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IDENTITY CRISIS AND MENTAL HEALTH AMONG GEN Z

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ABSTRACT

This study examined the relationship between Identity Crisis and Mental Health among Generation Z (born between 1997 and 2012). This study employed quantitative research design for data collection. Data were collected from 125 people aged between 18 to 29, which include college and university students as well as some working persons using validated scales including Mental Health Continuum - Short Form (MHC-SF) and Objective Measure of Ego Identity Status (OMEIS) for measuring Mental Health and Identity Crisis. Results revealed significant negative correlation between identity crisis and mental health. The whole results showed the importance of identity formation for Gen Z in navigating their mental health consequences.
Keywords: *Identity crisis, Mental health, young adults, Gen Z.*

INTRODUCTION

Identity formation is one of the most dynamic and crucial part of a human development. According to Erikson (1968), identity formation is not a static achievement. It is a developmental process which continues throughout the life, yet adolescence and young adulthood are most critical phases of identity formation (Javaid & Ramzan, 2026). Researchers indicate that adolescence or teenage is a time period when individuals experience many emotional, physical and social changes in their life and they try to adjust with these changes but it is not always an easy task (Ahmad et al. 2022). Sometimes it is difficult and confusing for some adolescents and they find themselves stuck in unsure and lost feelings about who they are, what is the purpose of their life and where they belong to. Due to such confused feelings about their self-image and identity, they start to deviate from normal patterns of behaviors and fail to make logical decisions in their life which ultimately leads towards lack of confidence and difficulties in developing healthy self-image and identity. This is called identity crisis (Kumar, 2024).

Erikson (1968) called this stage "normative identity crisis" during which individuals must try to integrate their past life experiences with their future motives and goals to develop a coherent sense of identity and self. According to him, this phase does not reflect pathology but it is a developmental necessity and a 'turning point' which may either leads to identity formation and psychological growth or to confusing self-identity (Erikson, 1968). Another term "identity distress" is introduced by Berman et al. (2004) for this phase. During the transition to adulthood, many young individuals experience significant distress as this is a challenging phase of life for young individuals. Some of them are overwhelmed by

the distress which disturbs their course of development and make them dysfunctional and further can cause identity disorders (Berman et al., 2004).

Identity development is deeply integrated with cultural and social contexts. Contemporary researchers relate identity development with two key elements: exploration and commitment. Exploration includes consciously questioning about roles and beliefs of the self while commitment refers to having balanced and appropriate life choices and preferences. These elements play their role as foundation of identity development. However, lack of exploration and commitment can cause confusion, instability and uncertainty which ultimately lead towards identity crisis (Maehler & Hernández, 2025). However, Erikson argued that identity develops due to social comparison and reflection, the evaluation on the basis of their thought of how other people perceive them. This is how psychological nature of identity can be evaluated linking the concept of self with the influence of society (Erikson, 1968). Identity development is significantly associated with mental health and psychological well-being (Ma et al., 2026a, 2026b; Maehler & Hernández, 2025). Identity crisis or distress can cause severe problems and uncertainty in major domains of life such as, future goals, friendship patterns, career choices, moral values, group loyalties, religious beliefs, sexual orientation and behaviors (Berman et al., 2004). Identity crisis is a universal component of psychological development in adolescence but failure to resolve the crisis can cause identity diffusion, explained as failure in achieving continuous and coherent identity (Ramzan et al., 2020, 2025). This can further cause severe mental disorders such as, borderline personality disorder (Rivnyák et al., 2021).

In modern era, the Generation Z born between 1997 and 2012, faces more particular and significant psychosocial issues that makes their identity formation more difficult. As they are born in the era, which is marked by constant transformations including economical, political and technological ups and downs, generation Z find themselves under a lot of stress and uncertainty (Jackson et al., 2025). It was found that there are so many factors which contribute to the high rate of depression, anxiety and emotional turmoil among generation z, which include economic issues such as food insecurity, financial difficulties, etc. (Jackson et al., 2025). Additionally, role of social media platforms made the process of identity formation much more complicated as it creates identity confusion (Mahnaz & Akram, 2026), self-hatred and cause many psychological disorders (Congman et al., 2019; Mahdi et al., 2025; Esguerra et al., 2025).

