

## CASE-BASED REVIEW

# Analysis of Cognitive Schemas and Work-Related Stress Dynamics in Addictive Behaviors: Case Study

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## Main Points

- The case study highlights psychological traits such as low assertiveness, self-esteem issues, and anxiety, which interact with a stressful work environment characterized by work overload and poor communication, leading to emotional distress.
- The individual's coping strategy involves emotional avoidance and inhibition, which, combined with heightened stress and anxiety, increases the likelihood of cannabis use as a maladaptive coping mechanism.
- Dysfunctional cognitive schemas, including negative self-perceptions and pessimistic thoughts about the future, were identified as central to maintaining addictive behaviors.
- According to Beck's cognitive-behavioral model, the individual's addictive behavior is reinforced by anticipatory and permissive beliefs about cannabis use, which are perpetuated by automatic thoughts justifying consumption as a way to alleviate work-related stress. Anticipatory, relieving, and permissive beliefs are key components in sustaining the addiction cycle.

## Abstract

Occupational stress in Morocco has become a concerning reality, steadily increasing due to its impact on workers' psychological functioning, necessitating the use of adjustment strategies and defense mechanisms to cope. This clinical study explored the links between work-related stress factors, cognitive patterns, and psychoactive substances as an adjustment and defense strategy, as illustrated in a clinical case. The study aims to identify the psychological mechanisms underlying addictive behaviors, focusing on modifying cognitive schemas related to psychoactive substance consumption and examining anticipatory, relieving, and permissive beliefs associated with addiction. An in-depth clinical study was conducted on a Moroccan employee suffering from both work-related stress and cannabis addiction. The study employed Beck's cognitive model for analysis and used clinical interviews, clinical observations, and evaluation scales. The analysis reveals that work-related stress factors can lead to excessive and dependent consumption of psychoactive substances, highlighting the crucial role of cognitive schemas in addiction. Anticipatory beliefs reinforce addictive behavior by creating expectations of well-being. Relieving beliefs trigger an urgent need for substance use, while permissive beliefs dismiss the consequences, strengthening the persistence of addictive behavior despite associated risks. Occupational stress weakens the individual's psychological resources, leading to resorting to substances as a defense, soothing, and avoidance strategy for psychological distress in the form of self-medication.

**Keywords** Addiction, cognitive schemas, occupational stress, psychoactive substance consumption

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## Introduction

Occupational stress in Morocco has emerged as a pressing concern, escalating steadily due to its profound impact on workers' psychological well-being. This phenomenon stems from a significant

imbalance between an individual's available resources to meet professional demands and those required to fulfill organizational expectations (Lazarus & Folkman, 1984). This disparity triggers a cascade of physiological, cognitive, psychological, and social mechanisms, resulting in

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distress and altering employees' relationships with their work environments.

Among the strategies employed to manage occupational stress, the consumption of psychoactive substances (PASs) often serves as a defense and adjustment mechanism. This behavior helps individuals escape, alleviate, or cope with distress, as well as mitigate the unpleasant realities induced by escalating performance demands in the workplace. Psychoactive substance use, in this context, is viewed as a coping strategy aimed at protecting the individual's psychological well-being, potentially serving a protective function for the individual's psychological economy when faced with a distressing work environment.

This clinical study explores the intricate links between professional stress, cognitive schemas, and psychoactive substance consumption as an adjustment and defense strategy. By examining a detailed clinical case, the research aims to identify the psychological mechanisms underlying addictive behaviors. Particular focus is given to modifying cognitive schemas related to PAS consumption, including the examination of anticipatory, relieving, and permissive beliefs associated with these addictive behaviors.

Employing a rigorous scientific methodology, this study conducts an in-depth analysis of a clinical case involving an individual working in a private wiring factory in Morocco. The investigation encompasses various aspects of the subject's experience, including their subjective work experience, perceived stress levels, psychological suffering, defense and adjustment strategies employed against this suffering, and the use of various psychoactive substances. This comprehensive approach allows for a nuanced understanding of the complex interplay between occupational stress and substance use in a real-world industrial setting.

