ORIGINAL CONTRIBUTION

Investigating the Relationship between Social Support and Coping Self-Efficacy with Consideration of Future Consequences during the Quarter-life Crisis

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Abstract— The current study aimed to focus on the quarter-life crisis mainly the first phase that required a set of commitments, so it included young adults of Pakistan from 25-35 of age who have at least graduated, had a career, and had a romantic relationship. It was hypothesized that (1) there will be a significant relationship between Consideration of Future Consequences (CFC) and Coping Self-Efficacy (CSE) during the first phase of the quarter-life crisis, and (2) the CFC will impact the relationship between social support and CSE as a moderator variable during the first phase of quarter-life Crisis. Purposive sampling technique was used to collect data from 185 (M = 1.49, SD = 0.501) young adults, including males (51 %) and females (49%). They filled out an online survey that comprised of Multidimensional Scale of Perceived Social Support (MSPSS), Coping Self-Efficacy Scale (CSES), and CFC-14. For the first hypothesis, Pearson Product Correlation was administered, showing a significant moderate positive correlation (p-value < 0.01) between CFC and CSF. Moreover, Regression analysis represented (R^2 =.337, p-value <0.01) that CFC moderates the relationship between social support and CSE. This study will help psychologists, social workers, and educationists who work with young adults and want to enhance their CSE, as it is vital to deal with challenging situations.

Index Terms— : Quarter-life Crisis, Social Support, CFC, CSE
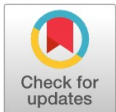
Introduction

Often people assume that the mid-20s and 30s are the best time of an individual's life. Because generally, they have minimal responsibilities and opportunities to explore life and take risks in their professional or personal lives. However, it can be seen clearly that young adults can't get away from the stresses and difficulties that come with life later on. They experience phases of uncertainty and anxiety that make them question their future plans, life goals, and even relationships (Robinson, Wright, & Smith, 2013).

The term "quarter-life crisis" was coined by Robbins & Wilner (2001). Their study included in-depth interviews with young adults in the United States on their experiences and stressors. They took those individuals who were in their 20s and were done with their graduation; it was recognized as a significant cause of stress. Researchers defined this period as a transition stage when young adults experience role transitions from full-time study to the 'real world,' as during this time, they are persistently doubtful about the future and whether they will meet the expectations of family or society (Walshe, 2018).

Most importantly, the terms "crisis" and "transition" are often used interchangeably. However, these concepts need to be understood separately as they relate to a quarter-life crisis. Transitions are natural and necessary progressions in life and can be associated with the beginning or end of a life stage, such as going from single to married or from student to a full-time employee (Martin, 2017). This transition

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would convert into a crisis episode when individuals get overwhelmed with changes and are not able to cope with those changes (Slaikeu, 1990).

Robinson studied the crisis phenomenon over the past ten years that occurs during the age range of 25 to 35, which is widely referred to as a quarter-life crisis (Robbins & Wilner, 2001). He had been working on this for several years but was unaware of his emerging adulthood research of Arnett that was being conducted in the United States. Robinson collected information about the change that has occurred over the decades in the criteria of being settled down for young adults and the set of challenges during a transition that they now face but were less common (Robinson, 2008). His studies focused on the difficult transitions that young adults go through and the crisis they face. He discovered via his studies that a major developmental crisis usually happens after age 25 but before age 35 (Robinson, 2008; Robinson & Smith, 2010). Since then, he theorized that these crises appear after emerging adulthood, and it would be difficult to move out of this phase into the next (Robinson & Wright, 2013).

He interviewed fifty people between the ages of 25 and 35 about their experiences with a crisis (Robinson, Wright, & Smith, 2013). The analysis of those interviews showed that there was a four-phase trend in this crisis. In the first phase, young adults find themselves to have committed in relationships, jobs or associated with a social group. Still, then they realize that they don't want commitment/commitments in the future. At this point, a person experiences conflict within oneself; there is a desire to leave, but there is also a fear that doing so would represent that they are not a responsible adult, and others would probably get hurt. For a while, one keeps hiding this internal struggle over one's situation that makes them feel they are not representing their true self in public and private life.

