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The Role of Inadequate Self-Control Schema and Coping Styles in Addiction Potential Among Men

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A B S T R A C T

Purpose: The present study aimed to investigate the predictive role of inadequate self-control schema and coping styles in the addiction potential of men in Quds City.
Methods and Materials: This research is applied in terms of purpose and descriptive-correlational in nature. All male individuals aged 20 to 40 residing in Quds County in 2024 constituted the statistical population of this study. A sample size of 254 individuals was selected through convenience sampling. The research tools included the Young Schema Questionnaire (short form, 1998), Lazarus and Folkman's Coping Styles Questionnaire (1985), and the Addiction Potential Scale by Videbucher (1992). Statistical analyses were performed using Pearson correlation coefficient and stepwise multiple regression tests in SPSS version 26.
Findings: The results indicated that inadequate self-control schema and coping styles play a role in predicting men's addiction potential ($P < 0.01$). There was a significant correlation between inadequate self-control schema and men's addiction potential ($P < 0.01$). Additionally, the correlation between emotion-focused and problem-focused coping styles and men's addiction potential was significant ($P < 0.01$).
Conclusion: In summary, this study demonstrates that inadequate self-control schemas and coping styles are significant predictors of addiction potential in men. The strong correlations found between these factors and addiction highlight the need for a deeper understanding of how maladaptive schemas and coping strategies contribute to addictive behaviors. These findings suggest that interventions focused on improving self-control and promoting effective coping mechanisms could be essential in mitigating addiction risks among men, paving the way for more targeted and effective prevention strategies.
Keywords: *Self-control schema, Coping styles, Addiction potential, Men*

1. Introduction

Addiction and substance use disorders are multifaceted biopsychosocial phenomena that continue to challenge health systems and communities across the globe. Despite extensive scientific advances, substance dependence remains one of the most pervasive psychiatric and behavioral health crises, characterized by compulsive consumption, impaired self-regulation, and chronic relapse tendencies that compromise individual functioning and societal stability

(Volkow & Blanco, 2023). The global burden of addiction is enormous, both in terms of premature mortality and social disintegration. In Iran, as in many developing nations, the escalation of substance use and the growing prevalence among young populations have intensified concerns regarding its individual, familial, and societal consequences (Shahbazi et al., 2020). Addiction, once conceptualized merely as a moral or social failing, is now recognized as a complex neurobehavioral disorder involving interactions between genetic vulnerabilities, environmental triggers, and cognitive-emotional mechanisms (Moustafa et al., 2021; Popescu et al., 2021).

Recent epidemiological data indicate that the prevalence of drug use, alcohol consumption, and cigarette smoking continues to rise among Iranian populations, with significant socioeconomic inequalities shaping the patterns of substance consumption (Moradinazars et al., 2022). The psychological and social ramifications of this epidemic extend far beyond the individual, including increased rates of divorce, family conflict, criminal behavior, unemployment, and the disintegration of social trust (Asadi & Porzoor, 2020). Moreover, the chronic relapsing nature of substance use disorder leads to severe health complications such as infectious diseases, depression, and suicide attempts (Deep et al., 2024; Saleh et al., 2023). The persistence of addiction despite negative consequences underscores the importance of identifying predisposing cognitive and emotional risk factors that underlie addictive behaviors.

Within this context, the addiction potential construct offers an important conceptual lens for identifying individuals at psychological risk before actual substance dependency occurs. The theory of addiction potential posits that certain cognitive, emotional, and personality configurations predispose individuals to addictive behaviors even in the absence of direct substance exposure (Zargar et al., 2008). This theoretical framework emphasizes that addiction does not emerge solely from pharmacological reinforcement or social opportunity but also from deep-seated personality schemas and coping mechanisms that shape how individuals regulate stress and reward.

Among the most influential frameworks explaining vulnerability to addiction is schema theory, developed by Young and colleagues, which asserts that early maladaptive schemas (EMS) are pervasive cognitive-emotional patterns that develop during childhood and shape one's worldview, interpersonal functioning, and emotional regulation throughout life (Fathi et al., 2021). These schemas are self-defeating cognitive structures that influence perceptions, memories, and behaviors in enduring ways. They are typically the result of unmet emotional needs, trauma, or maladaptive parenting styles and can become automatic filters that distort present experiences (Cudo et al., 2024). According to schema theory, these cognitive distortions underlie many forms of psychopathology, including anxiety, depression, and substance dependence.