## Theoretical Framework

### Work and its Psychological Function

Work is a subject that cannot be fully covered by a single discipline and encompasses multiple dimensions (economic, psychological, and social). It stands as a cornerstone of social life and a fundamental condition of human existence (Belhaj & Haddiya, 2007). As a complex and quotidian human and social activity, work engages individuals across their various biopsychosocial functions, necessitating the mobilization of psychological processes in continuous interaction with the professional environment.

Work is a domain where psychological dimensions play a key role, affecting individuals' perceptions, emotions, motivations, behaviors, and well-being. It can be a source of fulfillment and general satisfaction, "an instrument of pleasure and psychic, even somatic, balance" (Dejours, 2016), but also of stress, imbalance, and exhaustion. This duality underscores the complex nature of work's impact on the human psyche.

Moreover, work significantly contributes to an individual's psychological maturation, encompassing both manifest and latent functions integral to psychological constitution. Its profound influence on mental health, including the intricate workings of the psychic apparatus, cannot be overstated. The workplace serves as a crucible for personal growth, identity formation, and

social integration, while simultaneously posing potential risks to psychological well-being.

### Professional Stress

The phenomenon of stress has garnered significant attention within the scientific community, particularly in psychological circles. This interest has led to a concerted effort among psychologists to define and conceptualize psychological stress. Lazarus, a preeminent figure in this research domain in North America, posits stress as the outcome of a transaction between an individual and their environment. His collaborative work with Folkman and Folkman (1984) advances the notion that "stress is the product of a transaction between the individual and the environment, which is assessed as exceeding resources and threatening the individual's well-being" (Lazarus & Folkman, 1984). This transactional perspective emphasizes that stress is not merely about the interaction or adjustments between an individual and external stressors. Rather, it encompasses the individual's perception, analysis, and evaluation of encountered situations. The cognitive appraisal process plays a crucial role in determining the stress response, highlighting the subjective nature of stress experiences.

The transactional model proposed by Lazarus and Folkman provides a comprehensive framework for studying the complex interplay of biopsychosocial factors and professional elements in the stress process (Grebout & Dovero, 2005). This model recognizes the dynamic and reciprocal nature of the stress experience, acknowledging that individuals are not passive recipients of environmental demands but active participants in the stress process. By focusing on the transaction between the person and the environment, this approach allows for a nuanced understanding of why similar external circumstances may lead to different stress responses among individuals. It emphasizes the importance of cognitive processes, coping strategies, and personal resources in mediating the relationship between potential stressors and the resulting stress experience.

### Psychoactive Substance Consumption as a Defensive and Adjustment Strategy

Professional factors perceived as stressful generate psychological distress, necessitating the deployment of defensive and coping strategies. While often conflated, defensive strategies and coping strategies are distinct psychological mechanisms. Defense mechanisms are characterized by their rigidity, unconscious nature, and primary function of maintaining anxiety at a tolerable level (Ponnelle et al., 2012). These mechanisms often defy logic and causality (Ionescu et al., 2003). Conversely, a coping strategy is flexible, conscious, and oriented toward reality (internal and external).

Defensive mechanisms are supposed to protect the ego from anxieties and play a protective role in rebalancing the psyche. However, when the psyche is weakened and defense mechanisms no longer fulfill their protective functions, they can become pathogenic, manifesting as symptoms and potentially leading to psychological illness.

In a professional context, the consumption of PAS can serve as both a coping strategy and a defensive mechanism. It may be employed as an anti-stress measure, an anxiolytic, or a defensive means to alleviate internal tension or underlying anxiety caused

by the ever-increasing demands for performance and personal investment in the workplace (Chabrol & Callahan, 2003; Rivolier, 1992). Furthermore, PAS use is sometimes associated with expectations of improved intellectual functioning and enhanced physical and mental performance, a phenomenon known as “doping behavior.”