As members of this generation are digital natives, they prefer to create their own identity within the digital universe rather than face-to-face interactions. As a result, young people are more likely to develop fragmented self-views, which makes them even more vulnerable towards mental disorders. Similarly, materialism and the prevalence of consumer culture create such an existential dilemma which leaves young people stuck in feeling of emptiness and purposelessness (Mahdi et al., 2025).

By considering the growing rate of identity crisis and mental health issues among gen Z, this study aims to investigate the link between identity crisis and mental health among gen Z by exploring the different key mechanisms as buffer.

Theoretical Framework

The theoretical framework of this study is anchored on the Erikson's Identity Theory and Martin Seligman's Theory of Flourishing/PERMA Model. These frameworks provide an understanding of the way in which identity crisis is related to Mental health among Gen Z and how resolving the identity related issues can positively enhance the mental well-being.

1. **Erikson's Identity Development Theory (1968):**

Erikson (1968) suggested that the identity formation process takes place in eight stages and that there is a development conflict in each of the stages, which need to be resolved to achieve a healthy growth. The issues of identity crisis are most eminent in the adolescent stage when a

person tries out roles, values, and social identities. The inability to go through this phase can lead to confusion of identity which is a state of "not knowing who one is?" and "what his/her place in the society is?". It is also hypothesized that identity crisis may happen in emerging adulthood and mid-life as people keep reevaluating their life objectives and making choices.

2. **Martin Seligman's Theory of Flourishing/PERMA Model (2011):**

According to Seligman (2011), Flourishing can enhance wellbeing and happiness in a holistic way, but how do we build it and maintain it? To understand the how, there are five building blocks that enable flourishing: Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment (PERMA Model). There are many different routes to a flourishing life. People will derive well-being from each of these five building blocks to varying degrees. A good life for one person is not necessarily a good life for another.

Problem statement

In today's modern era, Members of Generation Z live in an increasingly dynamic sociocultural and digital environment, which leads to various confusions related to their self-identification and sense of belonging. Growing exposure to social media comparison, evolving cultural norms, and experimenting with different identities make identity confusion one of the most serious problems of Generation Z members and contribute to the increase of anxiety and depression cases among young people. Although several previous studies have shown a significant relationship between identity crises and poor mental health, little research has been done on the psychological factors that can influence this connection. Nevertheless, there has been insufficient scientific evidence about this examined relationship in specifically Gen Z.

Rationale of the study

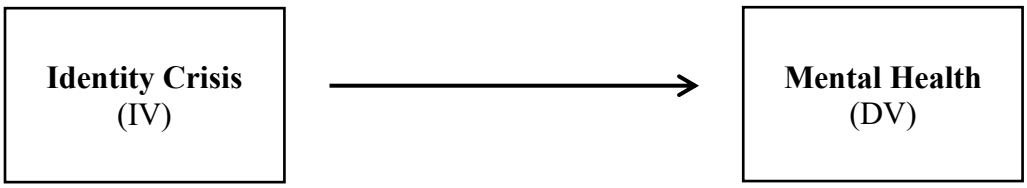
This research is highly significant since there is currently an alarming prevalence of mental issues among Generation Z, not only within Pakistan but all across the world. Furthermore, identity struggles are cited as one of the most formidable obstacles during emerging adulthood. It is critical to understand the psychological mechanisms that could reduce the negative impact of identity crisis on mental well-being. Based on these findings, many variables might serve as a protective factor against this issue in Gen Z. We can examine how mental well-being of Gen Z affected when identity-related stress arises, in this way we can better propagate the protective mechanisms for enhancing mental health in Gen Z.

In addition, within the Pakistani society and other communities where mental health problems are generally related to stigma, it would be vital to explore the mental health problems of Gen Z with relation to identity crisis.

Objectives

- To study the relationship between identity crisis and mental health among Gen Z.
- To identify the nature of mental health issues among Gen Z.
- To examine how identity formation can enhance the mental well-being of Gen Z.
- To explore the predictive effect of identity crisis on mental health.

Conceptual Model



The conceptual model proposes that identity crisis is negatively associated with mental health in such a way that individuals who feel more identity confusion are more likely to experience increased mental health issues and vice-versa.

