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Perceived Social Support and Religiosity Dimensions in Relation to Quarter Life Crisis among Final Year Psychology Students

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Abstract

The transition toward graduation can combine academic demands with uncertainty about adult roles. This study examined associations between three perceived social support dimensions, five religiosity dimensions, and quarter-life crisis among final-year psychology students. A cross-sectional correlational study included 258 students aged 20–25 years at UIN Syarif Hidayatullah Jakarta, recruited through purposive sampling. Measures included an adapted 20-item quarter-life-crisis questionnaire, the Multidimensional Scale of Perceived Social Support, and a modified Centrality of Religiosity Scale. We conducted confirmatory factor analyses in LISREL, followed by simultaneous multiple regression in SPSS. The eight-predictor model accounted for 20.7% of the variance in quarter-life crisis, $F(8, 249) = 8.130$, $p < .001$. Friend support was negatively associated with crisis scores ($B = -.288$, $p = .011$), whereas private religious practice was positively associated with crisis scores ($B = .637$, $p < .001$). The other six coefficients were not statistically significant. The findings suggest dimension-specific associations rather than uniformly protective relationships. The positive private-practice coefficient does not establish that religious practice increases crisis; temporal direction and underlying coping processes remain unresolved.
Keywords: emerging adulthood, final-year students, perceived social support, quarter-life crisis, religiosity

Abstrak

Transisi menuju kelulusan dapat menggabungkan tuntutan akademik dengan ketidakpastian mengenai peran sebagai orang dewasa. Penelitian ini menguji hubungan antara tiga dimensi dukungan sosial yang dipersepsikan, lima dimensi religiusitas, dan quarter-life crisis *pada mahasiswa psikologi tingkat akhir. Penelitian korelasional* cross-sectional *ini melibatkan 258 mahasiswa berusia 20–25 tahun di UIN Syarif Hidayatullah Jakarta, yang dikumpulkan melalui purposive sampling. Instrumen yang digunakan meliputi kuesioner quarter-life crisis adaptasi 20 butir, Multidimensional Scale of Perceived Social Support, dan Centrality of Religiosity Scale yang dimodifikasi. Analisis faktor konfirmatori dilakukan menggunakan LISREL, dilanjutkan dengan analisis regresi berganda menggunakan SPSS. Model dengan delapan prediktor menjelaskan 20,7% varians* quarter-life crisis *, F(8, 249) = 8,130, p < ,001. Dukungan teman berasosiasi negatif dengan skor krisis (B = −,288, p = ,011), sedangkan praktik keagamaan pribadi berasosiasi positif dengan skor krisis (B = ,637, p < ,001). Enam koefisien lainnya tidak signifikan secara statistik. Temuan ini menunjukkan adanya hubungan yang spesifik pada dimensi tertentu, bukan hubungan protektif yang seragam. Koefisien positif pada praktik pribadi tidak membuktikan bahwa praktik keagamaan meningkatkan krisis; arah temporal dan proses coping yang mendasarinya masih belum terjawab..*
***Kata kunci**: dukungan sosial yang dipersepsikan, masa dewasa awal, mahasiswa tingkat akhir,* quarter-life crisis*, religiusitas*

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Introduction

The transition out of university requires young adults to make decisions about employment, financial independence, relationships, and personal direction while completing academic responsibilities. Graduation is a formal educational milestone, but it does not automatically resolve uncertainty about adulthood. Arnett (2001) demonstrated that understandings of adult status extend beyond conventional role markers and involve judgments about responsibility and independence. For students approaching graduation, the distance between institutional expectations and personal readiness can make the final academic year a useful context for examining developmental distress.

Quarter-life crisis refers to a cluster of distress responses that may arise when young adults confront uncertainty, multiple life choices, self-doubt, fear of failure, rapid change, and a perceived lack of control over the future (Robbins & Wilner, 2001). The construct should not be treated as a formal psychiatric diagnosis; rather, it describes a developmental crisis or period of heightened distress during the transition to adult roles. Final-year students may be especially vulnerable because they are expected to complete academic requirements while preparing for employment, financial independence, changing relationships, and broader adult responsibilities.

