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WHEN COPING MATTERS: PROACTIVE COPING, RESILIENCE, AND QUARTER-LIFE CRISIS AMONG HUNGARIAN EMERGING ADULTS IN TRANSYLVANIA

KIEDY RADZENIE SOBIE MA ZNACZENIE: PROAKTYWNE RADZENIE SOBIE, REZYLIENCJA I KRYZYS ĆWIERĆWIECZA WŚRÓD WĘGIERSKICH MŁODYCH DOROSŁYCH W SIEDMIOGRODZIE

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Abstract: A quarter-life crisis (QLC) may represent a challenging developmental experience for emerging adults as they navigate uncertainty related to identity, relationships, employment, and future life direction. This cross-sectional study examined the associations among proactive coping, resilience, and QLC severity, and tested a statistical mediation model examining an indirect association between proactive coping and QLC through resilience. The participants were 174 emerging adults from the Hungarian minority in Transylvania, Romania, aged twenty – to thirty years (M = 24.83, SD = 2.33). The participants completed self-report measures of quarter-life crisis, resilience, and proactive coping. Hierarchical regression and mediation analyses were conducted, with current employment status included as a covariate. Both a higher level of proactive coping and resilience were associated with lower QLC severity, and proactive coping was strongly and positively associated with resilience. In the final regression model, proactive coping remained significantly associated with lower QLC severity, whereas resilience was no longer independently associated with QLC severity after proactive coping was included. The mediation analysis did not support a statistically significant

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indirect effect of proactive coping on QLC through resilience. These findings suggest that although proactive coping and resilience are closely related psychological resources, proactive coping showed the stronger unique association with quarter-life crisis severity in the present sample. The findings highlight proactive coping as a potentially relevant resource to consider in counselling and preventative support aimed at helping emerging adults navigate developmental uncertainty and transition-related challenges.

Keywords: resilience; proactive coping; quarter-life crisis; emerging adulthood; Hungarian minority; Transylvania

Streszczenie: Kryzys ćwierćwiecza (quarter-life crisis, QLC) może stanowić trudne doświadczenie rozwojowe dla osób w okresie wyłaniającej się dorosłości, które mierzą się z niepewnością dotyczącą tożsamości, relacji, zatrudnienia oraz przyszłego kierunku życia. W tym przekrojowym badaniu przeanalizowano związki między proaktywnym radzeniem sobie, rezyliencją i nasileniem QLC oraz przetestowano statystyczny model mediacji dotyczący pośredniego związku między proaktywnym radzeniem sobie a QLC poprzez rezyliencję. W badaniu uczestniczyły 174 osoby w wieku 20–30 lat ($M = 24.83$; $SD = 2.33$), należące do mniejszości węgierskiej i mieszkające w Siedmiogrodzie w Rumunii. Uczestnicy wypełnili samoopisowe miary kryzysu ćwierćwiecza, rezyliencji i proaktywnego radzenia sobie. Przeprowadzono hierarchiczną analizę regresji oraz analizę mediacji, uwzględniając aktualny status zatrudnienia jako zmienną kontrolną. Wyższy poziom proaktywnego radzenia sobie oraz rezyliencji wiązał się z niższym nasileniem QLC, a proaktywne radzenie sobie było silnie i dodatnio związane z rezyliencją. W końcowym modelu regresji proaktywne radzenie sobie pozostawało istotnie związane z niższym nasileniem QLC, natomiast rezyliencja nie była już niezależnie związana z nasileniem QLC po uwzględnieniu proaktywnego radzenia sobie. Analiza mediacji nie potwierdziła statystycznie istotnego efektu pośredniego proaktywnego radzenia sobie na QLC poprzez rezyliencję. Wyniki wskazują, że choć proaktywne radzenie sobie i rezyliencja są silnie powiązanymi zasobami psychologicznymi, proaktywne radzenie sobie wykazywało silniejszy niezależny związek z nasileniem kryzysu ćwierćwiecza w badanej próbie. Wyniki podkreślają potencjalne znaczenie proaktywnego radzenia sobie jako zasobu, który warto uwzględniać w poradnictwie i działaniach profilaktycznych mających na celu wspieranie osób w okresie wyłaniającej się dorosłości w radzeniu sobie z niepewnością rozwojową i wyzwaniami związanymi z przechodzeniem do dorosłości.

Słowa kluczowe: rezyliencja; proaktywne radzenie sobie; kryzys ćwierćwiecza; wyłaniająca się dorosłość; mniejszość węgierska; Siedmiogród

Introduction

The transition period between adolescence and adulthood, commonly referred to as *emerging adulthood* (Arnett, 2000), represents an important developmental period for identity exploration, identity consolidation (Arnett & Maynard, 2013), and individuation. *Emerging adulthood* has been described as a period of substantial transformation characterised by exploration in occupational, relational, and personal domains, a sense of being between developmental stages, and relatively few binding normative expectations (Arnett, 2000, 2014).

The need for exploration, pressure from social expectations, instability, and uncertainty regarding future life direction may make this developmental period particularly challenging (Arnett, 2014). For some young adults, these experiences may be associated with a quarter-life crisis (QLC; Robbins & Wilner, 2001). Although emerging adulthood broadly encompasses the late teens through the twenties (Arnett, 2000), QLC has frequently been examined among individuals in their twenties (Agarwal et al., 2020; Duara et al., 2021). Against this background, the present study focused on psychological resources and sociodemographic correlates associated with individual differences in quarter-life crisis severity.

Quarter-Life Crisis in Contemporary Developmental Perspectives

Early descriptions of a quarter-life crisis highlighted widespread anxiety and uncertainty among adults in their twenties about their future prospects (Robbins & Wilner, 2001). Subsequent research consistently linked this developmental phase with elevated stress levels, depressive

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symptoms, and various psychological difficulties (Atwood & Scholtz, 2008; Kim & Lee, 2018), emphasising the need for conceptualisation within a risk-vulnerability framework.

