

Peter Pan Syndrome Among Students of Pakistani Universities: A Cross-sectional Study

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Abstract

Objective: The aim of the study was to investigate the presence of Peter pan Syndrome (PPS) among men and women in Pakistani universities and to examine the relationship between age and Peter Pan Syndrome.

Material and Methods: This was a cross-sectional study conducted at Hide here text from Editor from February 2023-June 2023. The sample size comprised of 352 students (age: 15-30 years old) from different universities of Lahore. Data was collected using google forms with questions from six different dimensions based on characteristics of the syndrome. Frequency percentages were calculated from descriptive data. The correlation between each question and the different demographic variables was then determined individually by using Pearson's correlation by using SPSS.

Results: The mean age of participants was found to be 20 years and standard deviation was 2.75. Dimension of belief systems led us to our results that Peter Pan Syndrome is not prevalent in Pakistani youth because 90.8% of the participants considered it necessary to keep positive attitude towards changing for the better and expanding the horizon of their knowledge. Answers to other questions in this dimension also supported the result. There was no significant correlation between gender and prevalence of Peter Pan Syndrome and a weak negative correlation of age with the prevalence of this Syndrome.

Conclusion: Current study found no statistically significant association between gender and the prevalence of PPS, Also, the prevalence of PPS was decreasing with advancing age among university students. The dimension of belief system and cognitive dimension also provided prominent evidence that PPS is not much prevalent among these students.

Keywords: Peter Pan Syndrome, Pakistan, University students, Belief systems

How to cite: Ali S, N, Tauseef A, Ijaz F, Meral U, Zaheer S, Aftab RK. Peter Pan Syndrome Among Students Of Pakistani Univerities: A Cross-sectional Study. *Esculapio - JSIMS* 2023;19(04):480-486.

DOI: <https://doi.org/10.51273/esc23.251319420>

Introduction

The transition to adulthood requires not only that the person grow physically from a biological point of view, but it is also important that individuals develop a perception of the realities of the world and acquire

appropriate behavior towards the various responsibilities of adulthood along with the development of their own cognition and understanding.¹

The term "Peter Pan Syndrome"(PPS) is used to describe people who grow physically but not mentally and therefore remain in childhood for the rest of their lives. People who suffer from PPS have difficulties in their social and professional relationships because of their carefree and childlike behavior. Quadrio has described PPS as difficulties due to the lack of responsibility and immature behavior.² Kiley used the character of Peter Pan to represent those people in real life who grow up physically but are unable to take their responsibilities because of their poor mental abilities (Kiley suggested the term).³

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Submission Date: 06-09-2023

1st Revision Date: 26-09-2023

Acceptance Date: 06-12-2023

Barrie's fictional character, Peter Pan, illustrates a boy who is hesitant to grow up and doubts his ability to develop according to his role in the community.⁴ McIndoo highlights that "in today's society, reaching adulthood is the natural end of adolescence," while the harsh reality is that reaching a certain age does not ensure that the person will take on the responsibilities and obligations that come with that stage.⁵

The study by Kiley on PPS shows that people with PPS present with common symptoms, i.e., (A) emotional paralysis: PPS people are reluctant to show emotions or express in inappropriate ways (B) dilatoriness: they procrastinate and do not have set targets (C) social impotence: they cannot socialize properly and often feel alone in crowded places. They are unable to make real friends (D) magical thoughts (living in fantasy): they like to live in their delusional world and do not accept their mistakes (E) mother's calendar: when they interact with women, they view them as their mothers and want them to behave as one (F) father's calendar: they experience problems with men who are dominating because they themselves are narcissistic (G) sexual calendar: they have weak social relationships with opposite gender.³ Current study for checking PPS in people was based on these symptoms. In recent years, many studies have been conducted to find that PPS is very widespread. Vietnamese students conducted a survey at their universities to investigate students' views of the syndrome.⁶ A survey was also conducted on the prevalence of PPS in mountain climbers. It was found that hikers often view mountaineering as an escape from their duties and in this way neglect their social obligations.⁷ One study also found that many husbands of adolescent wives commit morally wrong acts, such as alcohol abuse, to avoid responsibility for their household.⁸ One of the main causes of anorexia in female patients was that they did not want to mature mentally and therefore preferred to keep their bodies small.⁹

