

Intensification of Depression Symptoms and the Quarter-Life Crisis in Young Adults – Preliminary Research

Nasilenie objawów depresji a kryzys ćwierci życia u młodych dorosłych

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Abstract: According to Arnett's theory, the period of emerging adulthood is a stage of development characterized by instability, changeability, and experimentation in the performed roles. In this phase of life, young people cope with many ambivalences and ambivalencies as regards their values and choices; they may also experience the quarter-life crisis. The aim of the conducted research was to determine the correlation between intensification of depression symptoms and the occurrence of the quarter-life crisis in the period of emerging adulthood. The conducted analyses were based on the Developmental Crisis Questionnaire by Nikolay Petrov et al. in the author's own elaboration as well as Beck's Hopelessness Scale and a personal questionnaire. The conducted analyses allowed to observe the varying degrees of intensified feelings of hopelessness and the symptoms of the quarter-life crisis. Heightened negative attitude towards the future, perceived as unclear, uncertain, and a sense of not fitting the reality, increased the likelihood of the crisis.

Keywords: quarter-life crisis, depression, young adults

Abstrakt: Okres wschodzącej dorosłości jest etapem rozwojowym zgodnie z założeniami teorii Arnetta charakteryzującym się niestabilnością, zmiennością, eksperymentowaniem w realizowanych rolach. Młodzi ludzie zmagają się w tej fazie życia z licznymi ambiwalencjami, ambivalentencjami w zakresie wyznawanych wartości, dokonywanych wyborów oraz mogą doświadczać kryzysu ćwierci życia.

Celem prowadzonych badań było określenie zależności występujących między nasileniem objawów depresji a występowaniem kryzysu ćwierci życia u osób w okresie wschodzącej dorosłości. W prowadzonych analizach uwzględniono Kwestionariusz Kryzysu Rozwojowego Petrova i in. w opracowaniu własnym i Skalę Beznadziejności Becka oraz ankietę personalną. Wykonane analizy pozwoliły dostrzec różny stopień nasilenia poczucia beznadziejności oraz objawów kryzysu ćwierci życia. Nasilenie negatywnego nastawienia do przyszłości, spostrzeganie jej jako niejasnej, niepewnej, poczucie nieodnalezienia się w rzeczywistości, zwiększało prawdopodobieństwo wystąpienia kryzysu.

Słowa kluczowe: kryzys ćwierci życia, depresja, młodzi dorośli



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PERIOD OF EMERGING ADULTHOOD – CHALLENGES

Social expectations towards adulthood have undergone some changes today. Attainment of adulthood is the result of individual aspirations, rather than of meeting commonly accepted social standards. Instability of employment, late adoption of marital and parental roles, as well as educational requirements have resulted in extending the period of entering adulthood. Social and cultural changes that have taken place in recent years have undoubtedly contributed to the emergence of a new, specific stage of development known as emerging adulthood. (Kohútová, Špajdel and Dědová 2021, 307).