LITERATURE REVIEW AND HYPOTHESES DEVELOPMENT

Mental health issues amongst gen Z have become a major global concern as many evidences showed high levels of stress, anxiety, depression and emotional instability among gen Z. Many factors such as exposure to digital platforms, constant comparison with peers and lack of engagement in real life experiences and many other factors have contributed to this problem (Mahdi et al., 2025). Erikson (1968) linked identity confusion with many mental problems such as isolation, abnormal behavior, and emotional instability. Individuals who experience identity diffusion can have a lack of coherent sense of self which can impact emotion regulation and overall well-being of a person, negatively.

Previous literature significantly supports the idea of existence of association between identity development and psychological functioning. Positive identity development characterized by high exploration and commitment scores is associated with positive psychological outcomes. On the other hand, Identity confusion is linked with internalized mental problems such as anxiety and depression (Maehler & Hernández, 2025; Rivnyák et al., 2021). It was also found that Identity distress characterized by feelings of uncertainty among different life domains, can cause disruption and interference in daily life functioning and it is more prevalent among young adolescents (Berman et al., 2004). Many empirical studies suggest that identity distress is positively correlated with exploration and negatively correlated with commitment and individuals with moratorium status show higher levels of psychological stress (Berman et al., 2004). Moreover, identity diffusion has been identified as an essential contributor to adverse psychological outcomes including difficulties in interpersonal, functioning and vulnerability to psychopathology (Rivnyák et al., 2021).

Identity crisis and Mental health

The identity crisis is an essential psychological concept that considerably affects the wellbeing of people, especially the youth and Gen-Z. The term refers to individuals' confusion about themselves because of contradictions in their values, roles, and sense of purpose. Research shows that the identity crisis is linked with poor mental outcomes, such as high anxiety, depression, and psychological distress (Schwartz et al., 2015; Marcia, 1993).

On the other hand, a consistent and cohesive sense of one's identity enables individuals to be happier, emotionally stable, and more resilient. In terms of Gen-Z, external stressors such as economic instability, financial problems, and digital overload worsen the situation for their mental well-being (Jackson et al., 2025). Such factors make individuals feel less control and less oriented towards the future, thus causing psychological distress (Jackson et al., 2025).

Hypothesis (H1): *Identity crisis is positively related to poor mental well-being (such as anxiety, depression, and psychological distress) and negatively related to enhanced mental well-being.*

Hypothesis (H2): *Identity Crisis will significantly and negatively predict the Mental Health.*

METHOD

Research Design

Using research approach, this study involves the use of cross-sectional research design with the aim of establishing the correlation between identity crisis and mental health among Generation Z with age of between 18 and 29 years. Because multiple variables must be compared in the study, data is collected at a single point in time using self-reported questionnaires.

Population

The sample consists of Generation Z with age of between 18 and 29 years, which include students of schools, colleges and universities and also include working persons within this age. A total of 125 participants is targeted to ensure sufficient statistical power for the analyses.

Inclusion/Exclusion Criteria

Only Generation Z aged 18 to 29 years has participate in the research which include students of different academic levels and also employed people within this age which are able to provide informed consent.

People below and above this age range and people who have previously been diagnosed with severe mental health disorders are not included in this research. Participants who are not proficient in the language of the questionnaires and who do not consent to participate in the study are also excluded.

Operational definitions

Identity Crisis

Identity crisis refers to a developmental stage of confusion marked by failure in achieving the coherent sense of identity and it leads to self-fragmentation, role-confusion, inability to choose life directions and values, prevalent inner conflicts and purposelessness (Erikson, 1968). According to Erikson (1968), Identity crisis is more prominent phenomena in adolescent stage as it is characterized by the exploration of self-roles, personal values and identity in society and crisis in this stage can lead to further confusion and ruminative uncertainty about one's identity, role, values and purpose.

In the context of the present study, identity crisis is defined as the extent to which a person has an unstable and unengaged sense of self and lack of personal commitment to explore various domains of identity. It is measured by the Objective Measure of Ego Identity Status (OMEIS), which examines identity statuses in ideological and interpersonal dimensions.

