

Peer pressure to smoke: the meaning depends on the method

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Abstract

This paper is concerned with the meaning and the processes of peer pressure in relation to smoking behaviour amongst pre-adolescent and adolescent pupils. Previous research suggests that children who smoke cause their non-smoking peers to take up the habit through strategies such as coercion, teasing, bullying and rejection from a desired group. In this study different methods elicited different accounts of initial smoking situations from the same pupils. While role-play elicited stereotypical scenes of coercion and bullying, results from a self-complete questionnaire and focus groups conflicted with these accounts and suggested that the process was more complex and included strong elements of self-determined behaviour. This study highlights the problems of using a single research method to understand complex processes. Results suggest that individuals play a more active role in starting to smoke than has previously been acknowledged and that social processes other than peer pressure need to be taken into account. Possible implications for health education programmes are far reaching.

Introduction

The role of the peer group in influencing the smoking behaviour of friends remains an issue about which there is probably more conjecture by consensus than in any other area of smoking research. The underlying assumption is that chil-

dren and adolescents who smoke 'cause' non-smoking peers to take up the habit by employing coercive strategies such as bullying, teasing and rejection from a desired group, yet in reality we know less about the dynamics, mechanisms and consequences of peer influence on smoking than we suppose. We suggest that despite a considerable volume of research, and a considerable investment in prevention programmes, we still know remarkably little about the way peer influence operates.

Much of the evidence for peer pressure to smoke comes from cross-sectional studies which reveal a relationship between the smoking, and non-smoking, behaviour of friends (Bynner, 1969; Aaro *et al.*, 1981; Flay *et al.*, 1983; Hover and Gaffney, 1988; Charlton and Blair, 1989; Van Roosmalen and McDaniel, 1989; Eiser *et al.*, 1991; Urberg *et al.*, 1990). Yet such studies tell us nothing about the direction of causality, and their findings are equally compatible with a selection model in which children choose their friends because of attitudes and behaviours which they have in common, including smoking. Longitudinal studies show friends' smoking precedes subjects' smoking but with a much reduced effect (Alexander *et al.*, 1983; Mittlemark *et al.*, 1987; Semmer *et al.*, 1987; Ary and Biglan, 1988). However, just because friends' smoking predicts subsequent smoking behaviour amongst subjects, we cannot infer that the smokers 'cause' smoking in their non-smoking friends. Studies of initial smoking situations reveal little evidence of either the need to gain friends' approval or of pressure from close friends (Bynner, 1969; Friedman *et al.*, 1985). The absence of coercive influence is particularly apparent in the earlier experimental stages of

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smoking, precisely when we might most expect to find it. In a recent review of research to date, we conclude that the cumulative evidence strongly suggests that the role of peer pressure has been exaggerated while the role of individual choice, particularly as it is embedded in friendship formation and maintenance, has been underestimated (West and Michell, 1996).

One of the problems of reviewing the research in this field is that the inadequacy of the research methods used to investigate an extremely complex process makes it difficult to reach any firm conclusions. Typically, studies have used the survey method with a limited range of questionnaire items. Sometimes items are phrased explicitly in terms of 'pressure' which, as Friedman *et al.* (1985) observe, raises the question as to what children mean by the term. Is it the same as bullying, teasing or taunting, or something different? We do not know. Possibly the finding that only a small minority of adolescents experience pressure may be an artefact of the measures used. However, 'better' items may not resolve the problem since children may be reluctant to admit to experiences which are hurtful or undermining, unless they know and trust researchers by working with them over some considerable period of time. Pupils may also simply affirm accepted and stereotypical knowledge about coercive pressure in much the same way as pupils search for the answers they think teachers want (Barnes, 1976).

Another issue concerns the focus, in most studies, on close friends rather than the wider peer group as the source of influence. In this context it is interesting to note that the only study reporting high levels of peer pressure is that of Bynner (1969) where items referred to 'others' rather than 'friends'. This almost complete lack of attention to the wider peer group means that we have no evidence about the role of pressure from non-friends including influential peer leaders or peers who are sought as friends.

If current assumptions about peer pressure are flawed, then so are many health education programmes, based as they are on beliefs about the power and pervasiveness of peer pressure, and

the vulnerability and the social incompetence of adolescents (Michell, 1994). Yet a generation of children and adolescents have now been exposed to programmes based on these assumptions. It is entirely plausible that there is a widespread *expectation* amongst children, especially those making the transition from primary to secondary school, that they will be bullied, teased and excluded if they do not start to smoke. This expectation may eventually conflict with their own personal experiences. Ironically, children may overestimate the pressures they will experience partly as a result of the very programmes which are designed to protect them.