Emerging adulthood is a phase of life lasting from 18 to 29 years of age (Arnett 2014, 156). It is considered a developmental period separate from early adulthood (Spišáková and Rácová 2020, 1). According to Arnett, “emerging adulthood is neither adolescence nor young adulthood, but is theoretically and empirically distinct from both” (Arnett 2000, 469). In the literature, emerging adulthood is sometimes referred to as a transitional, but important period in the development of a young person due to its significance for an individual’s health and well-being (Chen et al. 2019, 664). According to Schulenberg and Schoon (2012, 168-169), the main tasks faced by young people during the period of emerging adulthood are: finding employment and engaging in work-related duties, developing a relationship, gaining independence from parents. The stage of emerging adulthood is perceived as the time when young people delay taking up roles, fulfilling obligations characteristic of adulthood. It is the age of instability, high changeability, exploration of identity, experiencing the feeling of being in between, discovering new roles, opportunities (Arnett 2000, 469), focusing on oneself (Arnett 2014, 158-159), without clear fulfilment of normative tasks foreseen for this period. This developmental stage is approached in the literature in two ways, on the one hand, positive changes are emphasized (Masten, Obradovic and Burt 2006 173-190), on the other hand, there are references to the occurrence of risky behaviours and mental health problems. In the initial stage, young people tend to experience excitement from undertaking professional activity, entering relationships, opening of opportunities to experiment in new roles (Wood et al. 2018, 123-125). With time, however, the excitement decreases, and young people begin to show symptoms of dissatisfaction and disappointment (Yeleret al. 2021, 247). Gradually, the prolonged time of carefreeness may also contribute to increased insecurity (Schwartz, Tanner and Syed 2016, 2), emotional problems (Lane, Leibert and Goka-Dubose 2017, 4) and affect life satisfaction (Karaš et al. 2015, 731-733). Successful transition to adulthood is related to achievement of normative goals in emerging adulthood (Negru-Subtirica 2008, 266-267). The stage of emerging adulthood is considered to be the time of pivotal normative transitions and changes in the area of love, work and education (Arnett 2015, 227-228; Schulenberg, Bryant and O’Malley 2004, 1119-1120). Emerging adulthood is characterized by a high degree of subjective and objective instability manifested in the changeability of life plans and goals (Luyckx et al. 2010, 238-240). Ability to deal effectively with difficulties and take appropriate action is of great importance during

this period. To make a satisfactory debut in early adulthood, a young person must effectively counteract processes that disrupt the achievement of specific goals and make responsible decisions (Spišáková and Ráčová 2020, 2).

During this period, young people may face problems associated with addiction to alcohol, or drugs, as well as with mental health (Gandhi et al. 2018, 173-175; O'Connor et al. 2011, 865-867). Emerging adulthood is also perceived as a time of respite from earlier adolescent "storms and stresses" (Galambos, Barker and Krahn 2006, 351-352), persistence or emergence of symptoms of depressive patterns (Reed-Fitzke 2020, 44). Depression, anxiety and eating disorders ("social and emotional disorders") are common in adolescence and emerging adulthood (Gibb, Fergusson and Horwood 2010, 122; Kessler et al. 2012, 381-382). The process of formation and development of identity may increase susceptibility to social and emotional disorders, while the emerging disorders may hinder identity formation (Klimstra and Denissen 2017, 2055-2056). Low social skills, intensification of negative thoughts, changes in family and peer relationships, striving for autonomy and at the same time making attempts to meet the requirements of the environment may contribute to the development of depression (Burns, Andrews and Szabo 2002, 93).

When entering adulthood, young people may deal with low achievements, lack of support from relatives and they may show addictive tendencies (Rana et al. 2022, 274). The period of transition from adolescence to emerging adulthood, may be associated with the feeling of fear, which contributes to the sense of hopelessness. Persistence of negative emotions is inductive to the loss of hope, contributing to the emergence of hopelessness (Rana et al. 2022, 275-276). Hopelessness is sometimes defined as a system of negative expectations regarding oneself and one's future life (Beck et al. 1974, 861-862).

1. DEPRESSION AND THE PERIOD OF EMERGING ADULTHOOD

Depression is one of the most common mental disorders affecting people in adolescence and early adulthood (World Health Organization 2016). The ICD-10 Classification of Mental and Behavioural Disorders distinguishes the following diagnostic categories of depression: depressive episode, recurrent depressive disorder, persistent mood (affective) disorders such as cyclothymia or dysthymia. Classification of depressive disorders also takes into account these variety of symptoms and features and it includes: mild depression, characterised by single features of depression of medium intensity, moderate depression, with a clear deterioration of both social and professional functioning, and severe depression, associated with significant disturbances in social functioning and inability to work (Pużyński 2018, 19-36). The DSM-V classification distinguishes eight different depressive disorders, each with its own diagnostic categories: disruptive mood dysregulation disorder, major depressive disorder including depressive episodes, persistent mood disorder – dysthymia, premenstrual dysphoric disorder, substance- or medication-induced depressive disorder, depressive disorder

due to somatic medical condition, depressive disorder specified otherwise, and unspecified depressive disorder (DSM-V).