Although confusion or doubt related to the roles and commitments is usually experienced by many young adults, it doesn't mean that only phase one begins the crisis. When people actively put effort and take steps to break their commitments, the second phase brings the emotional peak of the crisis. As a result, they feel overwhelmed over the loss and experience future anxiety because they get separated from the life structure. It leads them to start questioning their beliefs and values about life or society because they may feel that temporarily they have lost their identity. Also, they will get preoccupied with coping due to the stress of change and the emotion that comes along with that change.

In the third phase, a person once again explores the identity and makes changes in his/her lifestyle by experimenting with different alternatives, and feels unstable emotionally, which represents the significant characteristics of emerging adulthood because they want the stability back, so they try to focus on themselves rather than others (Robinson & Smith, 2010). It shows that a person temporarily gets back to the stage of emerging adulthood due to the crisis and the desire to explore deeper inside before recommitting to early adulthood.

But by the time they reach the fourth phase, they develop new roles that are driven by intrinsic motivation. They describe a more inner-directed sense of self that has less impact from external factors, and comparatively, they feel more satisfied and controlled than before the crisis (Robinson, 2015).

Levinson (1986) developed a theory about adult development called the Seasons of Life. It is divided into stages, each of which is distinguished by certain transitions that lead to the next stage. Levinson, like Erikson (1968), recognized a difficult period in early adulthood that he terms the "30 transitions" (28-33) before moving on to a more settled phase. He observed that this is a very transitional phase and that the changes that can occur range from getting married to deciding to change professions. He states that this period is one of the "greatest energy and abundance and greatest contradiction and stress" as an individual adjust to adulthood during this period, so it can be considered as a time of positive and exciting transition, such as they may have financial stress if they have not yet reached their earning potential Also young adults experience substantial psychological distress when they are unable to cope better with life transitions then crisis phase occurs (Flannery & Everly, 2000).

Slaikeu (1990) proposed that crisis research and intervention should consider intrapersonal as well as social aspects and that this might be accomplished by applying Levinson's (1978) "life structure," a holistic concept that integrates both internal and external aspects of adult development (Robinson & Smith, 2010). It is assumed that Levinson's theory of life structure exists in societies where relative collectivism is valued and societies where individual roles are controlled by society (Aktu & İlhan, 2017).

When it comes to collectivist societies, people tend to have greater social support than in individualistic societies. Still, the perception of available social support significantly impacts their social adjustment and stress-coping abilities. Furthermore, this impact doesn't relate to the actual social support one possesses. Indeed, the perceived and actual availability of support often has little relation between them (Dunkel-Schetter & Bennett, 1990; Lakey & Cassady, 1990; Sarason et al., 1987). Furthermore, coping efficacy is strongly predicted by these perceptions than the judgment of one's own or others of the actual support provided to them in particular circumstances (Antonucci & Israel, 1986; Wethington & Kessler, 1986). It represents that a person's coping abilities with stress and well-being can't be ensured by only providing a supportive social environment (Mankowski & Wyer, 1997).

According to Lazarus and Folkman's (1984) transactional stress theory, while experiencing stress, secondary appraisal and coping are significant processes. When one feels doubt about one's own abilities to cope with a threatening situation, then this leads to stress. Because when one believes that they are unable to effectively cope with a situation that is appraised (primary appraisal) as threatening or challenging as one perceives that they have inadequate or inefficient resources to fulfill the associated demands (secondary appraisal), then they won't be able to use problem or emotion-focused coping. It represents that social support can act as a resource that impacts

the cognitive appraisal of stressful experiences. As a result of this cognitive appraisal, coping occurs. Better coping is facilitated by having enough support because resources impact coping, and various outcomes are generated by adaptive coping. Perceived self-efficacy is another important notion in this theory to understand the stress process and its management (Lazarus & Folkman, 1984). According to social cognitive theory, self-efficacy is the core of personal agency because it operates as a cognitive mechanism that controllability affects stress reactions (Bandura, 1986).