The research reported here represents the pilot phase of a longitudinal study of friends, peer influence and smoking behaviour which began in January 1995. In the main phase, two cohorts of about 35 pupils each are being monitored for 20 months: (1) from final year primary (age 11–12) across the transition to secondary school and into second year (age 13–14), and (2) from second year (age 13–14) through third year and into fourth year (age 15–16).

The purpose of the pilot phase was to evaluate different quantitative and qualitative methods in terms of their usefulness for understanding the process of peer influence in relation to smoking behaviour amongst pre-adolescent and adolescent pupils. This paper reports these findings and suggests that different methods produce different and conflicting accounts of the meaning of peer pressure.

Methods

One of us (L.M.) worked with one class of 12 year olds in first year secondary (S1) and one class of 14 year olds in third year secondary (S3) within the drama department of a Strathclyde secondary school during the Autumn term of 1994. There was a relaxed, informal atmosphere in the two linked rooms used for drama which was conducive to this kind of research project. All the research methods took place within the department with pupils completing questionnaires, creating role-

plays, and taking part in focus groups in the drama lessons. Twenty 12-year-old pupils and 25 14-year-old pupils took part in the research project which involved the following methods.

Self-complete questionnaire

A standard self-complete questionnaire was filled in by all pupils, in silence, during one of the first lessons. Sections on lifestyle, friends, smoking, alcohol and drug use were included, with many of the questions replicating parts of a questionnaire which, after extensive piloting and development, has now been used in the MRC West of Scotland 11–16 Study in 140 primary schools in Strathclyde (West and Sweeting, 1995). A number of questions on smoking behaviour were included in this pilot study, although the results of only two are reported here. No percentages are given in the tables because of the small numbers.

Role-play

Pupils were familiar with improvisation and role-play around topics of social realism prior to participating in this project. Role-play sessions in which pupils took part for this research were therefore perceived as no different from previous classwork and, for the 14 year olds, role-play about relationships was accepted by teachers as part of the Standard Grade curriculum. The researcher (who is a qualified drama teacher) used her own materials and worked initially with pupils for 2 weeks on topics which included fashion, bullying, junk food, spending power and alcohol use. Pupils worked in self-selected friendship groups, chose a topic and developed a scene which showed a real-life situation involving young people of their own age. Typically they acted scenes of confrontation between parents and children about junk food, fashion or pocket money, and scenes of confrontation between peers to illustrate their ideas about bullying and alcohol use. In the third week, the researcher introduced the topic of smoking. She asked pupils to work on a scene in which a non-smoking pupil (or pupils) of their age was offered a cigarette by pupils who smoked. They could decide whether the offer was accepted or rejected, and how the scene developed. The role-plays

produced by the 14 year olds were recorded on video.

Focus groups

Focus groups took place while pupils were working on their role-plays. One group at a time was withdrawn to take part in a small group discussion while the rest of the class continued with the preparation of their role-play. This strategy worked particularly well because the scenes which the pupils were developing provided immediate starting points for discussion and pupils were keen to talk about their ideas. All the focus groups were audio-recorded. The researcher worked first with the 14 year olds and allowed pupils to choose their own groups. Friends formed themselves into groups of between six and eight pupils which offered considerable scope for role-play, but resulted in focus group recordings which were impossible to transcribe because pupils talked at once, frequently interrupting each other, and individual speakers could not be identified. Large groups also inhibited some pupils from contributing. The 12 year olds were therefore asked to work in groups consisting of no more than four friends. A group of three was ideal for our research purposes because all pupils contributed, it was possible to transcribe most of the recordings and individuals could be identified.

The role of the researcher

It was important that staff and pupils perceived the focus of the research as the lifestyle of teenagers rather than smoking behaviour. Previous studies showed that when a researcher was identified as 'the lady interested in smoking', teachers and pupils who were smokers either became defensive or treated the project as a joke, thus blocking communication and development (Michell and Fidler, 1992). In this pilot study, the researcher sustained her role as someone with a broad interest in teenagers, their friends and lifestyles to the extent that the drama teachers wrote in positive terms about the project in a school newsletter, explaining to parents how it contributed to the

standard grade curriculum and was proving to be a worthwhile educational initiative.