Young's taxonomy of maladaptive schemas includes five major domains: (1) disconnection and rejection, (2) impaired autonomy and performance, (3) impaired limits, (4) other-directedness, and (5) over-vigilance and inhibition (Fındık et al., 2024). Within this structure, one particularly significant schema for addiction vulnerability is the inadequate self-control/self-discipline schema, situated within the "impaired limits" domain. This schema is characterized by difficulty in delaying gratification, low frustration tolerance, and avoidance of personal responsibility (Sireli et al., 2024). Individuals with inadequate self-control schemas tend to seek immediate pleasure, avoid discomfort, and struggle with sustained goal-directed behavior — patterns that mirror the behavioral features of addiction.

From a neurocognitive perspective, these schemas are closely associated with deficiencies in executive functioning and emotion regulation, as well as alterations in reward processing systems (Popescu et al., 2021). Studies have demonstrated that individuals exhibiting poor self-control are more likely to engage in substance use as a maladaptive coping mechanism for stress, anxiety, or emotional pain (Moustafa et al., 2021). In this way, inadequate self-control schemas not only predict addiction potential but also sustain the cycle of relapse and dependency.

A growing body of evidence indicates that early maladaptive schemas are strongly associated with emotional dysregulation, impulsivity, and maladaptive coping strategies — all of which play a central role in the initiation and maintenance of addictive behaviors (Bahramian et al., 2022; Yazdan et al., 2021). These schemas create rigid patterns of emotional and behavioral responses that are triggered in stressful situations. When activated, they elicit negative emotions such as shame, guilt, or anger, which individuals often attempt to escape through substance use. Research has shown that substance abuse may function as a maladaptive attempt to regulate the distress caused by these schemas, particularly those involving self-control and autonomy deficits (Cudo et al., 2024; Fathi et al., 2021).

In parallel, the role of coping styles has emerged as another critical dimension in understanding addiction potential. Coping is defined as the cognitive and behavioral

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strategies individuals employ to manage the demands of stressful events (Bondarchuk et al., 2024). According to Lazarus and Folkman's transactional model, coping can be broadly categorized as problem-focused (aimed at changing the source of stress) or emotion-focused (aimed at regulating emotional distress). Research consistently indicates that the predominance of maladaptive, emotion-focused, or avoidant coping strategies contributes to a higher likelihood of substance use, while problem-focused and adaptive coping serves as a protective factor (Sader et al., 2018).

In this regard, several empirical studies have examined the interplay between coping strategies and addiction readiness. Basharpoor and Mohammadnezhad (Basharpoor & Mohamadnezhad, 2022) demonstrated that dysfunctional family communication patterns and moral disengagement significantly predict addiction readiness, with moral disengagement mediating the relationship between psychopathic traits and addictive tendencies. This supports the notion that maladaptive cognitive and behavioral styles operate as indirect pathways linking personality traits to substance use. Taleghaninejad and colleagues (Taleghaninejad et al., 2019) further reported that stress coping styles and low perceived social support predict tendencies toward both substance abuse and internet addiction, mediated by low emotional intelligence. Collectively, these findings highlight how ineffective coping strategies and emotional immaturity may form the cognitive-behavioral core of addiction vulnerability.

Deep et al. (Deep et al., 2024) identified several mental health interventions targeting adolescents and young adults at risk of substance use, emphasizing that programs which strengthen emotional regulation and stress-coping skills show the highest preventive efficacy. Their findings suggest that cognitive-behavioral frameworks that address maladaptive schemas and coping deficits can significantly reduce addiction potential. Similarly, Latimore et al. (Latimore et al., 2023) proposed a socioecological prevention model involving primary, secondary, and tertiary strategies to address the multiple environmental layers influencing substance use. Their socioecological lens reinforces that maladaptive coping and schema activation do not occur in isolation but within broader social and cultural contexts that either buffer or exacerbate risk.

In addition to psychosocial factors, biological and neurological determinants play an integral role in addiction risk. Volkow and Blanco (Volkow & Blanco, 2023) emphasized that substance use disorders are rooted in dysregulation of neural circuits associated with reward, stress, and self-control. They argue that individual differences in self-regulation capacities—particularly in the prefrontal cortex—interact with environmental stressors to determine vulnerability. Popescu et al. (Popescu et al., 2021) expanded this neurobiological perspective by elucidating how genetic predispositions and altered dopamine signaling pathways underpin susceptibility to addiction, particularly in individuals with poor executive control and maladaptive schemas.