The concept of *quarter-life crisis* describes a problematic transition from adolescence to adulthood, characterised by a state of panic, feelings of loss and uncertainty such as failing to attain stability in professional and personal life (Robbins & Wilner, 2001). QLC was described as a characteristic of the middle period of young life, from eighteen to thirty years of age (Zulfikar, 2022, as cited in Agustiarini, 2023). Fischer (2008) argued that QLC is a period of emotional crisis, with a state of worry about uncertainty regarding the future, career, relationships, and social life. More recently, Argasiam and Siska (2023) emphasised that millennials are a generational group more vulnerable to QLC due to the proximity to technology which provides an abundance of choices and pressure to decide. This in turn might enhance decisional challenges and uncertainty. While some theorists posited that QLC refers to problems related to goals, academic challenges, beliefs, work and career (Nash & Murray, 2010), other results revealed the positive effect of this period, such as calmer problem-solving, ability to prioritise relationships, and being able to accept change (Dewi, 2019, as cited in Argasiam & Siska, 2023).

Importantly, a quarter-life crisis should not be understood as a universal or inevitable stage of emerging adulthood. *Emerging adulthood* refers to a broader developmental period characterised by exploration and transition, whereas the term *quarter-life crisis* describes a more specific experience of distress, uncertainty, and difficulty navigating developmental demands. These difficulties may involve several interconnected domains, including career and educational decisions, financial independence, relationships, identity, and future life direction (Robbins & Wilner, 2001; Atwood & Scholtz, 2008; Nash & Murray, 2010). Consequently, individuals within the same developmental period may differ substantially in the extent to which they experience a quarter-life crisis, highlighting the relevance of examining psychological resources that may be associated with QLC severity.

Resilience and Proactive Coping in QLC

Within the context of developmental challenges associated with QLC, resilience may represent an important psychological resource supporting adaptation during emerging adulthood (Butler et al., 2021). *Resilience* has been defined as the capacity to adapt effectively in situations characterised by elevated levels of distress (Skodol, 2010) and has been conceptualised both as a relatively stable individual characteristic and as a dynamic capacity that may vary across circumstances. *Trait resilience* has been described as facilitating effective adaptation to external challenges and supporting emotion regulation (Maluccio, 2002; Connor & Davidson, 2003).

The term *proactive coping* refers to future-oriented efforts through which individuals anticipate potential demands, mobilise resources, and pursue personal growth or valued goals (Schwarzer & Luszczynska, 2008). In contrast to coping responses directed primarily toward existing stressors, proactive coping involves preparing for future challenges and approaching demands as opportunities for goal attainment and growth. Previous research among young adults has identified positive associations between proactive coping and resilience, suggesting that these constructs represent closely related psychological resources during the transition to adulthood (Anasuri, 2016; Leist Balogh & Jámbori, 2016; Szabó et al., 2019).

Despite their expected association, *proactive coping* and *resilience* are conceptually distinct. *Proactive coping* primarily concerns anticipatory, goal-directed efforts to prepare for potential future demands and mobilise resources before stressors are fully established (Schwarzer & Luszczynska, 2008). *Resilience*, by contrast, refers more broadly to the capacity to maintain

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or regain adaptive functioning when confronted with adversity or substantial stress (Connor & Davidson, 2003; Skodol, 2010). Thus, proactive coping concerns how individuals anticipate and prepare for challenges, whereas resilience reflects a broader capacity for adaptation under challenging circumstances. The two constructs may therefore be closely related without being conceptually interchangeable.

The *Conservation of Resources* theory (COR; Hobfoll, 1989, 2001; Hobfoll et al., 2018) provides a useful framework for understanding how proactive coping and resilience may be related. The COR theory proposes that individuals strive not only to protect existing resources but also to invest available resources in ways that may facilitate further resource acquisition and reduce vulnerability to future resource loss. From this perspective, proactive coping can be conceptualised as a future-oriented form of resource investment because it involves anticipating potential demands, mobilising available resources, and engaging in goal-directed action before stressors become fully established (Greenglass et al., 1999; Schwarzer & Luszczynska, 2008).

This resource-investment perspective provides one theoretical rationale for positioning proactive coping before resilience in the present statistical model. Repeatedly anticipating challenges, mobilising resources, and pursuing adaptive goals may be associated with the development or maintenance of a broader perceived capacity to adapt successfully to adversity. This interpretation is consistent with research suggesting that adaptive and proactive coping processes may contribute to the development of resilience over time (Butler et al., 2021). Within the context of emerging adulthood, proactive coping may therefore be associated with greater resilience, and greater resilience may be associated with lower vulnerability to uncertainty surrounding occupational, relational, and identity-related transitions.

However, placement in this order represents only one theoretically plausible account. The reverse sequence is also possible: individuals with greater resilience may be better able to mobilise resources and engage in proactive coping when anticipating future demands. Because the present study is cross-sectional, these alternative temporal orderings cannot be distinguished empirically. Accordingly, the proposed model is treated as a theory-guided statistical mediation model examining whether the association between proactive coping and quarter-life crisis is statistically consistent with an indirect association through resilience, rather than as evidence of a causal or temporal sequence.

Sociodemographic Context of a Quarter-Life Crisis

A quarter-life crisis may also vary according to sociodemographic circumstances, although previous findings concerning age, sex, education, living arrangements, and financial dependence have been inconsistent (Agarwal et al., 2020; Hasyim et al., 2024). Employment status may be particularly relevant because occupational uncertainty and the transition from education to work represent central challenges of emerging adulthood. Unemployment has been associated with poorer mental health among emerging adults, whereas employment may provide financial independence, structure, and greater perceived stability (Aseltine & Gore, 2005; McGee & Thompson, 2015). Accordingly, selected sociodemographic characteristics were examined as exploratory correlates of quarter-life crisis severity. Current employment status was selected *a priori* as the focal covariate, because occupational transition and employment uncertainty constitute central developmental concerns during emerging adulthood and are closely related to the career and financial domains commonly implicated in a quarter-life crisis. Employment status may also capture differences in financial independence, daily structure, and perceived stability during the transition to adulthood (Aseltine & Gore, 2005; McGee & Thompson, 2015). The remaining sociodemographic variables

were examined exploratorily rather than being included in the primary models on the basis of their sample-specific statistical associations.