Mental Health

Mental health is a broader term, which is not only explained by the absence of mental illnesses but it is the state of mental and psychological well-being in which a person realizes his own potential, overcome the stressful conditions of life, can generate productivity and contribute to society and environment (WHO, 2004). According to Keyes (2002), mental health consists of three interrelated dimensions: emotional well-being (life satisfaction, emotional stability), psychological well-being (self-compassion, personal growth, purpose of life) and social well-being (social integration, social relations, coherence and contribution).

In present study, Mental health is defined as positive functioning in emotional, psychological and social dimensions of well-being instead of simply the absence of psychopathological symptoms. It is determined by the Mental Health Continuum - Short Form (MHC-SF). A high total score on the MHC-SF is associated with high levels of mental well-being, and a low score is associated with languishing or reduced psychological functioning.

Instruments

Objective Measure of Ego Identity Status (OMEIS)

The Objective Measure of Ego Identity Status was developed by Gerald R. Adams, J.A. Shea and S.A. Fitch in 1979 and is in English. The scale consists of 24 items administered on a 6-point Likert scale ranging from 1 (Strongly Disagree) to 6 (Strongly Agree). The OMEIS demonstrates strong internal consistency, with Cronbach's alpha values ranging from .63 to .75 for ideological subscales and .58 to .80 for interpersonal subscales. Test-retest stability coefficients range from .82 to .90 across a two-week interval, confirming adequate temporal reliability. Construct validity is supported through factor analyses confirming the empirical isolation of the four identity statuses across both ideological and interpersonal domains.

Mental Health Continuum - Short Form (MHC-SF)

The Mental Health Continuum Short Form (MHC-SF) was developed by Corey L. M. Keyes in 2009 in English language. It is a 14-item self-report measure derived from the longer 40-item Mental Health Continuum –Long Form (MHC-LF). Items are rated on a 6-point frequency scale ranging from Never (0) to Every Day (5), asking respondents how often they experienced each symptom of positive mental health during the past month. The scale comprises three subscales:

Emotional Well Being, Social Well-Being and Psychological Well-Being. For continuous scoring, item responses are summed to yield a total score ranging from 0 to 70. The MHC-SF demonstrates excellent internal consistency, with reliability estimates above .80 for all three subscales. Test-retest reliability for the long form scales ranged from .57 for psychological well-being to .71 for social well-being over a four-week interval, while the MHC-SF showed an average test-retest reliability of .68 over three successive three-month periods and .65 over nine months.

Procedure

Participants are recruited through online platforms, university notices, and social media. After obtaining informed consent, participants completed the online questionnaire, which take approximately 10-15 minutes. Data is collected anonymously to ensure confidentiality.

Ethical Considerations

The research ensures confidentiality, voluntary participation and informed consent and provide the right for participants to withdraw at any time. There is no collection of identifiable data and data is coded numerically to protect participant identity. Moreover, all the work is conducted under the guidelines of academic integrity. The methodology of the study is conducted in accordance with the APA Ethical Principles.

RESULTS AND FINDINGS

Results

This study examines the relationship between identity crisis and mental among Gen Z. The sample (N=125) consist of 56 males (44.8%) and 69 females (55.2%), aged 18 to 29 years. A correlations design measure is used through three self-report questionnaires. The data is analyzed by using SPPS version 25, employing descriptive statistics, reliability analysis, independent sample t-test, one-way ANOVA test and Pearson correlation analysis. All results are given in the tables forms below:

Table 1
Demographic Characteristics of the Sample (N = 125)

Variable	N	%
Age Group		
18-23	113	90.4
24-29	12	9.6
Gender		
Male	56	44.8
Female	69	55.2
Marital Status		
Unmarried	120	96.0
Married	5	4.0
Education Level		
Matric	11	8.8
Intermediate	9	7.2
Undergraduate	84	67.2
Graduate	21	16.8
Family System		
Nuclear	97	77.6
Joint	28	22.4
Living Situation		
Living with Family	7	5.6
Living with Friends/Roommates	95	76.0