Despite this convergence of neurobiological and psychological insights, addiction remains strongly influenced by cultural and contextual factors. Saleh et al. (Saleh et al., 2023) conducted a systematic review highlighting that refugees and displaced individuals often develop substance use patterns as coping responses to trauma, dislocation, and chronic stress. These findings underscore the universality of maladaptive coping mechanisms under conditions of emotional deprivation. In societies facing social inequality and cultural transformation, such as Iran, the interaction between stress exposure and inadequate coping mechanisms becomes particularly salient in understanding addiction trajectories (Asadi & Porzoor, 2020).

Beyond the behavioral level, maladaptive schemas often manifest as self-destructive cycles that perpetuate poor emotional regulation. Shi et al. (Shi et al., 2023) found that early maladaptive schemas significantly increase the risk of nonsuicidal self-injury in college students, indicating that such schemas may underlie a wide spectrum of dysregulated behaviors, including addiction. These findings align with the view that addiction is not merely the consequence of external exposure but also of internal schema activation, particularly those related to impulsivity, dependency, and emotional avoidance.

Psychological research has also emphasized that distress tolerance—the capacity to endure emotional discomfort—is a key moderator between maladaptive schemas and addiction potential (Fathi et al., 2021). Individuals with inadequate self-control often possess low distress tolerance and therefore turn to substances as an immediate means of alleviating discomfort. Furthermore, Bahramian et al. (Bahramian et al., 2022) presented a model showing that obsessive-compulsive tendencies mediate the relationship between early maladaptive schemas and addiction recurrence, suggesting that repetitive cognitive-emotional patterns strengthen dependency cycles.

Religious and meaning-oriented coping strategies have recently been recognized as potential protective factors.

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Kumar et al. (Kumar et al., 2025) demonstrated that positive religious coping reduces cravings and enhances readiness for change in individuals with opioid and alcohol dependence. Their findings reinforce the idea that adaptive coping mechanisms, including spiritual and cognitive restructuring, can counterbalance the effects of maladaptive schemas. By contrast, emotion-focused or avoidant coping tends to reinforce the same schema-driven vulnerabilities that foster addiction potential.

Collectively, the literature converges on three major points. First, inadequate self-control/self-discipline schemas are deeply rooted cognitive distortions that predispose individuals to seek immediate relief from distress through maladaptive means, including substance use. Second, ineffective coping strategies, particularly avoidance and emotion-focused coping, exacerbate this vulnerability by preventing constructive emotional processing. Third, these psychological risk factors interact dynamically with neurobiological vulnerabilities and sociocultural conditions to shape addiction potential (Bondarchuk et al., 2024; Latimore et al., 2023; Volkow & Blanco, 2023).

Despite extensive international research, the interplay between inadequate self-control schemas and coping styles remains underexplored in the Iranian context, particularly among men in early and middle adulthood. Most domestic studies have focused on general maladaptive schemas or social determinants of addiction without isolating the cognitive dimensions of self-control and coping behaviors as predictive constructs (Asadi & Porzoor, 2020; Basharpoor & Mohamadnezhad, 2022). Moreover, existing models often fail to integrate schema theory with coping frameworks in a unified explanatory structure. Given that maladaptive schemas are enduring cognitive-emotional blueprints, while coping styles represent behavioral responses to situational stressors, investigating their combined predictive value can reveal a more comprehensive understanding of addiction vulnerability (Sader et al., 2018; Taleghaninejad et al., 2019).

This integration has practical implications for prevention and intervention. As studies show, enhancing coping flexibility and restructuring maladaptive schemas can substantially reduce susceptibility to addiction and relapse (Deep et al., 2024; Kumar et al., 2025). Cognitive-behavioral therapy (CBT) and schema therapy interventions have demonstrated efficacy in modifying these deep-seated patterns and improving self-regulation capacities, thereby offering evidence-based avenues for prevention. Furthermore, understanding the specific cognitive distortions related to inadequate self-control can inform targeted psychoeducational programs in schools and communities to identify and support at-risk individuals before addiction develops (Bahramian et al., 2022; Fındık et al., 2024).