Furthermore, CFC is a temporal construct associated with a future time perspective. Zimbardo (1997) claimed that time perspective influences decision-making by placing the primary set of psychological factors within the present or future time frame, with some people paying special attention to future consequences of behavior. This shows that people with a future orientation are more likely to plan and monitor their behavior, which helps them achieve desired outcomes (Strathman et al., 1994). This is consistent with Berkley's (1997) theory of self-regulation as it gives specific attention to the time perspective. Internalized speech happens when a dominant response is inhibited. Administrative processes allow the person to refer forward and backward in time to recollect outcomes from previous situations and consider behaviors and their consequences for the future.

Also, Bandura (1997) theorized that human beings tend to manipulate and react accordingly to situations. Individuals can alter their behavior to achieve goals by using their thought processes and feedback from environmental factors. Cognitive processes, behavioral tendencies, and interaction between the individual and the environment influence one's perception of CSE and actions. Individuals can evaluate their actions to see if they are generating the desired outcomes. This evaluation of one's behavior can lead to behavior changes to better cope with environmental demands. Self-efficacy in coping is an important factor promoting caution when confronting danger. Also, it's an ability that enables one to deal effectively with emotions and manage one's behavior.

Research objectives

- To find out the relationship between CFC and CSE during the first phase of the Quarter-life Crisis.
- To determine the impact of CFC as a moderating variable for the relationship between social support and CSE during the first phase of the Quarter-life Crisis.

Problem statement

Pakistan is a collectivist culture where people often have societal pressures due to certain expectations and milestones that are set by society. Once the young adults complete their graduation and enter the mid-20s, the pressure to settle down in terms of a career and starting a family or relationship increases. Also, people at this age have several opportunities and set certain goals for themselves that increase the burden to make the right decisions or choices that will impact their future. Robinson, had done a ten-year study about a quarter-life crisis that occurs during the age of 25 to 35 years (Robbins & Wilner, 2001). Therefore, this age bracket also needs attention because young adults hardly get proper support while experiencing a quarter-life crisis due to a lack of awareness.

However, in Pakistan, young adults share responsibilities with their parents and usually live together. In that matter, they may receive social support to some extent. Also, since childhood, parents usually put pressure on kids to make decisions that will help them in the future. Then they may be able to manage themselves in the crisis phase and figure out the solutions for potential challenges of the future and consider the consequences of one's current behavior that can contribute to one's self-belief to better cope with future challenges as uncertainty about future was a major theme in quarter-life crisis (Robbins & Wilner, 2001). Therefore, the objective of the current study was to explore the relationship between social support and CFC with CSE during the first phase of quarter-life crisis among young adults. This study will help the mental health professionals, family therapists, life coaches, and educators to develop some interventions or training for young adults in Pakistan to deal with the crisis that begins with commitments.

Literature review

The term quarter-life crisis has been coined in academics to describe how developmental crisis occurs in people in their twenties. According to a survey of 1,000 people conducted in the United Kingdom, more than 70% of adults in their 30s believe they had experienced a major life crisis in their 20s that served as a turning point in their lives. 35% of individuals who were over 40 recall similar crises in their twenties (Robinson & Wright, 2013).