The clinical picture of depression in a person is characterised by a marked loss of interest or satisfaction in the scope of activities that previously gave pleasure, lack of emotional reactions to events and activities that usually triggered such reactions, earlier than usual morning awakening, and noticeable for others inhibition or agitation. The person is more depressed in the morning, has decreased appetite and libido, and has lost 5% or more in weight over the past month.

From a developmental point of view, depression reduces an individual's ability to achieve specific successes characteristic of a given developmental period (Cicchetti and Toth 1998, 222-223). People suffering from depression may be susceptible to social, professional and health problems. Depression also contributes to the rising social costs. In emerging adulthood, young people may experience symptoms of depression due to increased uncertainty (Haase, Heckhausen and Silbereisen 2012, 1739), pressure of social obligations (e.g., entering a relationship, raising children), barriers to achieving their own goals, e.g., lack of financial resources, limited educational opportunities. This situation may, in turn, lead to emotional problems (Mondi, Reynolds and Ou 2017, 2). Many developmental challenges, including the process of shaping identity and coping with everyday difficulties at the educational, professional, and personal levels, are conducive to the occurrence of depression in emerging adulthood (Arnett 2015, 227-228). Research study conducted by Jurkiewicz and Kołpa (2015) on the 20-35 age group showed the occurrence of depressive symptoms in 20% of the participants. Young people affected by depression are more likely to face marital and behavioural problems, addictions, and lower professional satisfaction (Kuwabara et al. 2007, 317). Conflicts in interpersonal relationships, especially with friends or partners, can lead to increased psychological distress (Chango et al. 2012, 376). Difficulties in social and partner relationships have the greatest impact on the development of depression.

2. QUARTER-LIFE CRISIS

Crisis is sometimes defined in the literature as a turning point, a state characterised by high emotional tension, loss of control, disorganized behaviour, and occurrence of somatic symptoms (*Psychologia* 2003, 554). Crisis is also referred to as a loss of balance (Sillamy 1994, 131). As regards development, crisis is a breakthrough on the way to a new stage (*Psychologia* 2003, 554), associated with changes in the emotional sphere. Crisis is not a uniform research issue. The literature describes various types of crises and various ways of dealing with them (Płużek 2003, 152).

A person in crisis, fearing the reaction of the environment, may suppresses emotions at the same time depriving themselves of the possibility of being authentic. Such behaviour frequently prevents self-fulfilment, and thus the possibility of development (Bronowski, Kaszyński and Maciejewska 2019, 90). Crises in early adulthood appear towards the end of emerging adulthood (Robinson 2016, 17-30).

According to Robinson (2015, 10), a quarter-life crisis usually occurs between the ages of 25 and 29. Agarwal et al. (2020, 1) define it as an episode of developmental crisis occurring in early adulthood. Some researchers define the quarter-life crisis as “a feeling of overwhelming instability, constant change, too many choices, and a panicked sense of helplessness” (Robbins and Wilner 2001, 3) or “a form of emotional crisis that occurs in individuals in their 20s, which includes feeling of separation, isolation, inadequacy and self-doubt, combined with fear of failure” (Atwood and Scholtz 2008, 241). The literature distinguishes two types of the quarter-life crisis, i.e., locked-out and locked-in (Robinson 2019, 167-169). The locked-out crisis is associated with difficulties in reaching adulthood at the age of 21-25. Young people in this period may face problems with gaining financial independence and with establishing a romantic relationship. The second type, i.e., the locked-in crisis occurs at the age of 25-35. It is associated with lack of acceptance for the performance of specific roles related to work and family (Yeler et al. 2021, 247).

