



Mindfulness Based Cognitive Therapy: Lowering The Quarter Life Crisis in Achieving Happiness

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ABSTRACT

This study aims to determine whether there is a decrease in the behavior of the quarter-life crisis to achieve happiness after being given the Mindfulness-Based Cognitive Therapy method. Using a quantitative experimental approach and the research design used is Static Group Comparison. The aim is to measure the effectiveness of Mindfulness-Based Cognitive Therapy in this study to the experimental group. Subjects are 30 people who are experiencing a quarter-life crisis. The technique of data analysis is statistical analysis, namely Paired sample T-test. Salam's research shows: (1) There is a significant difference in the quarter-life crisis after being given Mindfulness-Based Cognitive Therapy with Paired Sample T-Test with $p = 0.000$ ($p < 0.05$). (2) There is no significant difference in the quarter-life crisis on the subject before and before being given mindfulness-based cognitive therapy with the Paired Sample T-Test with p -value = 0.741 ($p > 0.05$).

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ABSTRAK

Penelitian ini bertujuan untuk mengetahui apakah terdapat penurunan perilaku quarter life crisis untuk mencapai kebahagiaan setelah diberikan metode Mindfulness Based Cognitive Therapy. Desain penelitian yang digunakan adalah true experimental design. Tujuannya adalah untuk mengukur efektivitas Mindfulness Based Cognitive Therapy dari penelitian ini terhadap kelompok eksperimen. Subjek 30 orang yang sedang mengalami quarter life crisis. Teknik analisa data adalah analisis statistik yaitu Paired sampel T-test. Hasil penelitian menunjukkan: (1) Ada yang signifikan perbedaan quarter life crisis setelah diberikan Mindfulness Based Cognitive Therapy dengan Paired Sample T-Test hasil nilai $p = 0.000$ ($p < 0.05$). (2) Tidak ada perbedaan yang signifikan quarter life crisis pada subjek sebelum dan sesudah tidak diberikan perlakuan mindfulness based cognitive therapy dengan Paired Sample T-Test hasil nilai $p = 0.741$ ($p > 0.05$).

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INTRODUCTION

In recent decades the issue of the transition of adulthood has become more concerned (Yeler et al., 2021). The transition from a process of development of a human being. With the issue of transitioning adulthood, there is a new

term, namely "emerging adulthood", referring to individuals who are between adolescence and twenties, with a focus on 18-25 years of age (Arnett in Yeler et al., 2021).

Their twenties and early thirties are usually difficult periods for developing adults because they are expected to make important decisions about their adult

life, such as who to marry and where to work. The difficult task and the main stressor for this age group is to decide on things that are today, when they are not yet adults; they are still financially dependent on parents, and their role is expected to shift from the mode of children and adolescents to adulthood (Robinson, 2013).

Menorut (Santrock, 2012) early adulthood is in the age range of 20-30 years. This stage of development often experiences crisis problems which are often referred to as *quarter life crises*, this is based on previous research that examines the issue of QLS in early adulthood (Putri et al, 2022; Qolbi & Musthofa, 2020; Robinson & Smith, 2010; Suyono et al, 2021; Yeler et al., 2021).

Quarter Life Crisis (QLS) is an identity crisis problem that occurs during the transition from adolescence to adulthood which is caused by instability, changes that occur continuously, feelings of panic and helplessness (Pratama & Darminto, 2021). In this period, emerging adults may be confused about their identity; feel insecure in their short-term and long-term goals, and drift into a state of chaos in their romantic relationships, family life and work life due to inherent uncertainty (Robbins and Wilner in Yeler et al., 2021).

In line with this Stapleton, (2012) explained that this *quarter-life crisis* period is characterized by a sense of anxiety because there are too many choices in the future so that confusion in determining the exact thing. In the process of distracting and awareness to these experiences it has been put forward to help reduce the experiences, self-judgments, and ruminations often triggered by depression and acute anxiety (Creswell et al., 2016).

One way to reduce *quarter life crisis* is with *mindfulness* techniques. Mindfulness interventions aim to cultivate an open awareness and acceptance of the thoughts and feelings of the individual, including a conscientious attitude towards the mindset and experiences that occur when the individual feels extreme anxiety or depression. *Mindfulness* is a process of paying attention to what happens at the time of good, internal stimuli such as thoughts and bodily sensations, as well as external stimuli such as the physical and social environment. The individual observes the stimulus in the absence of judgment or evaluation, nor without giving the meaning of the stimulus (Glomb et al, 2011).

