psychiatry international

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Psychosocial and Family Predictors of Impulsivity in Drama Students: A Mixed-Methods Pilot Study

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Abstract

Impulsivity is a core transdiagnostic construct in adolescent psychiatry, associated with emotional dysregulation, behavioral disorders, and increased vulnerability to mental health problems. Adolescents engaged in performing arts education may experience heightened psychosocial stressors that challenge self-regulatory capacities during a critical neurodevelopmental period. Methods: This mixed-methods study examined psychosocial and family-related factors associated with impulsivity in adolescent students enrolled in drama programs. Two focus groups with 28 upper-grade students (grades 11–12) explored subjective experiences of stress, emotional overload, and family communication. Based on these findings, a 77-item questionnaire was developed and administered to 90 ninth-grade students. Impulsivity was assessed using the Barratt Impulsiveness Scale (BIS). Results: An exploratory stepwise multiple linear regression analysis identified perceived school-related stress ($\beta = 0.370$, $p < 0.001$), conflictual parental communication ($\beta = 0.273$, $p = 0.013$), and discomfort during school discussions at home ($\beta = 0.331$, $p < 0.001$) as significant predictors of higher impulsivity scores. Conclusions: The findings highlight the interaction between neurodevelopmental vulnerability and environmental stressors in shaping impulsivity during adolescence. These results are clinically relevant for child and adolescent psychiatry, emphasizing the importance of early psychosocial interventions targeting stress regulation and family communication to prevent the escalation of impulsivity-related psychopathology.

Keywords: adolescent psychiatry; impulsivity; self-regulation; psychosocial stress; family communication; emotional dysregulation; mental health prevention; Barratt Impulsiveness Scale; mixed-methods

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Academic Editor: Urs Heilbronner

Received: 29 November 2025
Revised: 27 February 2026
Accepted: 13 April 2026
Published: 16 April 2026

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1. Introduction

Adolescence is a critical period for emotional, cognitive, and social development, marked by propensity for impulsive behaviors and hindrance in self-regulation [1]. This is partly explained by the delayed development of the prefrontal dopaminergic system, which contributes to adolescents' difficulties in managing impulses and self-control, as well as their increased tendency to engage in risky behaviors [2]. These challenges are often associated with the asynchronous maturation of the limbic system and the prefrontal cortex [3,4]. While impulsivity has been widely studied in general adolescent populations, less attention has been given to students enrolled in performing arts education, especially those in drama programs as part of the compulsory curriculum. Adolescents studying dramatic arts exhibit specific psychological and behavioral traits shaped by the nature of

their education, which requires sustained conscious awareness, authenticity in corporal and emotional expression, and spontaneity [5]. Adolescents enrolled in drama programs constitute a distinct educational and psychosocial environment characterized by intensive emotional exposure, public evaluation, and intersubjective expression. These experiences are likely to amplify sensitivity to stress and impulsivity, making this group uniquely relevant for studying self-regulatory processes. While this specificity may limit generalizability, it provides a focused lens for understanding the interplay between performance stress, emotional regulation, and impulsivity.

Drama education represents a particularly relevant context for examining such processes, given the heightened emotional demands, public evaluation, and interpersonal intensity inherent in performative training. This background can amplify vulnerability to stress, emotional dysregulation, and impulse control difficulties [6,7]. Additionally, the performative context heightens these adolescents' sensitivity to evaluation from peers and audiences, contributing to performance anxiety and self-criticism [8]. On the other hand, the rehearsal hours and pressure to meet both school and artistic challenges may further increase stress and consequently their impulsivity [9]. A review of the specialized literature has revealed that there are no studies identifying the predictive factors of impulsivity in adolescents studying drama as part of the compulsory curriculum. Recent studies focus on developing tools to optimize self-control for these adolescents, without thoroughly exploring the explanatory aspects of the predictive factors [10].

In the present study, impulsivity is conceptualized as a multidimensional and context-sensitive construct reflecting difficulties in emotional regulation, behavioral inhibition, and self-control in everyday situations. Rather than being treated as a stable personality trait, impulsivity is understood as a dynamic expression of regulatory vulnerability during adolescence, shaped by ongoing neurodevelopmental maturation and environmental demands. From this perspective, family dynamics and school-related stress are expected to influence impulsivity by increasing emotional arousal and cognitive load, thereby reducing the availability of executive control resources. This conceptual framework guided the selection of psychosocial variables examined in the quantitative phase and informed the interpretation of qualitative findings. In this context, understanding the predictors of impulsivity among drama students is crucial for designing instruments to support their well-being and optimizing self-control and vocational performances as well. The present study employs a mixed-methods approach, combining qualitative focus groups with quantitative analyses, to explore how lifestyle factors, family dynamics, and school-related stress influence impulsivity in adolescents attending drama classes as a part of compulsory education. By developing a context-sensitive explanatory model, this research aims to inform targeted interventions to enhance self-control and emotional regulation within drama-based educational environments.

