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Delayed emotional responses to stress: A short narrative review of a proposed 'Terracotta' pattern

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Abstract
The term Terracotta syndrome has appeared in some recent online psychological self-help material to describe a pattern in which an individual remains relatively composed during a stressful event but experiences delayed emotional distress or psychological exhaustion afterward. However, the term is not established as a recognized psychiatric diagnosis, validated psychological construct, or standardized clinical syndrome in the major diagnostic frameworks. Consequently, Terracotta syndrome should be approached as a tentative descriptive metaphor rather than a formally established psychological complex (tentatively known as Terracotta complex). This short narrative review examines its proposed meaning, possible psychological mechanisms, manifestations, differential considerations, and implications for assessment and intervention. The review is structured according to the six criteria of the Scale for the Assessment of Narrative Review Articles (SANRA), which emphasizes justification, aims, literature-search transparency, referencing, scientific reasoning, and appropriate presentation of evidence.

Keywords: Terracotta syndrome, delayed emotional response, stress, emotion regulation, psychological assessment

Introduction

Justification and clinical significance

A person may appear calm, capable, and emotionally controlled during a crisis, yet experience anxiety, sadness, irritability, fatigue, or emotional overwhelm after the situation has ended. This apparent discrepancy between functioning during a stressful event, and distress afterward is a potentially meaningful psychological phenomenon. This could possibly be a unique form of psychological complex. According to Moskowitz & Heim, 2011 [12], the term "complex" in psychology is associated with the earlier work of Theodor Ziehen, while Carl Gustav Jung subsequently developed and popularized the concept of psychological complexes through his investigations of unconscious, emotionally charged associations (Bleuler, 1911 [5]; Monahan, 2009 [11]).

The expression Terracotta syndrome (or Terracotta complex) is used in some online material as a metaphor for this pattern of delayed stress responses. The material describes a person who appears steady under pressure but experiences the emotional consequences later. It explicitly presents the term as neither a diagnosis nor a clinically validated construct (Calmistry, 2026 [6]).

The topic of this article on this psychological phenomenon merits serious attention from both researchers and practitioners because delayed emotional reactions may be overlooked when assessment focuses exclusively on a person's behavior during a stressful event. Nevertheless, the phenomenon must be distinguished from the proposed label: the existence of delayed emotional responses does not establish the validity of a separate syndrome.

According to the American Psychological Association (APsyA, 2026 [2,3]), not to confuse with the American Psychiatric Association (APA) [1], it has defined a "syndrome" generally as a constellation of symptoms and signs associated with a particular condition. On that basis, the label Terracotta syndrome or Terracotta complex, therefore, should not be treated as a clinically established syndrome without a clear operational definition, empirical validation, and evidence of reliability and clinical utility.

Aims and conceptual definition

This short review article has four objectives:

- To describe the proposed meaning of Terracotta syndrome as a psychological complex.
- To explain plausible mechanisms that may contribute to delayed emotional distress following stressful experiences.
- To distinguish the proposed construct from established psychological concepts and psychiatric conditions.
- To identify implications for psychological assessment, counselling, and educational or clinical support.

1. What is Terracotta syndrome?

Provisionally, Terracotta syndrome or more correctly to be known as Terracotta complex - a kind of psychological complex (Jung, 2014 [8]; Meier, 2023 [10]; Nikolas, 1979 [13]) - may be described as a hypothesized pattern of apparent emotional composure during stressful circumstances followed by delayed emotional distress after the immediate demands have subsided. This is a working description for discussion in this article, not a validated clinical definition.