A descriptive study was conducted to examine the psychological aspects contributing to a quarter-life crisis among Kenyan university graduates. Counselors conducted an interview with a group of 367 students. Results indicated that they were afraid that they would never get a job in the field in which they are trained, worried about marriage, and felt pressured to move out of their parent's home and pay back their university education loans. Parents were thought to invest in their children as a form of security during difficult economic times and old age. In certain families, elder siblings were expected to take the responsibilities for their younger siblings, like education

and other necessities. This put a significant financial strain on graduates, especially with a high unemployment rate. Regarding all, it was expected that after college, the next main concern would be having a family. Because of the social stigma attached to unmarried and childfree adults, graduates are under pressure to find a partner and have relationships. It indicated that the quarter-life crisis is prevalent among University graduates (Jam, Singh, & Aziz, 2018).

A quantitative study was conducted to determine if a quarter-life crisis exists among four groups of young adults (recent high school graduates; college graduates in the workforce, current undergraduate; and graduate students) who completed self-report measures assessing identity development, future time perspective, social support, coping, depression, anxiety, and job and life satisfaction. During the quarter-life crisis, there was no support seen among these four groups. Working high school graduates, followed by current undergraduates, had the highest anxiety level. Family support and identity commitment predicted depression. Job satisfaction was correlated to income and friends' support. There was a significant correlation between income, social support from friends and family, and identity commitment with life satisfaction (Rossi & Mebert, 2011).

The mixed study was done where the qualitative part focused the experiences of early adulthood crisis and coping techniques that were used or suggested to deal with a crisis phase. The data revealed three primary themes in regard to quarter-life crisis experiences. The first one was "work-related stress and dissatisfaction" because the job had been a significant source and trigger for emotions of uncertainty and stress, there was also mention of feeling stuck in present roles at the workplace. This relates to the locked-in stage of the quarter-life crisis model (Robinson, Wright, & Smith, 2013), which is stated as feeling stuck in current duties. While Robinson and Wilner (2001) found that graduating from university and trying to enter in the workforce was the most significant trigger of crisis for young adults in their twenties. It highlighted the third theme was relationship and family difficulties, pressure from the lack of a romantic relationship, breakup, and family loss during the crisis phase. According to Robinson and his colleagues (2013), relationship issues were the most common theme in the data obtained from females experiencing a quarter-life crisis (Walshe, 2018)

Social support

A study was conducted to determine how effectively perceived social support predicts early adulthood coping capacity as different people have different ways of coping with stressful situations. It can be better predicted by perceived social support and coping abilities. A survey was conducted on 300 participants who ranged in age from 16 to 26 years old. The results showed that perceived social support and coping capability had a significant positive relationship. Also, perceived family support played a vital role in determining coping abilities (Prabsangob, 2016; Tam & Lim, 2009).

In another study, support and self-efficacy were found to be coping resources among cancer surgery patients as they were found to predict active coping, which resulted in an improved quality of life in tumor patients (Schwarzer et al, 2005). Also, a meta-analysis found that social support had a direct impact and acted as a buffer on career-related stress (Viswesvaran, Sanchez, & Fisher, 1999).

CSE

A mixed methods research looked into the relationship of emotional intelligence, self-esteem, and maximization with CSE and considered experiences of a self-reported perceived crisis of early adulthood as well as the coping mechanisms used and suggested. Self-esteem and emotional intelligence were shown to be significant predictors of CSE, with a negative association between high levels of maximizing and CSE (Walshe, 2018).

In South Africa, a study was done on English-speaking college students. The results show that CSE act as a mediator in the relationship between distress and well-being (Wissing, et al., 2011). Another research was done on people who were affected by natural disasters. It was revealed that CSE mediated the relationship of both PTSD symptoms and global distress with critical stress responses (Benight & Harper, 2002).

Also, research was conducted to see CSE as one potential mediator with the relation of these four specific mindfulness skills, i.e., observation, describing, acting with awareness, and non-judgmental acceptance) and difficulties with emotion regulation. There were 180 undergraduate students that took part in the study. The findings revealed that higher CSE was related to more describing, acting with awareness, and non-judgmental acceptance and that CSE partially mediated the relationship between each of these abilities and emotional regulation issues. According to the data, CSE may explain some of the relationships between mindfulness and emotional regulation issues (Luberto et al., 2014).