The sociocultural setting of the present study also warrants consideration. Hungarian young people in Transylvania constitute a long-established ethnic and linguistic minority population whose transitions to adulthood take place within the broader Romanian social, educational, and labour market environment. Research on Transylvanian Hungarian young people has documented heterogeneity in socioeconomic position, educational trajectories, and labour market circumstances, indicating that transitions to adulthood occur within differentiated structural contexts (Szabó, 2020). Studies of Hungarian higher education in Transylvania have likewise highlighted the importance of the transition between higher education and the labour market for young adults in this population (Kádár, 2018). Minority identity also represents an important dimension of the broader sociocultural context of Hungarians living in Romania (Veres, 2015). However, because the present study did not directly assess ethnic identity, discrimination, language-related experiences, minority stress, or community support, these contextual characteristics are not treated as explanatory mechanisms for the observed psychological associations.

Research Gap and Contribution of the Present Study

Taken together, previous research indicates that coping-related resources are associated with a quarter-life crisis, that resilience is related to more adaptive functioning during emerging adulthood, and that proactive coping and resilience are closely associated psychological resources (Leist Balogh & Jámbori, 2016; Kim & Lee, 2018; Szabó et al., 2019). However, two important questions remain insufficiently understood. First, comparatively little is known about the extent to which proactive coping and resilience show distinct associations with quarter-life crisis severity when both constructs are examined simultaneously. Second, it remains unclear whether the association between proactive coping and quarter-life crisis is statistically consistent with an indirect association through resilience.

The present study addresses these questions by examining the bivariate and unique associations of proactive coping and resilience with quarter-life crisis severity and by testing a theory-guided statistical indirect-effect model. A further contribution is the examination of these relationships among Hungarian emerging adults living in Transylvania, an understudied Central and Eastern European population. However, because ethnic identity, discrimination, language-related experiences, and community support were not directly assessed, the cultural background of the sample is treated as a contextual characteristic rather than as evidence of minority-specific psychological mechanisms.

Objectives

Guided by Conservation of Resources theory, the present study examined the associations between proactive coping, resilience, and quarter-life crisis severity in Hungarian emerging adults living in Transylvania, Romania. The study had three objectives. First, we examined the bivariate associations between proactive coping, resilience, and quarter-life crisis severity and evaluated the unique associations of proactive coping and resilience with a quarter-life crisis. Second, we tested a statistical mediation model examining the indirect association between proactive coping and quarter-life crisis severity through resilience, while adjusting for current employment status. Third, selected sociodemographic characteristics were examined as exploratory correlates of quarter-life crisis severity.

We hypothesised that higher resilience would be associated with lower quarter-life crisis severity (H1). We also expected that greater proactive coping would be associated with higher resilience

Gergely, R., Marschalko, E-E., Sulyok, K. (2026). When Coping Matters: Proactive Coping, Resilience, and Quarter-Life Crisis Among Hungarian Emerging Adults in Transylvania. *Youth in Central and Eastern Europe. 13*(21). https://doi.org/10.24917/ycee.13067

and lower quarter-life crisis severity (H2). Finally, we hypothesised a significant statistical indirect association between proactive coping and quarter-life crisis severity through resilience (H3). Because the sociodemographic analyses were exploratory, no directional hypotheses were formulated for these variables.

Participants

A total of 177 individuals submitted the online questionnaire. Three respondents were excluded because they were older than thirty years and therefore did not meet the prespecified age criterion. The final analytic sample comprised 174 Hungarian minority emerging adults residing in Transylvania, Romania, aged twenty to thirty years (M = 24.83, SD = 2.33). The sample comprised 44 men (25.3%) and 130 women (74.7%). Eligibility criteria were age between twenty and thirty years, self-identification as a member of the Hungarian ethnic minority, and residence in Transylvania. County- or subregion-level place of residence was not collected; geographical background was recorded only as urban or rural residence. All questionnaire items were mandatory; therefore, the analytic dataset contained no item-level missing values, and no imputation was required. Additional sample characteristics are presented in table 1.

Participants were recruited using non-probability convenience and snowball sampling. Accordingly, the sample should not be considered representative of Hungarian emerging adults living in Transylvania. The substantial predominance of women (74.7%) should also be taken into account when considering the generalisability of the findings.

Table 1

Sociodemographic Characteristics of the Analytic Sample

Participant characteristics		***n***	***%***
Sex	Male	44	25.3%
	Female	130	74.7%
Age	*M*=24.83; *SD*=2.33		
Residence	Rural	46	26.4%
	Urban	128	73.6%
Level of education	High school	43	24.7%
	Bachelor's degree	83	47.7%
	Master's degree	42	24.1%
	Doctoral degree	6	3.4%
Housing conditions (living with parents)	Yes	57	32.8%
	No	117	67.2%
Financial support from parents	Yes	112	64.4%
	No	62	35.6%
Employment status	Employed	103	59.2%
	Unemployed	71	40.8%
Employment while at university	Yes	100	57.5%
	No	74	42.5%

Note. N = 174.

Gergely, R., Marschalko, E-E., Sulyok, K. (2026). When Coping Matters: Proactive Coping, Resilience, and Quarter-Life Crisis Among Hungarian Emerging Adults in Transylvania. *Youth in Central and Eastern Europe. 13*(21). https://doi.org/10.24917/ycee.13067

Instruments

Sociodemographic questionnaire

The initial section of the questionnaire comprised a series of demographic inquiries derived from extant literature. These inquiries pertained to the respondent's sex, age, place of residence, highest level of education attained, housing conditions (i.e., with whom they reside), receipt of financial support from their parents, employment status, and whether they worked while at university.

