

Attachment Styles, Self-Esteem, and Coping strategies as predictors of Quarter Life Crisis

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ABSTRACT

While the mid-life crisis has long been a widely recognized phenomenon, often depicted as a significant turning point for individuals in their 40s and 50s, the concept of the quarter-life crisis has only recently gained traction in both academic research and popular culture. Why is it that the emotional upheavals of mid-life are so universally accepted, while the struggles of emerging adults remain underexplored? Could it be that we expect 25-year-olds to have everything figured out in a world that grows more uncertain by the day? Shouldn't we be giving more attention to this phase of life? This study set out to determine to what extent attachment styles (anxious, avoidant, secure), self-esteem, and coping strategies (problem-focused, emotion-focused, avoidant) predicted symptoms of the quarter-life crisis in a non-clinical population of emerging adults. Two hundred and eleven participants completed four questionnaires: the Adult Attachment Style Questionnaire (Hazan & Shaver, 1987) Rosenberg Self-Esteem Scale (Rosenberg: 1965), Brief COPE Scale (Carver, 1987), and the Developmental Crisis Questionnaire 12 (Robinson, 2013). Regression analyses revealed that anxious and avoidant attachment styles were significant predictors of quarter-life crisis symptoms, with positive associations to dimensions such as disconnection, distress, and lack of clarity. Secure attachment, in contrast, showed no significant impact. Self-esteem demonstrated weak, non-significant correlations with quarter-life crisis symptoms. Among coping strategies, emotion-focused and avoidant coping were significantly linked to higher levels of distress and disconnection, while problem-focused coping showed weaker associations.

Keywords: Attachment Styles, Coping Strategies, Quarter Life Crisis, Self Esteem

The transition from adolescence to adulthood, often referred to as emerging adulthood, is marked by significant changes in various domains of life, including identity formation, relationships, and career aspirations. During this period, individuals are susceptible to experiencing a phenomenon known as the quarter-life crisis. A survey by The Guardian into quarter-life crises placed numbers on what we feel: "86% of the 1,100 young people questioned admitted feeling under pressure to succeed in their relationships, finances and jobs before hitting 30." Erikson (1968) proposed the concept of the "Identity Crisis" in his psychosocial theory of development, highlighting the challenges individuals face in establishing a coherent sense of identity during young adulthood. Arnett (2001) coined the

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term "emerging adulthood" to describe the period of exploration and instability between adolescence and full adulthood, during which individuals may experience the quarter-life crisis. The theoretical frameworks used to analyze, explore, and interpret QLC are the theory of emerging adulthood (Arnett, 2000, 2007) and the model of early adult crisis by Robinson and Smith (2010), Robinson et al. (2013), and Robinson (2019). The theory of emerging adulthood proposes five defining developmental features of the age range of 18–28. These are: (1) feeling ambiguous in terms of adult status – young people in this age range typically describe themselves as in some ways an adult, yet in some ways not, and as being caught in between; (2) a period of active exploration of self and world; (3) a time of instability in roles and relationships, stemming from a continued lack of long-term ties that permits changes in lifestyle, role and residence; (4) a time of adaptive self-focus as young people attempt to invest in their own future; and (5) a time of future-focus and optimism (Munsey, 2006; Arnett, 2007; Arnett and Mitra, 2018). Understanding the factors that contribute to the occurrence and severity of quarter-life crisis is crucial for providing support and interventions for individuals navigating this developmental stage.

If we begin from childhood, attachment style refers to the patterns of emotional dependence and responsiveness formed in early relationships, particularly with caregivers, that influence future relationships and emotional regulation. According to Bowlby (1969), individuals develop “internal working models” of attachment that describe the relationship between the infant's self and his attachment figure. Psychologist Mary Ainsworth built significantly on Bowlby's first studies in the 1970s. Her ground-breaking "strange situation" research demonstrated how connection has a significant impact on behaviour. Ainsworth defined secure attachment, ambivalent-insecure attachment, and avoidant-insecure attachment as the three main types of attachment based on the reactions the researchers saw. Afterwards, based on their own study, Main and Solomon (1986) established a fourth attachment pattern known as disorganized-insecure attachment. In this study, the scale divided attachment styles into three types: secure, anxious, and avoidant. Secure attachment involves comfort with intimacy and trust in relationships. Anxious attachment is marked by a fear of abandonment and a strong need for closeness. Avoidant attachment reflects discomfort with intimacy and a tendency to distance oneself emotionally from others.

In the growing years, interpersonal factors as well as sociocultural factors influences an individual's overall sense of worth and value, influencing self-confidence, self-efficacy, and emotional well-being. This is known as self esteem. James (1968) one of the early pioneers in studying self-esteem, proposed two basic components: objective self (measurable qualities) and subjective self (private self-perception). He defined self as the ratio of our actualities to our supposed potentialities; a fraction of which our pretensions are the denominator and the numerator our success. A research by Riza et. al (2023) revealed self-esteem and attachment together are predictors of resilience in early adults experiencing quarter-life crisis. But resilience grows in the face of adversity and as the person grows out of the protective shield of childhood they face adversities of the world with which they try to cope.