Living Alone	23	18.4
Residential Area		
Urban	38	30.4
Rural	87	69.6
Occupation		
Employed	16	12.8
Student	101	80.8
Unemployed	8	6.4
Socio-economic Status		
Lower Class	4	3.2
Middle Class	105	84.0
Upper Class	16	12.8

Table 1 shows the demographic profile of the sample. The majority of participants were of the young generation Gen Z (18-23 years old, 90.4%). The ratio of female to male was slightly unequal (55.2% female). Close to all respondents were single (96.0%) as per the age range of the sample. The majority of participants were undergraduate students (67.2%) and lived in friends' or roommates' homes (76.0%). 69.6% of the sample were rural residents and 80.8% were students. 84.0% of the overwhelming majority were from a middle socio-economic class.

Table 2
Reliability Statistics for Study Measures (N=125)

Scale	K	α	M	SD
Identity Crisis	24	.845	90.64	17.16
Mental Health	14	.874	52.98	13.61

Note. α = Cronbach's alpha. Benchmarks: ≥ .90 = Excellent; .80-.89 = Good; .70-.79 = Acceptable. M and SD are based on raw sum scores.

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Table 2 represents the internal consistency estimates for the two measures. Mental Health and Identity Crisis showed good reliability, with α values of .874 and .845, respectively. The two instruments met the conventional criterion of α = .70, thus showing their suitability for further analysis.

Table 3
Descriptive Statistics for Study Variables

Scale	K	Range	Min	Max	M	SD	Skewness	SE	Kurtosis	SE
Identity Crisis	24	112.00	30.00	142.00	90.64	17.16	-.155	.217	1.702	.430
Mental Health	14	69.00	15.00	84.00	52.98	13.61	-.118	.217	-.178	.430

Note. M = Mean; SD = Standard Deviation. Skewness values within ±2.0 support normality assumption.

Table 3 shows the Descriptive statistics for study measures. This table revealed that Identity Crisis scores ranged from 30 to 142 (M = 90.64, SD = 17.16), with slight negative skewness (−.155) and mild positive kurtosis (1.702), suggesting an approximately normal distribution. Mental Health scores ranged from 15 to 84 (M = 52.98, SD = 13.61) with near-zero skewness (−.118) and kurtosis (−.178). Overall, both variables showed acceptable normality.

Table 4
Intercorrelation among Study Variables (N=125)

Variables	1	2
1. Identity Crisis	-	
2. Mental Health	-.233**	-

Note. *p < .05. **p < .01.

Table 4 shows the Pearson correlation analysis among study variables. This table revealed significant negative relationships among the study variables. Identity Crisis was significantly and negatively correlated with Mental Health (r = −.233, p < .01), indicating that higher levels of identity crisis were associated with poorer mental health.

Table 5
Model summary and ANOVA for Regression analysis

Model	*R*	R^2	Adj. R^2	SE	F(1, 123)
1	.233	.054	.047	13.29	7.05*

Note. *p < .05. **p < .01.

Table 5 shows the simple linear regression analysis to see if the identity crisis is a significant predictor for mental health. The overall model was statistically significant (F(1, 123) = 7.05, p < .01), with identity crisis being a significant predictor of mental health scores. The model had R = .233 and R^2 = .054, indicating about 5.4% of the variance in mental health scores (Adjusted R^2 = .047) was explained by identity crisis. The result was statistically significant, but the effect size was small for the conventional criteria, indicating that the meaning of identity crisis has a small contribution to the outcome of mental health, but most of the variance in mental health is explained by other factors that are not included in this model.

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Table 6
Regression coefficients for Identity Crisis predicting Mental Health

Variable	*B*	SE B	β	*t*	*p*	95% CI
(Constant)	69.73	6.42	-	10.87	< .001	[57.03, 82.43]
Identity Crisis	-0.19	0.07	-.233	-2.66	.009	[-0.32, -0.05]

Note. Dependent variable: Mental Health. CI = confidence interval.
*p < .01.

