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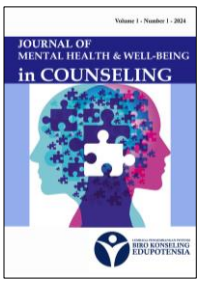

An Analysis of Happiness Levels Among Adolescents Experiencing Grief Symptoms

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ABSTRACT

This study aims to describe the level of happiness among adolescents experiencing grief symptoms. The research employed a quantitative approach with a descriptive design. The sample consisted of 125 adolescents, selected using a purposive sampling technique. The instruments used were the Prolonged Grief Disorder – Revised (PG-13-R) to identify grief symptoms and the PERMA Profiler to measure happiness levels. The findings showed that the majority of students were in the normal grief category (77.6%), while 10.4% experienced syndromal level symptomatology and 12% were classified as prolonged grief disorder. Regarding happiness levels, most students were in the moderate category (74.4%), with smaller proportions in the low (12.8%) and high (12.8%) categories. These results indicate that although most adolescents are in the normal grief category and show moderate happiness levels, preventive efforts and counseling interventions are still needed to enhance their happiness.

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Introduction

Adolescence is one of the crucial developmental phases in the human life cycle, characterized by biological, cognitive, social, and emotional changes (Lewis, 2022). Adolescence is often viewed as a transitional period from childhood to adulthood, filled with developmental challenges (Best & Ban 2021). At this stage, adolescents face developmental tasks such as identity exploration, emotional independence, and adjustment in social relationships (Hurlock, 2018). These complex changes make adolescents vulnerable to psychological distress when facing difficult life events (Steinberg, 2020). One of the most difficult experiences for adolescents is the loss of a significant attachment figure, such as a parent, family member, or close friend (Shear, 2015). Such loss often leads to emotional experiences referred to as grief (Puspasari, 2020).

Adolescents who lose someone due to death will experience grief symptoms (Shear, 2015). Grief symptoms in adolescents may manifest in various forms, including deep sadness, social withdrawal, sleep disturbances, loss of interest in previously enjoyed activities, and academic problems (Steinberg, 2020). Grief is understood as a normal reaction to the loss of someone important in an individual's life (Sevy Majers, 2021). It is also defined as an intense emotional response that arises when someone loses a loved one (Wakefield, 2013). Although grief is a normal reaction, if it persists for a long period and becomes chronic, it may develop into Prolonged Grief Disorder (PGD) (Prigerson et al., 2021). This condition is characterized by persistent sadness, difficulty adapting to the reality of the loss, and impairment in daily functioning (APA, 2022).

Individuals experiencing grief often encounter mood disturbances, such as depression and anxiety. However, some individuals are able to adapt to significant losses without long-term impairment (Prigerson et al., 2008). Adolescents who lose parents due to death frequently experience prolonged grief that reinforces a deep sense of loss (Kumar, 2021). Grief is an emotional experience of losing a loved one through death, while loss refers more broadly to the separation from something attached, which is not always caused by death (Køster, 2022). When an attachment figure is absent, individuals may experience loss (Bowlby, 1982). Death, loss, and grief carry meanings that affect the functioning of individuals, families, and society. The attribution of meaning determines the extent to which the grieving process disrupts the functioning of those left behind (Milman et al., 2019). Some individuals can return to normal life in a relatively short time, while others require years (Diener et al., 1999). If grief reactions are severe and persistent, causing long-term impairment in daily functioning, there is a likelihood of prolonged grief disorder (Smid, 2020).

Grief significantly reduces adolescents' levels of happiness (Chen et al, 2025). Feelings of loss, sadness, and hopelessness associated with grief may hinder their ability to experience happiness (Abidin, 2017). During development, adolescents need happiness as a source of reassurance that they are accepted by others, capable of facing life challenges, and able to move forward (Seligman, 2005). Happiness is considered a source of overall life satisfaction (Davidoff et al., 2008). Happiness in adolescents is measured through four indicators: self-appreciation, openness and social competence, optimism and resilience in overcoming adversity, and self-control (Myers, 1992). Happiness is an important indicator of psychological well-being (Croom, 2015). It is not merely about feeling pleasure but also encompasses aspects such as life satisfaction, meaning, and self-acceptance (Kartono, 2018). In positive psychology, happiness is defined as a state of mind or feeling of pleasure and peace that enhances personal functioning (Seligman, 2006; Puspitorini, 2012). Individuals who are happy experience a sense of calm in their lives and feel valuable to themselves and others (Shayan & Gatab, 2012).