2. Materials and Methods

2.1. Study Design

This research was conducted as a pilot study using a mixed-methods explanatory design with two sequential stages. The first stage was qualitative, aimed at exploring students' representations of self-control in the context of their school life and acting vocation. The second stage was quantitative, examining how self-regulation difficulties manifest in daily routines, behaviors, and adaptation to school and personal goals.

2.2. Qualitative Stage—Focus Groups

The first stage involved two focus groups conducted in October 2021 with acting students [11]. Data collection took place in October 2021, during the late stages of the

COVID-19 pandemic, when hybrid schooling and residual social restrictions were still affecting adolescents' socioemotional functioning.

The groups were designed to capture personal experiences and perceptions of impulse control in both acting contexts and everyday life. The discussion was centered on three main objectives: identifying students' representations of the concept of self-control; understanding the role of self-control in the acting profession; assessing the perceived need for self-control training in school.

Participants: The first group included 12 eleventh-grade students (E1–E12) and the second 16 twelfth-grade students (E13–E28). Most students were from urban areas, with balanced gender representation. All participants provided written informed consent, and parental consent was obtained for minors.

Procedure: Focus groups lasted 50–60 min and were moderated by a trained facilitator without the participation of any teachers. A semi-structured guide with 15 questions explored topics such as difficulties in acting, strategies for self-control, conflicts with peers and family, and interest in tools to enhance self-control.

Data organization and analysis: Transcripts were anonymized and organized by question. An inductive thematic analysis was conducted, allowing themes to emerge naturally from participants' own words. Transcripts were coded independently by two researchers using inductive thematic analysis [12]. Coding was compared and discussed until full agreement was reached. Inter-rater agreement and regular peer debriefing enhanced trustworthiness and reliability of thematic identification.

Key themes that emerged included:

- Challenges in emotional regulation on stage: students reported difficulty maintaining character due to personal conflicts, lack of audience feedback, or classmates' behavior. Online classes during the pandemic were seen as especially disruptive.
- Strategies for self-control: techniques included pausing before reacting, redirecting attention, avoiding conflict temporarily, and relying on team coordination.
- Role models and influence: family members and teachers were cited as important models, though inconsistencies in behavior were sources of stress.
- Peer dynamics: conflicts, lack of cooperation, and differences among classmates contributed to loss of control.
- Interest in self-control tools: students expressed openness to apps or digital tools, emphasizing usability, engagement, and stress-free interaction.

This qualitative stage provided contextual insight for the development and interpretation of the subsequent quantitative assessment. Specifically, themes identified through systematic coding of focus group transcripts—covering self-regulation, family interactions, school stress, and peer dynamics—informed the construction of the anthropological (adolescent psychosocial functioning) questionnaire. This ensured that the quantitative analysis was grounded in participants' lived experiences, linking questionnaire items and regression predictors to empirically derived qualitative insights.

2.3. Quantitative Stage—Anthropological (Adolescent Psychosocial Functioning) Questionnaire and Barratt Impulsivity Scale

Participants

The second stage was quantitative and involved 90 ninth-grade students (aged 14–15 years, 45 girls and 45 boys; mean = 15.32, SD = 0.615). Most lived in urban areas (93.3%), with diverse family structures (68.9% nuclear, 22.2% single-parent, 8.9% extended families). None reported a formally diagnosed psychiatric disorder at the time of the study.

Anthropological (Adolescent Psychosocial Functioning) Questionnaire.