Table 6 shows the regression coefficients which indicate that that identity crisis significantly and negatively predicts mental health, B = -0.19, SE = 0.07, β = -.233, t(123) = -2.66, p = .009. For every unit increase in the identity crisis score, mental health scores are reduced by about 0.19 points, net of the other factors being constant. The standardized coefficient (β = -.233) is the same as the bivariate correlation that was reported above in Table 4, as would be expected in a simple (single-predictor) regression model. The 95% confidence interval for the unstandardized coefficient is also negative and excludes zero, which also supports the finding of a statistically significant negative relationship. The constant (B = 69.73, p < .001) is the predicted mental health score when identity crisis is zero, but this value is not a meaningful real-world score because the range of identity crisis scores in this sample was from 30 to 142 and zero falls outside that range.

Discussions

This study aimed to examine the relationship between identity crisis and Mental Health among generation Z. The findings are consistent with available theoretical and empirical work which collectively explains that identity crisis or unresolved identity is a significant factor for psychological dysfunctioning in young adults at the time of transition to adulthood. The correlation analysis shows that the identity crisis is significantly negatively correlated with mental health ($r=-.233$, $p<.01$), which suggests that the higher level of identity crises can worsen the mental health outcomes for Gen Z.

It is well documented that Identity development during adolescence and emerging adulthood is as a key developmental stage and disturbance in this stage can cause severe mental health problems. Schwartz et al. (2015) conducted large-scale research on young college students and identified the individuals with the diffused and elevated profiles, characterized by unresolved identity reporting the greater levels of anxiety, depression and risky behaviors. On the other hand, the participants with synthesized profile reported high levels of psychological well-being and lower internalizing symptoms. These patterns clarify that identity clarity is a protective psychological factor and identity crisis is a risk factor for mental health problems. In addition, Abdellatif (2023) also found that diffused identity has a significantly negative effect on psychological flourishing which supports the underlying hypothesis that Maladaptive identity impacts psychological well-being, life adjustment and happiness negatively. However, clearance of identity had a positive association with mental well-being which aligns with Erikson's theory that explains the resolution of the identity crisis as a cause of enhanced psychological well-being.

In order to explore the predictive value of identity crisis to mental health, simple linear regression analysis was performed. Results showed that the identity crisis had a significant effect on mental health, $F(1, 123) = 7.05$, $p < .01$, explaining about 5.4% of the variance in mental health scores ($R^2 = .054$). Identity crisis was also a strong negative predictor ($\beta = -.233$, $p = .009$), suggesting that as identity crisis increased, mental health negative predictors also increased. This discovery further supports the statistical evidence for H2 and adds to the correlational evidence, making identity crisis not only a variable that is correlated with mental health status, but a variable that can meaningfully predict mental health status among Gen Z. The relatively small amount of variance accounted for (5.4%) indicates, however, that this regression model was only partially successful at explaining the overall mental health outcomes of this group of children, suggesting that other psychological, social and contextual factors were not assessed, such as social support, coping style, or spirituality. This is consistent with Erikson's (1968) integration of identity as one of a number of developmental tasks that affect overall psychosocial functioning, but not the only one.

Several past researches identified different contributing factors for the identity crisis among Gen Z. Some of these factors are social expectations, imposed cultural frameworks, family pressure, peer comparison, trauma, religious conflicts (Shoaib & Sharif, 2025). These are relevant and true for Gen Z who are experiencing social comparisons on a higher level through social media, global cultural exposure, instability in employment and education. There are also similar contributing factors such as family expectations, societal pressure and social media trends. Career uncertainty, as reported by participants as the source of identity crisis specifically in context of Pakistani Gen Z. Theoretically, Stets and Burke (2000) stated that Identity is a multidimensional process which consists of both internalization of social roles and broader cultural variations. So, disturbance in any dimension can impact the self-identity as a whole in all aspects.

Researches revealed that there are several mental health consequences of identity crisis with anxiety, depression as general impacts. As explained by Kosarkova and Fojtikova (2024), low self-esteem which is closely related with identity crisis can cause loneliness, low academic performance, involvement in risky behaviors and societal ideation. While Shoaib and Sharif (2025)

reported that consistent helplessness due to unresolved identity can lead to actions of self-harm in severe cases. These results align with the hypothesis of this study concluding that identity crisis can cause several mental health issues including anxiety, stress, academic burnout, social isolation, societal ideation and other negative mental health consequences among Gen Z.