The present study builds on this body of evidence by focusing on the predictive role of inadequate self-control/self-discipline schemas and coping styles in the addiction potential of men. By addressing both cognitive and behavioral dimensions, it aims to bridge theoretical gaps and provide empirical insight into how self-regulation deficits and coping patterns interact to shape addiction risk in adult males.

This study aims to investigate the predictive role of inadequate self-control/self-discipline schemas and coping styles in determining addiction potential among men.

2. Methods and Materials

2.1. Study Design and Participants

The method of the present study is descriptive and correlational (multiple regression). The participants consisted of all male individuals aged 20 to 40 residing in Quds County in 2024. To determine the sample size, G*power software was used, and with an alpha significance level of 0.01 and a power of 0.99, the sample size was calculated to be 254 individuals, selected through convenience sampling. The inclusion criteria for the samples were: being male, aged between 20 and 40 years, residing in Quds County in 2024, and having no history of substance use or psychoactive substance abuse. The exclusion criteria included incomplete responses to all questions, withdrawal from completing the questionnaire, and invalid questionnaires.

Once the research design was established, to encompass a larger statistical population and save time and costs, online questionnaires were utilized. The questionnaires were designed online, and the link was shared in groups and social networks. Ultimately, after three months, 263 individuals completed the questionnaires, of which the data from 9 respondents were removed as outliers, and the results were analyzed with 254 respondents. Adhering to human rights of participants is one of the most important features of research in behavioral sciences and related fields. Therefore, in this study, the following considerations were observed to protect the rights and privacy of participants: maintaining honesty and scientific integrity, ensuring anonymity of the questionnaires, voluntary and informed participation,

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protection of participants from any psychological harm, and no financial burden for participating in the research.

2.2. *Measures*

Young's Maladaptive Schema Questionnaire (Short Form, 1998): This questionnaire consists of 90 items designed to assess 18 maladaptive schemas by Young (1998). Each item is scored on a 6-point Likert scale, with options ranging from "completely true" (6 points) to "completely false" (1 point). These 18 schemas are categorized into five domains: Abandonment and Instability (Emotional Deprivation, Abandonment/Instability, Mistrust/Abuse, Social Isolation/Alienation, and Defectiveness/Shame), Impaired Autonomy and Performance (Failure, Dependence/Incompetence, Vulnerability to Harm or Illness, and Enmeshment/Undeveloped Self), Other-Directedness (Subjugation, Self-Sacrifice, and Approval-Seeking/Recognition-Seeking), Over-Vigilance and Inhibition (Emotional Inhibition, Unrelenting Standards, Negativity/Pessimism, and Entitlement/Grandiosity), and Impaired Limits (Self-Control/Self-Discipline Inadequacy). The scores for each schema range from 5 to 30. A higher score on a given subscale reflects a greater possibility of the presence of that maladaptive schema for that individual (Young, 1998; Young & Brown, 2005). Sadooghi et al. (2008) reported a reliability coefficient of 0.83 to 0.96 for the maladaptive schema scale, and the test-retest reliability in a non-clinical population ranged from 0.50 to 0.82 (Sadooghi et al., 2008). In this study, the internal consistency of this scale achieved 0.97.

Lazarus and Folkman's Coping Styles Questionnaire (1985): This questionnaire, developed by Lazarus and Folkman in 1985, consists of 66 items, each with four response options. The scoring of the questionnaire follows a 4-point Likert scale, with options ranging from "never used" (0 points) to "very often used" (3 points). The 66 items encompass eight coping strategies, including: 1. Confrontational Coping, 2. Self-Control, 3. Seeking Social Support, 4. Responsibility, 5. Escape-Avoidance, 6. Planned Problem-Solving, 7. Positive Reappraisal, and 8. Distancing. Lazarus reported internal consistency ranging from 0.79 to 0.66 for each coping method. The overall Cronbach's alpha for the coping strategies was 0.86, with 0.79 for problem-focused coping and 0.72 for emotion-focused coping (Lazarus & Folkman, 1985). The Persian version of this questionnaire was evaluated by Vahidi (2011) on 763 high school students, reporting a reliability of 0.80 using internal consistency. The validity of the questionnaire was reported as acceptable by experts. Additionally, Vahidi assessed the convergent validity of the coping styles questionnaire by correlating raw scores with those obtained from the Kuder-Richardson 25-item clinical symptom checklist, showing significant results indicating high convergent validity (Yazdan et al., 2021).