Lazarus and Folkman (1984) defined coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person." They came up with two approaches representing two distinct coping strategies: Problem-focused coping involves handling stress by facing it head-on and taking action to resolve the underlying cause. Emotion-focused coping involves regulating your feelings and emotional response to the problem

instead of addressing the problem. On the other hand avoidant coping refers to strategies in which individuals attempt to evade dealing with stressors or emotional difficulties. The way individuals cope can have long-term effects on their mental health; for instance, lower self-esteem during adolescence is linked to a higher risk of mental health problems and substance dependence in adulthood (Boden, 2008). Additionally, coping strategies often vary based on gender and self-esteem levels, with females more likely to seek social support as a coping mechanism (Chapman & Mullis, 1999), highlighting the complex interplay between coping, self-esteem, and mental well-being.

The concept of the quarter-life crises, characterized by feelings of instability, self-doubt, and panic, has garnered significant attention in recent research. Robbins and Wilner (2001) and Atwood and Scholtz (2008) define it as a period of emotional turmoil and uncertainty among young adults, distinct from the more widely recognized mid-life crisis. This distinction suggests that the quarter-life crisis stems from anxiety related to constant change and instability, contrasting with the mid-life crisis triggered by a sense of stagnancy and the need for radical change (Robbins & Wilner, 2001). While the mid-life crisis often revolves around maintaining familial responsibilities versus personal desires (Lachman, 2004), the quarter-life crisis emerges as individuals transition into being responsible primarily for themselves, prompting introspection and anxiety about personal fulfillment (Atwood & Scholtz, 2008). Research on crisis episodes during emerging adulthood reveals two types: locked-in and locked-out (Robinson, 2008).

Locked-out crises arise from external factors such as job market challenges, leading to self-esteem decline and anxiety. In contrast, locked-in crises occur when individuals feel trapped in unsatisfying situations, such as abusive work environments. Moreover, studies by Hugh Jones et al. (2023) and Salsabila et al. (2023) shed light on the experiences of the quarter-life crisis across different sociocultural contexts. They emphasize the importance of understanding individual and cultural variations in navigating this transitional period. In the Indian context, research on the quarter-life crisis is particularly important due to the unique socio-cultural pressures faced by young adults. The transition to adulthood in India is often marked by expectations surrounding career success, familial responsibilities, and societal norms regarding marriage and relationships. Unlike in Western cultures, where individualism and personal exploration are more accepted, Indian emerging adults frequently experience external pressures to conform to traditional timelines, such as securing stable employment or starting a family by a certain age. These cultural dynamics intensify feelings of uncertainty and anxiety during this life stage, making the quarter-life crisis more complex. Research into this underexplored yet increasingly common phenomenon is crucial for understanding how young adults can be better supported. By recognizing the distinct emotional struggles of this life stage, similar to but different from mid-life crises, interventions can be developed to address the feelings of disconnection, anxiety, and self-doubt that many experience.

Objectives

- **Objective 1:** To investigate the relationship between different attachment styles and the experience and severity of the quarter-life crisis in emerging adulthood.
- **Objective 2:** To explore whether self-esteem during adolescence predicts the occurrence and intensity of the quarter-life crisis in emerging adulthood.
- **Objective 3:** To examine the relationship between coping strategies and the incidence and nature of the quarter life crisis in emerging adulthood.

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- **Objective 4:** To explore the associations between attachment style, self-esteem, and coping strategies in predicting the quarter-life crisis, controlling for demographic variables.

Hypotheses

- **H01:** There is no significant relationship between attachment style and the presence of a quarter-life crisis.
- **H02:** There is no significant relationship between self-esteem and the occurrence of a quarter-life crisis.
- **H03:** There is no significant relationship between coping strategies and quarter-life crisis symptoms.
- **H04:** Regression analysis will reveal no significant individual or combined effects of attachment style, self-esteem, and coping strategies on quarter-life crisis severity.

METHODOLOGY

This study involved collecting data through both online and manual surveys to gain a comprehensive understanding of attachment styles, self-esteem, coping strategies, and their influence on quarter-life crisis symptoms. Data collection occurred between May 2024 and August 2024. The online survey was distributed across various platforms, ensuring a broad reach to diverse groups of emerging adults. Meanwhile, manual data collection was conducted to supplement the online sample, capturing additional demographic insights and ensuring representation from individuals who might have limited internet access or preferences for non-digital methods.

The final sample consisted of 211 participants, with a nearly equal gender distribution— 106 females and 105 males. Participants were between the ages of 20 and 35, with the majority (around 70%) falling within the age range of 20 to 25. This sample included both students and working individuals from various educational and professional backgrounds, offering a rich diversity in terms of experiences and socioeconomic contexts. By including both urban and rural participants, the study aimed to ensure that its findings were reflective of a wider segment of emerging adults, particularly in the Indian context.

Ethical considerations were rigorously adhered to throughout the research process. Prior to participation, all individuals provided informed consent, ensuring they were fully aware of the study's aims, procedures, and their rights as participants. Participants were assured of their anonymity and confidentiality, with data being securely stored and only accessible to authorized researchers. The study adhered to ethical guidelines consistent with the Declaration of Helsinki (1964) and its subsequent revisions, ensuring that participants' well-being was prioritized at all stages of the research process. Additionally, no participants were exposed to harm or risk during the course of the study, and they were free to withdraw at any time without penalty.

Instruments

Adult Attachment Scale (AAS)

It is a widely used self-report instrument designed to assess attachment styles in adults based on key dimensions of attachment theory: anxiety and avoidance. The scale provides insights into how individuals approach relationships, particularly in terms of emotional dependence, intimacy, and fear of rejection. The AAS has demonstrated strong psychometric properties, with good internal consistency and test-retest reliability reported in various studies. It also

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exhibits strong convergent validity when compared with other established attachment measures, making it a reliable tool for assessing attachment patterns.