This complex interplay between occupational stress and PAS consumption underscores the multifaceted nature of defensive and adjustment strategies in the workplace. The use of PAS as a coping mechanism highlights the potential for maladaptive responses to professional stress, where short-term relief may come at the cost of long-term health and well-being. Understanding this dynamic is crucial for developing effective interventions and support systems in occupational health contexts.

**Cannabis Addiction and Occupational Stress: Dysfunctional Cognitive Schemas**

Cognitive schemas represent unconscious mental structures stored in long-term memory. They consist of organized elements derived from previous reactions and experiences, forming a relatively stable and coherent set of knowledge. These cognitive schemas guide future perceptions and evaluations (Grebot et al., 2015), acting as filters that allow to select, structure, analyze, and interpret new information.

In the context of addictive behaviors, a cognitive-behavioral loop is triggered by a stimulus, whether internal or external. This stimulus activates a cognitive schema, generating anticipation and belief. This schema activates automatic thoughts that reinforce compulsive cravings and an irresistible urge to consume (Reynaud et al., 2016).

According to Beck’s cognitive approach, central dysfunctional cognitive schemas can contribute to the emergence and maintenance of addictive behaviors. These schemas interact with risk situations of PAS consumption, activating various addictive beliefs (Grebot & et al., 2015). Beck’s model is based on the assumption of a cognitive dysfunction leading to inappropriate information processing, resulting in thinking errors and specific

beliefs that Beck identified as anticipatory, relieving, and permissive beliefs (Lejoyeux, 2017):

1. Anticipatory Beliefs: They are characterized by developing predictive beliefs of well-being, increased efficiency, help in social relations, etc., for example, expectations of positive effects of alcohol (Hautekeete et al., 1999);
2. Relieving Beliefs: They correspond to expectations of reducing lack, discomfort, or physical and/or psychological malaise, generating an urgent need and excessive desire to consume the substance (craving) and triggering permissive beliefs (Hautekeete & al., 1999);
3. Permissive Beliefs: They consist of thoughts facilitating SPA seeking and allowing the consumer to ignore the consequences of usage (Grebot et al., 2015).

The cognitive model of addiction maintenance by Beck and colleagues suggests that thoughts, beliefs, and emotions play a central role in maintaining addictions. According to this model, individuals suffering from dependency tend to have negative automatic thoughts and cognitive distortions that reinforce their addictive behavior.

Figure 1 is an example of the application of this model to the functioning of dysfunctional schemas in maintaining cannabis consumption:

An external stimulus such as work-related stress triggers psychological and physiological reactions (anxiety, asthenia, sadness, negative affect, demotivation). These manifestations of stress often trigger negative automatic thoughts that become a central component of the vicious cycle. Thoughts such as “I’m not good enough,” “I’m weak,” and other self-negative judgments fuel and reinforce the initial stress, creating a downward spiral that becomes increasingly difficult to break.

In response to this emotional distress, the individual develops a relieving and soothing belief associated with the consumption of psychoactive substances, particularly cannabis. They anticipate relief from negative affects and a positive outlook on well-being and pleasure after consuming a few joints of hashish, expressing