Quarter-life Crisis Questionnaire (Hassler, 2009; Vida, 2011)

Quarter-life crisis severity was assessed using the 46-item Hungarian Quarter-Life Crisis Questionnaire developed by Vida (2011). Vida constructed the measure by translating and substantially extending a shorter questionnaire published by Hassler (2009). The resulting Hungarian instrument contains 46 first-person statements rated on a five-point Likert scale ranging from 1 (*not at all characteristic of me*) to 5 (*very characteristic of me*). Sample items include "I feel under a great deal of pressure, and everyone expects me to do 'something' or become 'someone'" and "Sometimes I feel that I am running out of time to finally decide what I want to do." Thirteen items are reverse-scored. Item scores are added together to produce a total score ranging from 46 to 230, with higher scores indicating greater quarter-life crisis severity. Vida (2011) initially organised the items into eleven content-based factors. However, the factors contain substantially different numbers of items, and several comprise only one to three items. Subsequent Hungarian research reported excellent internal consistency for the 46-item total score (Cronbach's $\alpha = .922$), whereas the reliability coefficients of the proposed subscales varied considerably, ranging from .40 to .94 (Pribék & Jámbori, 2017). Previous findings also showed a strong positive association between the total QLC score and trait anxiety, providing preliminary evidence of convergent validity (Leist Balogh & Jámbori, 2016). Given the limited replication of the proposed factor structure and the weak reliability of some short subscales, only the total score was used in the present study. In the current sample, the total score demonstrated excellent internal consistency (Cronbach's $\alpha = .94$). However, the strong internal consistency of the total score in the present sample should not be interpreted as evidence that the proposed factorial structure has been established. Because the factor structure of the 46-item Hungarian instrument has not been comprehensively replicated, uncertainty remains regarding its factorial and construct validity. The use of the total score therefore represents a pragmatic scoring decision based on the available psychometric evidence rather than confirmation of a validated unidimensional structure.

Connor-Davidson Resilience Scale (Connor & Davidson, 2003; Kiss et al., 2015)

Resilience was assessed using the 10-item version of the Connor–Davidson Resilience Scale (CD-RISC-10; Campbell-Sills & Stein, 2007), which was derived from the original 25-item CD-RISC developed by Connor and Davidson (2003). The CD-RISC-10 is a unidimensional measure of perceived capacity to adapt to adversity and recover from stressful experiences. Participants rated each item on a five-point scale ranging from 0 (*not true at all*) to 4 (*true nearly all the time*). Item scores were added together to produce a total score ranging from zero to forty, with higher scores indicating greater resilience. The scale contains no reverse-scored items. The original CD-RISC-10 demonstrated good internal consistency (Cronbach's $\alpha = .85$) and evidence of construct validity (Campbell-Sills & Stein, 2007). The present study used the corresponding items from the Hungarian adaptation of the original 25-item CD-RISC (Kiss et al., 2015). The Hungarian 25-item version demonstrated good internal consistency and associations in

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the expected directions with measures of anxiety, depression, and personality; however, the specific 10-item subset was not validated separately in that study. In the present sample, the CD-RISC-10 demonstrated good internal consistency (Cronbach's α = .87). Nevertheless, this internal consistency estimate does not establish the factorial or construct validity of the 10-item Hungarian subset. Because this specific item set has not been independently validated in Hungarian, results involving resilience should be interpreted with this measurement limitation in mind.

Proactive Coping Scale (Greenglass et al., 1999; Almássy et al., 2014).

Proactive coping was assessed using the 14-item Proactive Coping Scale of the Proactive Coping Inventory (PCI; Greenglass et al., 1999). This scale assesses future-oriented, goal-directed coping characterised by the anticipation of potential challenges and the mobilisation of personal resources. Participants rated each item on a four-point scale ranging from 1 (*not at all true*) to 4 (*completely true*). Three negatively worded items were reverse-scored, after which item scores were added together. The total scores range from 14 to 56, with higher scores indicating greater use of proactive coping. The validated Hungarian version of the PCI (PCI-H; Almássy et al., 2014) was used. Its validation study supported the original seven-factor structure and provided evidence of construct validity, with internal consistency coefficients for the subscales ranging from .71 to .86. In the present sample, the 14-item Proactive Coping Scale demonstrated good internal consistency (Cronbach's α = .89).

Table 2

Descriptive Statistics and Reliability Indicators for the Study Measures

	M	*SD*	*Median*	*Min.*	*Max.*	α
QLC	122.96	32.01	124.50	58	194	.94
Resilience	28.07	6.90	29.00	6	40	.87
Proactive coping	41.88	7.95	42.00	21	56	.89

Note. N = 174; QLC = Quarter-life Crisis Questionnaire; Resilience = Connor-Davidson Resilience Scale; Proactive coping = Proactive Coping Subscale of the Proactive Coping Inventory.

Procedure

Data were collected between October 2020 and February 2021, during the COVID-19 pandemic. Participants were recruited using convenience and snowball sampling. The study invitation and Google Forms questionnaire link were disseminated through social media, and participants were encouraged to share the invitation within their personal networks. Recruitment therefore relied on non-probability sampling rather than population-based or stratified procedures. The first section provided participants with information about the purpose and procedures of the study, that participation was voluntary, that it was anonymous, and that they had a right to withdraw without consequences. Participants provided informed consent before completing the questionnaire. The survey was configured not to collect email addresses or other personally identifying information, and contact details for the research team were provided for participants who wished to ask questions or obtain additional information.

The study was conducted as part of a bachelor's thesis and, under the institutional procedures applicable at the time, did not require separate formal ethics committee approval. It

was carried out under academic supervision in accordance with the professional ethical standards of the Romanian College of Psychologists and the principles of the Declaration of Helsinki; participation was voluntary, informed consent was obtained from all participants, and the survey was administered anonymously. The second section consisted of standardised self-report measures assessing quarter-life crisis, resilience, and proactive coping. Participants completed the Hungarian Quarter-Life Crisis Questionnaire, the 10-item Connor-Davidson Resilience Scale (CD-RISC-10), and the 14-item Proactive Coping Scale of the Proactive Coping Inventory.