The AAS consists of several items rated on a 5-point Likert scale, where participants indicate the extent to which they agree or disagree with each statement, with responses ranging from 1 (strongly disagree) to 5 (strongly agree). These items are designed to measure two primary dimensions: anxiety and avoidance.

Anxiety dimension. This subscale reflects individuals' fears regarding abandonment and rejection. Higher scores on this dimension suggest that the individual experiences greater anxiety in relationships, is preoccupied with concerns about being left or unloved, and tends to seek excessive reassurance from others.

Avoidance dimension. This subscale assesses discomfort with closeness and emotional intimacy. Individuals who score higher on avoidance tend to value independence, prefer emotional distance in relationships, and often find it challenging to depend on others or allow others to depend on them.

These two dimensions combine to classify individuals into three broad attachment subtypes: **Secure attachment.** Individuals scoring low on both anxiety and avoidance tend to feel comfortable with emotional intimacy and interdependence. They trust their relationships and are confident in their ability to manage closeness without fear of rejection or excessive need for distance.

Anxious attachment. Individuals who score high on the anxiety dimension are characterized by a strong fear of abandonment and a heightened need for closeness. They may experience worry about their relationships, seek constant reassurance, and often feel insecure about their partner's affection.

Avoidant attachment. Those scoring high on the avoidance dimension display discomfort with emotional closeness and often distance themselves from others to maintain a sense of independence. They may struggle with expressing emotions and prefer to keep relationships less intimate or emotionally dependent.

Rosenberg Self-Esteem Scale (RSES)

It is one of the most widely used instruments for measuring global self-esteem, a key indicator of an individual's overall self-worth and self-acceptance. Developed by sociologist Morris Rosenberg in 1965, the RSES has become a standard tool in psychological research for assessing self-esteem across diverse age groups and cultural backgrounds. The scale's psychometric properties, including high internal consistency and test-retest reliability, make it a reliable and valid measure for capturing a person's self-concept and general feelings of self-worth. (revised versions)

The RSES is a 10-item self-report questionnaire where respondents rate each statement on a 4-point Likert scale ranging from 1 (strongly disagree) to 4 (strongly agree). This format allows for easy administration while providing nuanced insights into an individual's self-evaluations. Five of the items are positively worded (e.g., "I feel that I have a number of good qualities"), while the other five are negatively worded and reverse-scored (e.g., "I feel I do not have much to be proud of"), which helps balance response bias and capture the full range of self-esteem-related beliefs.

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The total score on the RSES is calculated by summing all the item responses, with higher scores reflecting greater levels of self-esteem. Specifically, higher scores indicate a strong sense of self-worth, self-acceptance, and a positive self-evaluation. Conversely, lower scores suggest a more negative view of oneself, potentially reflecting issues such as low confidence, self-doubt, or feelings of inadequacy.

The RSES considers both positive and negative self-perceptions, providing a global assessment of self-esteem rather than focusing on specific domains like academic or social self-esteem. As a unidimensional scale, it gives a comprehensive measure of an individual's overall sense of self-worth.

Brief COPE Scale

It is a shortened, widely used version of the original COPE inventory, developed by Carver (1997) to assess various coping strategies that individuals employ in response to stress. It consists of 28 items, which capture a range of both adaptive and maladaptive coping mechanisms. The scale has been extensively validated and shows good reliability and construct validity, making it suitable for research and clinical use across various populations and stress contexts.

The Brief COPE measures coping strategies across three primary styles: problem-focused coping, emotion-focused coping, and avoidant coping, which are further subdivided into 14 distinct coping facets or subscales. Respondents answer each item on a 4-point Likert scale, ranging from 1 ("I haven't been doing this at all") to 4 ("I've been doing this a lot"). This rating captures the frequency with which individuals engage in specific coping behaviors when faced with stressful situations.

Problem-Focused Coping. High scores on this dimension indicate efforts aimed at actively addressing or altering the source of stress. Individuals who score highly on problem-focused coping tend to engage in strategies like planning, active problem-solving, and seeking instrumental support (e.g., seeking advice or information) to manage the stressor directly. These strategies are generally seen as adaptive because they involve taking practical steps to resolve or mitigate the stressful situation.

Emotion-Focused Coping. Emotion-focused coping is characterized by strategies aimed at managing emotional responses to stress rather than directly addressing the stressor. Individuals who score highly in this category often employ techniques like seeking emotional support, positive reframing (reinterpreting a stressful situation in a more positive light), and acceptance of the situation. These strategies help individuals regulate their emotional state and reduce psychological distress, although they may not always result in changing the actual stressor.

Avoidant Coping. Avoidant coping refers to strategies where individuals disengage from dealing with the stressor. This can include denial, behavioral disengagement (e.g., giving up on trying to solve the problem), substance use, or self-distraction (e.g., turning to activities like watching TV or sleeping to avoid thinking about the problem). High scores in avoidant coping suggest a tendency to evade or ignore the stressor, which may offer temporary relief but is often considered maladaptive in the long term as it can prevent effective resolution of the problem.

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Each of these three overarching coping styles is broken down into 14 individual subscales, including facets such as active coping, use of humor, venting, self-blame, and religion, allowing for a detailed exploration of the specific coping strategies individuals adopt. For example, active coping, planning, and seeking social support are part of problem-focused coping, while venting and positive reframing fall under emotion-focused strategies. Conversely, denial and substance use are examples of avoidant coping mechanisms.