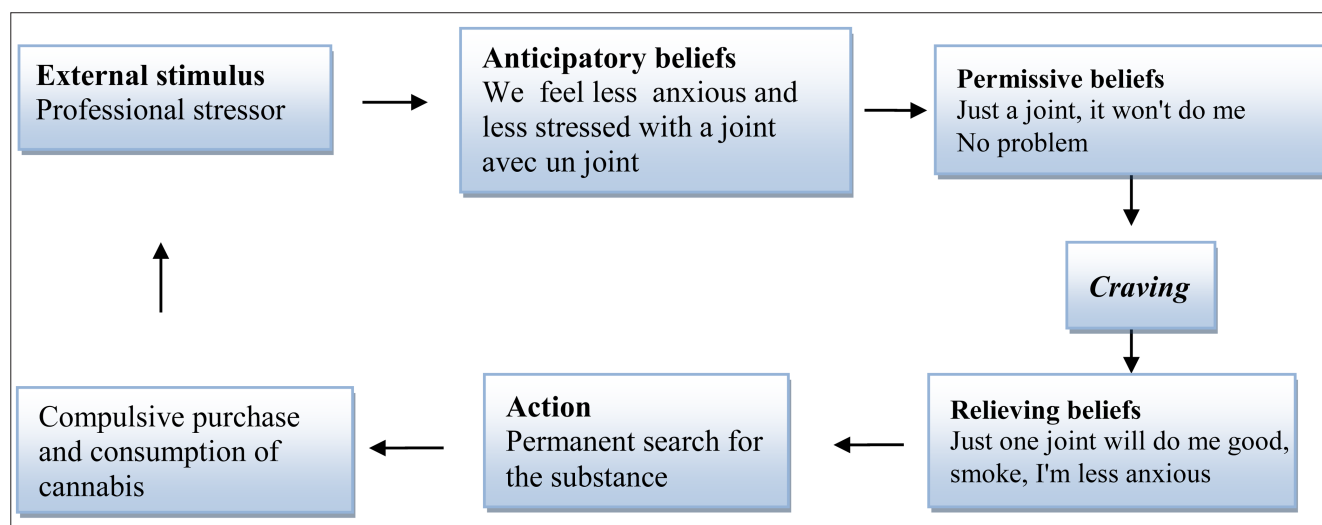


Figure 1. Cognitive and Behavioral Model of Maintaining Cannabis Consumption, Inspired by the Model of Beck et al. (1993).

thoughts such as “a joint will make me feel better.” This thought provokes a compelling urge and an irresistible need to consume the cannabis substance, known as a “craving.” This urge is justified by permissive thoughts such as “Just one, it won’t hurt me.” This permissive thought facilitates the quest for the substance and motivates the resumption of consumption, often by deliberately disregarding the associated negative consequences. Consequently, the cognitive schema, ranging from initial stress and distress to permissive justification, contributes to the compulsive pursuit of the substance and the persistence of addictive behavior despite potential risks.

### Material and Methods

Addressing the research problem from a clinical perspective allows to highlight the individual’s psychological dysfunction, which is always the result of numerous interwoven variables: personal history, psychological vulnerability, psychic predisposition, pathogenic environment, and factors that trigger imbalance and psychological distress. The clinical method aims at an in-depth study of a clinical case, weakened by frustrating professional living conditions, who resorted to PAS as a solution and adjustment strategy.

This clinical study employs a range of tools, including semi-structured interviews, clinical observations, and evaluation scales, to analyze the case of a Moroccan worker who developed cannabis addiction in response to occupational stress. Beck’s cognitive model was used as a framework for analysis and administered three evaluation scales: the Cungi Stress Reaction Scale (1997), the Substance Use Disorder Assessment in Diagnostic and Statistical Manual of Mental Disorders5 (DSM-5, 2013), the Hamilton Anxiety Scale (1959) and Raymond Bernard Cattell’s 16 Personality Factor Test (1949).

### Clinical Vignette

The case involves a 29-year-old male, the second of four siblings, from a middle socioeconomic level. His school performance was quite average, and his educational level is limited to high school (baccalauréat). He got married in 2018 in a traditional marriage, and his wife is a homemaker. A few months after his marriage, he had his first child.

In 2017, he joined a wiring factory in Morocco as an operator. The history of his illness reveals that he began consuming cannabis (in the form of joints) at the age of 27, primarily to alleviate anxiety related to work stress, particularly when he started his job. Initially, he sought the anxiolytic and calming effects of cannabis, but gradually, his use became intense and compulsive, leading to a loss of control over his consumption. He exhibits symptoms of addiction such as craving (an irresistible urge to consume), unsuccessful efforts to reduce or control his use, and withdrawal symptoms when he tries to abstain. These symptoms have a significant impact on his physical and mental health.