Data Analysis

Preliminary analyses examined variable distributions and the assumptions of linear regression. Skewness and kurtosis values were inspected for substantial departures from normality (Orcan, 2020). Linearity and homoscedasticity were evaluated through visual inspection of standardised residuals plotted against standardised predicted values, and the distribution of residuals was examined using a histogram and normal P–P plot. Independence of residuals was evaluated using the Durbin–Watson statistic, and multicollinearity was assessed using tolerance and variance inflation factor (VIF) values. Standardised residuals and Cook's distance were also inspected to identify potentially influential observations.

Pearson correlations were calculated among continuous variables. Associations between continuous and dichotomous variables were interpreted as point-biserial correlations, whereas associations between two dichotomous variables were interpreted as phi coefficients. Selected sociodemographic characteristics, including age, current employment status, living with parents, financial support from parents, sex, and employment while at university, were examined as exploratory correlates of quarter-life crisis severity. Current employment status was retained as the prespecified covariate in the focal regression and statistical mediation models on theoretical grounds, given the central role of occupational transition and employment uncertainty in emerging adulthood and quarter-life crisis. Other sociodemographic variables were examined exploratorily and were not entered into the primary models solely because of associations observed in the present sample, thereby avoiding data-driven *post hoc* covariate selection.

A three-step hierarchical multiple regression analysis was conducted with quarter-life crisis severity as the dependent variable. Current employment status was entered in step 1, proactive coping in step 2, and resilience in step 3. Current employment status was coded as 0 = not employed and 1 = employed. Changes in explained variance (ΔR^2) were examined at each step.

A statistical mediation analysis was conducted using PROCESS macro version 4.2 for SPSS (Model 4; Hayes, 2022), with proactive coping as the independent variable, resilience as the mediator, quarter-life crisis severity as the dependent variable, and current employment status as a covariate. The indirect effect was estimated using 5,000 bootstrap samples and a 95% confidence interval. An indirect effect was considered statistically significant when the bootstrap confidence interval did not include zero. All statistical tests were two-tailed, with an alpha level of .05. As a sensitivity analysis, the hierarchical regression and statistical mediation analyses were repeated with age included as an additional covariate alongside current employment status, because age was significantly associated with both quarter-life crisis severity and current employment status in the preliminary analyses.

Power and Sample Size

An *a priori* power analysis was conducted using G*Power 3.1 (Faul et al., 2009) for a fixed-effects multiple regression model with three predictors. Assuming a medium effect size ($f^2 = .15$), an alpha level of .05, and statistical power of .95, the minimum required sample size was estimated

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to be 119 participants. The final sample of 174 participants exceeded this requirement.

Results

Associations of Resilience and Proactive Coping With Quarter-Life Crisis

Bivariate correlations among the study variables are presented in table 3. Higher resilience was significantly associated with lower QLC severity ($r = -.59$, $p < .001$), supporting H1. Greater proactive coping was also significantly associated with lower QLC severity ($r = -.66$, $p < .001$) and was strongly positively associated with resilience ($r = .82$, $p < .001$), supporting H2 at the bivariate level.

Among the sociodemographic variables examined, age, current employment status, and living with parents were significantly associated with QLC severity. Older age was associated with lower QLC severity ($r = -.16$, $p = .036$), and currently employed participants tended to report lower quarter-life crisis severity ($r = -.20$, $p = .009$). Living with parents was associated with higher QLC severity ($r = .16$, $p = .033$). Financial support from parents, sex, and employment while at university were not significantly associated with QLC severity.

Age was positively associated with current employment status ($r = .42$, $p < .001$) and negatively associated with living with parents ($r = -.30$, $p < .001$) and financial support from parents ($r = -.21$, $p = .005$). Current employment status was retained as the prespecified covariate in the focal regression and mediation analyses, whereas the remaining sociodemographic variables were treated as exploratory correlates.

Table 3

Descriptive Statistics and Correlations among Study Variables

Variable	*M*	*SD*	1	2	3	4	5	6	7	8	9
1. Resilience	28.07	6.90	—								
2. Proactive coping	41.88	7.95	.82***	—							
3. Quarter-life crisis	122.96	32.01	−.59***	−.66***	—						
4. Age	24.83	2.33	.05	.06	−.16*	—					
5. Current employment status	.59	.49	.13	.07	−.20**	.42***	—				
6. Living with parents	.33	.47	−.06	−.04	.16*	−.30***	−.37***	—			
7. Financial support from parents	.64	.48	−.08	−.05	.04	−.21**	−.33***	.21**	—		
8. Sex	.75	.44	.04	.02	−.03	−.07	−.13	.01	.15	—	
9. Employment while at university	.57	.50	.10	.09	−.08	.11	.23**	.01	−.18*	−.18*	—

Note. $N = 174$. Current employment status was coded 0 = not employed and 1 = employed; living with parents was coded 0 = no and 1 = yes; financial support from parents was coded 0 = no and 1 = yes; sex was coded 0 = male and 1 = female; and employment while at university was coded 0 = no and 1 = yes. For dichotomous variables, *M* represents the proportion coded as 1. Associations between continuous and dichotomous variables are point-biserial correlations, whereas associations between two dichotomous variables are phi coefficients. All tests were two-tailed. *$p < .05$. **$p < .01$. ***$p < .001$.

Gergely, R., Marschalko, E-E., Sulyok, K. (2026). When Coping Matters: Proactive Coping, Resilience, and Quarter-Life Crisis Among Hungarian Emerging Adults in Transylvania. *Youth in Central and Eastern Europe. 13*(21). https://doi.org/10.24917/ycee.13067

Hierarchical Regression Analysis

A hierarchical multiple regression analysis was conducted to examine the unique associations of current employment status, proactive coping, and resilience with quarter-life crisis severity.

In step 1, current employment status accounted for 3.9% of the variance in QLC severity, $R^2 = .039$, adjusted $R^2 = .033$, $F(1, 172) = 6.95$, $p = .009$. Current employment was significantly associated with lower QLC severity ($B = -12.80$, $SE = 4.86$, $\beta = -.20$, $p = .009$).