Fig 1: A Terracotta Attendant (Courtesy of the author)

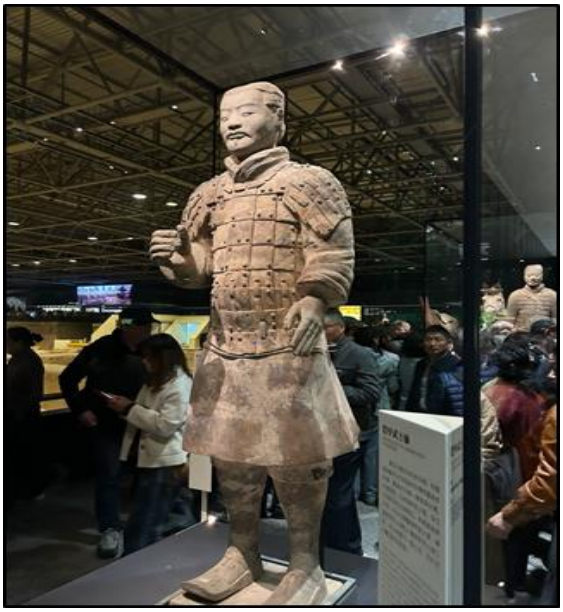

Fig 2: A Terracotta Warrior (Courtesy of the author)

The "Terracotta" metaphor suggests a material that appears firm and stable but may be vulnerable to damage under particular conditions. Psychologically, the metaphor represents a person who maintains outward functioning during adversity but may experience emotional consequences later.

As a result, a proposed presentation could include the following episode of occurrence:

- **During the stressful event:** Remaining task-focused, suppressing visible emotional reactions, prioritizing other people's needs, or concentrating on immediate problem-solving.

- **After the event:** Experiencing tiredness, irritability, sadness, anxiety, tearfulness, rumination, or a need to withdraw.

- **During recovery:** Requiring time, rest, emotional processing, or supportive interaction before returning to the person's usual level of functioning.

These features are illustrative possibilities, not established diagnostic criteria. They will not necessarily occur together or characterize everyone who experiences delayed distress.

Literature search and evidential approach

Consistent with SANRA guidelines, this article is a narrative review that transparently describes the sources and methods used to identify relevant literature (Baethge *et al*., 2019) [4] on the topic of Terracotta condition. For this preliminary review, searches were conducted using the phrase *Terracotta syndrome* or *Terracotta complex* (a kind of psychological complex) and related terms, including Terracotta syndrome/complex psychology and delayed emotional response to stress. The search also identified the original SANRA publication (Baethge *et al*., 2019) [4] and relevant psychological terminology resources.

It is important to take note that the available results identified online self-help material using "Terracotta" as a descriptive label, but did not establish a peer-reviewed clinical literature validating Terracotta syndrome as a distinct psychological construct. This limited search cannot establish that no relevant publication exists.

Accordingly, the following discussion draws on established research concerning stress, emotion regulation, and trauma-related responses to explain possible mechanisms. These mechanisms are analogies and explanatory hypotheses, not evidence that Terracotta syndrome itself has been demonstrated.

Possible psychological mechanisms

1. Emotional suppression and regulation

People differ in how they regulate emotional experiences. Some attempt to suppress the outward expression of emotion, particularly when they believe that visible distress would interfere with their responsibilities. Gross and John (2003) [7] found that habitual use of expressive suppression and cognitive reappraisal was associated with different emotional and interpersonal outcomes. Expressive suppression concerns inhibiting the outward display of emotion, whereas cognitive reappraisal involves changing how a situation is interpreted.

In a hypothetical Terracotta-like presentation, a person might suppress visible distress to complete a demanding task. Once the task ends, the person may feel able to acknowledge emotions that were not expressed earlier. However, suppression does not invariably lead to delayed distress, and emotional composure does not necessarily indicate suppression. Some individuals remain calm because they have effective coping skills, realistic appraisals, or experience managing stressful situations.

2. Stress physiology and recovery

Stress involves interacting physiological, cognitive, emotional, and behavioral processes. The body's stress response helps mobilize resources when demands are perceived as challenging or threatening. Recovery may continue after the immediate stressor has ended. McEwen (1998) [9] described how repeated or prolonged activation of stress-response systems can contribute to allostatic load, the cumulative physiological burden associated with adaptation

to ongoing demands. Therefore, this framework offers one possible explanation for why a person may experience fatigue, irritability, or reduced concentration after sustained effort. Nevertheless, allostatic load is a broader physiological concept and cannot be inferred simply because someone becomes upset after a crisis.