The history of the illness also reveals that the subject experienced intense stress upon being hired, which triggered excessive anxiety. This new work experience was a source of anxiety for the subject, causing him to experience severe palpitations, chest tightness, breathing difficulties, trouble falling asleep, interrupted sleep, concentration difficulties, hypervigilance, intense fear, and a feeling of helplessness. This excessive anxiety disrupted his balance and led him to consult a pulmonologist, who prescribed him an anxiolytic and magnesium.

The subject’s initial cannabis use aimed to relieve his anxiety. At first, he consumed cannabis alone, mainly in the evening, in small quantities (2 to 3 joints per day). However, over time, he developed a tolerance and dependence, losing control over his consumption.

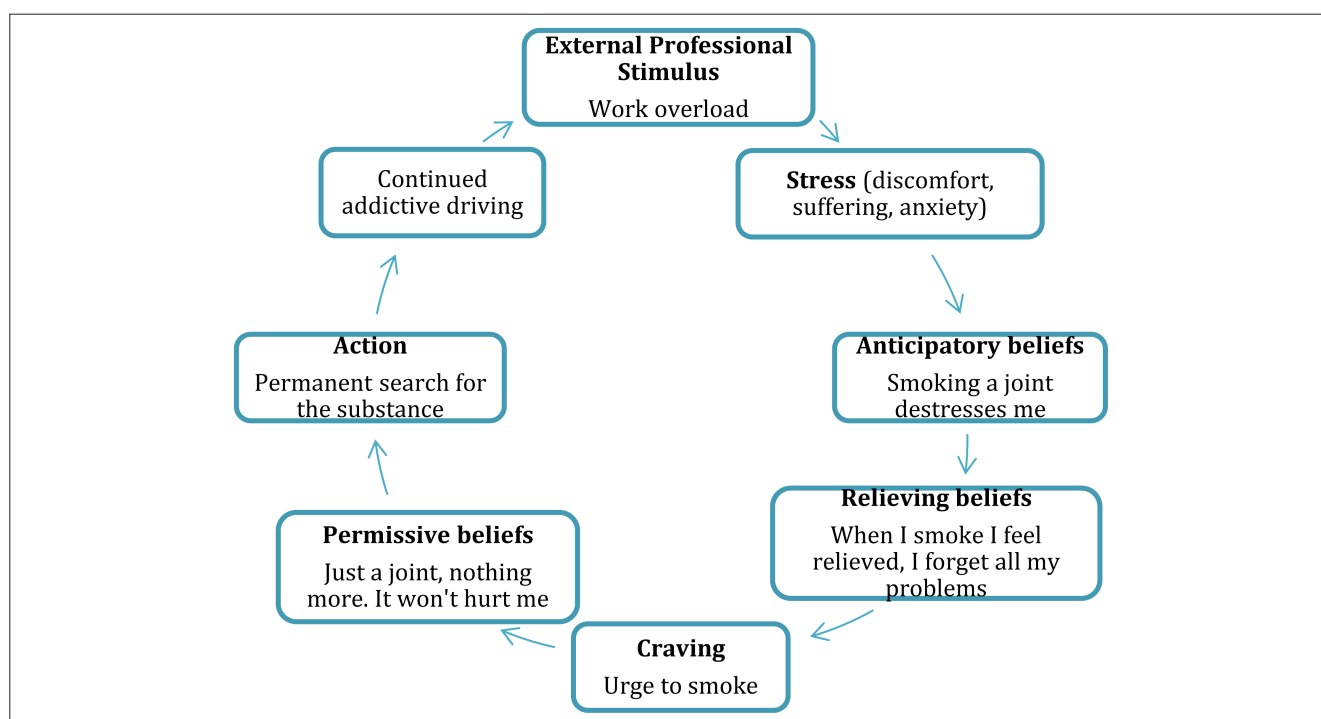


Figure 2. Cognitive Model of Addictive Cannabis Consumption in Relation to Work Stressors, Inspired by Beck’s Cognitive Model (1993).