In step 2, proactive coping explained an additional 41.4% of the variance, $\Delta R^2 = .414$, $\Delta F(1, 171) = 129.46$, $p < .001$. The model explained 45.3% of the variance in quarter-life crisis severity, $R^2 = .453$, adjusted $R^2 = .447$, $F(2, 171) = 70.80$, $p < .001$. Higher proactive coping was significantly associated with lower quarter-life crisis severity ($B = -2.60$, $SE = 0.23$, $\beta = -.65$, $p < .001$), while current employment remained significant ($B = -9.74$, $SE = 3.68$, $\beta = -.15$, $p = .009$).

In step 3, resilience did not explain significant additional variance, $\Delta R^2 = .006$, $\Delta F(1, 170) = 1.91$, $p = .169$. The final model was significant, $F(3, 170) = 48.09$, $p < .001$, and explained 45.9% of the variance in QLC severity ($R^2 = .459$, adjusted $R^2 = .449$). Proactive coping remained significantly associated with lower quarter-life crisis severity ($B = -2.15$, $SE = 0.40$, $\beta = -.53$, $p < .001$), as did current employment status ($B = -9.09$, $SE = 3.70$, $\beta = -.14$, $p = .015$). Resilience was not independently associated with QLC severity after proactive coping and employment status were included in the model ($B = -0.63$, $SE = 0.46$, $\beta = -.14$, $p = .169$).

Regression diagnostics did not indicate major violations of model assumptions. Visual inspection of the standardised residual plot did not indicate marked departures from linearity or homoscedasticity, and the histogram and normal P–P plot indicated an approximately normal residual distribution. In the final model, tolerance values ranged from .326 to .979 and VIF values ranged from 1.02 to 3.07. The Durbin–Watson statistic was 1.94, indicating no substantial residual autocorrelation. One observation had a standardised residual slightly above 3; however, the maximum Cook's distance was .11, providing no indication that a single observation exerted undue influence on the model.

Table 4

Hierarchical Multiple Regression Results for Quarter-Life Crisis Severity

Variable	*B*	95% CI		*SE B*	β	R^2	ΔR^2
		LL	UL				
Step 1						.039	.039
Constant	130.54	123.16	137.91	3.74	—		
Current employment	–12.80**	-22.38	-3.21	4.86	–.20		
Step 2						.453	.414
Constant	237.50	218.12	256.88	9.82	—		
Current employment	–9.74**	–17.01	–2.47	3.68	–.15		
Proactive coping	–2.60***	-3.05	-2.15	0.23	–.65		
Step 3						.459	.006
Constant	236.19	216.77	255.60	9.84	—		
Current employment	–9.09*	–16.40	–1.78	3.70	–.14		

Gergely, R., Marschalko, E-E., Sulyok, K. (2026). When Coping Matters: Proactive Coping, Resilience, and Quarter-Life Crisis Among Hungarian Emerging Adults in Transylvania. *Youth in Central and Eastern Europe. 13*(21). https://doi.org/10.24917/ycee.13067

Variable	*B*	95% CI		*SE B*	β	R^2	ΔR^2
		LL	UL				
Proactive coping	−2.15***	−2.93	−1.37	0.40	−.53		
Resilience	−0.63	−1.54	0.27	0.46	−.14		

Note. $N = 174$. *B* = unstandardised regression coefficient; *SE B* = standard error of the unstandardised regression coefficient; β = standardised regression coefficient; CI = confidence interval; LL = lower limit; UL = upper limit; R^2 = coefficient of determination; ΔR^2 = change in explained variance. Current employment status was coded 0 = not employed and 1 = employed. *$p < .05$. **$p < .01$. ***$p < .001$.

Statistical Indirect Association Through Resilience

A statistical mediation analysis was conducted using PROCESS macro version 4.2 for SPSS (Model 4; Hayes, 2022) to examine the indirect association between proactive coping and QLC severity through resilience. Proactive coping was specified as the independent variable (*X*), resilience as the mediator (*M*), and quarter-life crisis severity as the dependent variable (*Y*). Current employment status was included as a covariate. The indirect effect was estimated using 5,000 bootstrap samples and a 95% confidence interval.

The model predicting resilience was significant, $F(2, 171) = 177.16$, $p < .001$, explaining 67.5% of the variance in resilience ($R^2 = .675$). Proactive coping was strongly and positively associated with resilience ($B = 0.71$, $SE = 0.04$, $t = 18.58$, $p < .001$). Current employment status was not significantly associated with resilience ($B = 1.02$, $SE = 0.61$, $p = .097$).

The model predicting quarter-life crisis severity was also significant, $F(3, 170) = 48.09$, $p < .001$, explaining 45.9% of the variance ($R^2 = .459$). Proactive coping remained significantly associated with lower QLC severity after resilience and current employment status were included in the model ($B = -2.15$, $SE = 0.40$, $t = -5.44$, $p < .001$). In contrast, resilience was not independently associated with quarter-life crisis severity ($B = -0.63$, $SE = 0.46$, $t = -1.38$, $p = .169$). Current employment status remained significantly associated with lower quarter-life crisis severity ($B = -9.09$, $SE = 3.70$, $p = .015$).

The indirect effect of proactive coping on quarter-life crisis severity through resilience was not statistically significant (indirect effect = −0.45, Boot*SE* = 0.37, 95% bootstrap CI [−1.19, 0.30]), because the confidence interval included zero, and therefore H3 was not supported: the statistical indirect association between proactive coping and QLC severity through resilience was not significant in the present sample. The tested mediation model and unstandardised path coefficients are presented in figure 1.

As a sensitivity analysis, the hierarchical regression and statistical mediation analyses were repeated with age included as an additional covariate alongside current employment status. In the final age-adjusted regression model, proactive coping remained significantly associated with lower quarter-life crisis severity (B = -2.12, SE = 0.40, β = -.53, p < .001), whereas resilience remained nonsignificant (B = -0.66, SE = 0.46, β = -.14, p = .150). Neither age (B = -1.03, SE = 0.86, β = -.07, p = .230) and current employment status (B = -7.04, SE = 4.07, β = -.11, p = .085) was also not statistically significant in the final model. The model explained 46.4% of the variance in quarter-life crisis severity ($R^2 = .464$, adjusted $R^2 = .451$). In the corresponding statistical mediation model, the indirect association through resilience remained nonsignificant (indirect effect = -0.47, BootSE = 0.38, 95% bootstrap CI [-1.25, 0.28]).