Since the aim of the study was to access pupils' personal experiences, attitudes and feelings, it was important to gain their confidence and to reassure them of the complete confidentiality of anything which they revealed in the self-complete questionnaire and the focus groups. The researcher assured all the pupils during the introductory meetings that none of their teachers, nor anyone else outside the research team, would see their questionnaires, nor be told about what was discussed in the focus groups. The drama teachers were present towards the end of the role-play sessions, watched and commented on the pupils' near-completed scenes and helped to video-record those of the older pupils.

To help sustain the trust of the pupils, the researcher felt that she should be perceived as separate from the school and the teachers, and so did not go in the staff-room. A number of pupils involved in the study, who hung around the main doors of the school building, regularly saw her arrive just before the drama lessons and leave afterwards.

A conflict of roles arose at one point with one of the drama teachers. While the researcher was content for her own research purposes with the unpolished role-plays, the teacher felt that they did not reflect the standard of acting of which pupils were capable. Towards the end of the project, it was agreed she should make suggestions about the use of space, voice production and addition of contextual detail to their scenes. The teacher continued to work on the plays after the researcher had left.

Results

Self-complete questionnaire

Amongst the 12 year olds (S1), no-one admitted to being a regular smoker and only six out of the 20 responded that they used to smoke (a category which did not unfortunately differentiate between experimental smokers such as those who had smoked last week but not this week, and those who had genuinely only tried once or twice).

Table I. *Smoking behaviour: has anyone ever offered you a cigarette?*

		Not offered	Offered	Total
S1	non-smokers	12	2	14
	used to smoke	0	6	6
	regular smokers	0	0	0
	total	12	8	20
S3	non-smokers	5	6	11
	used to smoke	1	7	8
	regular smokers	0	6	6
	total	6	19	25

Table II. *Perceived pressure: have your friends ever made you feel you should smoke?*

		No	Yes	Total
S1	non-smokers	13	1	14
	used to smoke	3	3	6
	regular smokers	0	0	0
	total	16	4	20
S3	non-smokers	10	1	11
	used to smoke	6	2	8
	regular smokers	5	1	6
	total	21	4	25

Amongst the 14 year olds (S3), six admitted to being regular smokers, eight used to smoke and 11 were non-smokers. Of the six pupils who were regular smokers, five were girls.

Included in the self-complete questionnaire were two questions about peer pressure to smoke. They were designed to differentiate between the offer of a cigarette (which might, or might not, have involved pressure) 'Has anyone ever offered you a cigarette?' and perceived pressure to smoke 'Have your friends ever made you feel you should smoke?'. These two questions did not distinguish between a first ever offer, subsequent offers and the most recent offer.

Amongst the 12 year olds, eight pupils said that they had been offered a cigarette and none of them had smoked it, although six of them had tried a cigarette at some point in the past. In the older sample, where smoking was established in over half the pupils either as regular or occasional behaviour, all the regular smokers and all but one

of the ex-smokers said that they had been offered a cigarette. All the regular smokers and the majority of ex-smokers said they had smoked the offered cigarette, although we do not know whether this occasion was before or after they had started smoking.

The second question asked about perceived pressure to smoke. Despite the fact that so many of the pupils said that they had been offered a cigarette, the majority of pupils responded that they had not experienced pressure to smoke. All but one of the regular smokers accepted responsibility for their own smoking behaviour by answering 'no'.

Role-play

Pupils were asked to produce role-plays in which someone of their own age who did not smoke was offered a cigarette by one or more pupils who did. They could decide how the situation arose, and how it ended. They were given no further directions. Both S1 and S3 pupils produced stereotypical scenes of coercion, with very little variation between the different groups. All the pupils' role-plays included some elements of bullying, teasing and taunting. In general, the smokers were depicted as tough, street-wise and part of a cohesive group, while the non-smokers were shy, tentative and solitary. The smokers sat huddled in a group, or leant against a wall, their body language aggressive and confident. The non-smokers stood on the edge of the group, looking isolated, apologetic or worried. Typically, if a non-smoker accepted a cigarette he became the butt of the others' amusement as he coughed his way through it, aided by a display of back-clapping or, if the offer was rejected, the non-smoker was jeered and then rejected from the group.