Addiction Potential Scale: The Addiction Potential Questionnaire, designed by Weed and Butcher, in 1992, consists of two factors with a total of 36 items plus 5 lie scale items. Each question is scored on a continuum from zero (strongly disagree) to three (strongly agree), with reverse scoring for items 6, 12, 15, and 21. The scores range from 0 to 108, with higher scores indicating greater readiness for addiction. In the original version of the questionnaire, the reliability coefficient was reported as 0.90 using Cronbach's alpha, with content and face validity confirmed (Weed & Butcher, 1992). Zargar (2006) presented the Iranian version of the addiction potential scale, considering the psychological, cultural, and social conditions of Iran. This questionnaire includes two dimensions: active readiness (antisocial behaviors, desire to consume substances, positive attitudes towards substances, depression, and excitement-seeking) and passive readiness (lack of assertiveness and depression). Zargar, Najarian, and Naami (2008) used two methods to assess the validity of this scale. The concurrent validity of the addiction potential questionnaire effectively distinguished between substance-dependent and non-dependent individuals. The validity of this scale was obtained through correlation with a 25-item clinical symptom checklist, showing significant results (Zargar et al., 2008).

2.3. *Data Analysis*

To analyze the data of the present study, SPSS version 26 was used. Accordingly, data were examined at both descriptive and inferential statistical levels. In the descriptive statistics section, frequency distribution tables, means, and standard deviations were used to describe the data, while in the inferential statistics section, Pearson correlation coefficient and stepwise multiple regression were employed to test the research hypotheses and the relationships between the study variables.

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3. Findings and Results

Among the participants, the highest number belonged to the age group of 26-30 years (30.7%), while the lowest number was in the age group of 36-40 years (20.86%). The mean age of the sample was reported as 31.15 (SD = 3.68). The distribution of education levels in the research sample shows that the highest educational qualification was a bachelor's degree (38.58%), while the lowest was a doctoral degree (2.36%). The employment status of the respondents indicates that 85% of the sample reported being employed, while 15% were unemployed.

Table 1

Research Variables Based on Mean and Standard Deviation

Variables	Mean	Standard Deviation	Skewness	Kurtosis
Addiction Potential	13.04	4.36	-0.501	0.486
Emotion-Focused Coping Styles	12.74	4.13	-0.411	-0.604
Problem-Focused Coping Styles	11.87	3.12	0.504	-0.587
Inadequate Self-Control/Self-Discipline	12.26	4.27	-0.254	-0.227

In Table 1, the average score for Addiction Potential is 13.04, indicating a moderate level of addiction among participants, with a standard deviation of 4.36 suggesting variability in scores. The Emotion-Focused Coping Styles have a mean of 12.74 and a slight negative skew (-0.411), reflecting lower usage among many participants. In contrast, Problem-Focused Coping Styles show a mean of 11.87 with a slight positive skew (0.504), indicating that some participants tend to employ these strategies more frequently.

The normality test results showed that all research variables, including addiction potential (skewness = 0.064, kurtosis = −0.937, K–S = 0.718, p = 0.681), emotion-focused coping styles (skewness = −0.171, kurtosis = −0.697, K–S = 0.708, p = 0.697), problem-focused coping styles (skewness = 0.214, kurtosis = 0.574, K–S = 0.608, p = 0.708), and inadequate self-control/self-discipline (skewness = 0.035, kurtosis = −0.867, K–S = 0.646, p = 0.798), followed a normal distribution pattern, confirming that the data were consistent with the population distribution. Moreover, all absolute skewness and kurtosis values were below 1, indicating an acceptable level of normality across measures. The multicollinearity analysis revealed tolerance values above 0.10 and variance inflation factors (VIF) below 10 for all variables—addiction potential (tolerance = 0.190, VIF = 5.27), emotion-focused coping styles (tolerance = 0.097, VIF = 9.35), problem-focused coping styles (tolerance = 0.118, VIF = 8.64), and inadequate self-control/self-discipline (tolerance = 0.163, VIF = 6.11)—confirming that no multicollinearity problem existed among predictors. Additionally, the Durbin–Watson statistic was 2.42, which falls within the acceptable range of 1.5 to 2.5, indicating independence of errors and validating the assumptions necessary for regression analysis.