A developmental interpretation of crisis emphasizes changes in the relationship between the person and the surrounding environment. Robinson et al. (2013) developed a phase model in which early-adult crisis involves disruption and subsequent reorganization of life commitments. Robinson (2019) further distinguished experiences of being unable to enter desired adult roles from experiences of feeling trapped in existing commitments. These perspectives do not imply that every young adult experiences crisis. Instead, they provide a framework for understanding why a transition that offers opportunity can also feel like a threat to identity, direction, and perceived control.

Perceived social support is relevant because uncertainty is managed within relationships as well as within individuals. Cohen and Wills (1985) distinguished the general benefits of supportive relationships from stress-buffering processes. Support may influence how demands are appraised or provide resources for managing them. The Multidimensional Scale of Perceived Social Support (MSPSS) distinguishes support from family, friends, and significant others (Zimet et al., 1988). For final-year students, these sources may serve different functions: family may provide continuity and practical resources, friends may share immediate academic pressures, and a significant other may offer individualized emotional reassurance.

Indonesian studies provide a basis for considering these relationships, although their designs and measures differ. Oktaviani and Soetjiningsih (2023) reported a negative relationship between perceived social support and quarter-life crisis among recent graduates. Ratnasari et al. (2023) examined social support and stress coping among senior university students and reported that both domains were relevant to crisis scores. These studies support investigation of interpersonal resources during educational transitions. They do not, however, establish that each support source contributes independently after accounting for other support and religious dimensions.

Religiosity provides a second domain of possible resources. The Centrality of Religiosity Scale (CRS) differentiates intellectual interest, ideology, public practice, private practice, and religious experience (Huber & Huber, 2012). These components reflect related aspects of religion's relevance in personal life, rather than interchangeable indicators of a single behavior. Religion may provide interpretations of uncertainty, practices for managing difficult emotions, or opportunities for social connection. Nevertheless, the centrality of religion should not be equated with a specific coping style or with the absence of distress.

The empirical basis for a uniformly protective interpretation is also limited. Yonker et al. (2012) synthesized associations between religion or spirituality and psychological outcomes in adolescents and emerging adults, illustrating the relevance of these domains while addressing outcomes beyond quarter-life crisis. Habibie et al. (2019) examined religiosity in relation to quarter-life crisis among Indonesian

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students. These findings motivate the present question, but differences in religious measures and populations constrain direct comparisons. An overall religiosity score cannot be assumed to capture the unique coefficient of private practice in a model with five religious dimensions.

Three questions therefore guide this study. First, do perceived social support and religiosity dimensions jointly account for variability in quarter-life crisis in this population? Second, which dimensions remain associated with crisis scores when the other dimensions are entered simultaneously? Third, are the religious dimensions associated with crisis in a common direction, or do their coefficients differ? These questions define a focused contribution: examining differentiation within established psychosocial domains. The study does not introduce a new construct, validate a new instrument, or establish the first examination of these variables.

The contribution is contextual and analytical. We examine students from one psychology faculty at an Islamic university during the final-year transition, and we represent established support and religiosity domains at the dimension level. This allows a distinction between the broad claim that psychosocial resources matter and a more specific claim about which dimension is associated with crisis scores, conditional on the remaining predictors. Such differentiation can guide subsequent hypotheses, but it should not be mistaken for evidence of a new causal mechanism or for generalizability to all Indonesian students.

Our research protocol specified nine nondirectional hypotheses. H1 proposed a joint association of social support and religiosity with quarter-life crisis. H2, H3, and H4 addressed the conditional associations of family, friend, and significant-other support, respectively. H5 through H9 addressed intellectual religiosity, ideology, public practice, private practice, and religious experience, respectively. The present article retains these hypotheses but replaces causal wording with association to match the cross-sectional design. These dimension-level hypotheses did not specify positive or negative directions.