What follows is a typical extract from one scene acted by four 14-year-old girls. At face value, this is exactly the kind of evidence which would support the view that non-smoking pupils are pressured into accepting cigarettes by their smoking peers.

- G1 What's up with you?
G2 I got a punishment in French.

- G1 What for?
G2 Talking. It was that Karen, she always grasses me in. She was the one that was talking. I'm gasping for a fag. Coming up to the bin room? Connie, gie's the fags! Are you going dancing on Saturday?
G1 I don't think so. I've got nothing to wear.
G2 Oh Cheryl, you always say that! I'll gie you something to wear, it might not fit but...
GIRLS GO TO BIN ROOM
G1 Amy's meant to be coming up here. She's supposed to be coming up at four. She's always late.
G2 Come on! We'll get her to have a fag!
G1 She'll no take it.
G2 Aye she would. We'll put a £10 bet on it that she'll take a fag. Cheryl, I'll put a fiver on that she'll take a fag, right? We'll just wait till she comes up here.
AMY ARRIVES
G2 Hi! Sit down.
Amy Are you going dancing on Saturday?
G2 I'm not going if she's not going. She says she's got nothing to wear. Can you give her something to wear? (SIGNIFICANT PAUSE) Do you want a draw of a fag?
Amy No, it's OK.
G2 I swear to God it doesn't do anything to you. Just one draw?
Amy No, it's all right.
FINALLY AMY TAKES A CIGARETTE AND STARTS TO COUGH. THE OTHER TWO FALL ABOUT LAUGHING.
Amy I didnae come up here to be laughed at.
G2 (TAUNTING) Cannae take a draw of a fag without choking!

Focus groups

The mismatch between experience and expectation

The most striking feature of the focus groups was the way pupils distinguished between expectation and experience, often making the distinction quite

explicit by talking about what 'might happen' compared with something 'that really happened':

L.M. Right...so your play is about a girl who's persuaded to smoke by other girls who smoke. Do you think this is likely to happen?

Kelly Yes.

L.M. Why?

Kelly Because they think it's good and big to smoke and maybe the other girl wants to hang about with them.

L.M. So it's to do with being friends?

Kelly Yes.

L.M. Is this something that has happened, or something that might happen?

Kelly Might happen.

When asked, they explained that the role-plays which they had created and shown in class were not based on their own personal experiences. In fact, even the most convincing scenes showing bullying, coercion, teasing and rejection were subsequently explained by the same pupils as largely based on belief and expectation whose sources were hearsay, friends' accounts and the children's television programme *Grange Hill*.

One boy was so enthusiastic and involved in his description of his role-play that the researcher herself was misled, thinking she finally had a personal testimony of coercion and bullying tactics from one pupil. It was not until a long way through the discussion that she realized that Craig was describing an imagined scene, not his own experiences:

Craig I've got nobody to go around with so I just go with them and they keep pestering me but I say I don't want to try.

L.M. How do they pester you?

Craig They say 'Go on, try it.' but I just say 'No'...they keep on saying 'Try it...it's nice' and all that but I just say 'No thanks'.

L.M. Are you finding it difficult to say 'No thanks'?

Craig Yes.

L.M. Do you feel if you go on saying No you might lose your friends?

Craig Yes...I won't have any friends if I say No...I'm just worried that I won't have anybody to hang around with.

L.M. Yes...if you start smoking?

Craig Yes.

L.M. Most of your friends, Craig, are smokers now?

Craig Yes...just in the play though...not in real life.

L.M. So...everything you've been telling me just now, Craig...is what you've made up for the play...but it's never happened to you?

Craig No.

L.M. Do you think it might happen to you?

Craig I don't think I'll go around with people like that.

Sources of expectation

Grange Hill was named by two groups as a source of material for their role-play and mentioned by several others:

L.M. So why are you acting out a scene in which a boy is being teased and bullied?

Craig That's because it sometimes happens.

Kevin It can happen to a lot of people.

L.M. How do you know that?

Kevin Like you just see it...you see it on the telly like *Grange Hill*...there's a girl forced into smoking one because she was going round with the wrong people and then she stopped smoking...and got other friends because she fell out with her old friend...and then she started hanging around with this girl who was always smoking and getting into mischief.

* * *

L.M. So you're just using your imagination? (FOR THE ROLE-PLAY).

Javinda Yes...and they're giving me ideas as well.

L.M. Right...on what they've seen?