When he tried to reduce or control his use, he experienced withdrawal symptoms such as headaches, irritability, nervousness, insomnia, loss of appetite and weight, depression, and fatigue. Over time, his consumption became daily, intense, and compulsive, exceeding 15 joints per day, to alleviate not only the anxiety but also the withdrawal effects. Informed consent was obtained from the participant who agreed to take part in the study.

## Results

### Functional Analysis

Our clinical case exhibits psychological characteristics such as low assertiveness, low self-esteem, emotional inhibition, shyness, anxiety, introversion, and self-deprecation.

The significance attributed to work is seen as a source of moral and material satisfaction, as well as a path to self-fulfillment. However, the objective characteristics of the professional environment, marked by work overload, a tense atmosphere, low hierarchical support, and poor communication, contribute to the emotional experience, characterized by fear, low self-esteem, and significant anxiety.

His emotion management is manifested through inhibition, while predictive factors such as psychological stress and excessive anxiety increase the likelihood of experimenting with cannabis and other substances. The factors maintaining this consumption include difficulties in organizing daily life and resorting to coping strategies focused on emotion and avoidance. The coping strategy adopted by the subject involves a cognitive reevaluation of his stressors, marked by distancing himself from problems and emotional inhibition to mitigate psychological distress. However, this strategy leads to psychological suffering and a decline in professional performance, characterized by passivity and decreased productivity.

### Consumption Modality

The recreational use of cannabis, which was initially voluntary, gradually transformed from a consumptive behavior into a compulsive, tyrannical, and inexorable behavior, resulting in a loss of control subordinated to psychological suffering. In this sense, Pedinielli and Bonnet described how addictive behavior becomes an automatic response to any difficulty, occupying the entire psychological spectrum, as “it takes the form of a compulsion leading to repetition, transforming into a unique and exclusive solution: ‘the passion of the need’ occupying the entire psychic sphere” (Pedinielli & Agnès, 2008).

The presence of individual risk factors at the psychopathological level, such as anxiety, stress, social withdrawal, low self-esteem, and problems with assertiveness, contributed to substance abuse. This pathological habit developed with an uncontrollable desire to consume (craving) and a repeated impulse, despite the invasive impacts of this consumption on the subject’s mental, social, and professional life.

### Evaluation Scale Results

- Cungi Stress Reaction Scale: 55 (high stress)
- Hamilton Anxiety Rating Scale: 34 (major anxiety)
- DSM-5 Substance Use Disorder Assessment: 10 (severe addiction)
- The subject’s personality traits, such as introversion, low assertiveness, and social inhibition, contributed to his susceptibility to cannabis addiction.

### Coping Strategies Adopted

The professional stress experienced by the subject triggered a series of physiological, emotional, cognitive, and behavioral manifestations, including symptoms such as palpitations, chest tightness, sleep disturbances, loss of appetite, asthenia, negative self-image, loss of self-esteem and confidence, low professional performance, and the adoption of substance use behaviors. These disturbances have resulted in significant suffering with notable repercussions on physical and mental health and professional life.

This clinical case developed coping strategies to confront the demands of the work environment, reduce perceived tension, and maintain internal homeostasis. He opted to avoid work-related stressors rather than confronting and resolving them. Among the defense mechanisms mobilized in response to suffering is activism or substitution activity. This is an immature mechanism defined by the resort to action to manage psychic conflicts or traumatic situations instead of reflection (Ionescu et al., 2003). He turned to psychoactive substances to manage psychic conflicts, seeking to “master, control, and channel internal and external dangers” (Ionescu et al., 2003). This activism specifically aims to avoid very violent anxiety for the subject, an anxiety that attacks and alters internally and undermines the sense of accomplishment. By seeking an external substitute such as cannabis joints to overcome obstacles, endure difficulties, and regain a sense of satisfaction and accomplishment at work, this solution or strategy initially conceived to alleviate discomfort itself becomes a source of displeasure and discomfort.

## Discussion

### Cognitive Evaluation Process

We will dissect the cognitive processes, which are the biases through which cognitive events are constructed from information derived from schemas.

