

Grief Myths

Ten truths about loss, love and living with grief

Why myths matter

Grief myths can make an already painful experience feel lonely or wrong. They may pressure people to hide emotions, meet an imagined deadline, or believe that asking for help means they are failing. This guide replaces ten common myths with gentler, evidence-informed truths.

Grief is not a single emotion. It is a response to losing a person, relationship, role, home, ability, future, identity or sense of safety. It may affect the body, memory, sleep, appetite, concentration, relationships and everyday functioning.

You may connect with every section, only one, or none today. There is no test to pass. Use what helps and leave what does not.

Two myths, two kinder truths

Myth 1: Grief follows five stages in order

The truth: Stage models can offer words for some experiences, but grief is not a staircase. Feelings may overlap, repeat, disappear or never occur. Denial, anger, bargaining, depression and acceptance were never intended as compulsory checkpoints for every bereaved person.

A gentler way to hold this

Rather than asking “Which stage should I be in?”, try “What am I experiencing today, and what support would make today more manageable?”

Myth 2: Time heals all wounds

The truth: Time passing is not the same as healing. What happens within that time - safety, support, meaning, rest, practical help and space to feel - can matter greatly. Some losses remain painful while becoming more carryable.

A gentler way to hold this

Anniversaries and new life events can reactivate grief. A difficult day after a steadier period does not mean you have returned to the beginning.

Two myths, two kinder truths

Myth 3: You should be over it by now

The truth: Grief has no universal deadline. The relationship, circumstances of the loss, trauma, responsibilities, culture, health and previous losses all shape the experience. Other people’s discomfort does not create a timetable for you.

A gentler way to hold this

You are allowed to set boundaries with comments that minimise your loss. “I am learning to live with this, and I need you not to put a deadline on me” is a valid response.

Myth 4: Staying strong means not crying

The truth: Tears are one expression of grief, not a measure of love. Strength may look like crying, resting, asking for help, continuing a routine, saying no, attending an appointment or simply surviving the day.

A gentler way to hold this

Some people rarely cry or grieve privately. Numbness and delayed reactions can be protective. None of these responses automatically mean that a person is uncaring.

Two myths, two kinder truths

Myth 5: If you feel relief, you did not love them

The truth: Relief may follow suffering, uncertainty, exhausting caring responsibilities, conflict or fear. It can sit beside love and sadness. Mixed feelings are common and do not cancel one another.

A gentler way to hold this

Guilt often treats an emotion as if it were a harmful action. Notice the feeling without putting it on trial: "Relief is present, and love is present too."

Myth 6: Keeping busy is the best way to cope

The truth: Activity can create structure, but constant busyness may also postpone rest and emotional processing. Avoidance is understandable, especially when feelings are overwhelming, yet grief often needs safe moments of attention as well as respite.

A gentler way to hold this

A flexible rhythm can help: time for necessary tasks, time for distraction, time for connection and small protected spaces where feelings are allowed.

Two myths, two kinder truths

Myth 7: Talking about the person makes grief worse

The truth: Many people value hearing the person's name, sharing memories and having their loss acknowledged. Others need quiet or are not ready to talk. Respectful choice matters more than silence or pressure.

A gentler way to hold this

Ask: "Would you like to talk about them, or would company without talking feel better?"
Continue offering contact after the early weeks, when support often becomes quieter.

Myth 8: Moving forward means leaving them behind

The truth: People can build an ongoing life while maintaining a continuing bond. Memories, rituals, stories, recipes, music, values and private conversations can keep connection present in a changing form.

A gentler way to hold this

Moving forward is not moving away from love. New joy, purpose or relationships do not replace the person or erase what mattered.

Two myths, two kinder truths

Myth 9: Everyone in a family should grieve the same way

The truth: The same death creates different losses for different people. One person may talk; another may need action, solitude, routine or sensory quiet. Different styles can be misread as avoidance or lack of love.

A gentler way to hold this

Name needs without ranking grief. Families can agree on shared rituals while allowing individuals to participate differently or step away when overwhelmed.

Myth 10: Asking for professional help means you are grieving badly

The truth: Support is not a verdict on how you are coping. A GP, counsellor, therapist, bereavement worker or peer group can offer space, practical guidance and help with trauma, depression, anxiety or severe disruption.

A gentler way to hold this

Seek urgent help if you cannot keep yourself safe. Call 999 or attend A&E in an emergency. Samaritans: 116 123. In England, NHS 111 can direct urgent mental health support.

Reflection and practical support

Which myth has placed the greatest pressure on you?

What would you rather believe or say to yourself?

One thing another person could do that would genuinely help

Words you could use

"I do not need advice; I need you to listen."

"Please keep saying their name."

"I may look capable, but I am using most of my energy to get through the day."

"Could you offer one specific thing rather than asking me what I need?"

Support, books and sources

UK support

Cruse Bereavement Support: information, helpline and local support.

Child Bereavement UK: support for children, young people and families.

Sands: pregnancy and baby loss support.

WAY - Widowed and Young: peer support following the death of a partner before age 51.

Samaritans: 116 123, free, day or night.

Recommended reading

It's OK That You're Not OK - Megan Devine

The Grieving Brain - Mary-Frances O'Connor

Grief Works - Julia Samuel

Bearing the Unbearable - Joanne Cacciatore

A message from Maggie

Grief can be made heavier by the belief that you are doing it incorrectly. You are not required to perform strength, complete stages or stop loving because time has passed. Your response belongs to you. Take what supports you, ask for help when you need it, and give yourself room to breathe.

Information sources

NHS: Grief after bereavement or loss; urgent mental health help.

Cruse Bereavement Support: Understanding grief.

Stroebe, M. and Schut, H.: The Dual Process Model of Coping with Bereavement.

Klass, D., Silverman, P. and Nickman, S.: Continuing Bonds.

American Psychiatric Association: prolonged grief disorder information.

Clinical note

This guide offers general psychoeducation. It does not diagnose a condition or replace personalised medical, psychological or emergency care.

Space to Breathe Therapy | Maggie Learoyd
spacetobreathetherapy.co.uk