Gergely, R., Marschalko, E-E., Sulyok, K. (2026). When Coping Matters: Proactive Coping, Resilience, and Quarter-Life Crisis Among Hungarian Emerging Adults in Transylvania. *Youth in Central and Eastern Europe. 13*(21). https://doi.org/10.24917/ycee.13067

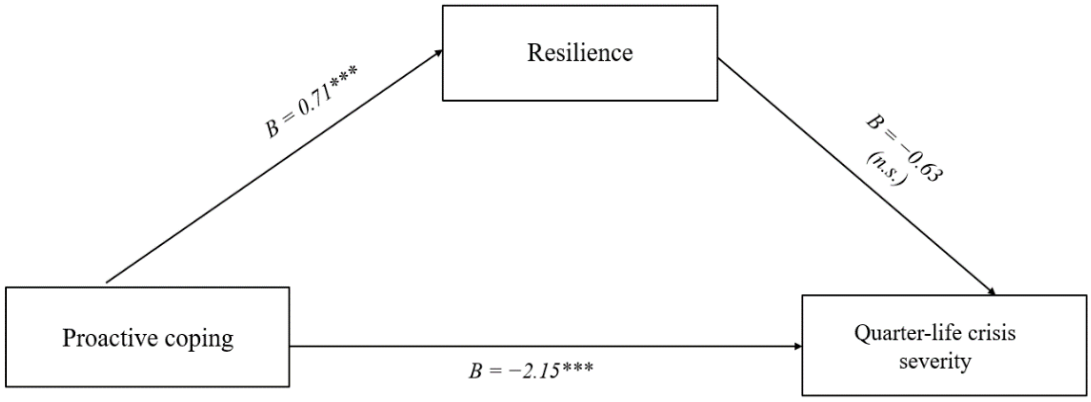


Figure 1. Statistical Mediation Model Examining the Association between Proactive Coping and Quarter-life Crisis Through Resilience

Note. Unstandardised regression coefficients are presented. Current employment status was included as a covariate but is not displayed for clarity. The indirect effect of proactive coping on quarter-life crisis severity through resilience was not statistically significant (effect = −0.45, BootSE = 0.37, 95% CI [−1.19, 0.30]). ***$p < .001$.

Discussion

The present study examined the associations between proactive coping, resilience, and quarter-life crisis severity in emerging adults from the Hungarian minority in Transylvania, Romania. Higher resilience and greater proactive coping were both associated with lower QLC severity at the bivariate level, while proactive coping was strongly and positively associated with resilience. However, the multivariable analyses qualified this pattern. When proactive coping and resilience were considered simultaneously, proactive coping remained significantly associated with lower QLC severity, whereas resilience did not explain significant additional variance. Furthermore, the hypothesised indirect association between proactive coping and quarter-life crisis through resilience was not supported. The substantive pattern of the main findings remained unchanged when age was included as an additional covariate in the sensitivity analyses.

The negative bivariate association between resilience and QLC is consistent with previous research linking resilience with more adaptive psychological functioning during periods of stress and developmental transition (Connor & Davidson, 2003; Herrman et al., 2011; Kim & Lee, 2018). Similarly, the association of proactive coping with both higher resilience and lower QLC severity is consistent with previous research suggesting that future-oriented coping resources may be relevant during the transition to adulthood (Leist Balogh & Jámbori, 2016; Szabó et al., 2019). Proactive efforts to anticipate challenges, mobilise resources, and pursue personally meaningful goals may be particularly relevant during a developmental period characterised by decisions concerning employment, financial independence, relationships, and future direction.

An important finding was the strong association between proactive coping and resilience ($r = .82$), indicating substantial shared variance between the two constructs. Although both were individually associated with lower quarter-life crisis severity, proactive coping showed the stronger unique association when both were entered simultaneously into the regression model. Resilience explained only an additional 0.6% of the variance after current employment status and proactive coping had been taken into account, and this increment was not statistically significant. Given the substantial empirical overlap between proactive coping and resilience, however, their unique

Gergely, R., Marschalko, E-E., Sulyok, K. (2026). When Coping Matters: Proactive Coping, Resilience, and Quarter-Life Crisis Among Hungarian Emerging Adults in Transylvania. *Youth in Central and Eastern Europe. 13*(21). https://doi.org/10.24917/ycee.13067

regression coefficients should be interpreted cautiously. The nonsignificant unique association of resilience does not imply that resilience is unimportant for quarter-life crisis; rather, it indicates that much of its association with quarter-life crisis was shared with proactive coping in the present sample. The strong overlap may reflect both theoretically expected covariation between adaptive psychological resources and some degree of shared content or measurement variance. The mediation analysis further clarified this pattern. Proactive coping was strongly associated with resilience, but resilience was not independently associated with quarter-life crisis severity after proactive coping and current employment status were controlled. Consequently, the indirect effect through resilience was not statistically significant. The hypothesised statistical indirect association was therefore not supported. From a COR perspective (Hobfoll, 1989, 2001; Hobfoll et al., 2018), the strong relationship between proactive coping and resilience may nevertheless be consistent with the idea that adaptive psychological resources tend to coexist or accumulate. The present findings, however, do not support the more specific proposition that resilience statistically accounts for the association between proactive coping and quarter-life crisis severity.

The Hungarian minority background of the sample should be understood primarily as a sociocultural and descriptive characteristic rather than as an explanatory factor. Participants were Hungarian emerging adults living in Transylvania within the broader Romanian educational, occupational, and institutional environment. Although cultural and community contexts may influence the availability and mobilisation of psychological and social resources (Hobfoll, 2002; Abramson et al., 2015), the present study did not directly assess ethnic identity, minority stress, discrimination, language-related experiences, or community support. The observed associations therefore cannot be attributed to minority-specific psychological or social mechanisms. Rather, the findings indicate that the examined relationships between proactive coping, resilience, and quarter-life crisis were observable within this particular Central and Eastern European sociocultural context.