The Brief COPE Scale is particularly valued for its flexibility and conciseness, making it ideal for use in various contexts, from clinical settings to research on stress and coping behaviors.

Developmental Crisis Scale 12 (DCS-12)

It is a self-report instrument used to assess the psychological experiences associated with developmental crises. Particularly useful in emerging adulthood, the DCS-12 focuses on the emotional distress and identity challenges individuals may encounter during this life transition.

The scale measures various aspects of this psychological state, including uncertainty about life direction, identity confusion, and a sense of dissatisfaction. The scale has demonstrated strong internal consistency and test-retest reliability, making it an appropriate tool for understanding developmental crises in various populations.

The DCS-12 is divided into three distinct subscales, each capturing a specific dimension of developmental crisis:

Disconnection and Distress (DD). This subscale measures feelings of emotional disconnection, isolation, and the general distress associated with feeling detached from others or one's surroundings. Individuals scoring high on this subscale often experience loneliness and a sense of emotional alienation.

Lack of Clarity and Control (LCC). The LCC subscale addresses feelings of confusion, uncertainty, and a lack of control over one's life. High scores on this subscale indicate that individuals feel unsure of their life direction, purpose, or future plans, often struggling to make decisions or feel empowered in their choices. This subscale captures the cognitive aspects of developmental crises, where individuals experience significant doubts about their career, relationships, or personal goals.

Transition and Turning Point (TTP). The TTP subscale focuses on the existential challenges and emotional strain that arise during periods of significant life transitions. This subscale highlights the feelings of uncertainty individuals experience as they face turning points or major life decisions, such as starting a new job, pursuing higher education, or making significant relationship commitments. High scores on this subscale suggest individuals are struggling with the pressure of making life-altering decisions, experiencing emotional strain as they weigh options.

Each subscale provides an understanding of the different ways individuals may experience a developmental crisis.

Respondents rate each item on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), with total scores for each subscale reflecting the severity of the corresponding symptoms. Higher scores across the subscales indicate more profound

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experiences of developmental crisis symptoms, including emotional distress, uncertainty, and existential confusion.

Analysis

Step 1

Data cleaning involved removing participants who did not provide informed consent to ensure compliance with ethical standards. Incomplete forms were excluded to avoid compromising the reliability of the analysis. Patterned responses were removed to address potential biases caused by predictable answering patterns, which indicated a lack of genuine engagement. Extreme scores were excluded to prevent undue influence from outlier values. This process resulted in a refined dataset that accurately represented the participants and their responses.

Step 2

This step involved verifying that the items in the dataset approximated normal distribution. This was done to confirm that Spearman's rank-order correlation was appropriate for analyzing the relationships between variables.

Step 3

Correlation analysis was conducted by calculating Spearman's rho correlations among variables such as attachment styles, self-esteem, coping strategies, and quarter-life crisis symptoms. This analysis was performed to identify significant relationships between these variables.

Step 4

Hypothesis testing was carried out based on the observed correlations. Results were summarized by highlighting significant relationships identified during the analysis.

RESULTS

Table 1 Descriptive of the variables

	N	Mean	Median	Mode	SD	W	<u>Shapiro-Wilk</u> p
Age	211	1.43	1	1.00	0.761	0.576	< .001
Sex	211	1.55	2	2.00	0.498	0.632	< .001
Occupation	211	1.39	1	1.00	0.625	0.622	< .001
AAS	211	44.32	45	45.00	*5.360	0.979	0.003
Av	211	15.31	16	16.00	3.246	0.984	0.019
Ax	211	13.91	14	13.00	3.310	0.980	0.004
Se	211	15.09	15	16.00	2.628	0.977	0.002
RSES	211	27.15	27	28.00	3.046	0.940	< .001
BCS	211	57.82	62	69.00	20.148	0.898	< .001
PF	211	20.92	21	21.00	4.907	0.989	0.105
EF	211	28.85	29	27.00	5.551	0.988	0.065
AC	211	15.91	16	13.00	*4.442	0.974	< .001
DCQ	211	38.18	38	36.00	9.061	0.992	0.282
DD	211	11.41	12	12.00	3.995	0.975	< .001
LCC	211	11.44	12	12.00	4.005	0.975	< .001
TTP	211	15.34	15	15.00	2.901	0.944	< .001

Note- AAS- Adult Attachment Style Scale Total, Av- Avoidant attachment style, Ax-Anxious Attachment Style, Se- Secure Attachment Style, RSES- Rosenberg Self Esteem Scale Total, BCS- Brief Cope scale total, PF- Problem Focused coping, EF- Emotion Focused, AC- Avoidant Coping, DCQ- Developmental Crisis Questionnaire Total, DD- Disconnection and Distress, LCC-Lack of Clarity and Control, TTP-Transition and Turning Point.

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The Table 1 presents the descriptive statistics and normality test results for the study variables. The Age variable has a mean of 1.43 and a standard deviation of 0.761. The Shapiro- Wilk test ($W = 0.761$, $p = 0.576$) indicates no significant deviation from normality, suggesting the age distribution is roughly normal. Similarly, the Sex variable has a mean of 1.55 ($W = 0.498$, $p = 0.632$) and Occupation has a mean of 1.39 ($W = 0.625$, $p = 0.622$), both showing no significant deviations from normality, indicating that these variables are normally distributed.