According to Seligman (2002), happy individuals have pleasant lives, meaning, and engagement. Such individuals tend to exhibit positive behaviors in family, education, work, and personal contexts (Seligman, 2006). Diener et al. (1999) define happiness as the overall quality of human life, including better health, greater creativity, and higher income. Thus, happiness is a positive feeling derived from the overall quality of human life, marked by pleasure in engaging in enjoyable activities without suffering (Seligman et al., 2006). Myers (1992) defined happiness as the perception that life is pleasant, while Putri, (2022) expanded it as the perception that life consists of positive situations and emotions. Seligman (2005) further explained that happiness refers to positive emotions and activities individuals enjoy. Positive emotions can be categorized into those linked to the past (e.g., satisfaction, pride, calmness), the present (e.g., enthusiasm, joy, cheerfulness), and the future (e.g., optimism, hope, trust). Research shows that happiness is a central aspect of achieving hedonic well-being because of its strong association with positive mood states (Disabato et al., 2016). Rostila & Saarela (2016) found a negative correlation between parental death and children's happiness. Many scholars regard happiness as a key component of psychological well-being. Studies further confirm that happiness contributes to the achievement of ideal psychological states and is linked to various positive outcomes, including higher academic achievement and success at school and work (Walsh et al., 2018). Thus, adolescents are expected to cultivate happiness independently, ensuring psychological stability.

Several studies reveal that adolescents' unmet psychological needs, such as safety, affection, and hope for the future, may lead to low self-esteem and pessimism about life (Jackson & Goossens, 2020). This makes it difficult for adolescents to create happiness. Likewise, adolescents experiencing grief may not achieve happiness due to emotional, psychological, and social factors associated with the grieving process (Ulandari, 2019). Not all grieving adolescents can quickly recover and move on with life (Pacaol, 2023). Recovery from grief is highly individual and influenced by many factors (Kessler, 2023). The loss of a parent, sibling, or close friend can be devastating, making it difficult for adolescents to imagine life without them (Moor & Graaf, 2016). Those struggling with grief are at higher risk of developing psychological problems such as depression, anxiety, or adjustment disorders (Jackson & Goossens, 2020). Adjustment disorder occurs when adolescents find it difficult to adapt to major changes caused by loss, leading to behavioral problems, social and academic difficulties, and unhappiness (Luhmann et al., 2012; Putri, 2022). Happiness is strongly related to connectedness, purpose, and the ability to enjoy daily life (Krasko et al., 2025). When grief hinders these abilities, adolescents may feel that happiness is unattainable (Pacaol, 2023).

Adolescents with grief symptoms may find it harder to open up because of the deep longing for the deceased (Ulandari, 2019). Therefore, grieving adolescents need time to return to a state of happiness (Weinstock et al., 2021). Although happiness plays an essential role in adolescent development, studies in Indonesia that specifically examine happiness among adolescents experiencing grief symptoms remain limited. Therefore, this

study aims to describe the level of happiness among adolescents with grief symptoms, providing a foundation for the development of appropriate counseling interventions.

Method

Participants

This study employed a quantitative method with a descriptive design, involving a population of 192 adolescents at SMA Gaza Cigalontang. From this population, a total of 125 students were selected using purposive sampling. Purposive sampling is applied for specific objectives, where the selection of participants is not based on strata, randomness, or geographical regions but rather on predetermined research purposes (Wanel, 2021). The inclusion criteria for the participants were adolescents aged 15–18 years who had experienced the loss of a close person due to death. This technique was chosen to obtain a general overview of happiness among adolescents with grief symptoms.

Measure

The measurement in this study utilized two standardized instruments. The first instrument, the Prolonged Grief Disorder – Revised (PG-13-R), comprises 13 items aimed at identifying the intensity and persistence of grief-related symptoms that extend beyond culturally accepted mourning periods. The PG-13-R has demonstrated strong internal consistency, with a reliability coefficient of $\alpha = 0.88$, indicating that the items consistently measure the same construct.

The second instrument employed was the PERMA Profiler, a 22-item scale developed to evaluate the five key pillars of well-being proposed by Seligman, namely Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment. This instrument also shows high reliability ($\alpha = 0.89$), reflecting its robustness in assessing multidimensional aspects of happiness. Responses on both instruments were collected using a 5-point Likert scale, ranging from 1 (never) to 5 (very often), allowing for a nuanced assessment of the participants' experiences across varying intensities.