The quarter-life crisis may be associated with instability, emotional changes caused by the undertaking of active efforts, being overwhelmed, or difficulty coping with problems (Agarwal et al. 2020, 2). In addition, it may involve a sense of hindered developmental commitments (problems with finding a job, getting married), feelings of detachment from one's life role, difficulties with realizing one's identity (Robinson 2019, 168). It can also take the form of an emotional crisis associated with a sense of helplessness, isolation, doubt in one's own abilities (Anggraini, Wahyunengsih and Aqila 2002, 38). Over time, young people realize that this condition leads to the feeling of limited development opportunities. This crisis may have development potential because it contributes to the termination of ongoing commitments, ties and provides the opportunity to start new activities (Robinson 2013, 6-7). A quarter-life crisis may, on the one hand, cause positive changes, for example in lifestyle, or, on the other, contribute to the development of depression and lower self-esteem (Robinson and Wright 2013, 407-408). Emerging adulthood is a period when young people face many changes and have to make many decisions. Experience of instability and uncertainty is common because the young person has a sense of pursuing an “invisible goal” (*Flourishing in Emerging Adulthood* 2017, 568). Ability to function in a situation of uncertainty and instability becomes crucial for coping with developmental challenges and overcoming the quarter-life crisis.

Research conducted by Herawati and Hidayat (2020) showed that in people aged 20-30, an individual quarter-life crisis was experienced by 43.22% (to a moderate degree), 27.97% (to a high degree), 14.83% (to a low degree) and 3.82% (to a very low degree). Analysis of the conducted research findings demonstrates that the quarter-life crisis occurred in the majority of subjects (Herawati and Hidayat 2020, 131). Research conducted by Yeler and colleagues (2021) on people in early adulthood showed that 82% of young people experienced a crisis at various levels. The main areas of crises were career, age, experienced level of happiness, experienced level of difficulty, and intolerance (Yeler et al. 2021, 253-255).

3. KAZIMIERZ DĄBROWSKI'S POSITIVE DISINTEGRATION THEORY

According to the theory of positive disintegration, formulation of personality and identity requires overcoming certain genetic, biological determinants of the development cycle as well as specific socio-cultural schemes (Tylkowska 2000, 231). Development in Dąbrowski's theory is a multi-faceted and multi-level process conducive to the pursuit of an ideal personality (Dąbrowski 1975). It also involves overcoming certain obstacles, as well as commitment, hardship, and determination. In order to be able to develop effectively, a person should discover their goals and learn values. An important role in human development is played by a person's development potential, which is determined by three factors. The first is related to the innate characteristics of a person's psychobiological construction. The second is determined by the impact of the environment and social situation. The third factor is authentic and autonomous (Dąbrowski 1975; Tylkowska 2000, 235).

According to Dąbrowski (1979), development is related to reaching successive levels, starting from primary integration, unilevel disintegration, spontaneous multilevel disintegration, organized and systematized multilevel disintegration, and secondary integration. The first level is characterized by internal conflicts and lack of development mechanisms (Limont 2014, 10). Characteristic features of this level are impulsiveness and automatism as well as strong subordination to primitive drives (Dąbrowski 1975, 51-54; 1979). Mental functions here are integrated, organized, but unconscious. The aim of this level is to satisfy the needs and derive satisfaction from life (Tylkowska 2000, 241). At the level of primary integration, individuals are devoid of reflection and react mechanically to environmental stimuli. Unilevel disintegration is characterised by ambivalences and ambitemencies (Dąbrowski 2015, 276) with clearly dominating relativism of values. The mental tension arising at this level can have a negative or positive outcome (Dąbrowski 2015, 70-71). This type of disintegration can occur during a developmental crisis when a person is struggling with difficult external conditions. Individuals at this level lack the sense of autonomy (Tylkowska 2000, 243), they cope with conflicting feelings. On the one hand, they have an urge to act, and on the other, they feel fear blocking any attempts at spontaneous activities.