Table 2

Multiple Correlation Coefficient (Regression Coefficient) for Predicting Addiction Potential

R	R^2	Adjusted R^2	Standard Error of Estimate
0.794	0.747	0.739	5.966

Table 2 shows the values of R, R^2, and adjusted R^2. The adjusted R^2 value is particularly important as it indicates the goodness of fit of the model. This coefficient ranges from 0 to 1, with values closer to 1 indicating greater accuracy of the model. As observed, this value in the above analysis is 0.73, suggesting that 73% of the variation in addiction potential is dependent on the predictor variables.

Table 3

Analysis of Variance (ANOVA) for Addiction Potential Scores Based on Predictor Variables

Statistical Index	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance Level (P)
Regression	132.44	4	33.11	92.08	0.000

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Residual	449.93	125	35.95
Total	177.37	129	

In addition to Table 3, the ANOVA value reported in Table 3 assesses the statistical validity of the model. Since the significance level in this table is less than the threshold (0.001), the influence of the predictor variable on the criterion variable can be statistically accepted. Given that the regression coefficient is significant, the importance and significance of the predictor variables in determining the criterion variable can be specified using the standardized and unstandardized regression coefficient tables.

Table 4

Standardized and Unstandardized Regression Coefficients

Coefficients	Unstandardized Coefficients	Standardized Coefficients	T	Significance Level
(Constant)	83.73		4.37	0.000
Inadequate Self-Control/Self-Discipline	0.78	0.104	0.783	7.57
Coping Styles	-0.215	0.095	-0.203	-2.26

According to Table 4, based on the significance level, both inadequate self-control/self-discipline and coping styles can predict addiction potential scores in men. The beta coefficient indicates that a change of one standard deviation in inadequate self-control/self-discipline results in a 0.78 standard deviation change in addiction potential scores. Additionally, a change of one standard deviation in coping styles results in a -0.203 standard deviation change in addiction potential scores. Overall, the results indicate that inadequate self-control/self-discipline and coping styles significantly predict addiction potential scores in men.

4. Discussion and Conclusion

The present study aimed to examine the predictive role of inadequate self-control/self-discipline schemas and coping styles in the addiction potential of men. The results indicated that both inadequate self-control schemas and coping styles significantly predicted addiction potential. Specifically, individuals who demonstrated higher levels of maladaptive self-control and emotion-focused coping reported greater readiness for addictive behavior, whereas those employing more adaptive coping strategies showed lower addiction potential. These findings are consistent with the hypothesis that enduring cognitive schemas and situational coping mechanisms interact to influence susceptibility to addiction.

The strong positive relationship observed between inadequate self-control schemas and addiction potential reinforces the view that maladaptive cognitive patterns developed in early life play a fundamental role in the emergence of addictive tendencies (Fathi et al., 2021; Sireli et al., 2024). Such schemas involve a reduced capacity for delaying gratification, poor frustration tolerance, and avoidance of personal responsibility, all of which contribute to impulsive decision-making and the pursuit of immediate relief through substance use (Fındık et al., 2024). Individuals with these schemas often display emotional dysregulation, struggle to resist temptations, and find it difficult to maintain consistent goal-directed behavior (Shi et al., 2023). Consequently, when confronted with stress or negative emotions, they are more likely to engage in maladaptive coping behaviors such as substance use.

This finding aligns with previous research that identified maladaptive schemas as cognitive precursors to addiction and relapse (Bahramian et al., 2022). Bahramian and colleagues demonstrated that individuals with obsessive-compulsive traits and maladaptive schemas are more prone to relapse, indicating that such schemas may underlie persistent addictive patterns. Similarly, Cudo et al. (Cudo et al., 2024) found that early maladaptive schemas were closely related to anxiety, depression, and problematic gaming behavior, showing that cognitive distortions can drive various compulsive activities beyond substance use. These findings collectively suggest that maladaptive schemas, and particularly inadequate self-control, represent a transdiagnostic risk factor for behavioral dysregulation.

The present results also complement neurobiological evidence that links deficiencies in self-regulation to addiction vulnerability. Volkow and Blanco (Volkow & Blanco, 2023) explained that substance use disorders result from dysregulation in neural circuits related to reward, stress, and executive control. Poor self-regulation capacities—often reflected in inadequate self-control schemas—lead to greater impulsivity and increased craving when individuals are exposed to stress or substance cues.