In this clinical case, the following dysfunctional cognitive schemas and maladaptive early schemas were identified:

#### 1. Thoughts about oneself:

- I am excessively shy.
- Others are more competent than I.
- I lack experience.
- I am very sensitive to others’ remarks.
- I perceive myself as submissive, which hurts me.

#### 2. Thoughts about others and the future:

- Likelihood of failure.
- Tendency to anticipate the worst.

Low self-esteem associated with a negative perception of the future was observed, accompanied by a lack of motivation, difficulty flourishing, and a lack of hope. These manifestations are considered cognitive distortions or logical errors.

The dysfunctional cognitive schemas identified in the cognitive evaluation process of the clinical case are closely related to the previously mentioned personality traits. Indeed, low self-esteem and negative thoughts about oneself are linked to Factor A, which characterizes a reserved, detached, and rigid person. This subject is not very expressive and has difficulties expressing and asserting

himself. This can lead to a negative self-perception, a fear of not being up to the task, and submission to others' remarks.

Similarly, negative thoughts about the future and the tendency to anticipate the worst are correlated with Factor N, which characterizes people who tend to experience anxiety, rumination, and worry. This case may encounter obstacles in managing anxiety and maintaining a positive outlook on the future, leading to negative anticipation of events.

In summary, the dysfunctional cognitive schemas identified in the clinical case are linked to his personality traits according to the 16 PF, which can reinforce his tendency to ruminate, worry, and fear failure. This can also affect his ability to assert himself and manage conflicts.

#### Cognitive-Behavioral Model of Addictive Behaviors Related to Work Stressors

We adopted the cognitive-behavioral model of addictive behaviors developed by Beck (1993) to identify the dysfunctional cognitive schemas contributing to the maintenance of cannabis use in the clinical case (Figure 2). It is essential to emphasize that highlighting these schemas requires quantifying the associated automatic thoughts. This measurement allows for a better understanding of the underlying cognitive processes involved in the relationship between cognitive schemas and addictive behaviors.

“Work overload” with low control over the professional environment are external stimuli. In response to these stimuli, the subject may adopt a submissive attitude that triggers psychological and physiological manifestations of stress (anxiety, insomnia, irritability, fatigue, feelings of anger and helplessness, etc.). Simultaneously, automatic thoughts reappear, such as “I lack assertiveness, I am not brave enough to say no, I am weak, no one respects me, etc.” Cognitive work on the representation of assertiveness or self-assertion is biased; that is, there is a cognitive confusion between asserting oneself and saying “No,” which is mentally represented as aggressive behavior. Anticipatory beliefs related to cannabis consumption for its anxiolytic effects are reinforced by automatic thoughts like “When I smoke a joint, I feel relieved, I forget all my worries,” and are justified by permissive thoughts such as “I will only smoke a few joints.” These schemas precipitate compulsive seeking and intensive use of cannabis, often motivated by the need to alleviate withdrawal effects.

This cognitive-behavioral analysis emphasizes the importance of cognitive schemas and their possible correlation with consumption behavior. These patterns of thought and behavior develop in response to past experiences that have influenced how the person interacts with the world around them.

The professional stress experienced by the clinical case, resulting from factors such as work overload, lack of communication with colleagues, lack of support from superiors, monotony of tasks, and inability to develop new skills, is a potential source of stress, frustration, boredom, and distress. These elements can also be linked to unconscious fears, unresolved internal conflicts, feelings of low self-esteem, and a lack of control over one's life.

These various factors can lead to unhealthy compensatory behaviors, such as cannabis consumption, to maintain a certain

harmony in the face of multiple professional conflicts and worries that can arise at any time.

The consumption behavior of the clinical case can be understood as a defensive mechanism aimed at protecting oneself from pain, psychological distress, and psychic failures. Indeed, the cannabis substance could serve as an external substitute, allowing the case to overcome obstacles, endure difficulties, and regain a sense of satisfaction and achievement.