Further, it investigated the links between general self-efficacy and a variety of different psychological aspects in several countries. The researchers studied the associations between general self-efficacy and personality, well-being, stress evaluations, social connections, and achievements with 8796 participants from Costa Rica, Germany, Poland, Turkey, and the United States. The findings showed that there are links between perceived general self-efficacy and the factors studied across countries. Optimism, self-regulation, and self-esteem had the strongest positive relationships, while depression and anxiety had the strongest negative associations. As a result, perceived general

self-efficacy appeared as a universal construct that aids meaningful association with a range of psychological domains (Luszczynska et al, 2005; Waheed, Khan, Khan, & Khalil, 2012).

CFC

A study looked at the links between general self-efficacy, the tendency to prepare for the future, the CFC, and overall life satisfaction. The survey comprised 242 university students ranging in age from 16 to 31 years old. The New General Self-Efficacy Scale (NGSES), the Continuous Planning Scale (CPS), the Consideration of Future Consequences Scale (CFCs), and the Satisfaction with Life Scale (SWLS) were all filled out by the participants. All variables were shown to be significantly inter-correlated, with general self-efficacy being the strongest link to life satisfaction, followed by the CFC and continuous planning (Azizli et al., 2015, Sarirah, & Chaq, 2019).

Moreover, a study examined the procrastinators' behavioral intentions by observing the relationship between trait procrastination and health behaviors. Two cognitive factors, self-efficacy, and CFC, were suggested to mediate the relationship between procrastination and intentions. It included 182 students who were required to fill out personality and health-related questionnaires and need to remember episodes of previous illnesses and health activities that could have improved or prevented them. The rating was done on listed behaviors according to their intentions to perform one of them in the near future. It was discovered that trait procrastination has a negative relationship with intentions to engage in healthy habits. Furthermore, a lower level of health-specific self-efficacy mediates procrastinators' weak intentions. The CFC was moderately and adversely correlated with trait procrastination (Sirois, 2004).

In the light of the above-mentioned theories following were the hypotheses of this research study:

H1: There will be a significant relationship between CFC and CSE during the first phase of the Quarter-life Crisis.

H2: The CFC will impact the relationship between social support and CSE as a moderator variable during the first phase of the Quarter-life Crisis.

Methodology

This research was based on a quantitative correlational design using a survey method to collect data with purposive sampling. A sample of 185 young adults between 25-35 years of age completed at least 14 years of education, doing a full-time or part-time job, and have any form of romantic. The age range was chosen in line with evidence drawn from the literature review, which indicated that a quarter-life crisis occurs during these ages (Robinson, 2008).

Measures

MSPSS

It measures the level of support an individual perceives from three different sources: family, friends, and a significant other, by rating on 7 point Likert scale. 1 being very strongly disagree and 7 being very strongly agree. It consists of 12 items and three subscales; each subscale has four items. It has 0.88 internal reliability, and the subscales; Significant Other, Family, and Friends, have internal reliability of 0.91, 0.87, and 0.85, respectively (Zimet et al., 1988).

CSES

It assesses a person's self-confidence in using coping techniques when faced with significant life situations. The scale assesses a person's perceived ability to deal well with life's difficulties. It consists of 26 items divided into three subscales: problem-focused coping, emotion-focused coping, and social support seeking. It has 11 point Likert scale from 0 "completely sure that I cannot" to 10 as "completely sure that I can". Higher scores reflect a greater belief in one's ability to use the coping strategies (Chesney et al., 2006).

CFCS-14

There are 12 items in the original CFC scale, and it has been used in most studies as a one-dimensional construct. The overall 12-item scale has strong internal reliability, usually ranging from.80 to.85 (Strathman et al, 1994). In 2012, two new items were added by Joireman and his colleagues for future orientation. Each item is rated on a seven-point scale (1 = very uncharacteristic of me; 7 = very characteristic of me). According to a reliability analysis, the seven-item CFC Future and CFC-Immediate subscales were also high reliability as they have Cronbach's 0.80 and 0.84, respectively (Joireman et al., 2012).