Theoretical Background

The instrument used in this study was an anthropological questionnaire/an adolescent psychosocial functioning questionnaire (developed from qualitative themes) designed to collect information on participants' experiences, behaviors, and perceptions within school and family contexts. The questions were structured to allow comparability across responses but were adapted to reflect the cultural specificity and developmental stage of adolescents enrolled in drama programs. The anthropological (adolescent psychosocial functioning) questionnaire was developed specifically for the present pilot study and was grounded in developmental and adolescent psychiatry frameworks emphasizing the role of ecological and contextual factors in self-regulation and impulsivity [13]. Adolescence represents a critical neurodevelopmental period characterized by heightened emotional reactivity, ongoing maturation of executive control, and increased sensitivity to environmental influences. Empirical evidence highlights sleep patterns, eating behaviors, peer relationships, family dynamics, school-related stress, and digital media use as key contributors to behavioral regulation and impulsivity during this developmental stage.

Accordingly, the questionnaire was designed to capture multiple domains relevant to adolescent psychosocial functioning: sociodemographic context, sleep–wake rhythms, dietary habits and reward-related behaviors, peer and family relationships, emotional reactivity, social media use, school environment, perceived stress, and self-control in daily life. These domains are consistent with dimensional and transdiagnostic approaches in adolescent psychiatry, which conceptualize impulsivity as emerging from the interaction between individual vulnerability and environmental demands.

Integration of qualitative and quantitative data followed an explanatory sequential design. Insights from the qualitative stage were used to generate the content and structure of the questionnaire, while quantitative data were subsequently used to test and expand the qualitative findings. Convergence between themes and quantitative predictors was evaluated through joint interpretation, identifying consistencies between adolescents' narratives and statistical associations.

Methodology

The questionnaire comprised 77 self-report items designed to assess adolescents' everyday behaviors, experiences, and perceptions across multiple psychosocial domains. Items included both categorical and ordinal response formats, with several questions rated on five-point Likert-type scales (1 = never, 5 = always). Domain-level or total scores were not computed; each item was treated as an independent observed predictor. This choice reflects the exploratory and non-standardized nature of the instrument. Several predictors may be considered proximal indicators of impulsivity-related experiences rather than independent external risk factors.

All questionnaire items were initially considered as *candidate predictors* of impulsivity. However, given the relatively small sample size in relation to the large number of potential predictors, quantitative analyses were conducted cautiously and with an exploratory aim. Descriptive statistics (means, standard deviations, and frequencies) were computed to characterize response patterns, and bivariate correlations were examined to explore preliminary associations between selected questionnaire items and impulsivity scores measured by the Barratt Impulsiveness Scale (BIS-11).

To further explore psychosocial predictors of impulsivity while minimizing the risk of overfitting, a stepwise multiple linear regression approach (forward selection) was applied. This procedure allowed for the identification of a limited subset of questionnaire items most strongly associated with impulsivity, while reducing model complexity. The

resulting regression model was intended to be exploratory and hypothesis-generating rather than confirmatory.

The questionnaire was not designed to function as a standardized diagnostic or psychometric instrument. Instead, it served as an exploratory, context-sensitive tool aimed at capturing real-life indicators relevant to adolescent self-regulation and impulsivity within educational and family environments. For analytical purposes, individual items were treated as observed variables and considered as candidate predictors in the regression analysis. Statistical assumptions (linearity, homoscedasticity, normality of residuals, independence of errors, and absence of problematic multicollinearity) were evaluated for the final regression model.

The analytical objectives were to identify:

- Difficulties in self-regulation and impulse control;
- How these difficulties are reflected in adolescents' daily behaviors and routines;
- How adolescents perceive their capacity to adapt to school demands, vocational aspirations, and personal goals.

The questionnaire was developed inductively from the qualitative findings obtained during the focus groups. Specific thematic codes (e.g., emotional regulation difficulties, family conflict, performance-related stress, and peer influences) were translated into item formulations capturing behaviors and perceptions reported by participants. For example, the theme 'school-related stress' guided the development of items 58–68, while 'family communication difficulties' informed items 40–46.

For organizational clarity, questionnaire items were grouped into thematic domains reflecting key areas of adolescents' psychosocial functioning (Table 1):

- Demographics and family structure (items 1–5);
- Sleep patterns (items 6–21);
- Nutrition and eating habits (items 22–26);
- Physical activity and lifestyle (items 27, 49–52, 53–57);
- Self-perception and social behavior (items 28–31, 40–42);
- Peer relationships and social media use (items 32–46);
- Substance and drink consumption (items 47–48);
- Parent–child interactions and school-related stress (items 58–68);
- Pandemic-related changes and self-control (items 70–73);
- Adolescence, stress perception;
- Open-ended reflections (items 74–77; item 75 includes a culturally embedded saying).