The exploratory sociodemographic findings indicated that older age and current employment were associated with lower QLC severity, whereas living with parents was associated with higher quarter-life crisis severity. There was little association with age, and the restricted age range prevents conclusions being drawn regarding developmental change. Current employment was associated with lower quarter-life crisis severity in the primary regression model; however, this association was attenuated and no longer statistically significant when age was included as an additional covariate. The association between employment and quarter-life crisis should therefore be interpreted cautiously, particularly given the relationship between age and employment status during emerging adulthood. The association between living with parents and greater QLC severity may similarly reflect differences in autonomy or life-stage transitions, although the cross-sectional data do not allow the direction or meaning of this relationship to be established. Sex, parental financial support, and employment while at university were not significantly associated with quarter-life crisis severity.

Finally, the historical context of data collection is important for interpreting the findings. Data were collected between October 2020 and February 2021, during the COVID-19 pandemic, when educational, occupational, relational, and social transitions were substantially disrupted. Previous research documented increased psychological distress among young adults during this period (Schlichtiger et al., 2020), including evidence that adaptation was related to the management of uncertainty and psychological resources in Romanian and Hungarian samples (Marschalko et al., 2021, 2022). Because a quarter-life crisis involves uncertainty related to employment, relationships,

future planning, and life direction, the pandemic may have amplified some of the developmental pressures assessed in the present study. The observed levels of QLC and the associations between proactive coping, resilience, and QLC may therefore partly reflect this specific historical context. Consequently, it remains uncertain to what extent these findings are generalisable to emerging adults navigating comparable developmental transitions under post-pandemic conditions.

Practical and Clinical Implications

The findings suggest that proactive coping may be particularly relevant when considering psychological resources associated with quarter-life crisis severity. Assessment and psychological support for emerging adults experiencing uncertainty related to career development, relationships, identity, or future direction may therefore benefit from considering future-oriented planning, goal setting, anticipation of challenges, and resource mobilisation. Resilience may also remain clinically relevant because of its strong bivariate relationship with a quarter-life crisis and its close association with proactive coping.

However, the findings should not be interpreted as evidence that increasing proactive coping or resilience will reduce quarter-life crisis symptoms. The cross-sectional design does not establish temporal or causal relationships, and the hypothesised statistical indirect association was not supported. Intervention and longitudinal studies are needed before specific preventative or therapeutic recommendations can be made.

Limitations and Further Research

Several limitations should be considered. First, the study relied on a nonprobability convenience and snowball sample of Hungarian-speaking emerging adults living in Transylvania. Recruitment through social media may have introduced self-selection and coverage bias, and the substantial overrepresentation of women (74.7%) further limits the generalisability of the findings. The sample should therefore not be regarded as representative of either Hungarian emerging adults in Transylvania or emerging adults in the region more broadly. In addition, the minority background of participants was not operationalised through measures of ethnic identity, minority stress, discrimination, language-related experiences, or community support. Consequently, the study cannot determine whether the observed associations are related to minority-specific processes.

Second, all variables were assessed using self-report questionnaires, increasing the possibility of common method variance and response bias. Although the measures demonstrated good to excellent internal consistency in the present sample, internal consistency alone does not establish factorial or construct validity. This limitation is particularly relevant for the 46-item Hungarian Quarter-Life Crisis Questionnaire, whose proposed factor structure has not been comprehensively replicated and whose previously proposed subscales vary substantially in length and reliability. The total-score approach used in the present study was therefore a pragmatic scoring decision and should not be interpreted as evidence of an established unidimensional structure. Similarly, although the Hungarian 25-item CD-RISC has been validated, the specific 10-item subset used here has not been independently validated in Hungarian. Consequently, the findings involving quarter-life crisis and resilience should be interpreted with appropriate caution, and further psychometric research is needed to examine the factorial structure, construct validity, and measurement properties of these Hungarian-language measures.

Third, proactive coping and resilience were highly correlated ($r = .82$). Although the collinearity diagnostics did not indicate severe multicollinearity (VIFs approximately 3), their substantial

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shared variance makes the estimation and interpretation of their unique associations more difficult. Future studies should examine their conceptual and empirical distinctiveness using alternative measures, latent-variable approaches, and multimethod assessment.

Fourth, the cross-sectional design prevents conclusions being drawn about temporal ordering and causality. In particular, the present findings cannot establish whether proactive coping reduces quarter-life crisis severity, whether lower crisis severity facilitates proactive coping, or whether both reflect other underlying psychological resources. The nonsignificant indirect effect also indicates that longitudinal evidence would be required before proposing resilience as a mechanism linking proactive coping with later quarter-life crisis outcomes.

The study focused specifically on proactive coping and self-reported resilience. Future research could examine additional coping strategies and transdiagnostic factors, including intolerance of uncertainty, rumination, cognitive emotion regulation, and psychological flexibility. Longitudinal research could further clarify how these resources and vulnerabilities change across emerging adulthood and whether their associations with quarter-life crisis differ across developmental, cultural, and socioeconomic contexts.

Finally, data were collected during the COVID-19 pandemic, a period marked by substantial disruption in education, employment, relationships, and future planning. This historical context may have influenced both the overall level of quarter-life crisis and the observed associations between the study variables. The findings should therefore not be assumed to be directly generalisable to post-pandemic emerging-adult populations. Replication in post-pandemic samples is needed to determine whether the observed pattern of associations remains stable across different historical and social conditions. Cross-cultural studies would also help determine whether the associations between proactive coping, resilience, and quarter-life crisis are generalisable beyond Hungarian emerging adults living in Transylvania.

Ethics statement

The study was conducted as part of a bachelor's thesis and, under the institutional procedures applicable at the time, did not require separate formal ethics committee approval. The study was carried out under academic supervision in accordance with the professional ethical standards of the Romanian College of Psychologists and the principles of the Declaration of Helsinki. Participation was voluntary, informed consent was obtained from all participants, and the survey was administered anonymously.

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