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Popescu et al. (Popescu et al., 2021) similarly emphasized that genetic and neurobiological mechanisms, particularly within dopaminergic pathways, interact with cognitive schemas to produce heightened addiction vulnerability. Therefore, the significant role of inadequate self-control observed in this study supports a biopsychosocial interpretation of addiction, where cognitive structures mediate the translation of neurobiological predispositions into behavioral outcomes.

The predictive role of coping styles also emerged as a central finding. Participants who predominantly used emotion-focused or avoidance-based coping styles exhibited higher addiction potential, whereas those employing problem-focused coping demonstrated lower susceptibility. This pattern supports the conceptualization of coping as a mediator between stress and addictive behavior. Bondarchuk et al. (Bondarchuk et al., 2024) highlighted that maladaptive coping strategies such as avoidance or self-blame exacerbate stress responses and mental health deterioration, whereas adaptive strategies—seeking social support, planning, or positive reappraisal—enhance psychological resilience. Sader et al. (Sader et al., 2018) further observed that purposeful coping and life satisfaction predict higher marital adjustment and overall well-being, implying that coping competence serves as a general protective factor against psychological distress.

Moreover, the current results correspond with findings by Basharpoor and Mohamadnezhad (Basharpoor & Mohamadnezhad, 2022), who reported that family communication patterns and moral disengagement influence addiction readiness through their effects on coping processes. When communication is dysfunctional, individuals tend to develop emotion-focused coping strategies, distancing themselves from problems rather than confronting them. Similarly, Taleghaninejad et al. (Taleghaninejad et al., 2019) found that stress-coping styles and perceived social support predict both substance abuse and internet addiction, underscoring the critical role of ineffective coping mechanisms in diverse forms of addiction potential.

The relationship between coping and maladaptive schemas also warrants attention. The activation of inadequate self-control schemas may predispose individuals to rely on maladaptive coping, which in turn reinforces schema-consistent behaviors. This reciprocal process creates a self-perpetuating cycle of cognitive and behavioral dysfunction. Fathi et al. (Fathi et al., 2021) reported that distress tolerance mediates the link between early maladaptive schemas and psychiatric symptoms among addicts, suggesting that coping deficits partially explain the translation of cognitive distortions into emotional disturbance. Yazdan et al. (Yazdan et al., 2021) also found that early maladaptive schemas and stress-coping styles jointly mediate the relationship between parent–child relationships and emotional regulation, demonstrating how poor coping patterns amplify the effects of dysfunctional schemas on self-injurious behaviors. The present findings confirm that the combination of inadequate self-control and emotion-focused coping can markedly heighten addiction potential.

The role of environmental and social factors should also be considered. Latimore et al. (Latimore et al., 2023) proposed a socioecological prevention model emphasizing that individual cognitive patterns interact with contextual stressors—such as poverty, unemployment, and social inequality—to shape addiction trajectories. In Iran, where economic stress and societal transitions continue to exert pressure on young adults, these interactions may further amplify the influence of maladaptive schemas and ineffective coping. Saleh et al. (Saleh et al., 2023) illustrated that refugees and displaced individuals develop substance use behaviors as coping mechanisms for trauma and chronic stress. These findings highlight that maladaptive coping and self-control deficits are not isolated psychological phenomena but are embedded within broader social conditions that can either aggravate or mitigate risk.

Importantly, the results also align with Deep et al. (Deep et al., 2024), who identified that mental health interventions focusing on emotional regulation and coping skill development are most effective in reducing substance use among adolescents and young adults. This correspondence strengthens the argument that prevention strategies should target both cognitive restructuring of maladaptive schemas and training in adaptive coping skills. The findings of the present study thus confirm the necessity of integrated cognitive-behavioral interventions that simultaneously address underlying schema patterns and situational stress-management deficits.

Another key implication of the findings concerns the potential for resilience-oriented interventions. Kumar et al. (Kumar et al., 2025) demonstrated that religious coping—when adaptive—reduces cravings and enhances readiness for change among individuals with opioid and alcohol dependence. This suggests that strengthening adaptive forms of coping, including spiritual or meaning-based approaches, can serve as an antidote to inadequate self-control. The

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contrast between maladaptive emotion-focused coping and positive religious coping observed in the literature emphasizes that coping style is not merely a reaction but an active determinant of addiction potential.