At the third level, the impact of developmental dynamisms can be discerned. The third factor begins to work here, manifested in the creative instinct, hierarchy of values, or positive maladjustment. It enables an individual to search for development opportunities and eliminate factors inhibiting such a development (Dąbrowski 1975).

An individual at this level experiences manifold, strong conflicts. The level also involves certain dynamisms, e.g., feelings of inferiority in relation to the environment, dissatisfaction with oneself, maladjustment (Tylkowska 2000, 245). An individual begins to conceive their ideal personality and strive to achieve certain goals.

In an organized, systematized multi-level disintegration, a person shapes their own personality, strives for synthesis, internal integration, balance through the implementation of a social and individual ideal. There is a greater level of

systematization here compared to the previous levels. People are capable of self-reflection. The third factor and certain dynamisms: the subject-object in oneself, self-awareness and education-of-onself are intensively active here (Tylkowska 2000, 246). Disintegration processes take place at this level, but their course is calmer and more controlled (Dąbrowski 1989, 60).

In secondary integration, the balance of personality unity, i.e., internal synthesis, is achieved. There are no internal conflicts. The ideal of personality is realized (Limont 2014, 11). At this level, self-awareness, empathy and responsibility clearly dominate (Tylkowska 2000, 247). The working mechanisms of the internal environment begin to bring an individual closer to the ideal personality (Dąbrowski 1979, 34-36).

4. AIM OF RESEARCH AND METHODOLOGY

The aim of the conducted research was to determine the relationship between intensification of depressive symptoms and the occurrence of the quarter-life crisis in young people in the period of emerging adulthood.

4.1. Research subjects

The research results were calculated based on the answers of 122 participants, including 107 (87.7%) women and 15 men (12.3%) aged between 23 and 30. Participants aged 23-24 dominated. The mean age of the respondents was 24.66 with a standard deviation of 2.080. Among the respondents, 77.9% do not suffer from any disease, and the remaining 22.1% suffer mainly from thyroid diseases, diabetes and insulin resistance, anxiety disorders, hypertension and asthma. Therefore, the majority do not take medications (82%), while 18% use pharmacotherapy, mainly in connection with the diseases they suffer from. The majority of participants have not experienced depression episodes (73%), do not use any stimulants such as cigarettes, alcohol or other psychoactive substances (59,8%), while others (40.2%) use alcohol and cigarettes; isolated cases of iqos and marijuana use have been reported. Most participants (65.6%) have recently experienced no unpleasant life events that could have a significant impact on their mood. Most of the respondents in a difficult situation can count on support from their parents (82.8%) and friends (68.9%), slightly less on support from their partners (61.5%) and friends. The respondents receive the least support from their friends (16.4%).

4.2. Tools

Two tests were used: the Developmental Crisis Questionnaire and the Hopelessness Scale. Participants also completed a personal questionnaire.

The Developmental Crisis Questionnaire (DCQ-12) by Petrov, Robinson and Arnett (2021) was translated into Polish with the consent of its creators in accordance with the test development procedure. Currently, the authors of the article continue

works on adapting the tool. The questionnaire consists of 12 statements to which the participants respond on a 5-point Likert scale, where 1 means “strongly disagree” and 5 means “strongly agree”. The statements refer to experiences that describe the respondent’s life in the past six months. In addition to the overall crisis score, the authors identified three components: Disconnection and Distress, Lack of Clarity and Control, and Turning Point and Transition. According to the authors, if a person scores 42 points or more, it indicates the presence of crisis, while 41 points or less means absence of crisis. These are indicative data due to the fact that the tool has not yet been fully adapted. In the presented studies, the result of Cronbach’s α reliability coefficient for the entire questionnaire and individual scales is respectively: 0.808; 0.849; 0.737; 0.814 and for the statements it ranges from 0.775-0.811.