In contrast, the Adult Attachment Style Scale (AAS) has a mean of 44.32 and a significant deviation from normality ($W = 0.979$, $p = 0.003$), indicating a non-normal distribution of attachment styles. Avoidant attachment style (Av) ($W = 0.984$, $p = 0.019$), Anxious attachment style (Ax) ($W = 0.980$, $p = 0.004$), and Secure attachment style (Se) ($W = 0.977$, $p = 0.002$) similarly show deviations from normality, suggesting that these attachment variables are not normally distributed.

For the Rosenberg Self-Esteem Scale (RSES), with a mean of 27.15, the data significantly deviates from normality ($W = 0.940$, $p < 0.001$), indicating skewness in the self- esteem scores. Likewise, the Brief Cope Scale (BCS), which has a mean of 57.82, shows significant non-normality ($W = 0.898$, $p < 0.001$), pointing to a possible skew or outliers in coping responses.

Among the coping strategies, Problem-Focused Coping (PF) has a mean of 20.92 and does not significantly deviate from normality ($W = 0.989$, $p = 0.105$), suggesting a relatively normal distribution. However, Emotion-Focused Coping (EF) shows a slight deviation from normality ($W = 0.988$, $p = 0.065$), while Avoidant Coping (AC) shows a more substantial deviation ($W = 0.974$, $p < 0.001$), indicating that avoidant coping responses are not normally distributed.

Finally, the Developmental Crisis Questionnaire (DCQ), with a mean of 38.18 ($W = 0.992$, $p = 0.282$), does not significantly deviate from normality, suggesting a normal distribution of crisis responses. However, the subscales—Disconnection and Distress (DD), Lack of Clarity and Control (LCC), and Transition and Turning Point (TTP)—show significant deviations from normality, indicating non-normal distribution patterns within these specific crisis-related constructs.

In summary, while demographic variables like Age, Sex, and Occupation, along with Problem-Focused Coping, display normal distributions, the attachment styles, self-esteem, and other coping strategies show significant deviations from normality. This suggests that non-parametric tests may be more appropriate for variables that do not meet normality assumptions, especially for attachment styles and certain coping measures.

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Table 2 Correlation Contingency of Attachment Styles and Quarter Life Crisis

		Av	Ax	Se	AAS	DD	LCC	TTP	DC Q
Av	Spearman's rho	—							
	df	—							
	p-value	—							
Ax	Spearman's rho	0.481**	—						
	df	209	—						
	p-value	< .001	—						
Se	Spearman's rho	-0.355**	0.272**	—					
	df	209	209	—					
	p-value	< .001	< .001	—					
AAS	Spearman's rho	0.736**	0.822**	-0.015	—				
	df	209	209	209	—				
	p-value	< .001	< .001	0.824	—				
DD	Spearman's rho	0.339**	0.367**	0.154*	0.401**	—			
	df	209	209	209	209	—			
	p-value	< .001	< .001	0.025	< .001	—			
LCC	Spearman's rho	0.323**	0.330**	8	0.360**	0.955**	—		
	df	209	209	209	209	209	—		
	p-value	< .001	< .001	0.022	< .001	< .001	—		
TTP	Spearman's rho	0.172*	0.108	0.097	0.178**	0.194**	0.189**	—	
	df	209	209	209	209	209	209	—	
	p-value	0.013	0.116	0.16	0.010	0.005	0.006	—	
DC Q	Spearman's rho	0.330**	0.331**	-0.108	0.379**	0.945**	0.943**	0.453**	—
	df	209	209	209	209	209	209	209	—
	p-value	< .001	< .001	0.11	< .001	< .001	< .001	< .001	< .001

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

The Spearman's rank correlation coefficients among the variables related to attachment styles and developmental crisis are presented in the correlation matrix. Avoidant attachment style (Av) shows a moderate positive correlation with Anxious attachment style (Ax) ($\rho = 0.481, p < 0.001$), suggesting that higher levels of avoidant attachment are associated with higher levels of anxious attachment. In contrast, Secure attachment style (Se) exhibits a negative correlation with both Avoidant attachment style (Av) ($\rho = -0.355, p < 0.001$) and Anxious attachment style (Ax) ($\rho = -0.272, p < 0.001$), indicating that individuals with higher secure attachment tend to have lower levels of avoidant and anxious attachment.

The Quarter Life Crisis Dimensions, Disconnection and Distress (DD) and Lack of Clarity and Control (LCC) both exhibit positive correlations with Avoidant attachment style (Av) ($\rho = 0.339, p < 0.001$ for DD; $\rho = 0.323, p < 0.001$ for LCC) and Anxious attachment style

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(Ax) ($\rho = 0.367$, $p < 0.001$ for DD; $\rho = 0.330$, $p < 0.001$ for LCC), suggesting that higher levels of avoidant and anxious attachment are associated with greater experiences of disconnection, distress, and lack of clarity.

Transition and Turning Point (TTP) and Developmental Crisis Questionnaire Total (DCQ) show more variable relationships with other variables. TTP exhibits a positive correlation with Disconnection and Distress ($\rho = 0.194$, $p = 0.005$) and Lack of Clarity and Control ($\rho = 0.189$, $p = 0.006$), but no significant correlation with attachment styles. Conversely, DCQ shows strong positive correlations with Avoidant ($\rho = 0.330$, $p < 0.001$) and Anxious attachment styles ($\rho = 0.331$, $p < 0.001$), and also with Disconnection and Distress ($\rho = 0.945$, $p < 0.001$) and Lack of Clarity and Control ($\rho = 0.943$, $p < 0.001$), underscoring its broad relevance in understanding developmental crises.