3. Cognitive load and delayed processing

During an emergency, attention may narrow toward the following immediate priorities: (i) identifying a problem, (ii) making decisions, (iii) protecting others, or (iv) completing an urgent task. Emotional reflection may receive less attention while these demands dominate.

Afterward, the person may begin evaluating what happened, considering possible consequences, or revisiting the experience. This can make distress more noticeable after the event rather than during it.

This explanation is plausible, but it should not be interpreted as evidence that all delayed emotional reactions result from unconscious emotional processing. The timing of emotional responses varies considerably among individuals and circumstances.

4. Coping, resilience, and social expectations

Some individuals are expected to be the dependable person in a family, workplace, or caregiving relationship. They may feel compelled to remain composed because others depend on them or because emotional expression is discouraged. In such circumstances, apparent stability may reflect adaptive coping, social expectations, emotional restraint, or a combination of factors. Hence, it is important not to equate delayed distress with psychological weakness. Equally, remaining composed during adversity does not necessarily demonstrate resilience: resilience is better understood in relation to adaptation and functioning over time than to outward behavior at one moment.

Manifestations and clinical interpretation

The following Table 1 summarizes possible features of the proposed pattern and their cautious interpretation.

Table 1: A Summary of Features associated with the tentative Terracotta Syndrome/Complex

Domain	Possible presentation	Interpretation
Emotional	Delayed sadness, anxiety, irritability, or tearfulness	May reflect a response to stress, but is nonspecific
Cognitive	Rumination, repeated review of events, difficulty disengaging from worries	May indicate ongoing appraisal or worry
Behavioral	Withdrawal, reduced activity, increased need for rest	May reflect fatigue or coping needs
Physiological	Tension, tiredness, disturbed sleep	Can occur in many stress-related and nonclinical circumstances
Interpersonal	Appearing capable during a crisis but seeking support afterward	May reflect changing needs as demands change
Functional	Temporary difficulty resuming usual activities	Requires assessment of duration, severity, and impact

None of these features, individually or collectively, establishes Terracotta syndrome as a diagnosis. Their significance depends on the person's history, context, duration of symptoms, and degree of impairment.

Differential considerations

A Terracotta-like description may overlap with several established psychological concepts. These should be considered separately rather than combined into a new diagnostic category. Below is a list of features:

- **Ordinary delayed stress response:** Emotional reactions may become noticeable after an immediate task or stressful event has passed. This does not necessarily indicate a mental disorder.

- **Emotion suppression:** A person may inhibit emotional expression to maintain performance or meet social expectations. Suppression is a regulation strategy, not a diagnosis (Gross & John, 2003) [7].

- **Burnout:** Prolonged occupational stress may be associated with exhaustion, mental distancing, and reduced professional efficacy. Burnout is not synonymous with a delayed reaction to one stressful event (World Health Organization [WHO], 2019) [15].

- **Post-traumatic stress disorder (PTSD):** PTSD involves specific symptom patterns following exposure to qualifying traumatic events. Delayed distress alone is insufficient to establish PTSD; formal diagnostic criteria must be met (American Psychiatric Association, 2022) [1].

- **Adjustment disorder and anxiety-related conditions:** Clinically significant distress following stressors may warrant assessment when it is persistent, disproportionate to context, or functionally impairing.

A proper diagnosis will require a comprehensive clinical evaluation (American Psychiatric Association, 2022) [1]. A particularly important distinction is that a delayed emotional reaction is a timing pattern, whereas a psychiatric diagnosis requires a defined constellation of symptoms and other diagnostic criteria.

Assessment and intervention implications

If an individual describes repeatedly appearing calm during adversity but becoming distressed afterward, assessment should focus on the person's actual experiences rather than presuming a Terracotta syndrome/complex diagnosis.

1. Assessment

A clinician or appropriately qualified practitioner could explore:

- The nature and timing of the stressful events.
- Emotional, cognitive, behavioral, and physiological reactions during and after those events.

- The duration, frequency, and intensity of the reactions.
- Sleep, concentration, relationships, occupational or academic functioning, and recovery.
- Coping strategies, social support, and relevant medical or psychological history.
- Whether the presentation meets criteria for an established condition requiring treatment.