Table 1. Domains, Number of Items, Example Questions, and Response Formats of the Anthropological (Adolescent Psychosocial Functioning) Questionnaire.

Domain/Construct	Number of Items	Example Item	Response Type
Demographics & Family Structure	5	"Who do you live with?"	Categorical
Sleep Patterns	16	"My sleep schedule became irregular during the pandemic."	5-point Likert (1 = Strongly Disagree, 5 = Strongly Agree)
Nutrition & Eating Habits	5	"I often skip breakfast during school days."	5-point Likert
Physical Activity & Lifestyle	9	"I engage in at least 30 min of exercise daily."	5-point Likert
Self-Perception & Social Behavior	7	"I find it difficult to stay calm in stressful situations."	5-point Likert
Peer Relationships & Social Media	15	"I feel pressured to respond immediately to messages."	5-point Likert

Table 1. *Cont.*

Domain/Construct	Number of Items	Example Item	Response Type
Substance & Drink Consumption	2	"I occasionally consume energy drinks to stay awake."	5-point Likert
Parent–Child Interactions & School Stress	11	"I argue with my parents about school responsibilities."	5-point Likert
Pandemic-Related Changes & Self-Control	4	"My self-control has worsened during online classes."	5-point Likert
Adolescence, Stress Perception & Open Reflections	4	"I often feel overwhelmed by school demands."	5-point Likert

Analysis: Data were analyzed descriptively to characterize the sample and explore patterns of self-regulation difficulties. Given the exploratory nature, reliability coefficients were not reported.

2.4. Barratt Impulsivity Scale (BIS)

Impulsivity was assessed using the Barratt Impulsivity Scale (BIS-11), a widely used self-report instrument originally developed by Barratt [14] and subsequently adapted for adolescent populations [15,16]. In adolescent psychiatry, impulsivity represents a core transdiagnostic construct associated with emotional and behavioral dysregulation and is implicated in a range of psychiatric conditions, including attention-deficit/hyperactivity disorder, mood disorders, substance use disorders, and risk-taking behaviors. The BIS-11 comprises 30 items rated on a four-point Likert scale and assesses impulsivity across three higher-order dimensions: attentional impulsivity, motor impulsivity, and non-planning impulsivity [17]. These dimensions reflect difficulties in sustained attention and cognitive control, a tendency toward premature or unplanned actions, and reduced future-oriented planning and self-regulation. The total BIS-11 score was used as the dependent variable in the multiple linear regression analysis. Due to the pilot design of the study and the exploratory nature of the analyses, internal consistency measures were not computed. Future studies with larger samples will address the psychometric evaluation of the instruments used.

2.5. Statistical Analysis

Data from the anthropological (adolescent psychosocial functioning) questionnaire and the BIS-11 were analyzed descriptively to characterize the sample. Given the exploratory pilot nature of the study and the large number of questionnaire items, a preliminary data screening was conducted prior to regression modeling to ensure the suitability of items for inclusion as predictors. Items were excluded if they exhibited substantial missing data, limited variance, or response distributions unsuitable for linear modeling.

The remaining items were examined descriptively and through bivariate associations with BIS-11 total scores to assess their potential relevance. Based on this screening, 48 items were retained as candidate predictors and entered into a stepwise multiple linear regression analysis (forward selection). The BIS-11 total score served as the dependent variable, while independent variables represented lifestyle habits, social behavior, family and peer relationships, and school- and pandemic-related stressors.

All study materials, including questionnaires and anonymized transcripts, are available from the corresponding author upon reasonable request, ensuring transparency and replicability.

3. Results

This section presents the main findings derived from the qualitative focus group analysis and the quantitative multiple linear regression model examining predictors of impulsivity in adolescents.

3.1. Qualitative Findings: Emotional Regulation, Self-Control, and Psychosocial Stress

The qualitative stage aimed to explore students' representations of self-control, impulse management, influences of peers and family, and perceived needs for optimization in vocational activities. Two focus groups were conducted with eleventh- and twelfth-grade acting students. Thematic analysis identified five main themes:

Emotional Dysregulation in Performance Contexts

Students reported difficulties regulating emotions on stage, particularly when personal conflicts or the lack of audience feedback interfered with concentration or character immersion. Remote learning during the pandemic was highlighted as particularly disruptive.

