You can’t get over grief, but you can grow around it

Psychologically, grief is not a mental illness. However, unaddressed or overwhelming loss can increase the risk of depression, anxiety disorders, and substance misuse

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Acall in the middle of the night. An accident no one saw coming. The end of a drawn out illness. Or, in the best of circumstances, a quiet passing surrounded by loved ones after a life well lived.
Ironically, the one certainty in life is death.
And although death is but one moment in time, its after effects endure.
Grief.
It’s a word most of us know, but few of us truly understand until we’ve lost someone central to our lives. Grief is neither simple nor fleeting. It is not a moment. It is not a phase. It is one of the most deeply human experiences that reshapes the body, the mind, and the meaning of life itself.
Grief is the human response to loss. Whether that is concrete loss – through death – or in the more abstract sense through the loss of safety, identity, a relationship, or a dream that you imagined would come true, grief demands presence, patience, and understanding.
“There is the conflation of grief with mourning particularly in this region,” Farah Dahabi, clinical social worker and crisis and trauma support services director at The Lighthouse Arabia in Dubai, explained. “In terms of death, mourning is cultural and religious. It can be wearing white, wearing black, 40 days of prayer, or certain rituals that are carried out to mark death.
“People think of grief as something you do: a set of actions or social expectations that follow death, as though it has a beginning and an
end, after which you are expected to ‘move on’ or ‘get over it’.”
Instead, Dahabi invites people to think of grief as a state of being: “It is the internal experience of living without someone irreplaceable.”
Grief is a whole-body experience, affecting the brain, nervous system and physical health.

Physically, many people report exhaustion, headaches, muscle pain and a sense of heaviness in the chest or limbs. Research shows that bereavement is associated with increased risk of infection, cardiovascular problems and longterm health complications due to weakened immunity, especially in the months immediately following loss. Studies have found elevated risks of heart attack and stroke after the death of a spouse or close family member, underscoring how grief places prolonged stress on the body’s systems.

Emotionally, grief is all-encompassing. “Grief can bring sadness, anger, guilt, numbness, longing, and sometimes even relief,” Dahabi said. “It’s like standing with your back to the ocean, never knowing when the next wave will hit and what it will bring.”

She added that many people enter grief without the emotional tools to face it.

“We are still learning emotional literacy as a society. Many of us don’t know how to feel our feelings in the day-to-day. And then grief arrives — you cannot expect someone to navigate grief when they have never been taught how to process emotions.”

Grief can distort time, concentration and memory, making previously manageable tasks feel overwhelming. Social withdrawal is common, as many grieving people feel isolated from others who cannot understand the magnitude of their loss.

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For a minority, when grief becomes persistent and disabling, it is clinically recognised as Prolonged Grief Disorder (PGD).

PGD was first outlined in the World Health Organisation’s International Classification of Diseases (2018) and the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disor

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ders (2022). It is diagnosed when a bereaved person experiences persistent and pervasive longing or preoccupation to the point where it impairs their functioning, emotional well-being, and quality of life

However, some critics argue that the line between “normal grief” and “disordered grief” is difficult to define clearly, especially because it’s influenced by social and cultural factors and individual variation.

For decades, grief has been popularly understood through the Kübler-ross model. The framework, developed by Elisabeth Kübler Ross in the 1960s, proposed that people move through five emotional stages after loss: denial, anger, bargaining, depression, and acceptance.

“It was initially developed for people experiencing terminal illness and not for other forms of grief,” said Dahabi. “We now know that the model cannot be universally applied to all forms of grief.”

Critics say the Kübler-ross model limits how grief is understood and how much grief is “allowed”.

“There is no linear model of grief just as there is no single way to be after experiencing a loss. The journey is shaped by a person’s past experiences, their personality, the relationship with the deceased, and the nature of the loss.

“Each person’s grief response is as unique as their fingerprint,” she said.

But, according to her, the process of grief can be understood in two phases. To begin, there’s the acute initial response to grief, which is really a trauma response.

Dahabi explains: “I have not met a single news of loss that is not a traumatic experience. Even if it is a natural loss, or expected loss, receiving news of death is traumatic.”

During the first three months, she asserts, it’s too early to do any meaning making of grief. It’s about survival – sleep, water, food, movement, rest, pain management.

After the initial shock begins to wear off and people are no longer consumed by the visceral intensity of the loss, they are faced with their enduring reality of what it means to live without the person.

During this phase, people often notice practical functioning returning – concentration improves, sleep stabilises, appetite returns – but emotionally, the bereaved begin down the path of recalibration to a world that no longer looks the same.

“Grief becomes something to move with. You’re no longer shocked by the sudden absence of the person, but rather by the daily repetition of being reminded that they are no longer there.”

Dahabi also calls this time, “the great period of silence.” Because of the way people understand grief and have a timeline attached to it, it’s around the three-month mark that others stop checking in and when support fades. Like in the antiquated Kübler-ross model, it’s at this time there is an expectation that the bereaved has reached the “final, acceptance” stage.

“I dislike the word ‘acceptance’ because it implies grief is something you get over,” she said. “It may sound logical from the outside, but it rarely makes sense to those who have actually lived through loss.

“Grief is about processing,” she explained. “It can be through talking to others, going to therapy, taking up creative outlets or engaging in daily habitual movement. The point of it all is to search for connection with the deceased – to find new ways to stay in relationship with them through memory, ritual or meaning-making.”

As a grief counsellor, Dahabi imagines herself as a guide.

“I have a bit more of a detailed map of things, but essentially we learn to exist with grief when we engage in the process of being so utterly. curious about what grief is looking like for you now.”

And that will change day to day because grief is also a shapeshifter. One day you may feel “fine” and the next you can be taken back to the rawness of loss. But as you process it in ways that work for you, your window of tolerance for dealing with those emotions will expand.

“And all of it is OK,” she said. “Because ultimately grief is not something you ‘get over’. It is something you grow around.”