Javinda Yes.

Nikky You also see TV programmes.

L.M. Right...like what?

Nikky *Grange Hill*.

Strategies to avoid pressure to smoke

Three girls talked about pressure to smoke. They described this pressure as offers of cigarettes, slagging or repeated pestering by peers. However, they also suggested that those who accepted cigarettes had already made up their own minds to smoke or already wanted to smoke:

Kelly In my old school...this girl she used to smoke and she offered this other girl a cigarette and then she took it and then she got the habit of smoking.

L.M. Have you any idea why she took it?

Kelly Just to be with her friend.

L.M. Do you think she wanted to smoke?

Kelly Yes.

* * *

Tracy You just dae get bullied an' all that and maybe some people make up their own minds because us two made up our own minds.

Carol Aye...some people might have got bullied, you know, wi people saying 'Oh just go on, ya wee wimp' and all that and calling them names...and I don't like it (smoking) so I just aren't gonnae smoke.

Hannah explained that she had avoided the pressure by '*not hanging around*' with one of her friends, a strategy mentioned by a number of other pupils. It was not that she stopped being friends with the girl, but that she knew to avoid particular places and contexts associated with smoking. Hannah initiated this discussion herself by approaching the researcher and saying that there was something she wanted to tell her:

L.M. You wanted to tell me something?

Hannah Miss I used to hang about with these four girls and they used to smoke and then they started asking me did I want to smoke and then they never dropped it and I just stopped hanging about with them after that.

L.M. Do you feel that if you had stayed with them it would have been hard to say No?

Hannah I didn't want to smoke but they kept asking me all the time.

L.M. How did they ask you? What sort of things did they say to you?

Hannah That smoking was good and that.

L.M. And you actually stopped being friends?

Hannah I'm still her friend but I don't hang about with her anymore.

L.M. Is it to do with smoking...that you don't stay friends. Is that the important thing?

Hannah Yes.

Pupils who had tried smoking

Out of 20 12 year olds, only two pupils talked about how they had tried smoking. For these two girls it was an experience which happened when they were still at primary school and going around with 11 year olds when they themselves were 3 years younger.

Lisa I smoked but I wis only a wee lassie so I didnae know how tae dae it then. I thought I wis tough and that walking with it.

L.M. Sorry...say that again.

Lisa I thought I wis tough walking about wae a fag and everything when I smoked when I wis a wee lassie.

L.M. You tried? You've both tried?

Carol Uh-huh.

L.M. How did you start?

Lisa Ma friend wis smoking and I thought I wis the only one that wis getting left oot so I did it.

L.M. You thought you were getting left out? Did they try and persuade you or did you decide...

Lisa They asked me...you know how...and they said 'Go on'...and then she goes 'Go on' and I just goes 'Oh all right then I'll take it'.

L.M. And how did you start?

Carol Because a girl I used to hang about wi... she always used to smoke...and then I felt as if I'm being a bore so I started doing it.

Lisa, who used to smoke, typically accepted responsibility for her decision, rather than blaming it on pressure from her friend:

L.M. So when your best friend started to smoke...and you thought you wanted to start...did you feel you were being pushed into it or did you make up your own mind?

Lisa I wanted tae dae it at first then I regretted doing it.

L.M. Did you feel it was your decision or her decision then?

Lisa Ma decision.

Discussion

The key finding from this study was that different research methods elicited different and conflicting accounts of smoking behaviour and, in particular, of initial smoking situations, *from the same pupils*. This was the strength of the study. The mismatch in the pupils' accounts in different research contexts revealed an important distinction between their *expectations and beliefs* about peer pressure to smoke, and their own subsequent personal experiences. The conflicting information obtained from the different methods reveals just how easy it is to misinterpret data about a process as complex as peer influence when only a single method such as role-play or a self-complete questionnaire is used.