Methods

Participants

This study used a quantitative, cross-sectional correlational design. The design was selected to estimate the statistical contribution of perceived social support and religiosity dimensions to quarter-life crisis at one point in time. Because the variables were not experimentally manipulated and temporal precedence was not established, the terms association, contribution, and prediction are used in interpreting the coefficients; causal claims are avoided. The population comprised final-year students in the Faculty of Psychology at UIN Syarif Hidayatullah Jakarta. The analytic sample consisted of 258 students aged 20–25 years. We used non-probability purposive sampling, with eligibility criteria of being a final-year psychology student and aged 20–25 years. Because participants were recruited from one faculty and not through probability sampling, generalize beyond this population with caution. The sample of 258 students comprised 105 men (41%) and 153 women (59%). The 20–21 age group was the largest, with 155 individuals (60%), followed by the 22–23 age group with 74 individuals (29%) and the 24–25 age group with 29 individuals (11%). Most respondents were enrolled in semester 7 (n = 197, 76%), followed by semester 9 (n = 35, 14%), semester 11 (n = 16, 6%), and semester 13 (n = 10, 4%). Details of respondent characteristics are presented in **Table 1.**

Measures

Our research documentation describes translated and modified self-report items with four response options: strongly inappropriate, inappropriate, appropriate, and strongly appropriate. Favorably keyed items were assigned scores of 1–4 in that order; unfavorably keyed items were scored in reverse. These anchors describe the administered adaptation and should not be substituted with the response formats of the original instruments. We assessed quarter-life crisis using the 20 items in the administered questionnaire and CFA syntax, adapted from Agustin (2012) and attributed to Hassler's (2009) survey.

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Higher scores represented more crisis-related experiences. Our research documentation describes a 25-item antecedent instrument, but the reproduced questionnaire and the analyzed CFA model contain 20 items. This distinction concerns the version analyzed here; the original item-reduction procedure still requires clarification. The questionnaire is not used to establish a clinical diagnosis.

We assessed perceived social support with the 12-item MSPSS (Zimet et al., 1988). Each of the family, friend, and significant-other dimensions contained four items. The three dimensions were entered separately in the regression to estimate support-source-specific associations. Higher scores indicate greater perceived support availability. This source-specific analysis should be distinguished from analyses using a total MSPSS score because it estimates a conditional coefficient after controlling for shared variance with the other support sources and religious dimensions

We assessed religiosity using a modified instrument based on the CRS framework (Huber & Huber, 2012). The administered candidate pool contained four items for each of five dimensions: intellectual, ideology, public practice, private practice, and religious experience. The modified 20-item pool is therefore distinguished from standard CRS forms. According to the item-retention information reported for this study, public practice retained three items and religious experience retained two; the other dimensions retained four items each. Higher dimension scores were interpreted as greater religiosity in that domain.

Measurement evaluation and scoring

Measurement evaluation used separate one-factor confirmatory factor analysis (CFA) models in LISREL for the crisis questionnaire and each support or religiosity dimension. We re-specified several models by estimating selected residual covariances. **Table 3.** reports the available initial and final model summaries. Separate dimension models assess the reported within-dimension structures; they do not establish discriminant validity among all eight predictors or validate the full joint measurement model.

Our research documentation describes converting raw responses to factor scores and then applying $T = 10 \times \text{factor score} + 50$. The descriptive and regression results in our research data are consistent with a metric having a sample mean of 50 and standard deviation of 10 for all nine variables. We use these values consistently throughout this article. The exact factor-score estimation and standardization procedures require documentation from the analytical files; the transformation alone does not establish reliability or substantively equivalent levels across constructs.

Statistical analysis

We use LISREL for CFA and SPSS 27 for descriptive statistics and multiple regression. All eight predictors were entered in a single model: family support, friend support, significant-other support, intellectual religiosity, ideology, public practice, private practice, and religious experience. The omnibus F test assessed the joint model, and R^2 and adjusted R^2 quantified variance accounted for in the observed sample. Unstandardized and standardized coefficients, standard errors, t-statistics, and p-values characterized the dimension-level associations. The reported criterion for statistical significance was $\alpha = .05$. Interpretation distinguishes the overall model from individual coefficients. A significant omnibus test indicates that the set of predictors accounts for variability beyond an intercept-only model, but it does not imply that each predictor is statistically significant. Similarly, a nonsignificant coefficient does not establish equivalence to zero. Because eight coefficients were examined, consider their p-values alongside effect estimates, uncertainty, and the number of dimension-level hypotheses tested. The authors report no multiple-testing correction or out-of-sample predictive validation; therefore, interpret the dimension-level findings cautiously.

Ethical considerations

Participants were informed that participation was voluntary, that there were no right or wrong answers, that responses should reflect their actual circumstances, and that the data would be used for research and treated confidentially. They indicated willingness to participate without coercion.