The benefits gained in relation to attention-based practices and therapies are that first, there is a clear link between mindfulness meditation, mindfulness care, and physical health improvement. Most of these studies focused on reducing symptoms or suffering caused by physical illnesses (Glomb et al., 2011). Second, this mindfulness and attention-based practice has been clearly linked to reduced symptoms of mental, psychological, and psychiatric states. Includes decreased anxiety, depression, stress, psychological distress, and overall psychological symptoms (Glomb et al., 2011). Third, in addition to the well-selected mental and physical health benefits of mindfulness practice. Literature has examined the power of such practices to improve human well-being and development (Glomb et al., 2011).

The increase in interest in current experiences will be a decrease in interest in repetitive patterns of negative thinking regarding oneself (Zelazo & Lyons, 2012). When the pattern of repeated negative thinking in oneself decreases, then the pattern of positive thinking, such as beliefs and expectations will also increase (Malinowski & Lim, 2015). The sense of happiness is greatly influenced by the circumstances at hand. If a person is faced with a pleasant state, then the person will feel happy, but if one day faced

with an unpleasant state then that happiness will be replaced by negative emotions (Patnani, 2012). Happiness is a very important thing so that the effort to achieve happiness becomes the center of attention and goals of human beings at all times. Individuals will want to achieve happiness and will try to devise certain strategies in order to achieve happiness in their lives (Patnani, 2012). Research terdaulu Bajaj et al. , (2022); Crego et al. , (2021); Huang et al. , (2021), shows that there is a relationship between *mindfulness* and happiness.

Based on the results of a survey conducted by researchers, it shows that the average research respondent shows approval in choosing a statement that there is a vacillation in making decisions about his future, there is no stability in the belief that the decision taken is the best decision, has a feeling of doubt when facing choices in the future life, there is a thought that it is not yet clear about the future picture, emotions perfectly master cognitive processes. Therefore, there is a need for a decrease in the quarter life crisis in order to achieve happiness. Based on this series of problems, the hypothesis in the study is that there is a decrease in quarter life crisis after being given *mindfulness based cognitive therapy*.

METHOD

This research is an experimental quantitative research, using a *true experimental design*, type the *pretest-posttest control group design*. In this study, researchers used a group of subjects totaling 30 participants with an age range of 20-30 years. Participants were randomly regrouped into two groups: the experimental group and the control group. Each group consists of 15 people. A total of 7 participants were male and 23 others were female.

There are four treatments in this study consisting of, breath meditation, walking meditation, *self love* and *self flower*. Subjects are given prior knowledge related to *quarter life crisis* knowledge and provide direction related to *treatment* given by psychologists and *mindfulness* facilitators. This research was carried out in stages, the first treatment given was breath meditation and walking, the second *treatment* given was *self-flower* and *self-love*. Then, subject monitoring is carried out by giving tasks to fill out a mindfulness diary through *google forms*.

After being given *treatment* for therapy that is carried out independently, in the *mindfulness diary* contains the subject's diary to tell the feelings experienced after each therapy. The subject was asked to submit a photo as evidence that the subject had been doing three days of breath and walking meditation independently at home. After that, *self-flower* and *self-love treatment* is given for six days.

This study used a *quarter life crisis* scale which has 7 indicators and is composed of 28 leveling algorithms. The *pre-test* is carried out at the beginning before the treatment is given, while the *post test* is carried out after the *treatment* ends. After the collection of pretest and posttest data, then the researcher processes and analyzes the data, the results of the pretest and posttest will be compared so that researchers can find out whether there are differences in *quarter life crisis* in subjects before and after treatment so that researchers can determine conclusions and suggestions for subsequent researchers.

After the data obtained, an analysis was carried out with an *independent sample t-test*. Before the hypothesis test is carried out, a descriptive test and assumption test are first

held which include a normality test and a homogeneity test using the help of the SPSS (Statistical Packages for Social Science) computer program version 25.0 for windows.

RESULT AND DISCUSSION

Based on the results of the descriptive test of the distribution of frequencies and histograms, the range of scores and categories for each study subject was obtained as follows:

Table 1. *Summary of Quarter Life Crisis Score and Classification Data Experimental Group*

Quarter Life Crisis scoring and classification data in the Experimental Group Before and After Training						
Respondents	Pre-Test	Classification	Post-Test	Classification	Group	Status
AD	73	Keep	71	Keep	Experiment	Go down
DE	88	Tall	70	Keep	Experiment	Go down
MY	92	Tall	73	Keep	Experiment	Go down
ZN	105	Very High	79	Keep	Experiment	Go down
KB	80	Keep	68	Low	Experiment	Go down
SF	68	Low	65	Low	Experiment	Go down
MC	97	Tall	59	Low	Experiment	Go down
CP	71	Keep	49	Very Low	Experiment	Go down
AXLE	96	Tall	73	Keep	Experiment	Go down
TA	84	Keep	70	Keep	Experiment	Go down
RO	71	Keep	71	Keep	Experiment	Remain
TP	68	Low	65	Low	Experiment	Go down
SS	72	Keep	57	Low	Experiment	Go down
LR	76	Keep	49	Very Low	Experiment	Go down
MS.	68	Low	42	Very Low	Experiment	Go down

Based on table 1, it can be seen that on the posttest of the *quarter life crisis* scale, there were differences in scores in subjects who had participated in *mindfulness-based cognitive therapy treatment*, there were 14 subjects in the

experimental group who experienced a decrease in *quarter life crisis* and there was one subject who experienced a fixed score.