Table 3 Attachment Styles as predictors of Quarter Life Crisis

Predictor	Estimate	SE	t	p	R ²
Intercept	17.349	5.550	3.126	0.002	0.161
Av	0.715	0.209	3.419	< .001	
Ax	0.601	0.201	2.987	0.003	
Se	0.101	0.234	0.432	0.666	

Note- Av- Avoidant attachment style, Ax-Anxious Attachment Style, Se- Secure Attachment Style.

Table 3 presents the regression analysis assessing how different attachment styles—Avoidant (Av), Anxious (Ax), and Secure (Se)—predict the overall Quarter-Life Crisis (DCQ). The model includes an intercept and three predictors, with the coefficient estimates, standard errors (SE), t-values, and p-values reported for each predictor.

The intercept is estimated at 17.349 with a standard error of 5.550, yielding a t-value of 3.126 and a p-value of 0.002, indicating a statistically significant baseline level of the quarter-life crisis symptoms when attachment styles are set to zero. This suggests that the model provides a statistically significant estimate of the DCQ when no effects from attachment styles are considered.

For Avoidant attachment style (Av), the coefficient is 0.715 with a standard error of 0.209, resulting in a t-value of 3.419 and a p-value of < .001. This significant positive coefficient suggests that higher levels of Avoidant attachment are associated with an increase in quarter-life crisis symptoms. Specifically, for each one-unit increase in Avoidant attachment, the Total Quarter-Life Crisis score is expected to increase by 0.715 units.

Anxious attachment style (Ax) has a coefficient of 0.601 with a standard error of 0.201, yielding a t-value of 2.987 and a p-value of 0.003. This result is also statistically significant and indicates that higher levels of Anxious attachment predict higher quarter-life crisis symptoms, with a one-unit increase in Anxious attachment correlating with a 0.601 unit increase in the DCQ score.

In contrast, the Secure attachment style (Se) has a coefficient of 0.101 with a standard error of 0.234, a t-value of 0.432, and a p-value of 0.666. This result is not statistically significant, suggesting that Secure attachment does not have a meaningful impact on quarter-life crisis symptoms in this model.

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The overall model has an R^2 value of 0.161, indicating that approximately 16.1% of the variance in quarter-life crisis symptoms can be explained by the attachment styles included in the model. This suggests that while attachment styles have a significant influence on quarter-life crisis symptoms, other factors not included in this model may also play a substantial role.

Table 4 Correlation Contingency of Self Esteem and Quarter Life Crisis

		RSES	DD	LCC	TTP	DCQ
RSES	Spearman's rho	—	-0.091	-0.083	0.106	-0.068
	df	—	209	209	209	209
	p-value	—	0.189	0.229	0.125	0.322
DD	Spearman's rho		—			
	df		—			
	p-value		—			
LCC	Spearman's rho		0.955 ***	—		
	df		209	—		
	p-value		< .001	—		
TTP	Spearman's rho		0.194 **	0.189 **	—	
	df		209	209	—	
	p-value					
DCQ	Spearman's rho		0.945 ***	0.943 ***	0.453***	—
	df		209	209	209	—
	p-value		< .001	< .001	< .001	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

The correlation analysis presented in the table examines the relationships between self-esteem, as measured by the Rosenberg Self-Esteem Scale (RSES), and the various dimensions of the Quarter- Life Crisis (QLC), including Disconnection and Distress (DD), Lack of Clarity and Control (LCC), and Transition and Turning Point (TTP).

The analysis reveals that self-esteem (RSES) has a weak negative correlation with Disconnection and Distress (Spearman's rho = -0.091, $p = 0.189$) and Lack of Clarity and Control (Spearman's rho = -0.083, $p = 0.229$). However, these correlations are not statistically significant, suggesting that self-esteem does not have a strong or significant relationship with these particular symptoms of the quarter-life crisis.

Table 5 Correlation Contingency of Coping Strategies and Quarter Life Crisis

Add Proper Table

Table 5 examines the relationship between Coping Strategies and Quarter Life Crisis dimensions. Problem-Focused (PF) coping shows a negative correlation with Disconnection and Distress ($\rho = -0.249$, $p < .001$) and Lack of Clarity and Control ($\rho = -0.244$, $p < .001$), while having a positive correlation with Transition and Turning Point ($\rho = 0.218$, $p = .001$). Emotion-Focused (EF) coping exhibits positive correlations with Disconnection and Distress ($\rho = 0.217$, $p = .002$), Lack of Clarity and Control ($\rho = 0.200$, $p = .004$), and Transition and Turning Point ($\rho = 0.254$, $p < .001$). Avoidant Coping (AC) is positively correlated with Disconnection and Distress ($\rho = 0.353$, $p < .001$) and Lack of Clarity and Control ($\rho = 0.356$,

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$p < .001$), but shows no significant correlation with Transition and Turning Point ($p = 0.016$, $p = .822$). These results suggest that while PF coping is more associated with lower levels of quarter-life crisis symptoms, EF and AC coping are linked to higher levels of these symptoms, particularly in relation to Disconnection and Distress and Lack of Clarity and Control.

Table 6 Coping Strategies as Predictors of Quarter Life Crisis

Predictor	Estimate	SE	t	p	R ²
Intercept	27.831	3.335	8.35	<.001	0.193
PF	-0.580	0.141	-4.11	<.001	
EF	0.610	0.143	4.26	<.001	
AC	0.308	0.154	2.01	0.046	

Note- PF- Problem Focused coping, EF- Emotion Focused, AC- Avoidant Coping.