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Results and Discussion

Results

Descriptive statistics

The sample description defines the scope of inference. Participants represented students in an extended final-year period rather than a single semester, as semesters 7 through 13 were included. This range is descriptive: the available analysis did not distinguish thesis progress, employment status, or reasons for a longer period of study. These characteristics may correspond to different transition demands. The regression estimates therefore summarize the enrolled sample rather than identifying a uniform experience shared by every final-year student.

Table 1. Demographic Characteristics of Participants

Characteristic	Category	n (%)
Sex	Male	105 (41%)
Sex	Female	153 (59%)
Age	20–21 years	155 (60%)
Age	22–23 years	74 (29%)
Age	24–25 years	29 (11%)
Semester	7	197 (76%)
Semester	9	35 (14%)
Semester	11	16 (6%)
Semester	13	10 (4%)

Table 1. presents participant characteristics, and **Table 2.** reports descriptive statistics for the continuous outcome and eight predictors. The distributions describe this sample and are not population norms. We analyzed quarter-life crisis as a continuous outcome rather than as diagnostic categories. The transformed means of 50.00 reflect score scaling and should not be interpreted as evidence that the sample has a clinically moderate level of crisis.

Table 2. Descriptive Statistics of the Study Variables

Variable	N	Minimum	Maximum	Mean	SD
Quarter-life crisis	258	8.87	64.61	50.00	10.00
Family support	258	9.16	63.02	50.00	10.00
Friend support	258	12.16	61.63	50.00	10.00
Significant-other support	258	11.89	63.46	50.00	10.00
Intellectual religiosity	258	8.54	64.31	50.00	10.00
Ideology	258	7.87	63.17	50.00	10.00
Public practice	258	7.21	62.72	50.00	10.00
Private practice	258	9.34	66.17	50.00	10.00
Religious experience	258	12.54	61.68	50.00	10.00

Note. N = 258 for every variable. Means and standard deviations are reported on the available T-score metric.

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Measurement model summaries

The initial crisis model showed poor fit, $\chi^2(170) = 1257.89$, $p < .001$, RMSEA = .158. The re-specified model was reported as $\chi^2(86) = 85.62$, $p = .49121$, RMSEA = .000. The CFA syntax in our research records lists 84 distinct freely estimated residual covariances, consistent with the reduction of 84 degrees of freedom. This extensive data-dependent re-specification does not independently confirm a simple one-factor model. We retained all 20 crisis items and 12 MSPSS items. One public-practice item and two religious-experience items were excluded on the reported item-significance criterion

Table 3. Reported Initial and Re-specified CFA Model Summaries

Construct	Initial χ^2 (df)	Initial RMSEA	Final χ^2 (df)	Final RMSEA	Retained items
Quarter-life crisis	1257.89 (170)	.158	85.62 (86)	.000	20/20
Family support	57.70 (2)	.329	.02 (1)	.000	4/4
Friend support	1.39 (2)	.000	1.39 (2)	.000	4/4
Significant-other support	9.55 (2)	.121	.01 (1)	.000	4/4
Intellectual	35.41 (2)	.255	.36 (1)	.000	4/4
Ideology	5.53 (2)	.083	.00 (1)	.000	4/4
Public practice	3.72 (2)	.058	.84 (1)	.000	3/4
Private practice	3.37 (2)	.052	.01 (1)	.000	4/4
Religious experience	18.50 (2)	.179	.29 (1)	.000	2/4

Note. Final-fit columns refer to re-specified candidate-item models before the reported exclusion of nonsignificant items; the retention column describes subsequent item decisions. In particular, religious-experience fit concerns four candidate items, not a separately validated two-item model. RMSEA = .000 is a reported point estimate and does not establish perfect measurement. Separate models do not test joint discriminant validity.

The reported model modifications are relevant to the substantive findings. Once residual covariances are estimated, the resulting model no longer imposes local independence across all items conditional on the factor. Item exclusion also changes the content represented by a dimension. In particular, a two-item religious-experience score covers less than the original four-item candidate pool. Accordingly, interpret the regression estimates as associations involving the retained scores rather than automatically generalizing to every manifestation of the underlying constructs.