Procedure

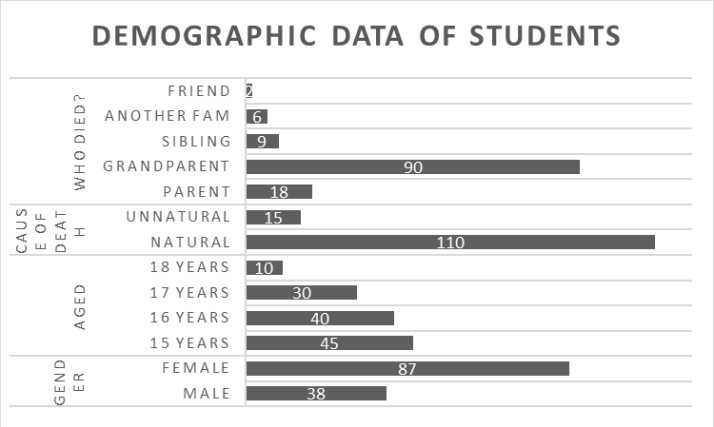
The data collection was conducted at SMA Gaza Cigalontang after obtaining official permission from the school. The questionnaires were administered in person using a paper-based format. Participants were given clear instructions regarding the research purpose and were assured of the confidentiality of their responses. Only students who met the inclusion criteria aged 15–18 years and having experienced the death of a close person were invited to participate in this study.

Results

According to Graph 1, which presents demographic data of adolescents with grief symptoms, most participants were in the age range of 15–18 years, with the majority being students in the mid-adolescent stage. The loss experienced by the participants varied, including the death of parents, grandparents, or other close family members. This variation reflects the different levels of emotional attachment that may influence their grief symptoms and overall well-being.

The findings of this study are divided into two main categories: the description of grief symptoms measured by the *Prolonged Grief Disorder – Revised* (PG-13-R), and the description of happiness levels measured by the *PERMA Profiler*. The PG-13-R results provide an overview of the intensity of grief symptoms experienced by the participants, while the PERMA Profiler illustrates their level of happiness across five dimensions: Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment. The data is presented as follows:

Graph 1. Demographic Data of Students



Overview of Grief Symptoms among Adolescents

Based on the general overview of grief symptoms among adolescents at SMA Gaza Cigalontang, the findings indicate the following: Out of the 125 participants, none were categorized at the extreme or very high level of grief. The majority of students, 97 participants (77.6%), fall into the Normal Grief category. This indicates that most adolescents experienced grief in a typical and expected manner, without significant disruption to their daily functioning. Meanwhile, 13 participants (10.4%) fall into the Syndromal Level Symptomatology category, showing symptoms of grief that may require attention but are not severe enough to be diagnosed as a disorder. Additionally, 15 participants (12%) were identified as having Prolonged Grief Disorder, indicating persistent and intense grief symptoms that significantly affect emotional well-being and daily life. These findings demonstrate that while most adolescents adapt to grief normally, a notable proportion experience symptoms that warrant further psychological support. The detailed data supporting these findings are presented in Table 2 below.

Table 2. Overview of Grief Symptoms among Adolescents

Score Range	Category	Frequency (F)	Percentage (%)
10–29	Normal Grief	97	77.6%
30–50	Syndromal Level Symptomatology	13	10.4%
30–50	Prolonged Grief Disorder	15	12.0%
Total		**125**	**100%**

Table 3. Grief Symptoms by Aspect among Adolescents

Aspect	Percentage (%)
Yearning	81.54%
Preoccupation / Thought Obsession	37.54%
Identity Confusion	43.38%
Disbelief	60.31%
Avoidance	40.62%
Emotional Pain	50.15%
Difficulty in Reintegration	30.46%
Emotional Numbness	37.54%
Sense of Meaninglessness	33.85%
Loneliness	44.92%

In addition to the overall categorization of grief symptoms, this study also examined the specific aspects of grief experienced by adolescents. The results are presented in Table 3. The findings show that the highest proportion was found in the Yearning aspect, with 81.54% of participants reporting a persistent sense of longing for the deceased. This indicates that yearning remains the most dominant emotional response among grieving

adolescents. The second highest aspect was Disbelief, reported by 60.31% of participants, suggesting that many adolescents still struggle to fully accept the reality of the loss. Emotional Pain was also prominent, with 50.15% of participants experiencing significant emotional distress. Meanwhile, Loneliness was reported by 44.92% of participants, reflecting the social and emotional isolation felt after the loss. Other aspects, such as Identity Confusion (43.38%), Avoidance (40.62%), and Numbness (37.54%), indicate moderate levels of difficulty in adjusting to grief. The lowest percentages were found in Meaninglessness (33.85%) and Reintegration Difficulty (30.46%), showing that although fewer adolescents reported these symptoms, they still represent important challenges in the grieving process. These results highlight that while yearning is the most salient grief response, multiple dimensions of grief are present and may influence the overall well-being of adolescents.