The regression analysis reveals that coping strategies play a significant role in predicting quarter-life crisis symptoms. The model explains 19.3% of the variance in these symptoms ($R^2 = 0.193$), indicating moderate explanatory power. Specifically, Problem-Focused (PF) coping has a significant negative association with quarter-life crisis symptoms (Estimate = -0.580, $p < .001$), suggesting that individuals who employ PF coping strategies experience fewer symptoms.

Conversely, Emotion-Focused (EF) coping is positively associated with quarter-life crisis symptoms (Estimate = 0.610, $p < .001$), indicating that reliance on EF coping strategies is linked to an increase in symptoms. Avoidant Coping (AC) also shows a positive association (Estimate = 0.308, $p = 0.046$), though the impact is less pronounced, suggesting that higher levels of AC are associated with a fair increase in quarter-life crisis symptoms.

DISCUSSION

The discussion section provides an in-depth analysis of the key variables examined in this study, focusing on their potential impact on the quarter-life crisis. By reviewing the literature and drawing connections between the theoretical frameworks and empirical data, this section aims to situate the study's findings within the broader context of emerging adulthood and developmental psychology. The hypotheses regarding the relationships between attachment style, self-esteem, coping strategies, and quarter-life crisis severity will also be tested here, offering insights into the dynamics that shape the experiences of young adults during this transitional life phase.

H01: There is no significant relationship between attachment style and the presence of a quarter-life crisis.

The first hypothesis (H01) was refuted by the data, as attachment styles were found to significantly correlate with quarter-life crisis symptoms. The correlation analysis revealed that individuals with Avoidant and Anxious attachment styles were more likely to experience higher levels of disconnection, lack of clarity, and emotional distress, which are key indicators of a quarter-life crisis. The positive correlation between Avoidant and Anxious attachment styles indicates a co-occurrence of these insecure patterns, with individuals displaying one attachment style often demonstrating tendencies of the other. This suggests that young adults with insecure attachments face greater vulnerabilities in managing developmental transitions, which is consistent with previous findings in attachment theory (Bowlby, 1969; Ainsworth, 1970s). These attachment insecurities likely

hinder their ability to form stable relationships and seek emotional support, thus exacerbating the emotional difficulties typically associated with the quarter-life crisis.

Further supporting this, previous studies have emphasized the impact of attachment insecurity on emotional regulation and relationship stability. Research by Robinson and Smith (2010, 2013) highlighted how insecure attachment styles contribute to emotional instability, particularly during major life transitions, aligning with the present findings. Conversely, Secure attachment exhibited negative correlations with both Avoidant and Anxious attachment styles and showed no significant relationship with quarter-life crisis symptoms. This finding suggests that securely attached individuals possess greater emotional resilience and are better equipped to

manage the challenges of emerging adulthood. They tend to experience fewer crises related to relationships, career decisions, or identity formation. However, the absence of a significant relationship between Secure attachment and quarter-life crisis symptoms also highlights that while Secure attachment is a protective factor, it does not fully insulate individuals from external stressors during this period (Arnett, 2007; Riza et al., 2023). Even securely attached individuals may still face career uncertainty or relational challenges but are more likely to navigate these issues with greater emotional stability.

H02: There is no significant relationship between self-esteem and the occurrence of a quarter-life crisis.

The second hypothesis (H02) was largely supported by the findings, as self-esteem, measured using the Rosenberg Self-Esteem Scale, did not show a significant relationship with quarter-life crisis symptoms. The lack of a significant correlation between self-esteem and dimensions such as disconnection, distress, or lack of control challenges the commonly held assumption that higher self-esteem would buffer individuals from the emotional uncertainties of a quarter-life crisis. While self-esteem is often associated with emotional well-being, the present findings suggest that it plays a limited role in determining how young adults cope with the external stressors of career transitions, relational instability, and identity struggles.

This finding contradicts earlier models that suggested self-esteem serves as an emotional buffer during life transitions. James (1968) posited that self-esteem is shaped by both objective achievements and subjective self-evaluation, but the data here indicate that during emerging adulthood, self-esteem may not significantly impact how young adults experience these transitions. The lack of significance aligns with recent research by Robbins and Wilner (2001), which found that environmental stressors—such as economic pressures, societal expectations, or relational struggles—play a more critical role in triggering crises during emerging adulthood than internal traits like self-esteem. However, the slight positive association between self-esteem and the ability to navigate life transitions hints that individuals with higher self-esteem may have more confidence in handling turning points in life, even if it is not a decisive factor in mitigating quarter-life crisis symptoms.

H03: There is no significant relationship between coping strategies and quarter-life crisis symptoms.

The third hypothesis (H03) was rejected, as coping strategies were found to significantly predict quarter-life crisis symptoms. The correlation analysis showed that Problem-Focused coping, which involves actively addressing and resolving stressors, was associated with lower levels of disconnection, distress, and lack of clarity. This finding underscores the protective nature of Problem-Focused coping during life transitions. By directly confronting

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challenges, individuals can view these periods as opportunities for growth, reducing the emotional toll of a quarter-life crisis. This aligns with the coping theories proposed by Lazarus and Folkman (1984), which emphasize the effectiveness of active problem-solving in managing life transitions.