Procedure

First, permission was attained via email from the respective authors of the scales that were used in this study. All data was collected online through Google forms that contain the consent form, demographic form, MSPSS, CSES, and CFC-14. The participants were informed about the right of withdrawal, and responses were anonymous to keep confidentiality. Statistical analysis was conducted using Statistical Package for the Social Sciences (SPSS) 20th version to interpret scores.

Results

The data was analyzed through the Statistical Package for Social Sciences (SPSS) 20th version. Pearson Product-Moment Correlation and Regression Analysis were performed to test the relationship among variables. The given tables represented the analysis that supported both the study's hypotheses.

Table I
Correlation between consideration of future consequences and coping self-efficacy(N = 185)

	CSE
MSPSS	.514**
CFC	.445**

** Correlation is significant at the 0.01 level (2-tailed)

The above mentioned Table 1 shows that there is a moderate positive correlation between CFC and CSE. Hence, findings supported the first hypothesis, which stated that there would be a significant relationship between CFC and CSE during the first phase of the Quarter-life Crisis.

Table II
Stepwise regression showing moderating role of CFC on the relationship between Social Support and CSE (N=185)

Variables	B	95 % CL		SE	β	R^2	ΔR^2
		LL	UL				
Step I							
Constant	80.329	56.565	104.093	12.045		0.265	0.261
MSPSS	17.326	13.113	21.54	2.136	0.514		
Step II							
Constant	36.147	6.211	66.083	15.172		0.337	0.329
MSPSS	13.59	9.249	17.931	2.2	0.403		
CFC	12.804	7.125	18.483	2.878	0.291		

Note: MSPSS=CFC=β=standardized regression coefficient R^2 = R square, ΔR^2 = Adjusted R square, CI = confidence interval; LL = lower limit; UL = upper limit

The Table 2 shows a stepwise regression analysis which was performed to analyze does CFC moderates the relationship between social support and CSE. When investigated in isolation, the results show that social support (R^2=.265, p<0.01) explains a 26% variation in CSE. However, this disparity augmented to 33.7% (R^2=.337, p<0.01) when CFC was inserted at step II in the equation. It represents that CFC moderates the relationship between social support and CSE. These findings support the second hypothesis, which states that the CFC will impact the relationship between social support and CSE as a moderator variable during the first phase of the Quarter-life Crisis.

Discussion

The current study focused on the relationship between perceived social support and CFC with CSE during the first phase of a quarter-life crisis. Firstly, it was hypothesized that there is a significant relationship between CFC and CSE. The findings show a moderate positive relationship (r=.44) between these variables, indicating that when one variable, mainly considering potential future consequences increases, so does CSE. Secondly, it was hypothesized that CFC Consequences moderates the relationship between social support and CSE. Findings show CFC has an impact of 33% (R^2=.337) on the relationship between social support and CSE.

As previous literature on quarter-life crisis represented that during the crisis phase, a person may feel pressure from others, such as family, a partner, their social group, or their boss, to keep the commitment despite their unhappiness, they are also more concerned about the future as it is uncertain. They may also be worried about changing the current situation because of the potential negative consequences or risks; likewise, changing a career path come with financial constrain. Individuals may use maladaptive coping techniques such as excessive alcohol consumption and drug usage to cope with these conflicts during this phase (Robinson, 2015).

