The Crash After Work

WHEN YOU HOLD IT TOGETHER ALL DAY AND FALL APART WHEN YOU GET HOME

Why can I cope at work and then have nothing left at home?

Some people appear completely capable throughout the working day. They answer questions, attend meetings, speak to clients, smile at colleagues and complete what needs to be done. Then they arrive home and everything changes. They may become silent, tearful, irritable, unable to make decisions or unable to tolerate another sound, question or request.

This contrast can be confusing for the person and for the people who live with them. A partner may think, 'You managed all day at work — why can't you talk to me?' The employee may wonder whether they are being unreasonable. But functioning at work does not mean the day has been easy. It may mean the person has used almost all of their available regulation to get through it.

The crash can be a delayed response to sustained effort. Once the person reaches a place that feels safer and the demand to perform reduces, the nervous system may finally release what has been held in.

Sometimes we fall apart at home not because home is the problem, but because home is the first place we have stopped holding ourselves together.

Masking and performance

For autistic and ADHD people, a working day may involve constant masking: monitoring tone, facial expression, body movement, attention, communication and sensory responses. People with anxiety, depression, grief or trauma may also conceal how much they are struggling so they can continue functioning professionally. The performance can be convincing. That does not make the effort invisible to the nervous system.

Delayed exhaustion

During work, deadlines, adrenaline, routine and external expectations can keep somebody moving. When those demands stop, exhaustion becomes more noticeable. The person may suddenly feel heavy, foggy or emotionally raw. Tasks that seem tiny — deciding what to eat, answering a question or putting something away — can feel disproportionately difficult.

Why the people we love sometimes see the worst of it

Home may be where somebody feels safe enough to stop masking. Unfortunately, that can mean family members receive the silence, irritability or withdrawal that colleagues never see. Understanding the pattern does not excuse hurtful behaviour, but it can help families respond to the real issue: depleted capacity.

Building a Transition Between Work and Home

If the crash happens regularly, it can help to stop treating the journey home as the end of work and begin seeing it as a transition. The nervous system may need time to move from professional performance into ordinary home life. Some people need quiet; others need movement, food, a shower, comfortable clothing, music, darkness or simply twenty minutes with no conversation. The aim is not to create another compulsory wellbeing routine. It is to identify what genuinely reduces demand.

The first thirty minutes can matter

Families can sometimes reduce conflict by agreeing what happens immediately after work. Instead of beginning with questions, household decisions or a list of things that need doing, the returning person may have a short protected decompression period. This works best when it is discussed openly rather than becoming unexplained withdrawal.

A simple phrase can help: 'I am pleased to see you. I need twenty minutes to come down from work, and then I can talk.' This communicates both connection and need.

Reduce decision-making when the brain is empty

If evening decisions repeatedly become difficult, make some of them earlier or simplify them. Meal plans, shared household routines, predictable responsibilities or choosing tomorrow's clothes before the working day begins can reduce the number of decisions waiting at the point of lowest capacity. This is not about removing all responsibility. It is about placing demands where capacity is more available.

Recovery is not the same as scrolling until bedtime

When exhausted, it is understandable to reach for the easiest form of escape. Sometimes that is useful. But it can also help to notice which activities actually restore you. For one person it may be silence; for another, walking, gaming, a familiar programme, music, a weighted blanket, exercise, a hobby or being near somebody without needing to talk.

Partners and families need consideration too

A decompression period should not mean one person's needs permanently override everyone else's. The aim is a shared understanding: 'This is what happens to my capacity after work; this is what helps me return; and this is when I can reconnect.' Predictability can feel much kinder than withdrawal that nobody understands.

The goal is not to become better at crashing. It is to need less recovery because the whole day has become more sustainable.

When the Crash Is Telling You the Working Day Costs Too Much

Occasional exhaustion after an unusually difficult day is part of life. But if every working day ends in shutdown, tears, anger, sensory intolerance or complete inability to function, it is worth looking beyond the evening routine. The crash may be telling you that too much capacity is being consumed before you get home.

Look at what is being held in all day

Are you masking continuously? Skipping breaks? Working through lunch? Tolerating a sensory environment that overwhelms you? Managing constant interruptions? Pretending anxiety is not there? Taking on more work than fits your hours? Staying socially available all day because you are frightened of appearing difficult? Each demand may look manageable in isolation while the total becomes unsustainable.

Workplace changes may reduce the evening cost

Depending on the role and individual circumstances, helpful changes might include protected breaks, quieter working areas, fewer interruptions, clearer priorities, some flexibility around location or hours, reduced unnecessary meetings, communication changes or other appropriate adjustments. Occupational health or workplace support may help explore individual needs.

If the crash is severe or persistent

Ongoing exhaustion, low mood, anxiety, sleep problems, significant changes in functioning or physical symptoms can have many causes. A GP or other appropriate healthcare professional can help assess what is happening rather than assuming everything is simply work stress.

A message from Space to Breathe Therapy

There is something important I would want both the employee and their family to understand: the version of somebody who walks through the front door is not necessarily evidence of how they behaved all day. It may be evidence of how much it cost them to behave that way all day.

If you repeatedly collapse when you get home, I would not immediately ask, 'How can I become better at coping in the evening?' I would also ask, 'What am I having to survive, suppress or perform during the day?'

And if somebody you love needs quiet when they first come home, try not to assume that their withdrawal means they do not want you. They may be trying to find enough of themselves again to reconnect.

Home should not have to become the recovery ward for an unsustainable working day. The longer-term aim is a life where work leaves enough of you available for the rest of your life too.

An after-work check-in: What changes in me when I get home? What have I been holding in? What restores me rather than simply numbs me? How much time do I need before I can reconnect? What could change during the working day so I arrive home with more capacity left?

Important: This resource provides general wellbeing information and does not replace individual medical, psychological, occupational-health, HR or employment advice.