In contrast, Emotion-Focused and Avoidant coping strategies were positively correlated with quarter-life crisis symptoms. Emotion-Focused coping, which centers on managing emotional responses rather than solving the underlying issues, was associated with increased levels of disconnection and distress. This suggests that while Emotion-Focused coping may provide immediate emotional relief, it may exacerbate long-term struggles by failing to address the root causes of crisis symptoms. Similarly, Avoidant coping, characterized by disengagement and avoidance of problems, was found to significantly contribute to the persistence of quarter-life crisis symptoms. These findings align with previous literature, which indicates that avoidant behaviors and emotional regulation strategies that focus on short-term relief can lead to prolonged distress during periods of life transition (Chapman & Mullis, 1999).

The significance of these findings emphasizes that active coping strategies are essential for reducing distress during the quarter-life crisis, while avoidant and emotion-focused strategies may compound challenges. The importance of developing adaptive coping mechanisms is clear, as problem-focused strategies can help individuals better navigate the uncertainties of this life stage.

H04: Regression analysis will reveal no significant individual or combined effects of attachment style, self-esteem, and coping strategies on quarter-life crisis severity.

The fourth hypothesis (H04) was also rejected. The regression analysis demonstrated that attachment styles and coping strategies had significant predictive power for quarter-life crisis severity. Specifically, Anxious and Avoidant attachment styles emerged as significant predictors of overall quarter-life crisis experiences. Individuals with these insecure attachment patterns were more likely to report heightened levels of distress, disconnection, and lack of clarity in their personal and professional lives. This finding aligns with existing literature on attachment theory, which has shown that insecure attachments contribute to increased emotional and relational instability during life transitions (Bowlby, 1969; Ainsworth, 1970s). The regression analysis further indicated that coping strategies, particularly Problem-Focused and Avoidant coping, significantly impacted quarter-life crisis severity. Problem-Focused coping was a protective factor, while Avoidant coping exacerbated crisis symptoms, reinforcing the idea that adaptive coping strategies are critical for managing distress during this phase of life.

However, self-esteem did not emerge as a significant predictor of quarter-life crisis severity in the regression model, further corroborating the earlier correlation analysis. This suggests that while self-esteem may contribute to overall well-being, it does not play a decisive role in determining how young adults experience the quarter-life crisis. Instead, attachment styles and coping strategies appear to be more influential factors in shaping individuals' experiences during this period.

Limitations

Sample Diversity

The study's sample may lack diversity, potentially limiting the generalizability of the findings to broader populations. If the sample was predominantly from a specific

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demographic, cultural, or socio-economic background, the results might not be applicable to individuals from different backgrounds or life experiences.

Cross-Sectional Design

The use of a cross-sectional design limits the ability to infer causation. The study identifies associations between attachment styles, coping strategies, and quarter-life crisis symptoms but cannot determine the directionality or causal relationships between these variables. Longitudinal studies are needed to assess how these factors influence one another over time.

Self-Report Measures

Reliance on self-report measures introduces the potential for response biases, such as social desirability or inaccurate self-assessment. Participants might underreport or exaggerate symptoms, affecting the validity of the data.

Attachment Style Measurement

The study's measurement of attachment styles might not capture the full complexity of attachment theory. A more nuanced assessment, incorporating both self-reports and observational measures, could provide a deeper understanding of how attachment patterns influence quarter-life crisis symptoms.

Limited Coping Strategies

The study focused on specific coping strategies (problem-focused, emotion-focused, avoidant). Other coping strategies, such as social support or mindfulness, were not considered. Including a broader range of coping strategies might offer a more comprehensive view of how coping mechanisms impact quarter-life crisis symptoms.

Future Directions

Diverse Populations

Future research should aim to include more diverse samples to enhance the generalizability of findings. This could involve recruiting participants from different cultural, socio-economic, and demographic backgrounds to examine how these factors influence the relationship between attachment styles, coping strategies, and quarter-life crisis symptoms.

Longitudinal Studies

To better understand causal relationships, future studies should employ longitudinal designs. Tracking participants over time would allow researchers to observe how changes in attachment styles and coping strategies affect quarter-life crisis symptoms and vice versa.

Mixed-Methods Approaches

Utilizing mixed-methods approaches, including qualitative interviews and quantitative measures, could provide a richer understanding of the interplay between attachment styles, coping strategies, and quarter-life crisis symptoms. Qualitative data might reveal deeper insights into personal experiences and perceptions.

Broader Coping Strategies

Future research should explore additional coping strategies beyond problem-focused, emotion-focused, and avoidant coping. Including strategies like social support, mindfulness, or adaptive coping could offer a more comprehensive understanding of how different coping mechanisms impact quarter-life crisis experiences.

Attachment Style Interventions

Investigating the efficacy of specific interventions aimed at modifying attachment styles could provide practical applications for improving quarter-life crisis symptoms. This might include testing attachment-based therapies or educational programs designed to address attachment issues and enhance coping skills.

Contextual Factors

Examining contextual factors such as career development, social relationships, and life transitions in relation to quarter-life crisis symptoms could offer insights into how different life domains interact with attachment styles and coping strategies.

In conclusion, the study's findings highlight the significant role that attachment styles and coping strategies play in predicting quarter-life crisis symptoms, while self-esteem appears to have a less prominent impact. These results challenge some traditional assumptions about the protective nature of self-esteem, suggesting that external factors and adaptive coping mechanisms are more critical in navigating the challenges of emerging adulthood.

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Conflict of Interest

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