive have a significantly positive correlation (r=0.639, p < .001). Cognitive negative has a significant positive relationship with fun positive (r=0.553, p=< .001), sex-positive (r=0.376, p < .01) and physical negative (r=0.755, p < .001). Hence the hypothesis that peer pressure will be positively correlated to social positivity is also accepted.

Peers are those around us who affect our decisions, attitudes, and behaviours in more impactful ways than we may actively realise. During the adolescent period, peers can prove to be a great source of support and influence (Dacey & Travers, 1996). Feelings of attachment, acceptance, belonging and other social needs intensify during this period which directly impacts the amount of control exerted by one's peer group. Living under the control of one's peer group may lead to direct or indirect peer pressure which can be defined as "group insistence and encouragement for an individual to be involved in a group activity in a particular way" (Santor et al., 2000). It is during this period that children and adolescents are more vulnerable to alcohol-related impairments as compared to other age cohorts and alcohol dependency in future (Klaus & Mustonen, 2000).

Vol. 1, Issue 4 September 2023 ISSN: 2584-0142

Conclusion

The focus of the current research was to study peer pressure on alcohol consumption among young adults. A total sample of 50 young adults was collected between the ages 18-25 years. Standardised scales were used to measure peer pressure and alcohol consumption. The results found that there is a significant positive correlation between fun positive and social positive. results also found a significant positive correlation between sex-positive and social-positive. Further, the results also found out that there is a significant positive correlation between sex-positive and fun-positive. Also, it was found that there is a significant positive correlation between physical negative and social positive. A significant positive correlation is seen between physical negative and fun positive. Cognitive negative and social positive have a significantly positive correlation. Cognitive negative has a significant positive relationship with fun-positive, sex-positive and physical negative. Hence the hypothesis that peer pressure will be positively correlated to social positivity is also accepted.

Seeking professional guidance is a mature and flexible course of action to cope with personal challenges and difficulties as well as to help oneself adjust to varied stressful situations. Despite the overwhelming evidence supporting the advantages of counselling and treatment, many people are still reluctant to seek help when they need it.

Vol. 1, Issue 4 September 2023 ISSN: 2584-0142

References

2016 Commonwealth Fund International Health Policy Survey of Adults. (2016, November 16). Commonwealth Fund. https://www.commonwealthfund.org/publications/surveys/2016/nov/2016-commonwealth-fund-international-health-policy-survey-adults

Arthur, M. W., Hawkins, J. D., Pollard, J. A., Catalano, R. F., & Baglioni Jr, A. J. (2002). Measuring risk and protective factors for use, delinquency, and other adolescent problem behaviors: The Communities That Care Youth Survey. Evaluation review, 26(6), 575-601.

Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. Psychological review, 84(2), 191.

Brown, B. B., & Clasen, D. R. (1985). Peer pressure inventory. Journal of Youth and Adolescence, 14, 451-468.

Brown, B. B., Clasen, D. R., & Eicher, S. A. (1986). Perceptions of peer pressure, peer conformity dispositions, and self-reported behavior among adolescents. Developmental psychology, 22(4), 521.

Burnette, D., & Mui, A. C. (1997). Psychological well-being of the oldest-old Hispanics. Journal of Clinical Geropsychology, 3(3), 227-244.

Burton, B. A., Ray, G. E., & Mehta, S. (2003). Children's evaluations of peer influence: the role of relationship type and social situation. Child Study Journal, 33(4), 235-256.

Vol. 1, Issue 4 September 2023 ISSN: 2584-0142

Camacho, L., Mezquita, L., Ibáñez, M. I., Moya, J., Villa, H., Viruela, A. M., & Ortet, G. (2013). Spanish adaptation of the Expectancy Questionnaire (EQ) about alcohol effects in adolescents. Psicothema, 25(4), 529-535.

Dacey, J. S., & Travers, J. F. (1996). Human development.

Decker, F. H. (1997). Occupational and nonoccupational factors in job satisfaction and psychological distress among nurses. Research in Nursing & Health, 20(5), 453-464.

Erikson, E. H. (1968). Identity youth and crisis (No. 7). WW Norton & company.

Gore, F. M., Bloem, P. J., Patton, G. C., Ferguson, J., Joseph, V., Coffey, C., ... & Mathers, C. D. (2011). Global burden of disease in young people aged 10–24 years: a systematic analysis. The Lancet, 377(9783), 2093-2102.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. Psychological bulletin, 112(1), 64.

Ibáñez, M. I., Camacho, L., Mezquita, L., Villa, H., Moya-Higueras, J., & Ortet, G. (2015). Alcohol expectancies mediate and moderate the associations between Big Five personality traits and adolescent alcohol consumption and alcohol-related problems. Frontiers in psychology, 6, 1838.

Jones, B. T., Corbin, W., & Fromme, K. (2001). A review of expectancy theory and alcohol consumption. Addiction, 96(1), 57-72.

