

Recovery After Overload

Moments that can intensify recovery - and how to reduce the load

The last straw may be small. The load underneath may not be. After sensory, emotional, cognitive or social overload, the nervous system often needs fewer demands, more predictability and time. Recovery is not laziness or avoidance; it is the process of coming back towards a manageable level of regulation.

This guide explores six common moments that can make recovery harder and offers practical ways to respond without adding pressure.

1. Expecting instant productivity

After overload, thinking speed, language, decision-making and task initiation can remain reduced. Asking someone to immediately return to work, chores, conversation or problem-solving can prolong the strain. Try lowering the demand first: one small task, extra processing time, or permission to leave non-essential things until later.

2. More questions too soon

Even kind questions can become another demand. 'What happened?', 'Are you okay?' and 'What do you need?' all require processing and language. Use fewer words, offer simple choices, and allow silence. A calm statement such as 'You do not need to explain this now' can remove a surprising amount of pressure.

3. A noisy recovery space

Sound, bright light, movement, smells, touch and competing conversations may remain difficult after the main overload has passed. Recovery space does not need to be perfect; it needs to reduce what the person's nervous system is currently working hard to filter. Dimmer light, headphones, a closed door, softer textures or simply fewer people may help.

4. Skipping food, drink or rest

Overload can make it difficult to notice hunger, thirst, temperature, pain or tiredness. Some people also find eating and drinking harder when sensory tolerance is low. Keep support low-pressure: familiar food, an accessible drink, comfortable clothing and rest. Avoid turning basic needs into another test of compliance.

5. Replaying what happened

The mind may repeatedly review the event: what was said, what should have happened, whether other people noticed, or whether the reaction was 'too much'. This can keep the body activated. Grounding in the present, writing thoughts down for later, or deliberately postponing analysis until the body is calmer can help.

6. Feeling guilty for needing time

Recovery can be slowed by shame: 'I should be over this', 'I have ruined the day', or 'Everyone else can cope'. Needing recovery does not mean the experience was insignificant. Replace the deadline with observation: what is becoming easier, what is still too much, and what would reduce the load by ten percent?

NOTICE THE LOAD • PAUSE • REDUCE DEMANDS • RECOVER

A practical recovery plan

Recovery is individual. The aim is not to force calm, but to create conditions in which the nervous system has less to manage.

What may help	Examples
Reduce sensory input	Lower lighting; quieter room; headphones/ear defenders; fewer smells; comfortable clothing; less visual clutter.
Reduce communication load	Short sentences; one question at a time; yes/no or two-choice options; allow non-speaking time; text instead of talking.
Reduce task demand	Pause non-urgent jobs; break tasks into one step; delay decisions; provide practical help without taking over.
Support body needs	Water nearby; familiar safe food; warmth/cooling; toilet access; medication as normally prescribed; sleep or quiet rest.
Create predictability	Explain what will happen next; avoid sudden changes where possible; agree when to check in again.
Protect dignity	Do not lecture, shame, tease or demand an apology during recovery. Discuss difficult events later, when capacity has returned.

For the person recovering

You do not have to earn recovery time. You can reduce conversation, move away from stimulation, use familiar regulation tools, eat or drink in the way that is manageable for you, and come back to explanations later. If you cannot identify what you need, start by removing one demand rather than adding another solution.

For family, partners, friends and colleagues

Support often works best when it is quiet and practical. Stay nearby if that is wanted, reduce questions, protect the person from unnecessary demands, and avoid interpreting reduced speech, eye contact or responsiveness as rudeness. Ask later what was helpful and what should be different next time.

A message from Maggie

There are times when the thing that finally tips us into overload looks tiny from the outside. What other people cannot see is everything that came before it. Recovery deserves time, space and respect. You do not need to explain every part of your experience while you are still trying to regulate. Start with what makes the next few minutes feel more manageable.

My overload and recovery map

Use this page after the event, not when completing it would create another demand. There are no right answers.

What was building before the overload?

Sensory input, demands, uncertainty, social pressure, hunger, tiredness, pain, transitions, masking, emotions...

What did my body do?

For example: tense muscles, racing heart, nausea, headache, shutdown, tears, agitation, going quiet, needing to escape.

What made recovery harder?

Questions, noise, guilt, being watched, having to explain, chores, unexpected changes, lack of food/drink/rest...

What genuinely helped?

People, places, sensory tools, movement, silence, familiar activities, routines, food/drink, sleep, reduced expectations...

What could I communicate for next time?

One sentence, signal, card or message that tells others what I need when words are difficult.

Further information and reading

Useful themes to explore include sensory processing, autistic burnout, ADHD overload, interoception, nervous-system regulation, masking, executive functioning and reasonable adjustments. Not every experience of overload has the same cause, and strategies should be adapted to the individual rather than imposed as a universal checklist.

Book recommendations

Unmasking Autism - Devon Price. Explores masking, identity and the cost of continually adapting to environments that do not fit.

Looking After Your Autistic Self - Niamh Garvey. Practical discussion of sensory needs, energy, regulation and self-understanding.

Divergent Mind - Jenara Nerenberg. Explores sensory processing and neurodivergent experiences, particularly in women.

Sources and clinical context

This resource is psychoeducational rather than diagnostic. It draws on established understanding of sensory processing, stress regulation, executive functioning and neurodivergent lived experience. Useful professional sources include the National Institute for Health and Care Excellence (NICE) guidance relating to autism and ADHD; NHS information on autism and ADHD; and peer-reviewed literature on sensory reactivity, autistic burnout and camouflaging.

If overload is new, severe, associated with fainting, chest pain, breathing difficulty, injury, significant confusion, or another acute medical concern, seek appropriate medical help rather than assuming it is neurodivergent overload.

Space to Breathe Therapy