The parents in Pakistan are more concerned about their children's future, and they often put pressure to think about their future career choices (Jamil, 2021). It was observed construct of time orientation develops at a relatively early age (Zimbardo, Keough, & Boyd, 1997). People who are more future-oriented exercise self-control and resist immediate gratification (Daugherty & Brase, 2010) because they see a bigger picture (Liberman & Trope, 1998). Bandura (1997) claims that mental representations of desirable outcomes are necessary to determine which knowledge and skills are required to achieve a certain goal. Then, new information about the effectiveness of their behavior in attaining the desired outcome makes them actively indulge in self-regulation and make adaptive changes (Waldrep, 2015). Therefore, individuals with future orientation are more likely to plan and monitor their actions in order to attain desired goals.

Moreover, according to stress and coping theory, social support is one resource that influences the cognitive appraisal of stressful experiences, among others. It was an outcome of cognitive appraisal that when one feels support, greater coping is enabled. Another important concept in this theory is perceived self-efficacy in dealing with stress (Lazarus & Folkman, 1984). Social support can act as a resource that impacts the cognitive appraisal of stressful experiences. Additionally, this theory suggests that people, with their actions, can exert control over what happens to them (Bandura A., 1986) because they have the ability to assess their behavior and see whether they will be getting desired results. This evaluation of self and behavior strongly influences CSE.

Furthermore, CFC is linked with future time perspective and behavioral self-regulation (Joireman, Sprott, & Spangenberg, 2005), which can be understandable with Berkley's (1997) theory of self-regulation which places a great emphasis on time perspective. He explained that when a dominant response is inhibited, internalized speech occurs, allowing a person to recall the outcomes of previous situations to consider the behaviors and their consequences that impact the individual on whether to execute functions in the future. Thus, a future orientation contributes to developing a problem-solving approach that involves active coping (Barkley, 1997).

Pakistan is a collectivist culture, and the people here are profoundly connected and devoted to those in their inner circle. Relationships serve as an important role in order to complete professional, personal, and social tasks; however, individuals frequently rely on themselves rather than their government for support and opportunities, such as turning to a close friend or relative for assistance rather than a government organization. This type of social support sector is vital and offers many Pakistanis a strong sense of belonging (Evason, Memon, & Saeed, 2016). Hence, that may also develop the construct of CFC because they can't depend on the government, and they need to be self-sufficient in resources to deal with challenges if they want to help their loved ones or contribute to a community during critical situations. All the mentioned literature and theories represent that when individuals consider the potential future threats and evaluate the resources, including social support, then make changes in life or self, and it helps them to feel competent enough to deal with those potential challenges and the emotions that come with them which positively impacts CSE.

Conclusion

This study was conducted to identify the relationship between social support and CFC with CSE of those young adults who were in their mid-20s and 30s as it was theorized that individuals of this age range experience quarter-life crisis as this phase is evidently critical for them because they need to make certain decisions that are related to relationship and career. Then some people end up with maladaptive coping. The present research revealed that CFC positively correlated with CSE and strengthens the relationship between social support and CSE. It represents that social support and CFC can be seen as protective factors that positively impact the CSE so that individuals would use adaptive coping in the crisis phase.

Implications

This research highlights young adults' inner struggles because it seems they would have a perfect life once they have a stable career and relationship. Also, it would help psychologists, social workers, and educationalists to acknowledge the struggles of this age bracket and develop such platforms where they can provide adequate social support and make them able to consider future consequences from an early age, that would help them enhance their CSE later in life.

Limitations

- Data were collected during a pandemic, so reaching maximum people was difficult. Hence the sample size was limited.
- Focused only the first phase of the quarter-life crisis that only gave a chance to individuals with a job and relationship.
- All data were collected online, so it only reached those with internet access.
- It was a quantitative study that couldn't explore cultural factors contributing to the quarter-life crisis.

Future Research Directions

In the future, when someone does research related to the quarter-life crisis, it is recommended to explore the remaining three phases. Also, include other variables such as self-regulation or identity development to enrich the study. Including people from different socio-cultural and economic groups is also recommended. In future research comparison between young adults and older adults can be made. Moreover, a mixed-method study would be beneficial to explore more cultural factors that may lead to the quarter-life crises.

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