Coefficient of determination

The simultaneous model yielded R = .455, $R^2 = .207$, and adjusted $R^2 = .182$, with a standard error of estimate of 9.04635. The omnibus test was significant, $F(8, 249) = 8.130$, $p < .001$. Thus, the reported predictor set accounted for 20.7% of the observed variance in crisis scores, supporting H1 within this sample. **Table 4.** summarizes the model.

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Table 4. Multiple Regression Model Summary

Statistic	Value
R	.455
R^2	.207
Adjusted R^2	.182
Standard error of estimate	9.04635
F (df1, df2)	8.130 (8, 249)
p	< .001
N	258

Dimension-level coefficients

Table 5. reports the available coefficients. Friend support showed an inverse conditional association with quarter-life crisis (B = −.288, SE = .112, t = −2.560, p = .011). Private practice showed a positive conditional association (B = .637, SE = .082, t = 7.731, p < .001). Family support, significant-other support, intellectual religiosity, ideology, public practice, and religious experience were not statistically significant at the reported .05 threshold. The reported tests supported H3 (friend support) and H8 (private practice); the other six dimension-level hypotheses were not supported at α = .05.

Table 5. Conditional Regression Coefficients from Our Research Data

Predictor	B	SE	β	t	p
Constant	39.741	3.475		11.438	< .001
Family support	.021	.115	.021	.179	.858
Friend support	−.288	.112	−.288	−2.560	.011
Significant-other support	.080	.104	.080	.772	.441
Intellectual religiosity	−.039	.119	−.039	−.330	.742
Ideology	.033	.101	.033	.329	.742
Public practice	−.119	.099	−.119	−1.199	.232
Private practice	.637	.082	.637	7.731	< .001
Religious experience	−.120	.101	−.120	−1.186	.237

Note. B = unstandardized coefficient; SE = standard error; β = standardized coefficient. Predictor coefficients adjust for the other seven predictors. B and β coincide to the reported precision because our research data show equal standard deviations for all nine variables. The p-values have no multiple-testing adjustment. Values reported as .000 in our statistical records are presented as p < .001.

The adjusted R^2 of .182 is lower than the unadjusted R^2 of .207 because it penalizes model complexity. Neither value is a percentage reduction in crisis, and neither demonstrates that the model will predict future students with the same accuracy. The estimates describe in-sample variance accounted for under the specified model. Considerable variability remains outside these predictors, which is consistent with the broad range of developmental and contextual demands associated with leaving university.

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Discussion

This study examined the simultaneous contribution of three sources of perceived social support and five dimensions of religiosity to quarter-life crisis among final-year psychology students. The model explained 20.7% of the variance, indicating that social and religious factors are relevant but far from exhaustive correlates of quarter-life crisis. The most important dimension-level findings were a negative coefficient for friend support and a positive coefficient for private religious practice. These results support a differentiated interpretation: not every source of social support and not every dimension of religiosity showed the same relationship with quarter-life crisis.

Friend support was negatively associated with quarter-life crisis after including the other predictors in the model. This finding is consistent with the view that peers become especially salient during emerging adulthood. Final-year students often share similar experiences involving thesis completion, graduation, employment uncertainty, and changing expectations from family and society. Friends may therefore provide not only emotional reassurance but also informational and appraisal support that is closely matched to the student's immediate developmental context. This interpretation is consistent with Asrar and Taufani (2022), who reported a significant association between peer support and quarter-life crisis among early adults. The result is also compatible with the support–crisis relationships examined by Oktaviani and Soetjiningsih (2023) and Ratnasari et al. (2023), although the populations, measures, and analytic approaches differ and do not yield directly comparable conditional estimates.

The dimension-specific result is theoretically informative because family support and support from significant others were not statistically significant in the multivariable model. A non-significant coefficient does not demonstrate that these forms of support are unimportant. Rather, it indicates that their unique statistical contribution was not distinguishable from zero after controlling for shared variance with the other predictors. The present finding differs from Fitri and Lukman (2023), who reported a negative association between family support and quarter-life crisis among final-year students. It also differs from Wijaya and Saprowi (2022), who found that perceived social support was associated with quarter-life crisis and identified family support as the strongest contributing dimension in their sample. These differences may reflect distinctions in model specification: the present study estimates the unique coefficient of each support source after adjusting for the other seven predictors, whereas previous research used different analytic models. Perceived family support refers to the belief that support, information, and feedback are available from family (Procidano & Heller, 1983); however, available support may not always resolve the specific academic, financial, or career concerns contributing to a student's crisis. The relevance of a significant other may also vary with participants' relationship circumstances. Future studies could test whether the effectiveness of each support source depends on the type of stressor—for example, academic, financial, career, or relational uncertainty.