Overview of Happiness Levels among Adolescents

Based on the general overview of happiness levels among adolescents at SMA Gaza Cigalontang, the findings indicate the following: Out of the 125 participants, the majority, 93 students (74.4%), fall into the moderate category. This suggests that most adolescents demonstrate an adequate level of happiness but remain vulnerable to the impact of grief symptoms. Meanwhile, 16 participants (12.8%) fall into the low category, indicating limited well-being across several dimensions such as Positive Emotion, Engagement, and Meaning. These students may struggle to maintain positive psychological functioning while experiencing grief. On the other hand, 16 participants (12.8%) are in the high category, showing that despite experiencing grief symptoms, a small proportion of adolescents are able to sustain a relatively high level of happiness in their daily lives. These results highlight that although most adolescents maintain a moderate level of happiness, attention is needed for those in the low category, while the presence of students in the high category reflects resilience and adaptive coping. The detailed distribution of happiness levels is presented in Table 4 below.

Table 4. Overview of Happiness Levels among Adolescents

Score Range	Category	Frequency (F)	Percentage (%)
22–56	Low	16	12.8%
57–75	Moderate	93	74.4%
76–110	High	16	12.8%
Total		**125**	**100%**

Table 5. Distribution of Happiness Aspects

Happiness Aspect	Percentage
Positive Emotion	68.4%
Engagement	70.88%
Relationship	72.05%
Meaning	71.09%
Accomplishments	64.75%
Negative Emotion	50.13%
Health	53.97%
Loneliness	50.08%
Happiness	46.72%

The analysis of happiness aspects among adolescents experiencing grief symptoms shows varying levels across different dimensions in table 5. The highest percentages are found in *relationship* (72.05%), *meaning* (71.09%), and *engagement* (70.88%). These results indicate that despite experiencing grief, adolescents still perceive supportive interpersonal connections, a sense of purpose, and involvement in activities as important protective factors that sustain their well-being. Conversely, the lowest percentages are observed in *happiness* (46.72%), *loneliness* (50.08%), and *negative emotion* (50.13%). These findings reflect that grief strongly influences emotional states, leading to decreased levels of happiness and increased feelings of emptiness or isolation. Meanwhile, *accomplishments* (64.75%) and *health* (53.97%) are found at moderate levels, showing that grief also affects daily achievements and physical well-being but not as severely as emotional aspects. These findings illustrate that grief does not uniformly reduce all aspects of happiness. Instead, adolescents tend to maintain resilience in relational and meaning-making aspects, while struggling the most with emotional domains.

Discussions

The present study aimed to describe the levels of grief symptoms and happiness among adolescents. The major findings revealed that the majority of participants reported moderate levels of grief and moderate levels of happiness. This indicates that although the experience of loss deeply affects adolescents' emotions, most of them are still able to adapt and maintain a certain degree of psychological well-being. The findings are important because they highlight the dual condition of grieving adolescents: on one hand, they continue to show emotional and cognitive signs of grief, but on the other hand, they are still capable of experiencing happiness, particularly through supportive relationships with family and peers. This suggests that social support plays a protective role during the grieving process, while negative emotions and loneliness remain vulnerable aspects that need attention. These results are consistent with previous studies which found that adolescents who experience grief often show symptoms such as emptiness, withdrawal, difficulty concentrating, and reduced motivation (Smith & Bryant, 2020; Shear, 2015). However, the moderate level of happiness in this study indicates that adolescents are not completely overwhelmed by sadness but still retain resilience that helps them continue daily activities and maintain social interactions.

