## Common myths about emotional experience

### Myth: Every emotion is a universal, hardwired category

Popular language often treats emotions such as fear, anger, sadness, and joy as biologically fixed packages. The assumption is that each emotion has a distinctive facial expression, body response, brain pattern, and behavioral meaning that should be recognizable across people and cultures. Research reviewed in the psychological literature does not support such a simple one-to-one model.

Emotional experiences are influenced by the situation, a person’s interpretation of that situation, previous learning, social expectations, physiological state, and available language. The same bodily sensations, such as tachycardia, muscle tension, nausea, or tearfulness, may be interpreted as fear, excitement, pain, exhaustion, relief, or several of these at once. Likewise, a person may describe an experience as "overwhelming" without being able to identify a single emotion.

This does not mean emotions are imaginary or unimportant. It means that labels are useful approximations rather than perfect biological diagnoses. Around birth, a broad description such as "I feel activated and uncertain" may sometimes be more accurate than choosing one category. A clinician, midwife, or

mental health professional can explore the meaning and impact of the experience without assuming that one label explains everything.

**Myth: There is one normal emotional response to childbirth**

Childbirth is a major physiological and psychological event, but there is no required emotional script. Some people feel powerful, calm, grateful, frightened, detached, disappointed, or intensely focused. Others experience rapid transitions between these states. A person may feel relief when labor ends and grief about how it unfolded; pride and vulnerability; love and resentment; or happiness alongside intrusive worry.

Emotional responses are shaped by pain, sleep deprivation, medical procedures, uncertainty, prior trauma, fertility experiences, social support, expectations, and the meaning assigned to the birth. A planned birth can still feel emotionally difficult, while an unplanned intervention can be experienced as reassuring or lifesaving. Emotional responses may also change as the person has time to understand what happened.

The myth of a single normal response can make people judge themselves harshly. It may also cause others to minimize distress when the newborn is medically well. Emotional recovery does not have to follow the same timeline as physical recovery. A postpartum debrief after difficult birth may be useful for some people, particularly when it provides an opportunity to review events, ask questions, and discuss ongoing concerns with an appropriate professional. It should not be used to imply that every difficult feeling can be resolved by one conversation.

**Myth: Strong fear proves that something is medically wrong**

Fear during pregnancy, labor, birth, or the postpartum period is common and can arise from uncertainty, pain, previous experiences, frightening stories, or concern for the baby. Fear by itself does not establish a medical diagnosis, nor does calmness guarantee that no medical problem is present. Emotional intensity and clinical severity are related only imperfectly.

At the same time, fear should not be dismissed. It can affect concentration, communication, sleep, decision-making, and the ability to participate in care.

A person who feels panicked or unable to process information may need additional explanation, a quieter environment, practical support, or assessment for anxiety, trauma-related symptoms, depression, or another condition. The relevant question is not whether the emotion is "reasonable" in the abstract, but how persistent, impairing, and distressing it is.

Physical warning signs require medical evaluation regardless of the emotional interpretation attached to them. Examples include heavy bleeding, severe or escalating pain that is not explained by the care team, fainting, chest pain, difficulty breathing, severe headache with visual changes, confusion, fever, or thoughts of harming oneself or the baby. Contact the maternity unit, emergency service, obstetric clinician, midwife, or primary care professional according to the urgency and local guidance.

**Myth: Talking about feelings or letting them out always brings relief**

Emotional expression can be helpful, especially when it occurs in a supportive relationship and helps a person organize what happened, identify needs, and receive practical care. However, the idea that any expression automatically produces catharsis is not supported as a general rule. Repeatedly recounting an event without safety, structure, or a sense of progress may leave someone more activated, ashamed, or preoccupied.

Expression also takes many forms. Speaking, writing, crying, prayer, movement, art, quiet reflection, and asking for concrete assistance may all be meaningful, but none is universally effective. Some people need time before discussing a birth; others want detailed conversation immediately. Pressuring someone to disclose feelings can undermine autonomy, particularly after an experience involving loss of control or unwanted procedures.

Therapeutic approaches may include supportive counseling, trauma-focused treatment when clinically indicated, cognitive and behavioral strategies, relationship-based work, or medication evaluation by a qualified prescriber. The appropriate approach depends on symptoms, timing, medical history, feeding plans where relevant, safety concerns, and personal preferences. Emotional expression is best understood as one possible component of care, not a treatment prescription.

**Myth: Good emotional regulation means staying calm**

Emotional regulation is often confused with emotional suppression or constant composure. In practice, regulation can mean noticing an emotion, tolerating it safely, communicating it, and choosing an action that fits the situation. A person may cry, raise concerns, request a pause, or say that they cannot process more information and still be regulating effectively.

Birth environments can make regulation more difficult because pain, hormonal changes, fatigue, sensory stimulation, unfamiliar staff, and urgent decisions place substantial demands on attention. Helpful support may include clear explanations, consent-based communication, an identified support person, privacy, hydration and rest when clinically appropriate, and opportunities to ask questions. These measures do not guarantee calmness; they can make it easier to remain informed and involved.

It is also important not to place the entire responsibility for emotional regulation on the birthing person. Clinical teams, partners, and family members influence the environment. Respectful communication and trauma-informed care can reduce avoidable distress. A person’s emotional reaction should not be used to invalidate informed refusal, concerns about pain, or requests for support.

**Myth: Immediate bonding and positive feelings prove that everything is fine**

Many people feel an immediate emotional connection with their newborn, but attachment is not a single moment that must occur at first sight or first contact. Bonding may develop gradually through feeding, skin-to-skin contact when appropriate, soothing, observation, and repeated caregiving. Medical separation, exhaustion, pain, depression, anxiety, trauma, or neonatal illness can affect early feelings without determining the eventual relationship.

Conversely, intense happiness or relief does not rule out later psychological difficulty. Emotions can change as sleep loss accumulates, responsibilities become clearer, physical recovery continues, or memories of birth emerge. A person may be deeply committed to their baby while also feeling numb, irritable, detached, or overwhelmed.

Concerns become clinically important when distress persists, worsens,

interferes with functioning or caregiving, or includes intrusive thoughts, hopelessness, severe anxiety, dissociation, or loss of reality testing. Postpartum emotional recovery is individual, and asking for help is compatible with being a caring parent. Contact a healthcare professional for assessment rather than relying on comparisons with other families or online timelines.