> "During the pandemic, when everything was online—what kind of theater was that, without any feedback from the audience? Theater is for live audiences, not screens. It all felt meaningless. Honestly, it affected my acting a lot." (E18, 12th grade)

Developmental Differences in Self-Control and Cognitive Regulation

Eleventh-grade students described more reactive behaviors and difficulty inhibiting impulses, whereas twelfth-grade students emphasized reflection, cognitive flexibility, and regulation under stress.

> "To be able to say STOP when everyone else says GO." (E20, 12th grade)

Psychosocial Stressors Associated with Loss of Self-Control

Participants highlighted family conflict, peer difficulties, academic pressure, and school-related stress as contributors to diminished self-control. Students reported both reactive and avoidant strategies.

> "I shut down and don't want to talk to the person who upset me." (E4, 11th grade)

Family and School as Contexts for Self-Control Modeling

Family behaviors were seen as inconsistent role models, while teachers and school staff often provided examples of effective emotional regulation.

> "I liked how the principal handled the conflict between us and the acting teacher: even though we crossed many limits in the discussion, she managed to stay calm and speak nicely to us." (E15, 12th grade)

Perceived Need for Preventive and Supportive Interventions

Most students expressed interest in digital tools or apps to support self-control, provided they were engaging and developmentally appropriate. A minority emphasized personal effort over structured interventions.

> "It would be great to use an app several times and then become balanced! Is that possible?" (E12, 11th grade)

These findings provide a contextual understanding of adolescents' experiences with self-regulation and informed the development and interpretation of the subsequent quantitative analysis.

3.2. Quantitative Findings: Predictors of Impulsivity

To examine predictors of impulsivity, a multiple linear regression analysis using a stepwise (forward) selection procedure was conducted on a sample of 90 participants. The analysis used data from the anthropological (adolescent psychosocial functioning) questionnaire, which included 77 items assessing lifestyle, family relationships, and school-related stressors. Given the high number of potential predictors relative to the sample size, the stepwise approach was applied to reduce model complexity and to identify a limited set of psychosocial variables associated with impulsivity. The total score of the Barratt Impulsivity Scale (BIS-11) served as the dependent variable, and only predictors retained in the final model are reported.

Considering the ratio between the number of predictors (48) and sample size (90), the regression model was interpreted strictly as exploratory. The stepwise approach was applied to identify preliminary associations and not to produce a confirmatory model. Future studies with larger samples will be required to replicate and validate these findings.

The final regression model was statistically significant, $F(3, 86) = 13.17$, $p < 0.001$. Although the model accounted for a very high proportion of variance in impulsivity scores ($R^2 = 0.946$; adjusted $R^2 = 0.874$), this estimate should be interpreted with extreme caution given the exploratory pilot design, the use of a stepwise procedure, and the conceptual proximity between several questionnaire items and the BIS-11 construct (Table 2).

Table 2. Significant Predictors of Impulsivity from Multiple Linear Regression Analysis.

Predictor	β (Beta)	SE	t	*p*
Conflicts with parents	0.273	0.10	2.50	0.013
Discussions about school assignments with parents	0.331	0.09	3.68	<0.001
School day stress	0.370	0.08	4.62	<0.001

Rather than indicating a strong causal or confirmatory predictive relationship, the high proportion of explained variance likely reflects overlapping self-reported manifestations of a shared self-regulatory construct. Given the exploratory pilot design and the predictor-to-sample ratio, the regression model was retained for hypothesis-generating purposes only and should not be interpreted as confirmatory. The exploratory stepwise multiple linear regression analysis identified significant predictors of impulsivity, with full model parameters presented in Table A1.

Integration of Qualitative and Quantitative Findings

The regression results align closely with qualitative insights: students' perceptions of family conflict and school-related stress correspond to statistically significant predictors of impulsivity. This confirms the multifactorial and context-sensitive nature of adolescent self-regulation in drama education.

4. Discussion

4.1. Summary of Key Findings

This study demonstrates that impulsivity in adolescents engaged in drama programs is shaped by both developmental factors and environmental stressors, particularly school-related pressures and family dynamics. Impulsivity, school stress, and family conflict may reflect different phenomenological expressions of the same underlying self-regulatory vulnerability.

Qualitative narratives of emotional dysregulation and difficulties in self-control correspond to quantitative predictors, reinforcing that impulsivity reflects contextual vulnerability rather than a fixed trait.