The positive association between private practice and quarter-life crisis is the most unexpected finding and should be interpreted with particular caution. It contrasts with studies that have reported an inverse association between overall religiosity and quarter-life crisis. For example, Ashari et al. (2022) found a negative contribution of religiosity to quarter-life crisis among IAIN Kendari students, and Billah and Sarasati (2024) reported a significant negative relationship between overall religiosity and quarter-life crisis among university students. Habibie et al. (2019) also reported a significant role of religiosity in predicting quarter-life crisis among students. These studies, however, assessed religiosity as a broader construct rather than isolating the conditional coefficient of private religious practice alongside four other religiosity dimensions. Their findings are therefore not directly comparable to the positive private-practice coefficient observed here. One possible explanation is reverse directionality: students experiencing greater uncertainty or distress may increase prayer or other private religious practices as a coping response. Because the present study is cross-sectional, it cannot determine whether private practice precedes quarter-life crisis or whether quarter-life distress motivates greater private practice. This alternative is important because it prevents misinterpreting the positive coefficient as evidence that private worship causes psychological crisis.

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A second possibility concerns heterogeneity in the psychological meaning of religious practice. In the CRS framework, private practice captures privately performed religious activities, but this dimension does not establish why a person engages in those activities (Huber & Huber, 2012). Private religious behavior can be motivated by comfort, gratitude, meaning, obligation, guilt, fear, repentance, or religious struggle. Exline et al. (2000) showed that religious conflict and feelings of alienation or guilt may coexist with psychological distress. Therefore, the present data cannot establish whether guilt, fear, negative religious coping, or religious struggle explains the positive coefficient. Future research should measure those mechanisms directly rather than infer them from the private-practice score.

The non-significant coefficients for intellectual, ideology, public practice, and religious experience also require careful interpretation. Statistical non-significance does not mean that these dimensions have no psychological relevance. Their effects may be indirect, conditional, or shared with other religiosity dimensions. More generally, prior studies cited in the source thesis, including Ashari et al. (2022) and Billah and Sarasati (2024), examined religiosity as a broader construct; they do not establish the unique contribution of each CRS dimension. Yonker et al. (2012) likewise reviewed broad associations between religion or spirituality and psychological outcomes in adolescents and emerging adults, rather than the five CRS dimensions in a quarter-life-crisis model. For example, public practice may operate partly through social integration, while ideology may influence meaning-making rather than directly affecting crisis intensity. Multicollinearity among related religiosity dimensions can also reduce the apparent unique coefficient of each predictor. Reporting the intercorrelation matrix and variance inflation factors would help readers evaluate this possibility.

The same reasoning applies to the CRS dimensions. Intellectual interest, ideology, public practice, private practice, and religious experience represent interconnected expressions of religiosity. A positive unique coefficient for private practice should therefore be interpreted in the context of the other religious dimensions included in the equation. Private practice may capture variance associated with coping behavior after statistically controlling for more belief-oriented or experiential aspects of religiosity. Bivariate correlations and multicollinearity diagnostics are needed to determine whether shared variance or suppression contributes to this pattern. The positive coefficient alone cannot establish either explanation.

The positive private-practice finding also raises a broader conceptual distinction between religiosity as a relatively stable orientation and religious behavior as a response to situational stress. A person may pray frequently because religion is central to everyday life, but another person may increase prayer specifically when facing uncertainty, guilt, fear, or an important decision. Cross-sectional frequency scores cannot separate these pathways. A longitudinal design with repeated measurements across the final academic year could test whether increases in crisis precede increases in private practice, whether private practice predicts later reductions in crisis, or whether reciprocal processes occur. Such a design would provide a stronger basis for understanding religion as coping rather than relying on a single-time association.