Because we used a variety of methods, and because we worked with the pupils for a long enough period for them to elicit additional and spontaneous information, we obtained accounts from the same pupils which conflicted with the images of initial smoking situations which they presented in their role-plays. Responses to the self-complete questionnaire did not offer a consistent picture of the conditions under which pupils were offered cigarettes. Of course, from a single question about the offer of a cigarette, we can conclude nothing about pressure to smoke since pupils could be offered cigarettes with, or without, the teasing, taunting and rejection which they depicted so vividly in their role-plays. This particular question also failed to distinguish between a first ever offer

of a cigarette and subsequent offers (something which is modified in the main study). However, a second question about perceived pressure to smoke suggests that an offer of a cigarette does not necessarily mean coercion. The vast majority of pupils replied that their friends had not made them feel that they should smoke. It is interesting to note that the usual polarity in social science is between quantitative and qualitative methods. Ironically, in this study there is a greater similarity between the responses in the self-complete questionnaire and the focus groups than between the two qualitative methods. It is the role-play which is set apart. We hypothesize that this is because in the self-complete questionnaire and the focus groups, questions predominantly refer to self and actual experience whereas in role-play pupils project by taking the role of others, thus focusing on what might or could happen. This does not invalidate role-play as a method but its usefulness lies in capturing social representation rather than individual or actual experience.

Role-play elicited stereotypical scenes of coercive pressure. If we had used this method alone, we might, like many other researchers, have concluded that non-smoking pupils are coerced into smoking by their smoking peers by means of a variety of blatant and overt strategies including bullying, teasing, taunting and rejection from a desired group. This is exactly the kind of material which we would expect pupils to produce if the accepted wisdom about peer pressure to smoke is correct. Here are the very scenes which underpin the content of most health education programmes and which have led educationalists to assume that pupils need training in acquiring the confidence and social skills necessary to withstand such treatment from their peers. However, we need to bear in mind the evidence from the self-complete questionnaires. All the pupils took roles in scenes about initial smoking situations, with many of them playing the part of regular smokers. Yet amongst the 12 year olds, no-one admitted to being a regular smoker, and only six out of the 20 responded that they used to smoke. Amongst the 14 year olds, six admitted to being regular smokers, eight used to

smoke and 11 were non-smokers. This information leads us to ask from what sources did the non-smoking 12 and 14 year olds get the material for their scenes? We hypothesize that pupils were reflecting back an adult agenda about smoking and were basing their plays not on personal experience but on expectations derived from adults, the media and even, possibly, health education materials used in schools which reinforce assumptions about this kind of pressure. The fact that a teacher was sometimes present during the role-play sessions, but not while other methods were being used, reinforces our belief that pupils were presenting us with scenes which reflected accepted wisdom about pressure to smoke rather than their own personal experiences or feelings.

More evidence for a strong element of the self-determination of smoking behaviour came from the focus groups. First, the pupils themselves explained the mismatch between the material presented in their role-plays and what they said and wrote in other contexts, making an explicit distinction between the fiction of their scenes and what one pupil called 'real life'. The scenes, they told the researcher, were more to do with expectation (something which 'might happen'), derived from a variety of sources including hearsay and the popular children's TV programme *Grange Hill*. Second, pupils described avoidance strategies which they used to protect themselves from being exposed to pressure to smoke. If they did not want to smoke, they avoided particular social situations and contexts associated with smoking behaviour, or chose non-smoking friends or, if necessary, dropped friends who started to smoke.

We suggest that the term 'peer pressure' has gained a common currency in health education which is loose, uncritical and even inaccurate. The dynamics of peer pressure in relation to smoking are almost certainly more complex than are usually acknowledged in the literature (West and Michell, 1996) and may not be compatible with the assumptions which underpin most health education programmes (Michell, 1994). Data from this study lead us to reject definitions of peer pressure as

one-way and coercive, and assumptions about adolescents as socially incompetent and vulnerable. Support for this view comes in a recent review of research into peer pressure and drug use in which the authors argue for 'the active role of the drug user' and state that the way drug use happens is not necessarily to do with either low self-esteem or an inability to resist peer pressure. They distinguish between 'normal' and 'problem' drug users, arguing that self-esteem is a relevant factor only for the latter group (Coggans and McKellar, 1994). We agree that individual choice and motivation need to be put back on the drug use agenda and that social processes other than peer pressure need to be acknowledged. These may be more to do with the way like-minded young people group together as friends and then co-operatively develop a 'style' which may, or may not, include smoking. This does not mean that peers and self-esteem are irrelevant, but that we need more sophisticated and realistic models of how they affect the behaviour of individuals.