The unusually high proportion of explained variance likely reflects construct overlap between perceived school stress, family communication difficulties, and self-reported impulsivity, rather than a robust predictive model. Given that both predictors and outcome were assessed via self-report and are conceptually related to emotional and behavioral regulation, shared method variance and semantic redundancy cannot be excluded [18].

4.2. Theoretical Integration

Our findings support developmental and behavioral genetic models of impulsivity. Environmental stressors such as family conflicts and school pressure interact with neurodevelopmental maturation to influence impulsive behavior [19]. Effective parent-adolescent communication emerges as a central mechanism for self-regulation, consistent with literature emphasizing autonomy-supportive family environments [20]. Early self-regulation predicts multiple life outcomes, including mental health, educational attainment, and social functioning. The significant regression predictors in our study highlight the importance of interpersonal and contextual factors in shaping adolescent impulsivity.

4.3. Practical Implications

Interventions should combine individual-focused approaches, such as stress management and emotional regulation training, with family-based strategies that enhance parent-adolescent communication and conflict resolution. Additionally, gamified, culturally sensitive digital tools may complement traditional interventions, particularly for adolescents in high-demand performing arts programs.

4.4. Limitations and Future Directions

The COVID-19 context during data collection may have influenced self-reports of stress and emotional regulation. On the other hand, the sample was restricted to drama students, which may limit generalizability. The pilot, exploratory nature of the regression analysis means findings should be interpreted as hypothesis-generating. Future research should employ longitudinal designs, include adolescents from diverse educational contexts, and integrate biological, neuropsychological, and sociocultural measures to further elucidate mechanisms underlying impulsivity and self-control.

5. Conclusions

This study provides novel insights into the complex interplay between family dynamics, academic and vocational stress, and adolescent impulsivity. Using a mixed-methods approach, we demonstrated that parental conflicts, difficulties in parent-adolescent communication regarding schoolwork, and school day stress are significant predictors of impulsivity, corroborated by adolescents' own experiences.

These findings support theoretical models emphasizing the combined influence of neurodevelopmental maturation and environmental factors on self-control during adolescence. They highlight the importance of integrated interventions targeting family communication, emotional regulation, and stress management, which may be further enhanced by innovative digital tools.

Future research should expand to diverse adolescent populations and employ longitudinal designs incorporating biological, neuropsychological, and sociocultural measures to further elucidate the mechanisms underlying adolescent impulsivity and self-control. Ultimately, fostering supportive home and school environments remains essential for promoting healthier adolescent development and reducing risk behaviors.

Author Contributions: Conceptualization, M.A.M. and T.S.; methodology, M.A.M. and T.S.; software, P.M.; validation, M.A.M., S.C. and P.M.; formal analysis, S.C.; investigation, M.A.M., T.S. and S.C.; resources, S.C.; data curation, P.M.; writing—original draft preparation, M.A.M.; writing—review and editing, M.A.M.; visualization, P.M.; supervision, T.S.; project administration, S.C.; funding acquisition, none. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki and approved by the Ethics Committee of Institute of Anthropology Francisc Rainer (protocol number 255 on the date of approval 14 May 2021).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data supporting the findings of this study are available from the corresponding author upon reasonable request and with permission of the Ethics Committee. The data is not publicly available due to confidentiality and data protection regulations.

Acknowledgments: The authors would like to thank the National College of Arts Dinu Lipatti, Bucharest, Romania, for their collaboration in this study.

Conflicts of Interest: The authors declare no conflicts of interest.

Abbreviations

The following abbreviations are used in this manuscript:

SE Standard error
SD Standard deviation
p Semnification level
t *t*-test
β Beta value
E Pupil

Appendix A

Table A1. Results of the stepwise multiple linear regression analysis, including regression coefficients and multicollinearity indicators (Tolerance and VIF).

Predictor	Unstandardized B	Std. Error	Standardized Beta	t	*p*	Tolerance	VIF
(Constant)	69.591	5.027	–	13.844	0.000	–	–
Do you have trouble falling asleep?	0.004	0.740	0.001	0.006	0.996	0.155	6.461
What time do you wake up during the week?	−0.328	0.238	−0.114	−1.376	0.175	0.240	4.171
Do you wake up tired in the morning?	−0.444	0.530	−0.058	−0.837	0.407	0.337	2.968
Do you fall asleep during the day?	−0.424	0.560	−0.042	−0.757	0.453	0.525	1.905
How irritable do you feel after a bad night's sleep?	−0.612	0.466	−0.098	−1.313	0.196	0.292	3.430
How well can you resist eating your favorite sweets?	−0.751	0.462	−0.128	−1.624	0.111	0.264	3.794
Do you get frustrated when you don't get what you want?	0.203	0.421	0.028	0.482	0.632	0.482	2.075
How comfortable are you in your own skin?	0.139	0.410	0.031	0.338	0.737	0.195	5.129
How satisfied are you with your appearance?	−0.300	0.507	−0.059	−0.591	0.557	0.161	6.201
Do you consider yourself sociable?	0.437	0.630	0.039	0.694	0.491	0.518	1.929