Table 2. *Summary of Score Data and Classification of Quarter Life Crisis Control Group*

Quarter Life Crisis scoring and classification data in control groups not given training						
Respondents	Pre-Test	Classification	Post-Test	Classification	Group	Status
DR.	75	Keep	71	Keep	Control	Go down
SA	87	Tall	81	Keep	Control	Go down
AN	72	Keep	62	Low	Control	Go down
ICE	86	Keep	50	Very Low	Control	Go down
AR	66	Low	71	Keep	Control	Climb
SK	66	Low	82	Keep	Control	Climb
MS	48	Very Low	86	Keep	Control	Climb
DH	78	Keep	81	Keep	Control	Climb
JT	55	Very Low	59	Low	Control	Climb
WP	55	Very Low	61	Low	Control	Climb
RP	82	Keep	75	Keep	Control	Go down
AF	72	Keep	50	Very Low	Control	Go down
LA	80	Keep	67	Low	Control	Go down
AP	64	Low	71	Keep	Control	Climb
DS	78	Keep	75	Keep	Control	Go down

Based on table 2, it can be seen that on the posttest scale of quarter life crisis there are differences in scores in subjects who have participated in *mindfulness-based cognitive therapy treatment*, there are 8 subjects in the experimental group who experienced a decrease in quarter life crisis and there were 7 subjects who experienced an increase.

Before the data are analyzed hypotheses, an assumption test is carried out first. Normality of the data using the One Sample Kolmogrov-Smirnov Test. A significant value if the > 0.05 ($p > 0.05$), then the data is in the normal distribution.

Table 3. *Normality Test Results*

Category	Types of Research	Shapiro-Wilk Statistics	Df	Sig.
Pre-test	Experiment	0.885	15	0.057
	Control	0.948	15	0.501
Post-test	Experiment	0.907	15	0.121
	Control	0.944	15	0.437

Based on table 3, normality shows that the distribution of the grains of the pretest concentration variable is normal with $p = 0.501$ ($p > 0.05$). Meanwhile, in the distribution of variable items, the post test concentration is also normal with a value of $p = 0.437$ ($p > 0.05$).

In this study, a homogeneity test was carried out between the experimental group and the control group, so that it was known that the data of the two groups varied the same. The rule of the homogeneity test is, variable data is considered homogeneity, when the p -value > 0.05 . The calculation uses *the levene statistic test* method, the results are obtained as in the table below.

Table 4. Homogeneity Test Results

<i>Levene Statistics</i>	<i>df1</i>	<i>df2</i>	<i>Sig.</i>
0.263	3	56	0.852

The calculation result shows the value of the results in the post test of the experimental and control group $p = 0.852$ ($p > 0.05$) which means that the concentration variable data is homogeneity.

Table 6. Quarter Life Crisis Experimental Group and Control Group

	<i>Mean</i>	<i>Std. Deviation</i>	<i>Std. Error Mean</i>	<i>95%Confrence Intervalof the Differences</i>		<i>t</i>	<i>Df</i>	<i>Sig</i>
				<i>Lower</i>	<i>Upper</i>			
<i>Pre-Test -Post-Test Experiments</i>	16.533	11.051	2.853	10.414	22.653	5.794	14	0.000
<i>Pre-Test - PostTest Control</i>	1.467	16.822	4.343	-7.849	10.782	338	14	0.741

Based on table 6 above, it can be seen the results of the *Independent Sample T-Test* hypothesis test in the experimental group to determine *the quarter life crisis* in the subjects before and after being given *mindfulness-based cognitive therapy* treatment, then the results of the p value = 0.000 ($p < 0.05$) were obtained, then the H_0 hypothesis was rejected and H_a was accepted which means that there is a significant difference in *the quarter life crisis* after being given *a mindfulness based cognitive therapy treatment* on the subject of the study.

Based on the results of the *Independent Sample T-Test* hypothesis test in the control group to determine *the quarter life crisis* in subjects before and after not being given *mindfulness-based cognitive therapy* treatment, the results of the p value = 0.741 ($p > 0.05$) were obtained, then the H_0 hypothesis was accepted and H_a was rejected which means that there was no significant difference in *the quarter life crisis* before and after it was not given *mindfulness based cognitive therapy* treatment on the subject of the study.