#### Adult-Onset Addiction and Earlier Vulnerabilities

Although the present clinical vignette highlights the emergence of cannabis addiction in adulthood, it is important to consider that substance addiction rarely develops in isolation. Several studies suggest that adult-onset substance use disorders are often rooted in earlier psychological vulnerabilities, such as prior dependencies (e.g., nicotine, alcohol) or psychiatric disorders like anxiety and depressive disorders (Sinha, 2008; Volkow et al., 2016). Early adverse experiences, personality traits such as emotional dysregulation, alexithymia, and unresolved psychological trauma are known to create a fertile ground for later substance use as a maladaptive coping strategy (Khantzian, 1997). Incorporating a systematic exploration of earlier vulnerabilities—such as prior substance experimentation during adolescence or undiagnosed psychiatric conditions—could deepen the understanding of the trajectory that led to addiction in adulthood in this clinical case.

#### Cultural Acceptance and Rejection of Substance Use in Morocco

Furthermore, cultural context plays a critical role in shaping attitudes toward substance use. In Morocco, the use of substances like cannabis has historically been normalized in certain regions (e.g., the Rif area), where it is sometimes perceived as a traditional, even medicinal, product (UNODC, 2019; Benyamina et al., 2022). Conversely, broader Moroccan society—especially in urban and religiously conservative areas—tends to strongly reject substance use, associating it with moral decline and social deviance (Elghazouani, 2014). This ambivalence between localized acceptance and widespread social condemnation creates complex social dynamics that can influence individual patterns of use, feelings of guilt, stigma, and ultimately, the clinical course of addiction. Understanding these cultural representations is essential for interpreting both the motivations behind cannabis use and the obstacles to seeking help, which could be incorporated into tailored therapeutic approaches (Room et al., 2001).

Consequently, this use could be interpreted as an impulsive act of activism or “acting out” to escape into a personal world that preserves psychic integrity. This addictive quest would respond to “an attempt to escape a fundamental psychic suffering unbearable to the subject” (Cuynet, 2001), with the hope of making the difficulties of professional life bearable. Indeed, clinging to the object that is the cannabis substance and the inability to break the link with the substance are significant symptoms of an unresolved internal failure.

Work represents a complex dimension of social life and human existence, exerting a significant impact on mental health. Professional pressures, organizational demands, and relational difficulties can lead to stress, imbalances, and exhaustion.

Indeed, the emergence of psychological or pathological problems in the workplace does not solely result from objective constraints

but mainly from the exhaustion and weakening of the defensive resources mobilized by the subject to remain in the work situation (Dejours & Gernet, 2012).

This clinical vignette demonstrates that the substance is used as a solution to protect against pain, psychological distress, and psychic failure when other suitable solutions are not found. However, this solution, in the acted-out behavior, also becomes the core of the problem and a reinforcer of psychic distress.

The analysis reveals that work-related stress factors can lead to the consumption of psychoactive substances as a defensive and adjustment mechanism aimed at rebalancing the psyche. This stress can be amplified in a psychologically fragile terrain and by failing internal resources, such as lack of self-confidence, lack of trust in one's abilities, low self-esteem, emotional deficiency, instability of the underlying psychic organization, and personal-ity vulnerability.

The impact of occupational stress therefore has a pathogenic effect on both mental and physical health. It does not affect all individuals in the same way, impacting the more vulnerable and less resilient individuals, who end up feeling stressed more acutely.

In conclusion, this study contributes to the understanding of the complex link between occupational stress and the consumption of psychoactive substances. The results highlight the importance of considering psychological aspects in the management of occupational stress and underscore the need for appropriate interventions to support the mental health of individuals facing these challenges.

This study contributes to understanding the complex link between occupational stress and the consumption of psychoactive substances, underscoring the importance of addressing psychological aspects in managing occupational stress and the need for appropriate interventions to support mental health.

**Data Availability Statement:** The data that support the findings of this study are available upon request from the corresponding author.

**Informed Consent:** Informed consent was obtained from the participant who agreed to take part in the study.

**Peer-review:** Externally peer-reviewed.

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