Beck’s Hopelessness Scale (HS) was elaborated by Oleś and Juros (1985-1986). The questionnaire consists of 20 statements. If a given statement describes the attitude of the respondent in the last week, they should mark the True answer, and if the sentence is false as regards the respondent, they should mark the False answer. In addition to the overall score, the authors distinguished three components: affective, motivational and cognitive. The higher the score obtained on the scales, the greater the intensity of the sense of hopelessness among the respondents. Cronbach’s α reliability coefficient for the questionnaire was 0.757.

The personal questionnaire was created for the purpose of the research, it consisted of 15 questions regarding demographic data such as gender, age, place of residence, education, marital status and professional situation. The questionnaire also included questions about diseases such as depression or other, depression episode, taking medications, using stimulants. The questionnaire also included a question about the recent occurrence of unpleasant events in the respondent’s life, which could significantly affect their mood.

4.3. Research procedure

Group selection was purposive; the snowball method was used. The research began with uploading questionnaires to an online survey via the *Lime Survey* service. Next, a survey was created using the ankiety.kul.pl webpage. It began with a greeting and an invitation to participate in the survey. Information was also provided that participation in the research was voluntary and anonymous, and that the obtained results would be used only for scientific purposes. Thanks for participation were also included. The following questionnaires were uploaded: Personal questionnaire, Developmental Crisis Questionnaire, HS Questionnaire. All questions were mandatory, i.e., in order to go to the next stage of the survey, respondents had to answer each question. Completing the survey took about 25 minutes.

Information about the research was published on the Facebook social network created by Mark Zuckerberg. The portal allows registered users to create groups and share news. Mentions with information on the conducted research were posted, among others, on student groups with information on the age required to

participate and with a link to the survey. Potential participants were also assured of voluntary and anonymous character the survey. In the published information on the research, the authors asked for its further dissemination. The study has the approval of the Research Ethics Committee of the Institute of Psychology of the Catholic University of Lublin.

314 Polish-speaking respondents took part in the research, 181 of them being excluded due to incomplete completion of the questionnaires and failure to meet the research criteria, which was the age between 23 and 30 years. Respondents who declared suffering currently from depression (11 people) were also excluded.

4.4. Statistics used

The statistical software IBM SPSS Statistics 27.0 was used to verify the hypotheses. Before proceeding to the verification of the hypotheses, basic statistical calculations were performed, taking into account the mean, standard deviation, minimum, maximum, and the median. Subsequently, it was checked whether the variables of the Developmental Crisis Questionnaire (DCQ) and the HS Questionnaire had a normal distribution. Due to the fact that a normal distribution was not obtained for most of the variables, the analyses were performed using the T-test, U Mann-Whitney test and H Kruskal-Wallis test. The relationship between the Developmental Crisis Questionnaire (DCQ) and the HS Questionnaire was conducted using Pearson's r correlation. To estimate the probability of a crisis based on the analysed psychological data and nominally identified developmental tasks, logistic regression analysis was applied using the input method.

5. RESEARCH RESULTS

Below are presented the data supporting the results (Table 1) and the statistical analyses results concerning the relationship between the studied variables (Table 2, 3).

Table 1. Descriptive characteristics of the results

Statistics	HS hopelessness	HS affective	HS_ motivational	HS_cognitive	DCQ Quarter-life crisis
<i>M (SD)</i>	5.35 (3.91)	0.90 (1.20)	1.80 (1.30)	1.92 (1.61)	34.89 (7.89)
<i>Me</i>	4	0.5	1	1	34.5
<i>Min-Max</i>	1-17	0-5	0-7	0-5	16-53
<i>Skewness</i>	1.110	1.463	1.508	0.519	0.009
<i>Kurtosis</i>	0.588	1.645	2.242	-0.889	-0.333
<i>Shapiro-Wilk</i>	0.879	0.752	0.767	0.887	0.990
<i>P</i>	0.000	0.000	0.000	0.000	0.524

The average intensity of the sense of hopelessness in the group of respondents indicates a mild sense of hopelessness, which is also confirmed by the median. However, the spread of results is large and suggests the occurrence of cases with sharp intensification of the sense of hopelessness. The average result of the severity of the quarter-life crisis symptoms is comparable to the research on the construction of the scale (Petrov, Robinson and Arnett 2021).