The institutional context also deserves attention. Students at an Islamic university face academic demands in an environment where religious language, ritual, and values are socially salient. This context may shape how students express religiosity and their expectations for how distress should be managed. However, the present study did not compare students from religious and non-religious universities, nor did it measure campus religious climate. The findings should therefore not be attributed to the Islamic institutional context itself. Comparative multi-campus research could examine whether the structure and psychological function of religiosity differ across educational settings while maintaining equivalent measurement procedures.

From a developmental-psychology perspective, quarter-life crisis is best understood as multidetermined. The transition out of university combines normative developmental tasks with structural conditions such as labor-market uncertainty, economic pressure, access to social networks, and family expectations. Social support and religiosity may be related to how students interpret and

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cope with these conditions, but they do not remove the conditions themselves. This distinction matters for practical recommendations: interventions should not place the burden entirely on students to become more socially connected or more religious. Universities can also reduce uncertainty through clear academic guidance, accessible career services, mentoring, mental-health support, and transparent information about graduation and post-university pathways.

The findings also invite a distinction between perceived support and objective network size. The MSPSS measures whether individuals believe that support is available, not how many friends they have or how frequently they interact. This distinction is theoretically useful for the quarter-life crisis because the appraisal that "someone will be there when I need help" may be more psychologically relevant than the number of social contacts. A student can have a large network but still feel unsupported, while another student with a small network may experience strong emotional security. Future research could combine perceived-support measures with indicators of interaction frequency, network composition, and support quality to identify which social processes best protect during the transition from university to work.

Likewise, future work should distinguish normative uncertainty from clinically significant psychological symptoms. Quarter-life crisis can include worry, self-doubt, confusion, and fear of failure, but these experiences can overlap with anxiety and depressive symptoms. The present study did not report measures that would allow discriminant analysis between quarter-life crisis and broader emotional distress. Including validated measures of anxiety, depression, or psychological distress in future studies would help determine whether social support and religiosity predict something distinctive about quarter-life crisis beyond general negative affect. Such evidence would strengthen the construct validity of quarter-life crisis and clarify its value within developmental psychology.

Finally, the results pattern has implications for how future hypotheses are formulated. Rather than assuming that all dimensions of social support and religiosity operate in the same direction, future studies can formulate source-specific and function-specific hypotheses. Friend support may buffer transition-related uncertainty when peers share similar developmental tasks; family support may become more relevant when financial or family-role expectations dominate; public religious practice may operate through community belonging; and private practice may function differently depending on whether it reflects positive coping or religious struggle. This more precise approach can move the literature beyond broad variable-level associations toward testable psychological mechanisms.

The finding that the model accounted for 20.7% of the variance further indicates that quarter-life crisis is likely shaped by additional factors not included in the model. Future studies may consider career uncertainty, intolerance of uncertainty, self-efficacy, coping strategies, identity development, financial stress, family expectations, perfectionism, resilience, and perceived employability. Testing theoretically organized models, including mediation or moderation when supported by temporal design, may provide a more complete account than adding predictors solely to increase R^2.

These findings have practical implications, but they should remain proportional to the design. Universities may strengthen peer-based support during the final year through mentoring, thesis-support groups, career-transition groups, and structured opportunities for students to share coping strategies. In religiously affiliated university settings, spiritual support may also be valuable when it emphasizes compassionate meaning-making and healthy coping rather than assuming that increasing the frequency of private worship alone will necessarily reduce distress. Students who experience religious guilt or struggle may benefit from access to appropriately trained counselors or spiritual-care resources.

The joint test supported H1, while the coefficient tests supported H3 for friend support and H8 for private practice at the reported .05 threshold. The corresponding tests did not support H2, H4, H5, H6, H7, or H9. The positive private-practice association is unexpected relative to a broadly protective interpretation, but it does not contradict a directional research hypothesis: H8 specified significance without a positive or negative direction. None of these findings establishes causality or equivalence to zero for nonsignificant coefficients.

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An important interpretive issue is the difference between a coefficient and a comparison of coefficients. That friend support was statistically significant while family support was not does not, by itself, show that the two coefficients differ significantly. The same principle applies to the religious dimensions. A direct test of contrasts, with an appropriate covariance estimate, would be necessary to claim that one conditional association is reliably stronger than another. The present findings identify different significance patterns but do not provide those contrast tests.