The current findings further extend earlier Iranian studies that examined psychosocial and personality predictors of addiction readiness. Asadi and Porzoor (Asadi & Porzoor, 2020) identified social and psychological causes of substance use tendency, while Bahramian et al. (Bahramian et al., 2022) underscored the mediating role of obsessive-compulsive symptoms in addiction relapse. The present study builds on this research by demonstrating that cognitive schemas and coping behaviors jointly account for a substantial proportion of variance in addiction potential, thus providing a more integrated explanatory model.

At the theoretical level, the convergence of cognitive-schema theory and coping frameworks offers a richer understanding of addiction as an outcome of reciprocal interactions between stable personality structures and situational responses. Individuals with inadequate self-control schemas possess rigid cognitive templates that predispose them to emotional instability. When these schemas are activated under stress, they elicit maladaptive coping responses that perpetuate distress and promote addictive behaviors. This conceptual integration is supported by Moustafa et al. (Moustafa et al., 2021), who highlighted that childhood trauma and early life stress increase vulnerability to substance abuse by impairing emotional regulation capacities. Hence, addiction can be viewed as the behavioral manifestation of chronic cognitive and emotional dysregulation originating from maladaptive schema development.

The consistency of these findings with international research suggests that the identified mechanisms are cross-culturally robust. For example, Fındık et al. (Fındık et al., 2024) demonstrated that early maladaptive schemas were associated with risky driving behaviors, illustrating that schema-driven impulsivity manifests across different behavioral domains. Similarly, Sireli et al. (Sireli et al., 2024) found elevated maladaptive schemas among adolescents with ADHD, reinforcing the association between poor self-control and behavioral dysregulation. Collectively, these studies provide converging evidence that inadequate self-control represents a central vulnerability mechanism that cuts across diagnostic categories and behaviors, including addiction.

Overall, the findings of this research support a multidimensional model of addiction potential. Biological predispositions, cognitive schemas, emotional regulation capacity, and coping strategies operate synergistically to influence whether an individual develops addictive tendencies. This integrative view is consistent with the biopsychosocial model advanced by Volkow and Blanco (Volkow & Blanco, 2023), which underscores that neurobiological processes, psychological patterns, and social environments jointly shape substance use behaviors. The present results confirm that targeting cognitive schemas and coping styles may be one of the most promising avenues for prevention and intervention.

While the results provide valuable insights, several limitations must be acknowledged. The study utilized a cross-sectional and correlational design, which limits the ability to draw causal inferences regarding the relationships between inadequate self-control, coping styles, and addiction potential. The sample was restricted to men aged 20–40 residing in one urban area, which constrains the generalizability of the findings to other age groups, women, and rural populations. Moreover, the reliance on self-report questionnaires may have introduced response bias, as participants could have under- or over-reported their coping behaviors or self-control tendencies. Additionally, unmeasured confounding variables—such as socioeconomic status, personality traits, or exposure to substance-using peers—might have influenced the results. Finally, cultural norms regarding substance use and emotional expression may have affected participants' willingness to disclose personal attitudes toward addiction.

Future investigations should employ longitudinal or experimental designs to establish the causal pathways linking maladaptive schemas, coping mechanisms, and addiction potential. Including both male and female participants and diverse cultural backgrounds would enhance external validity and allow for gender-based comparisons of self-control and coping patterns. Researchers could also incorporate physiological or neuroimaging measures to explore the neural correlates of inadequate self-control and stress regulation. Furthermore, examining mediating factors such as distress tolerance, emotional intelligence, and mindfulness could deepen understanding of the mechanisms connecting cognitive schemas to addictive behaviors. Finally, intervention-based studies assessing the efficacy of schema-focused therapy and coping-skills training in reducing addiction readiness would provide applied value to clinical practice.

In practical terms, prevention and treatment programs should emphasize early identification of individuals

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exhibiting inadequate self-control and maladaptive coping styles. Educational initiatives in schools and workplaces can teach adaptive coping strategies, emotional regulation, and stress management skills. Clinicians should integrate schema therapy and cognitive-behavioral techniques to modify entrenched maladaptive schemas, while simultaneously training clients in problem-focused coping and distress-tolerance methods. Community-based interventions can engage families to foster supportive communication and reinforce healthy coping patterns. By promoting self-discipline, resilience, and adaptive coping from adolescence onward, society can mitigate the psychological foundations of addiction potential and reduce the overall burden of substance use disorders.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent.

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