Table A1. *Cont.*

Predictor	Unstandardized B	Std. Error	Standardized Beta	t	*p*	Tolerance	VIF
Are friends important to you?	−1.244	1.180	−0.063	−1.054	0.297	0.452	2.210
If yes, why are they important?	0.214	0.261	0.065	0.820	0.416	0.263	3.801
What annoys you about your friends?	0.035	0.117	0.017	0.296	0.768	0.509	1.964
What do you do when you argue with friends?	−0.348	0.154	−0.164	−2.261	0.028	0.311	3.212
How do you react when contradicted by a friend in public?	−0.064	0.233	−0.025	−0.275	0.785	0.193	5.170
How irritable are you during arguments?	0.202	0.239	0.061	0.847	0.401	0.319	3.137
When in a bad mood, do you act without thinking?	−0.134	0.315	−0.027	−0.426	0.672	0.401	2.494
How do you react when a shop assistant speaks unpleasantly to you?	0.131	0.150	0.066	0.868	0.390	0.282	3.547
When insulted, how well can you restrain yourself?	−0.650	0.335	−0.141	−1.941	0.058	0.308	3.242
Average daily time on social media	0.333	0.539	0.044	0.618	0.540	0.317	3.154
Can you resist replying immediately to a message?	0.114	0.368	0.031	0.310	0.758	0.159	6.277
When going out with friends, what do you like to drink?	0.284	0.152	0.115	1.863	0.069	0.426	2.347
How often do you consume energy drinks (1–5)?	−0.120	0.252	−0.037	−0.477	0.636	0.274	3.650
Do you want to change a personal habit?	0.263	0.512	0.037	0.515	0.609	0.323	3.094
If yes, which habit?	0.048	0.173	0.019	0.278	0.782	0.334	2.997
Do you need self-control and discipline for your future profession?	−1.048	0.732	−0.097	−1.431	0.159	0.353	2.832
Are you interested in using exercises and techniques to improve self-control via a platform (1–5)?	−0.039	0.284	−0.010	−0.138	0.891	0.328	3.049
How often do you have contradictory discussions with your parents (1–5)?	0.360	0.341	0.082	1.056	0.296	0.268	3.726
How irritable are you during arguments with parents?	1.369	0.532	0.273	2.574	0.013	0.145	6.885
What annoys you about school discussions with your parents?	1.768	0.490	0.331	3.605	0.001	0.194	5.167
Regarding which school problems do you argue with your parents?	0.319	0.411	0.057	0.775	0.442	0.300	3.332
What topics are discussed in arguments?	−0.107	0.124	−0.047	−0.862	0.393	0.548	1.825
How do you get along with teachers at school (1–5)?	−0.060	0.363	−0.012	−0.164	0.870	0.313	3.193
How do you react in a conflict with teachers?	0.136	0.684	0.018	0.199	0.843	0.190	5.275
Why do conflicts with some teachers occur?	0.262	0.185	0.102	1.417	0.163	0.318	3.145
In a conflict between a peer and a teacher, how do you react?	−0.079	0.286	−0.019	−0.277	0.783	0.346	2.889
When two peers argue, how do you react?	−0.300	0.229	−0.095	−1.311	0.196	0.310	3.225
Over the last two years, has it been harder to control yourself?	−0.430	1.095	−0.054	−0.392	0.697	0.087	11.550

Table A1. *Cont.*

Predictor	Unstandardized B	Std. Error	Standardized Beta	t	*p*	Tolerance	VIF
How much do you think the pandemic affected your self-control (1–5)?	0.126	0.327	0.040	0.384	0.703	0.147	6.808
How stressed do you feel on school days?	2.174	0.633	0.370	3.436	0.001	0.141	7.113
Why do you feel stressed?	−0.214	0.146	−0.089	−1.464	0.150	0.442	2.260

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