Limitations of the study

- Both of the variables were assessed via a self-report questionnaire and self-report questionnaires can introduce response bias, social desirability, and subjective distortion issues, especially when measuring sensitive constructs such as mental health.
- The study was highly skewed towards undergraduate students (67.2%) and rural population (69.6%) participants making the findings limited to the general population of other educational and geographical groups.
- The age range was also quite limited (18-29 years), with 90.4% of respondents within the 18-23 years age range, limiting the ability to generalize findings to the broader Gen Z population.
- Cross-sectional data did not allow causal or directional conclusions in the context of the predictive link between identity crisis and mental health however; regression analysis was employed to study this association. The results of the regression analysis show that there is a relationship between identity crisis and changes in mental health within the sample, but not an impact over time.
- Potential moderating or mediating variables that could influence the relationship between identity crisis and mental health were not included in the study (e.g., level of religious internalization, spirituality, social support, acculturation, and trauma history).

Suggestions for future research

- Moderating and mediating variables like degree of religious internalization, intrinsic spirituality, cultural acculturation, quality of social support, family religiosity and socioeconomic variables should be incorporated in the future studies to determine boundary conditions of the model.
- Mixed-methods or intervention-based research designs should be used to explore the factors which can actively facilitate identity resolution among Gen Z populations and positively impact mental health outcomes.
- Future research should consider multiple regression or hierarchical regression models incorporating additional predictors (e.g., social support, coping strategies, spirituality) alongside identity crisis, as the present model accounted for a relatively small proportion of variance in mental health, suggesting other factors play a substantial role.
- Future research would benefit from the inclusion of objective or clinician-rated measures in addition to self-report measures, thus enhancing the validity and reliability of results.

Implications of the study

This study is a part of the growing body of literature addressing the issue of identity development as a factor leading to psychological wellbeing in Generation Z, where Pakistan is an under-researched country in the field of identity research. As much as identity crisis is negatively correlated with mental health, the empirical evidence supports Erikson's (1968) psychosocial theory of development, and unresolved identity exploration and lack of commitment still serve as a measurable risk factor for poorer emotional, psychological and social well-being in youth making the transition to adulthood.

The predictive relationship identified through regression analysis further strengthens the case for early identification efforts, as it suggests identity crisis is not merely a correlate but a measurable forecaster of declining mental health, supporting the use of identity-related screening tools alongside standard mental health assessments in university counseling settings.

Implementing these findings in practice, suggests that the university and mental health services that work with populations of Gen Z should not only target anxiety, depression or general distress, but specifically for those with confusion or

uncertainty regarding their identity. Considering the predominantly undergraduate student sample, living away from their family and household, institutions may find it useful to provide workshops, mentorship, or counselling framework specifically targeted towards helping young adults to integrate values, roles, and future goals.

The lack of significant differences between genders, between age, between family system, between socioeconomic status, and between education, indicates that identity related mental health risk is not limited to any single group identity, but is rather a developmental risk for a broad spectrum of students, supporting the need for universal, rather than targeted, identity-supportive programming for Gen Z.

Conclusion

This study focused on the correlation between identity crisis and mental health of 125 participants (mostly undergraduate students) of the age group of Generation Z of Pakistan. The results revealed a statistically significant negative relationship between identity crisis and mental health, with regression analysis further confirming that identity crisis significantly predicts mental health outcomes (β = -.233, p = .009), albeit accounting for a modest proportion of variance. This was consistent with Erikson's (1968) psychosocial development theory, which postulates that identity crisis and mental health were related in the negative manner. No statistically significant differences were found in subgroup comparisons by gender, age group, family system, socioeconomic status, education level and residential area, except in scores for identity crisis which approached significance and may need further exploration with larger, more balanced samples.

In general, results support the view that identity development is an important developmental task that has direct implications for mental health outcomes among members of Generation Z and that identity-related distress has clinical significance for reduced psychological well-being during the transition to adulthood. These results must be interpreted as preliminary and not as universal, and because of the cross-sectional, self-report design and the selection of the sample of religiously homogenous, undergraduates and rural participants. Longitudinal designs, more varied samples, and the addition of possible moderating variables would help to better explain the mechanisms involved in this relationship in future research.

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