Where indicated, validated measures of anxiety, depression, trauma-related symptoms, sleep, or stress can support assessment. They should be selected according to the clinical question and interpreted alongside interviews and functional information.

2. Support and intervention

Psychosocial support should be individualized to the person's needs rather than based on the Terracotta label. Potentially useful approaches include the following suggestions:

- **Emotional awareness:** Helping the person identify and describe emotions without assuming that emotional expression must occur during the stressful event.
- **Recovery planning:** Protecting time for rest and gradual return to routine after sustained demands.
- **Cognitive and behavioral strategies:** Addressing persistent worry, unhelpful appraisals, and avoidance where these are contributing to distress.
- **Social support:** Encouraging appropriate help-seeking and reducing unrealistic expectations that the person must always remain strong.
- **Evidence-based treatment:** Referring for psychological or medical assessment when symptoms are persistent, severe, trauma-related, or functionally impairing.

If the delayed reactions include stress-related problems, disabling anxiety, severe depression (these three conditions, if properly triangulated through a comprehensive assessment battery, are collectively known as Stress-Anxiety-Depression [SAD] syndrome) (Xie & Wang, 2021) [14], suicidal thoughts (also known as suicidal ideation), or symptoms following trauma, the individual should receive appropriate psychological assessment and psychiatric treatment rather than relying on an informal psychological label.

Scientific reasoning and limitations

The main limitation of this article is the absence of established evidence, identified in this preliminary search, demonstrating that Terracotta syndrome/complex has a distinct definition, measurable features, reliable assessment criteria, or validated clinical utility.

The concept should therefore be treated as a descriptive metaphor or hypothesis, not an established psychological syndrome or complex comparable to a recognized clinical construct. Research on emotion regulation, stress physiology, and trauma responses offers plausible explanations for some of the experiences associated with the label, but indirect relevance does not validate the label itself. Future research would need to consider the following:

- Define the proposed construct operationally.
- Check if it describes a pattern different from any of the constructs.
- Develop reliable measures and test their validity.
- Consider frequency, duration and functional implications of the proposed pattern.
- Compare it empirically with emotion suppression, stress recovery, burnout and trauma symptoms.

Until such work is done, it would be premature to talk about Terracotta syndrome as a discrete psychological complex or to set diagnostic criteria for it.

Conclusion

Terracotta syndrome is best approached cautiously as an informal description of a possible pattern of outward composure during stressful circumstances followed by delayed emotional distress. Its metaphorical value (as a psychological complex) lies in reminding practitioners that observable behavior during a crisis may not fully reflect a person's subsequent emotional needs.

Nevertheless, the term currently lacks sufficient identified clinical evidence to establish it as a recognized psychological syndrome. Established concepts such as emotion regulation, stress recovery, and trauma-related responses provide more defensible frameworks for understanding and assessing the experiences described. Clinical decisions should be based on validated constructs, the individual's history, and the severity and functional impact of symptoms.

Sanra criteria appraisal

The author has applied the SANRA checklist in evaluating this article. The checklist comprises six criteria, each scored from 0 to 2, for a maximum of 12 points (Baethge *et al*., 2019) [4]. The following is a self-appraisal of this preliminary narrative review, not an independent peer-review rating.

SANDRA Criterion	Appraisal
1. Justification of importance	Clinical relevance and uncertainty of the term are explained
2. Statement of aims	Four explicit objectives are provided
3. Description of literature search	Search terms and approach are described, but the search is not exhaustive
4. Referencing	Key established concepts are supported by references, although direct evidence on the term is limited
5. Scientific reasoning	Plausible mechanisms are distinguished from direct evidence
6. Appropriate presentation of data	Conceptual comparisons are provided, but no empirical data specific to Terracotta syndrome are available in the identified results
Total	Preliminary appraisal only

No total score can be calculated for this article as it is more for a preliminary appraisal. It reflects the structure and reasoning of this review article; it does not establish the validity of Terracotta syndrome or Terracotta complex.

More importantly, the SANRA checklist is a tool for evaluating narrative-review quality, not for validating the psychological construct under review.

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