Many studies have given a detailed review about the PPS. Children who grow under the supervision of strict and ruling parents are unable to manage and express emotions and fight with the social and academic systems set by society as they fail to adjust appropriately to the norms. This may be because they have spent a great part of their lives under environmental conditions not conducive to personal growth resulting in their inability to express themselves naturally.¹⁰

We should understand that not taking up your responsibilities is acceptable until a certain age after which per-

sistence of such behavior comes under the roof of PPS. If an individual does not opt for one of the alternatives, it leads to development of many symptomatic behavior expressions discussed by many other researchers also.

Bruch describes PPS in anorexic patients, specifically girls. These females are anorexic and eat less to look younger. As a result, their regular menstrual cycle is not normal and so they pretend to be younger than their actual age, all to flee from duties that come with adulthood. These females suffer from PPS and show social and emotional anxiety.¹¹

The children who receive limited attention from their parents and society in general, refuse to grow older. Their perception is that love for them will diminish even further if they grow old. For seeking attention of their parents and other people they act as if they are still innocent children even when they grow physically to become adults.

Another element of PPS is that sometimes adults come back to adolescence during a certain period of their life instead of children not growing to adults to run away from their responsibilities whenever they find themselves being cornered by the hardships of life.

Amanto et al in his study that developing friendships with the same sex in childhood and then stepping into adulthood with these same relations should be very precise.¹² If one does not care about his/her intersexual relationships, then this reflects poorly on his personal grooming and personality leading to PPS.

Mitchell and Masterson have also given similar views about PPS.¹³ In today's world most people avoid growing up. They consider it a necessity for survival and fear working independently. They do not want to take life seriously and they resist to stand accountable for their deeds. Gradually, they find an easy way out of every situation.

A study done by Dalla et al on adolescent Navajo mothers and their male partners, PPS was thought to be more common in males than females.⁸ So, keeping in view of these research findings, we conducted this survey to fill the gap created by the lack of research on Peter Pan syndrome in the Pakistani population. The main objective of the survey is to find out if the syndrome is more prevalent in men than in women. The main hypothesis we deduced was that there should be no relationship between gender and PPS; and the second hypothesis was that age should have a negative correlation with the PPS symptoms. PPS has also been recognized as a

problem in Western society. The aim of current study was to find out if this is also the case in Pakistani society.

Material and Method

This was a cross-sectional study conducted at Hide here text from Editor from February 2023-June 2023. The participants were students from different universities in Lahore. The participants were aged between 15 to 30 years. The sample size was 382, of which 50% (N=191) were female and 50% (N=191) were male. Sample size was calculated using the formula $n = (Z^2 \times P \times (1-P)) / e^2$ where confidence interval came out to be 95% which is equal to 1.96 and margin of error was 5%. All participants gave consent after being informed of the purpose of the survey. Individuals with various clinical conditions who were taking medications that interfered with their ability to perform their tasks (antidepressants, pain medications, and sedatives) and individuals with other mental illnesses or developmental disabilities such as autism were excluded from the study. Data was collected using Google forms, and informed consent was obtained. The questionnaire had two main sections. First, participants had to fill out the demographic information (age, college, gender, degree, year of study, residency status). Then in second section, six different dimensions of Peter Pan syndrome were presented, reflecting the strong features of the syndrome in the form of questions that participants were asked to answer. Cognitive dimension; Emotional dimension; Self-consciousness dimension; Spirit dimension and Social Dimension.¹⁴ Response options consisted of a Likert scaling from “very frequently”, “frequently”, “occasionally” to “rarely” and “never”. The dimension of worldviews and belief systems consisted of seven questions with “right” and “wrong” options.