Klarin, I., Fastbom, J., & Wimo, A. (2006). The use of angiotensin-converting enzyme inhibitors and other drugs with cardiovascular effects by non-demented and demented

elderly with a clinical diagnosis of heart failure. A population-based study of the very old. European journal of clinical pharmacology, 62, 555-562.

Klaus, & Mustonen, H. (2000). Relationships of drinking behaviour, gender and age with reported negative and positive experiences related to drinking. Addiction, 95(5), 727-736.

Klimas, J., Field, C. A., Cullen, W., O'Gorman, C. S., Glynn, L. G., Keenan, E., ... & Dunne, C. (2013). Psychosocial interventions to reduce alcohol consumption in concurrent problem alcohol and illicit drug users: Cochrane Reviewa. Systematic Reviews, 2(1), 1-7.

Lau, J. S., Adams, S. H., Boscardin, W. J., & Irwin Jr, C. E. (2014). Young adults' health care utilization and expenditures prior to the Affordable Care Act. Journal of Adolescent Health, 54(6), 663-671.

Leigh, B. C., & Stacy, A. W. (1993). Alcohol outcome expectancies: Scale construction and predictive utility in higher order confirmatory models. Psychological Assessment, 5(2), 216.

Li, H. K., & Dingle, G. A. (2012). Using the Drinking Expectancy Questionnaire (revised scoring method) in clinical practice. Addictive behaviors, 37(2), 198-204.

Lim, S. S., Vos, T., Flaxman, A. D., Danaei, G., Shibuya, K., Adair-Rohani, H., ... & Pelizzari, P. M. (2012). A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. The lancet, 380(9859), 2224-2260.

McGuire, S. (2013). Institute of Medicine (IOM) and National Research Council (NRC). Supplemental Nutrition Assistance Program: Examining the evidence to define benefit adequacy.

Midanik, L. T., & Clark, W. B. (1994). The demographic distribution of US drinking patterns in 1990: description and trends from 1984. American Journal of Public Health, 84(8), 1218-1222.

Rehm, J., Mathers, C., Popova, S., Thavorncharoensap, M., Teerawattananon, Y., & Patra, J. (2009). Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. The lancet, 373(9682), 2223-2233.

Reich, R. R., Below, M. C., & Goldman, M. S. (2010). Explicit and implicit measures of expectancy and related alcohol cognitions: a meta-analytic comparison. Psychology of Addictive Behaviors, 24(1), 13.

Santor, D. A., Messervey, D., & Kusumakar, V. (2000). Measuring peer pressure, popularity, and conformity in adolescent boys and girls: Predicting school performance, sexual attitudes, and substance abuse. Journal of youth and adolescence, 29, 163-182.

Schulenberg, J., O'Malley, P. M., Bachman, J. G., Wadsworth, K. N., & Johnston, L. D. (1996). Getting drunk and growing up: trajectories of frequent binge drinking during the transition to young adulthood. Journal of studies on alcohol, 57(3), 289-304.

Spillane, N. S., Cyders, M. A., & Maurelli, K. (2012). Negative urgency, problem drinking and negative alcohol expectancies among members from one First Nation: a moderated-mediation model. Addictive Behaviors, 37(11), 1285-1288.

Steinberg, L. (1987). Impact of puberty on family relations: Effects of pubertal status and pubertal timing. Developmental psychology, 23(3), 451.

Tolan, P. H., & Cohler, B. J. (1993). Handbook of clinical research and practice with adolescents. John Wiley & Sons.

Vol. 1, Issue 4 September 2023 ISSN: 2584-0142

Urberg, K. A., Luo, Q., Pilgrim, C., & Degirmencioglu, S. M. (2003). A two-stage model of peer influence in adolescent substance use: Individual and relationship-specific differences in susceptibility to influence. Addictive behaviors, 28(7), 1243-1256.

US Department of Health and Human Services. (1991). Substance Abuse and Mental Health Services Administration (SAMHSA).(1998). Prevalence of Substance Use among Racial and Ethnic Subgroups in the United States, 1993.

US Department of Health and Human Services. (2013). Federal Interagency Forum on Child and Family Statistics. America's Children: Key National Indicators of Well-Being.

Weaver, T. L., & Clum, G. A. (1995). Psychological distress associated with interpersonal violence: A meta-analysis. Clinical psychology review, 15(2), 115-140.

Williams, G. D., & DeBakey, S. F. (1992). Changes in levels of alcohol consumption: United States, 1983–1988. British journal of addiction, 87(4), 643-648.

World Health Organization: WHO. (2022). Alcohol. www.who.int. https://www.who.int/news-room/fact-sheets/detail/alcohol

World Health Organization: WHO. (2022b). Mental health. www.who.int. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Vol. 1, Issue 4 September 2023 ISSN: 2584-0142