From what the pupils in this study revealed, we suggest that the concept 'readiness to smoke' may be more relevant than assumptions about pupils succumbing to peer pressure against their will. This is similar to the concept 'intention to smoke' which has consistently been found to predict subsequent smoking in quantitatively-oriented research (Flay *et al.*, 1983). It distinguishes between pupils who do not want to smoke and who therefore adopt strategies to avoid both smoking friends and social contexts where they may be offered cigarettes, and pupils who have to some extent made up their minds to try smoking and who therefore seek out social contexts where smoking occurs. We hypothesize that pupils who are ready to smoke knowingly hang out with peers who will facilitate their entry into smoking behaviour. They are neither surprised nor upset by the offers of cigarettes which follow.

Obviously, we need to be cautious about drawing conclusions and making sweeping generalizations from a study of this size in which role-play was possibly constrained by the context in which it took place. We do not know whether pupils would

have produced similarly stereotypical scenes of coercion to smoke had they been working with researchers out of school and out of earshot of their teachers. In their own classrooms, they may have produced scenes which reflected accepted wisdom about the way children start to smoke or even the kind of material they themselves had seen or discussed in other lessons. Findings reported here do, however, strongly suggest that the idea of coercive pressure is largely constructed by health education and the media and finds an echo in what pupils say and produce under certain research conditions. This does not mean that peer pressure is totally absent, rather that by itself it is not a big issue for adolescents who have other much more urgent preoccupations which are to do with friends and peers, identity and group membership, gender and the opposite sex. Intention to smoke and readiness to smoke may well be shaped or even determined by these pressing needs.

The findings reported in this paper are strongly supported by early findings from the main study which is monitoring changes in friends, peer groups and smoking behaviour amongst two cohorts of pupils over 2 years. Interview and focus group material from the first of three time points suggest that the term 'peer pressure' has different meanings and realities for different pupils (Michell, in preparation). The majority of pupils denied experience of coercive pressure to smoke, although many of the younger pupils and a few of the non-smoking older pupils *expected* to be bullied and teased. Pupils who did report pressure all shared a similarly low position in the peer group pecking order (Michell, in preparation). In general, smokers accepted responsibility for their habit. In addition to the qualitative component, both individual data (self-complete questionnaire) and group data (social network analysis) are being collected and analysed. This offers the opportunity to test hypotheses related to peer processes suggested by the qualitative data (Michell and Pearson, in preparation). The main study thus aims to further our theoretical understanding by examining the interplay of smoking, identity and friendship networks as they develop over time with the longitudinal

design overcoming problems associated with cross-sectional studies in respect to the direction of causality.

If our understanding of the process of peer pressure is flawed, then the implications for health education are far reaching. Programmes to prevent young people from smoking are currently based on unfounded assumptions that young people lack social skills, are unable to say no to offers of cigarettes and are the passive recipients of coercive pressure to smoke. Yet it is already well established that individuals play an active role in seeking out or avoiding social contexts which confirm rather than conflict with their self-image and identity (Breakwell, 1986). There is no evidence to suggest that we need a different conceptual framework for understanding initial smoking situations. Evidence from this pilot study, from the ongoing longitudinal study, and from related research into peer pressure and drug use (Coggans and McKellar, 1994) paints a picture of adolescents making active choices about many aspects of their lives including drug use. Thus they seek out or avoid contexts in which smoking occurs and choose friends who like themselves may or may not smoke. The problem for health education is not how to persuade adolescents how to make up their minds about smoking (they can do that already) but how to present images of smoking which adolescents themselves will choose to reject. This a mammoth undertaking given the resources poured by tobacco advertisers into presenting smoking in ways which have enormous appeal for young people. The task now for health promoters is to make smoking seem so uncool, unsexy and unsophisticated that they want to reject it themselves. 'Street cred without a cigarette' is not an easy message to promote.

Finally, a short conversation between the researcher and a 12-year-old Asian girl reveals just how cautious researchers need to be about understanding and interpreting data about peer pressure gathered in a single research session or using only one research method. The conversation took place right at the end of a focus group. Javinda's group had just acted a convincing scene in which two street-wise girls travelling on a bus

to school had bullied a third girl into accepting and smoking a cigarette. They had presented a classic scene of peer pressure and, had we not discussed it informally with the girls afterwards, we too might have been convinced of its authenticity.

- L.M. Javinda, has this ever happened to you?
 Javinda No, miss.
 L.M. Have you seen it happen to other girls then?
 Javinda No, miss.
 PAUSE
 Javinda Miss, I've never been on a bus because my dad takes me to school in the car.

The girls went on to explain that the source of the peer pressure to smoke in their role-play had been *Grange Hill*.

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