The data from the questionnaire was analyzed by using SPSS version 26. Frequency percentages were calculated from descriptive data. The correlation between each question and the different demographic variables was then determined individually. Symmetric measures such as Pearson's constant R and Spearman's correlation were used. P-value less than 0.05 will be consider significant. Ethical guidelines were followed for this study and informed consent was obtained from all participants. The identity of the participants was not disclosed. The study was conducted following the declaration and approval of the Ethics Committee of (removed for blind peer review) Medical College.

Results

Table 1 shows the demographic information of the participants including age and gender which served as important variables for the study. Prevalence varied across age groups, with highest prevalence observed among age group 15-20. 66% of the participants were between 15 and 20 years old, 32.7% were between 21 and 25 years old, and 1.3% were between 26 and 30 years old. Table 2 shows the manifestation of Peter Pan Syndrome based on cognition, emotion, dimension of self-consciousness, spiritual and social dimensions. The findings in Table 2 show that 45.8% of students totally agreed and 36.9% of students agree with the view "Thinking that one must have big dreams in life". Majority of the students are emotionally challenged as they are unable to express their feelings (Very frequently=23.6%, Frequently= 32.5%). This is followed by lack of self-confidence (Very frequently= 22%, Frequently= 24.9%). 17% of the participants very frequently and 34.3% frequently are flattered by any praise that they receive. Table 3 shows the dimension that introduces results that indicate that certain traits of Peter Pan Syndrome pertaining to belief systems were not found in the youth. Major percentage of participants believe that it is important to set clear goals (79.1%) and work hard to maintain a stable source of income (69.6%). An important finding that shows that majority of the youth of Pakistan does not suffer from Peter Pan Syndrome is that they consider it necessary to keep a positive attitude towards learning (90.8%). Table 4 shows the Pearson's R value for each question. Correlations table was obtained which indi-

Table 1: Demographics of study participants

		N	%
Gender	Male	191	50.0
	Female	191	50.0
Age	15-20	252	66.0
	21-25	125	32.7
	26-30	5	1.3
Degree	MBBS	210	55.0
	BDS	8	2.1
	Others	164	42.9
Year of study	1	155	40.6
	2	123	32.2
	3	38	9.9
	4	32	8.4
	5	34	8.9
Residential status	day scholar	233	61.0
	hostellite	149	39.0

Table 2: *Cognitive Dimension and Emotional Dimension of PPS*

	very frequently	frequently	Occasionally	rarely	never
COGNITIVE DIMENSION					
Thinking that living for the day will be okay without thinking of tomorrow	12.8	22.0	36.1	17.5	11.5
Thinking that one must have big dreams in life	45.8	36.9	12.8	2.9	1.6
Thinking that the purpose of learning is unnecessary	7.3	8.1	16.5	22.3	45.8
Thinking that hurting and retaliating against others is common	10.7	20.7	22.0	20.9	25.7
Thinking about whatever happened, I always put myself first in any situation	16.2	24.1	31.4	17.0	11.3
EMOTIONAL DIMENSION					
It is difficult to control emotions and emotional explosions	19.9	22.5	25.9	23.0	8.6
It is challenging to express emotions with others	23.6	32.5	26.7	12.0	5.2
Lack of self confidence in decision making if there are no parents' agreement/consent	22.0	24.9	19.4	22.0	11.8
When no one besides me is sad, so I want someone by my side	16.5	19.6	18.6	22.8	22.5
Be unable to get along with others of the same age and sex	13.1	12.3	16.8	29.8	28.0
Self-Consciousness Dimension of PPS					
It is easy for me to get satisfied when others praise me	17.0	34.3	29.3	13.9	5.5
Highly appreciating my job and assuming that others job is unimportant	4.7	10.5	12.6	25.4	46.9
Do not listen to other people's views when there is some difference of opinion	7.3	13.4	17.5	29.6	32.2
I am not ashamed of being considered a child	14.7	22.3	21.5	17.0	24.6
I always turn to someone because I am afraid of facing sadness alone	11.5	14.7	16.8	25.9	31.2
SPIRIT DIMENSION					
Impulsive behavior and hard to control leading to extreme words and Actions	14.9	19.1	23.3	31.9	10.7
I do not want to care about the hard problems at present	10.7	23.6	22.8	25.9	17.0
It is easy to quit a job or to study when something goes wrong	9.7	14.7	23.8	25.7	26.2
I am lazy to do household chores or take care of myself	16.2	23.6	22.5	20.7	17.0
I am reluctant and unable to make decisions when needed	11.8	19.9	22.3	24.1	22.0
SOCIAL DIMENSION					
Telling a lie in relationships is normal	9.2	12.8	13.6	24.1	40.3
Blaming teachers (superiors) when something went wrong in studying (or working)	8.6	14.4	19.1	25.1	32.7
I want to fall in love quickly when meeting someone but after that, I want to break up	8.1	10.2	9.4	13.6	58.6
Saying something bad about my friends	5.0	7.3	9.2	30.6	47.9
Be willing to give upon relationship with friends if I do not like them anymore	12.6	13.4	19.4	24.9	29.8
Tormenting my family by acting like a child	8.9	11.8	12.0	20.4	46.9