DISCUSSION

Based on the results of *the Independet Sample T-Test* hypothesis test in the experimental group to determine the quarter life crisis in subjects before and after being given *mindfulness-based cognitive therapy* treatment, the results of the p value = 0.000 ($p < 0.05$) were obtained, the H_0 hypothesis was rejected and H_a was accepted which means that there is a significant difference in *the quarter life crisis* after being given *mindfulness based cognitive therapy*

Furthermore, a hypothesis test was carried out with *an independent analysis of the t-test sample*. Hypothesis analysis in the study to determine the differences in *quarter life crisis* in subjects before and after being given *mindfulness based cognitive therapy treatment*. In this study, the hypothesis test rule for independent sample t-test is that if $p > 0.05$ then H_0 is accepted and H_1 is rejected.

Table 5. Mean Rank Value Paired T-Test

<i>Group</i>	<i>Pre-Test</i>	<i>Post-Test</i>	<i>Information</i>
Experiment	80.60	64.07	Decreased
Control	70.93	69.97	Decreased

Based on table 5 above, it can be seen the results of the *pretest* experimental group with a mean value of 80.60 and a *posttest* with a mean value of 64.07, for the results of the control group obtained a *pretest* value with a mean value of 70.93 and a *posttest* with a mean value of 69.97. Based on the comparison between *pretest* and *posttest*, it can be concluded that there is a decrease.

treatment after being given mindfulness based cognitive therapy treatment on the subject of study.

Based on the results of *the Independet Sample T-Test* hypothesis test in the control group to determine the quarter life crisis in subjects before and after not being given *mindfulness-based cognitive therapy* treatment, the results of the p value = 0.741 ($p > 0.05$) were obtained, then the H_0 hypothesis was accepted and H_a was rejected which means that there was no significant difference in *the quarter life crisis* on the subject of study. Due to the absence of treatment given to reduce *the quarter life crisis* in the control group.

In line with this study, Previous research that has been conducted by Peer & McAuslan, (2016); Rosales-Villacrés et al. , (2021); Svence, (2015) shows that there is a relationship between *emerging adulthood* and *mindfulness*. At this stage of development is the transition period of adolescence to early adulthood, a period related to its importance in the process of searching for identity, the search for new experiences, improving and improving self-quality. Given that early adulthood is the age that allows individuals to experience a *quarter life crisis*. Where the age pays more attention to their inner and outer experiences. Individuals who experience a *quarter life crisis* can develop an understanding of self-values, which can lead individuals in making choices that are consistent with themselves, choices that make them feel more confident by applying *mindfulness* (Rogers, 2013).

In addition, according to (Yang et al. , 2017) *Mindfulness* is proven to be able to minimize instability, self-focus and experiences of self-doubt that arise and are experienced by individuals *experiencing emerging adulthood*. Previous

research that is in line with the results of this study, (Racey et al., 2018) revealed that mindfulness based *cognitive therapy* is given to individuals who experience self-doubt regarding future careers, previous studies have shown that after applying *mindfulness based cognitive therapy* there is a significant increase so that it causes positive influences including, individuals recognize themselves more, accept shortcomings and weaknesses from within, and can control negative thoughts and emotions in looking at things in the future.

The *mindfulness treatment* can improve the ability of individuals who have a tendency to experience depression, can avoid and even reduce negative cognition / contemplation, which is considered to play a role in the onset, recurrence, and maintenance of *depression* (Guo et al., 2022; Mackenzie & Kocovski, 2016; Moses et al., 2020; Pan et al., 2022; Panahi & Faramarzi, 2016; Racey et al., 2018; Sulosaari et al., 2022). Individuals will learn to recognize negative thoughts and relate them to greater self-affection, allowing them to retreat or reduce them. *Mindfulness based cognitive therapy* seems to be just as effective as an *antidepressant* in the prevention of depression in adults, which has led to its inclusion in the guidelines of compulsory treatment (Kuyken et al., 2016).

Mindfulness based cognitive therapy applied by each individual who has depressive symptoms will be able to decrease, so that it can increase the individual to love themselves more, make it easier for the individual to make decisions without any sense of anxiety and excessive worry about the future, as well as increased *levels of mindfull*. This shows that there is an improvement in skills that corresponds to theoretical estimates after *mindfulness based cognitive therapy* (Racey et al., 2018).

CONCLUSIONS AND SUGGESTIONS

Based on the results that the research that has been carried out, it can be concluded that there is a significant difference in *the quarter life crisis* after being given a *mindfulness-based cognitive therapy* treatment in the research subjects in the experimental group, the results of the p value = 0.000 ($p < 0.05$). There were no significant differences in *the quarter life crisis* before and after not being given *mindfulness-based cognitive therapy* treatment in the study subjects in the control group obtained the results of the p value = 0.741 ($p > 0.05$).

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