In line with Avedissian & Alayan (2021), the present findings also emphasize the role of social relationships in maintaining adolescent well-being. The relatively higher score in the relationship aspect compared to other dimensions reflects that family and peer support are crucial for grieving adolescents. Conversely, the lower scores on happiness and loneliness suggest that grief reduces positive emotions and increases subjective feelings of isolation, consistent with the PERMA model of well-being (Seligman, 2011). Alternative explanations should also be considered. Cultural and religious factors may influence the grieving process. In collectivist cultures such as Indonesia, adolescents are often surrounded by family and community support, which may buffer the impact of grief and explain why most participants remain in the moderate category of happiness rather than in the low category. The clinical relevance of these findings lies in the need for early psychological support for adolescents who experience loss. Although this study is descriptive, it underlines the importance of providing counseling services and social support to help adolescents process their grief and maintain well-being.

Nevertheless, this study has several limitations. First, the descriptive design only provides an overview of the levels of grief and happiness without examining causal relationships. Second, the participants were limited to a specific group of adolescents, which reduces the generalizability of the findings. Finally, the use of self-report instruments may introduce response bias. Future research should explore interventions that can reduce grief symptoms and enhance happiness, for example through school-based counseling programs. It would also be useful to include a more diverse sample and apply mixed-method approaches to gain a deeper understanding of adolescents' experiences of grief. In conclusion, this study provides an overview of adolescents' grief and happiness levels, showing that while grief remains a significant emotional challenge, many adolescents are still able to maintain moderate levels of happiness, primarily supported by social relationships. These findings contribute to the literature on adolescent mental health and highlight the importance of ongoing support during the grieving process.

Implications

The results of this study carry several important implications for the field of guidance and counseling, particularly regarding the use of ego state counseling in addressing grief symptoms among adolescents. The finding that most adolescents who experienced grief symptoms were at a moderate level of happiness demonstrates that, while they were not in a severely low condition, their psychological well-being is still at risk if adequate intervention is not provided. This condition shows the urgency of designing and implementing counseling strategies that specifically target the emotional complexity of grief in adolescence. From a theoretical perspective, the results strengthen the relevance of ego state theory in the counseling context. Adolescents who experience grief often face inner conflicts between different parts of themselves such as the grieving self, the resilient self, and the social self. If not integrated properly, these conflicting ego states can lead to prolonged distress and hinder their capacity for happiness. Ego state counseling, especially when structured with the ECRA model (Eliminate, Change, Reinforce, Adherence), offers a systematic approach to help adolescents process unresolved grief, restructure maladaptive internal dialogues, and foster healthier psychological integration.

From a practical perspective, this study highlights the importance of equipping school counselors, psychologists, and other mental health practitioners with the skills to apply ego state techniques in real counseling sessions. By focusing on eliminating negative patterns, changing maladaptive beliefs, reinforcing positive states, and promoting adherence to healthier coping mechanisms, ego state counseling can significantly

improve not only the emotional adjustment of grieving adolescents but also their long-term capacity for happiness. Schools, as a major environment for adolescent development, should consider integrating ego state–based counseling modules into their guidance and counseling programs, especially for students who are identified as vulnerable to grief-related challenges. In addition, the implications extend to preventive and developmental counseling. Early intervention through ego state counseling can reduce the risk of prolonged grief disorder and other mental health difficulties in adolescents. Counselors can also incorporate ego state techniques into group counseling settings, allowing adolescents to share experiences, strengthen peer support, and normalize grief as a natural process while still guiding them toward positive adaptation.

Finally, the findings also call for policymakers and educational stakeholders to support programs that prioritize adolescent mental health, particularly grief counseling. Providing training opportunities for counselors, allocating resources for counseling programs, and building collaborations with parents and communities can create a supportive ecosystem. Through these efforts, ego state counseling can be effectively applied not only to resolve grief-related issues but also to build resilience and foster sustainable happiness among adolescents

Conclusions

This study provides an overview of happiness levels among adolescents experiencing grief symptoms. The findings indicate that although aspects such as engagement, relationship, and meaning scored relatively higher, other domains like accomplishments, health, negative emotion, loneliness, and overall happiness remain at a lower level. These results highlight the importance of addressing psychological well-being in grieving adolescents, as their happiness is not evenly distributed across dimensions. The study is significant because it draws attention to the need for early interventions and supportive programs that can help improve positive emotions, achievements, and overall happiness in this vulnerable group. Despite its descriptive nature and contextual limitations, this research contributes to the growing body of knowledge on adolescent grief and happiness, and it underscores the necessity for further research exploring effective strategies to enhance well-being among grieving adolescents.

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