Table 3: *Dimension of worldviews and belief systems*

	Right	Wrong
Setting clear goals and making life plans	79.1	20.9
Striving for a permanent job and promotion in the future	69.6	30.4
I need to express self-beliefs in life	75.1	24.9
Keeping high self-esteem always is important	81.2	18.8
Calculating productivity and efficiency (financial management, expenditure organization) is important	85.5	14.5
Dare to think, dare to act and dare to take risks	78.3	21.7
Being active and positive to learn more soft skills, computer skills and foreign languages are important	90.8	9.2

cated no significant correlation between gender and prevalence of Peter Pan Syndrome and a weak negative correlation of age with the prevalence of this Syndrome.

Discussion

The objectives for current study were to determine the prevalence of Peter Pan syndrome among men and women in Pakistani universities and to examine the relationship between age and PPS.

No significant correlation was found between PPS and gender. One explanation for the lack of gender differences in the current study could be the fact that the sample was university students, who tend to be younger

Table 4: Relation of Peter Pan Syndrome with Age and Gender

	Pearson's r value (gender)	Pearson's r value (age)
Thinking that living for the day will be okay without thinking of tomorrow	.007	-.038
Thinking that the purpose of learning is unnecessary	.112	-.074
Thinking about whatever happened, I always put myself first in any situation	.088	-.064
Be unable to get along with others of the same age and sex	.021	-.027
It is easy for me to get satisfied when others praise me	.081	-.025
Highly appreciating my job and assuming that others job is unimportant	.221	-.125
Do not listen to other people's views when there is some difference of opinion	.079	-.083
I always turn to someone because I am afraid of facing sadness alone	.056	-.031
It is easy to quit a job or to study when something goes wrong	.167	-.026
Telling a lie in relationships is normal	.240	-.044
Blaming teachers (superiors) when something went wrong in studying (or working)	.142	-.046
I want to fall in love quickly when meeting someone but after that, I want to break up	.212	-.123
Saying something bad about my friends	.222	-.047
Be willing to give upon relationship with friends if I do not like them anymore	.161	-.065

and have not yet fully assumed adult responsibilities, such as employment and financial independence. As a result, gender inequalities may be more pronounced in PPS older groups who have already taken on more adult responsibilities. The hypothesis that manifestations of PPS should decrease with increasing age was also supported by the results. According to a survey conducted in a private medical college, students in the first year of study had higher stress levels than students in the final year of study.¹⁵ This shows that with increasing age responsibilities increase and as students approach their professional life their stress levels increase. They are required to step out of their comfort zone and accept their duties, naturally increasing stress levels. Thus, it can be deduced that with age there is reduction of symp-

toms of PPS.