The lack of adjustment for multiple dimension-level coefficients further limits certainty. The friend-support p-value of .011 meets the reported .05 criterion, but it is closer to that threshold than the private-practice p-value. This observation is not a reason to dismiss the support finding; it is a reason to distinguish provisional evidence from a robust replicated pattern. Future studies can pre-specify a smaller set of theory-driven hypotheses or identify a multiplicity strategy appropriate to their confirmatory questions. Do not substitute a post-hoc strategy without explaining that the inferential framework has changed.

The practical interpretation should remain centered on students' needs rather than ranking support sources. A university could create opportunities for peer connection while also supporting family communication, academic advising, and access to professional counseling. The conditional friend-support coefficient does not justify withdrawing other support. Likewise, the private-practice finding should not discourage religious observance. It suggests that an observable practice may coexist with distress and that professionals should ask what the practice means to the student rather than assuming a single psychological function.

For example, a final-year student may pray privately while seeking reassurance about an uncertain future. A counselor can explore whether that activity offers comfort, expresses unresolved fear, or occurs alongside practical barriers to graduation. This exploration is a clinical or supportive conversation, not a conclusion drawn from the regression. Students should be able to discuss religious concerns without their faith being judged from a questionnaire score. Integrating culturally appropriate support with academic and career services provides a reasonable implication for practice, while its effectiveness would require direct evaluation.

Replication should distinguish the transition context from sample composition. Students in semester 7 may be planning a thesis, whereas those in later semesters may face longer completion demands; this possible difference was not measured as a mechanism in this analysis. Sex and age also describe the sample but were not included among the eight predictors. The study therefore cannot conclude that its dimension-level associations are independent of these characteristics. Future work could select covariates on theoretical grounds, report their rationale, and avoid indiscriminately controlling variables that may belong within the causal pathway of interest.

A stronger follow-up design would track students across meaningful milestones, such as thesis preparation, completion, graduation, and the early employment search. Repeated measures would permit analysis of within-person change and clarify whether variations in distress precede or follow changes in support appraisal and religious activity. Such a design would still need to consider selection, measurement equivalence over time, and unmeasured confounding. Its advantage would be evidence about ordering and change, rather than an automatic guarantee of causality. The present cross-sectional estimates are a starting point for those questions.

order or causality. Second, purposive sampling from a single faculty limits generalization to other disciplines, institutions, and populations. Third, self-report assessment may introduce shared-method and social-desirability influences. Fourth, separate dimension CFAs do not demonstrate discriminant validity among the predictors. Fifth, extensive re-specification of the crisis measurement model creates a need for independent validation, and retained two-item religious-experience measurement requires particular care. Sixth, the study did not directly assess religious coping, religious struggle, specific stressors, or general clinical symptoms, so explanations involving these mechanisms remain hypotheses.

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The available reporting also leaves measurement reliability, intercorrelations, and regression diagnostics unresolved. Without a verified correlation matrix and diagnostics, researchers cannot adequately evaluate suppression, predictor overlap, or departures from regression assumptions. These omissions constrain the interpretation of the estimated conditional relationships. Further studies should report reproducible scoring procedures, sample-specific reliability, complete measurement specifications, uncertainty intervals, and model diagnostics. Independent replication should test whether the reported directions remain stable when these issues are addressed.

Future research could compare competing measurement structures before estimating substantive models, rather than relying on extensive residual modification to obtain fit. It could also distinguish different support functions and assess positive and negative religious coping alongside centrality. These additions should be selected to answer explicit theoretical questions. Increasing the number of predictors solely to raise R^2 would not resolve the present questions about direction, measurement, or context. The next step is a more transparent and temporally informative model of students' transition experiences.

Conclusion

In the reported eight-predictor model, perceived social support and religiosity dimensions jointly accounted for 20.7% of the variance in quarter-life-crisis scores among 258 final-year psychology students. Friend support showed an inverse conditional association, whereas private religious practice showed a positive conditional association. The other six coefficients were not statistically significant at the reported threshold. These findings support a differentiated interpretation of social and religious correlates and do not establish that private worship causes distress. Longitudinal investigation, independent measurement validation, and complete diagnostic reporting are needed before stronger explanatory or intervention claims can be made.

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