In the presented research, 20.5% of young adults experience the quarter-life crisis. In the remaining 79.5% of respondents, development of the crisis symptoms was insufficient to allow for its identification.

The following potential predictors were introduced into the logistic regression model: feeling of hopelessness (affective, motivational and cognitive component), close relationships (single, in a relationship), basic activity (studying, studying and working, working, not studying and not working), gender (man, woman), quarter-life crisis (Table 2). The collinearity test for the elements of the VIF model ranges from 1.717 to 1.862 and the tolerance index ranges from 0.537 to 0.582.

Table 2. Predictors of the quarter-life crisis in the light of logistic regression

Predictor	B	SE	Wald	P	Exp(B)
Affective hopelessness	0.861	0.290	8.819	0.003	2.366
Motivational hopelessness	-0.184	0.262	0.493	n.i.	0.832
Cognitive hopelessness	0.475	0.241	3.895	0.048	1.608
Single	0.513	0.560	0.839	n.i.	1.670
Activity (studying)	-0.477	2.352	0.041	n.i.	0.620
Activity (studying and working)	-0.076	2.340	0.001	n.i.	0.927
Activity (working)	0.561	2.385	0.055	n.i.	1.752
Activity (not working)			1.431	n.i.	
Gender (M)	0.044	0.875	0.003	n.i.	1.045
constant	-3.314	2.415	1.883	n.i.	0.036

Hosmer and Lemeshow: $\chi^2=7.55$ df=8. p=0.479; R^2 Cox and Snell=0.251;
 R^2 Nagelkerke=0.394

The analyses show that the collective test of the model coefficients is statistically significant ($\chi^2=35.298$.df=8. p=0.000). The Hosmer and Lemeshow goodness of fit test of the model indicates that the data are fit ($\chi^2=7.55$.df=8. p=0.479). The model allows to explain 25.1% (R^2 Cox and Snell) – 39.4% (R^2 Nagelkerke) of the variability of the explained variable results. Only two factors significantly justify the experience of the quarter-life crisis, namely, affective hopelessness and cognitive hopelessness. The obtained results make it possible to estimate probability of the quarter-life crisis: if the intensity of affective hopelessness increases by one unit, probability of crisis increases 2.37 times; if the intensity of cognitive hopelessness increases by one unit, probability of crisis increases by 1.61 times. On the basis of observational data on the absence of crisis, 96.9% of correct classifications of predicted data can be made and on the basis of data on the occurrence of crisis, the indicator is 44% of correct classifications (Table 3).

Table 3. Percentage of classification correctness based on observational data

Observational data		predicted crisis		% of correct classifications
		No	Yes	
crisis	No	94	3	96.9
	Yes	14	11	44.0
	% total			86.1

DISCUSSION

Young people entering adulthood experience difficulties in social and emotional functioning (Gibb, Fergusson and Horwood 2010, 122; Klimstra and Denissen 2017, 2055-2056; Kessler et al. 2012, 381-382; Reed-Fitzke 2020, 44). The conducted analyses showed that the subjects experienced increased hopelessness and symptoms of the quarter-life crisis in varying degrees. The average of crisis symptoms is comparable to other studies, as is the average of hopelessness.