The data analysis on the cognitive dimension revealed that most students had big dreams and felt that living in the present was not enough and that they needed to worry about the future. They were aware of the importance of learning and in this way their futuristic approach towards life was highlighted.

According to the emotional dimension, people with Peter Pan syndrome should have a lack of emotional expression and low self-esteem. Such people hide their true feelings, which is considered hypocrisy, as they seem to be happy even though their soul is soaked in loneliness and despair. The true level of maturity is when a person can free himself from the shackles of his mind and give free rein to his emotions to do something productive, rather than bottling up his emotions. The results show that many students chose the "frequently" option when asked if it was challenging for them to express their emotions. This points towards the fact that they failed to develop emotional maturity and were frightened to confront their sentiments. This goes hand in hand with the PPS.¹⁶ Moreover, most of the participants wanted parental approval before making decisions and were indecisive without their parents' guidance. Reliance on others for making decisions for you and people having the power to manipulate your actions is another sign of PPS.

People who suffer from PPS do not criticize themselves and their abilities. As a result, they have no room for improvement and are satisfied with what they have, with no signs of struggle or effort. Such people find it easy to be satisfied when someone praises them. Although most participants answered that they are often satisfied when praised by others, other variables in this dimension showed more neutral results, with almost equal numbers of participants choosing "often" and "never" for the variables, so no clear conclusion was possible.

Most prominent results were for the worldviews and belief systems dimension which indicated that PPS is not prevalent in the participants according to this dimension. Most students had clear goals and indicated that they wanted a permanent job and a promotion. This finding suggests that students had strong belief systems and the fundamentals of life were crystal clear to most participants. According to research carried out on students, it was found that those students who had firm faith system and cultural ties were academically more resilient.¹⁷ They had exceptional abilities to deal with academic challenges and in this way with life challen-

ges as well.

One manifestation of PPS in college students is antisocial behavior. This means that people with this syndrome find it difficult to communicate and socialize, which is a core human trait. They stay in their own shell and show impulsive behavior. They are unable to make spontaneous and rational decisions and refuse to take responsibility due to their careless nature. Individuals with PPS oppose the socio-emotional selectivity theory which states that as humans grow older, they learn to prioritize important relationships considering the limited time and opportunities they have in life.¹⁸ They isolate their future from the present and make reckless decisions. Our results showed mostly negative results for the social dimension, which means that this expression was not found in the participants. Students rarely blamed a teacher for a mistake, refused to lie in a relationship, and refused to say anything bad about their friends. These findings are at odds with Kiley's claims.³

The data analysis of current study shows that the students in the study were not restrained in decision making, were very enthusiastic about their work/studies, but were mostly lazy and rarely controlled their impulsive behaviors and struggled to control extreme words and actions, which is consistent with Kiley's study.³

This study also has some limitations. One limitation for the study could be that we chose a small sample, i.e., only the population of Lahore universities was asked to fill the consent form. Therefore, the sample size should be increased to get better results. Another limitation could be the age of the participants i.e. we selected only a narrow age range for the study. So, the age spectrum should also be widened to get better results. In addition, our study was a cross-sectional study that examined only a small population at a specific time point. To obtain accurate results, the study should be longitudinal, that is, the variables should be examined over a longer period rather than only at a specific point in time to observe life attitudes and behaviors related to Peter Pan syndrome.

Conclusion

Current study found no statistically significant association between gender and the prevalence of PPS. Also, the prevalence of PPS was decreasing with advancing age among university students. The dimension of belief system and cognitive dimension also provided prominent evidence that PPS is not much prevalent among these students. To address PPS in university students and help them transition to adulthood, this information

will be helpful in developing interventions. In addition, the current study highlights the need for additional research to examine the origins and maintenance of PPS and its impact on social and academic functioning.

Conflict of Interest *None*

Funding Source *None*

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