Starting adult life, young people try to gain independence, find and start a well-paid job, expand the area of established relationships at the family and extra-family level and take responsibility for themselves and their choices (Schulenberg and Schoon 2012, 168-169; Wood et al. 2018, 123-125). However, the feeling of constant instability caused by the changeability of plans, goals, and difficulties in defining one's own identity are not conducive to the implementation of normative developmental tasks (Arnett 2000, 469; Luyckx et al. 2010). Lack of self-knowledge makes it difficult to shape one's own individuality and identity (Płużek 2003, 146). People struggling with unstable external conditions may experience ambivalences and ambipendencies which intensify the effects of the experienced crisis (Dąbrowski 2015; Tylkowska, 2000). The pressure of social obligations, financial difficulties, limitations in terms of self-development can additionally increase the feelings of uncertainty and self-disillusionment (Haase, Heckhausen and Silbereisen 2012, 1739; Mondri, Reynolds and Ou 2017, 2). In a stressful situation, the resulting fear and tension contribute to disorganized behaviour and mental chaos. As a result, an individual begins to notice the mismatch between their needs and the expectations of their environment (Kubacka-Jasiecka 2005, 64).

In the conducted analyses, it was noticed that the greater the intensity of a negative attitude towards the future, feelings of not fitting the reality, the greater the likelihood of crisis. Young people entering adulthood experience numerous relational and personal changes, while striving to meet the requirements of the environment (Arnett 2015, 227-228; Masten, Obradovic and Burt 2006). Sometimes, however, low social skills, intensified tendency to negative thinking, helplessness caused by inability to meet the requirements of the environment may contribute to self-doubt, feelings of being overwhelmed, or doubts regarding one's abilities (Burns, Andrews and Szabo 2002, 93; Rana et al. 2022, 275-276). The quarter-life crisis is associated with the experience of helplessness, problems with fulfilling developmental tasks, doubts about one's future and one's potential (Anggraini, Wahyuengsih and Aqila 2002, 38). The feeling of loss of

control, powerlessness and helplessness contribute to the intensification of the effects of the experienced crisis (Kubacka-Jasiecka 2005, 64).

In the case of the respondents, the more the future was perceived as unclear and uncertain, the greater the likelihood of crisis. In the period of emerging adulthood, a young person may have a sense of following an “invisible goal” (*Flourishing in Emerging Adulthood* 2017, 568), which, combined with the experienced unpredictability of the future, instability of undertaken activities and roles, may intensify the symptoms of the crisis. An uncertain vision of the future is not conducive to shaping a person’s autonomy (Tylkowska 2000, 243). Young people may experience contradictory tendencies in taking certain actions: on the one hand, the fear of action, on the other hand, the need to act.

The respondents show a tendency to postpone implementation of developmental tasks for an unspecified future, which is a typical characteristic of many young people in emerging adulthood (Arnett 2014). During this developmental period, young people begin to focus on themselves, their own capabilities, changes in plans, life goals (Luyckx et al. 2010). Experimenting in new roles, with new possibilities is not conducive to the fulfilment of normative tasks related to the stage of entering adulthood. Difficulties in determining the level of maturity, self-integrity, identity, and difficulties in adapting to developmental requirements are similarly not conducive to the implementation of developmental tasks and overcoming crises (Kubacka-Jasiecka 2005, 77).

Young people in emerging adulthood experience symptoms of depression, according to the analyses and research conducted by Jurkiewicz and Kołpa (2015). Strineet al. (2008) found that 16% of young people aged 18-24 were diagnosed with depression at some point in their lives.

Research limitations

- large disproportion in numbers (107 women / 15 men),
- worse mental condition of the society (research conducted after a 2-year pandemic of restrictions such as isolation, limiting interpersonal contacts, quarantine, travel restrictions),
- electronic form of research – the survey was relatively long, resistance to completing online questionnaires and weariness during the completion of the survey resulted in the fact that as many as 181 people withdrew from the research during its course,
- a factor that may be important and worth attention – the current situation of the war in Ukraine, which is not indifferent to the inhabitants of Poland and the world.

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