



Shutdown vs Overwhelm: What's Really Happening

Learn how to recognise your early signals, what helps, and what makes things worse.

By Neal Glendenning

Contact: info@theneuroinclusionproject.co.uk

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Important note

This resource is intended to support understanding and good practice in neuro-inclusive workplace design. It provides general guidance and does not constitute legal, medical, or clinical advice. Organisations should apply the principles in line with their own policies, regulatory obligations, and professional judgement.

A gentle orientation

This guide is not here to label you, diagnose you, or tell you how to cope “properly.”

It’s here to help you **notice what your nervous system is doing...** earlier, more kindly, and with less self-blame.

You don’t need to use all of this.

You don’t need to respond perfectly.

You’re allowed to recognise things after the fact.

Awareness can arrive late and still be useful.

1. Overwhelm and shutdown are not opposites... they’re neighbours

Overwhelm and shutdown often get treated as very different things.

In reality, they’re **different protective responses** to the same issue:

Demand has exceeded capacity.

The nervous system has a limited number of options when that happens. It can:

- **mobilise** (overwhelm)
- **immobilise** (shutdown)

Neither is a failure.

Both are attempts to keep you safe.

2. What overwhelm actually is

Overwhelm is a state of *too much, too fast, too close.*

It often looks like:

- racing thoughts
 - emotional intensity
 - irritability or anger
 - urgency or panic
 - sensory intolerance
 - feeling like you might “explode” or “lose it”
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Inside the body, this is a **high activation state**:

- energy is surging
- attention is narrowed
- threat detection is elevated

Your system is trying to **solve or escape** the situation quickly.

3. What shutdown actually is

Shutdown is what happens when mobilising doesn't work... or costs too much.

It often looks like:

- numbness or flatness
- exhaustion
- dissociation
- blank mind
- inability to speak or act
- withdrawal from people or tasks

Inside the body, this is a **low activation state**:

- energy drops
- engagement switches off
- everything slows or goes quiet

Your system is trying to **conserve, reduce damage, or stop input**.

4. Why people often swing between the two

Many neurodivergent people cycle like this:

1. Push through early overwhelm
2. Stay activated for too long
3. Capacity collapses
4. Shutdown arrives

Then later:

5. Pressure or guilt restarts mobilisation
6. Overwhelm returns

This isn't instability.

It's a **system without enough early exits**.

5. Early signals (often missed)

You might notice early signs **before** full overwhelm or shutdown.

These can be subtle and easy to ignore.

Early overwhelm signals might include:

- tension in jaw, shoulders, or chest
- increased sensitivity to noise or interruption
- faster speech or inner pressure
- irritation at small things
- feeling “crowded” internally

Early shutdown signals might include:

- heaviness in limbs
- difficulty finding words
- zoning out
- urge to disappear or lie down
- sudden drop in motivation or interest

These are not warnings you're failing.

They're **requests for load reduction**.

6. What usually helps overwhelm

(not rules... possibilities)

Overwhelm tends to ease when:

- input is reduced (less noise, fewer decisions)
- pace slows externally
- demands are clarified or postponed
- you're allowed to step away without explanation
- your body can move or discharge energy gently

What often **makes overwhelm worse**:

- being told to calm down
- being rushed
- added questions
- forced decision-making
- pressure to explain yourself in the moment

7. What usually helps shutdown

(again... optional)

Shutdown tends to soften when:

- there is no demand to perform or respond
- rest is allowed without guilt
- sensory input is gentle and predictable
- someone stays present without needing anything from you
- warmth, weight, or stillness is available

What often **makes shutdown worse**:

- pressure to engage
- being interpreted as lazy or disengaged
- sudden demands
- shame or self-criticism
- “just push through” messaging

8. One response does not fit both states

A common problem is using **overwhelm strategies for shutdown**, or vice versa.

For example:

- Trying to motivate yourself out of shutdown
- Trying to rest your way out of acute overwhelm

This mismatch can deepen the state.

Before responding, it can help to ask... gently:

“Am I overloaded... or depleted?”

Even a rough answer is enough.

9. This is not about control... it’s about timing

You don’t need to catch every early signal.

You don’t need perfect self-awareness.

You don’t need to prevent these states entirely.

What helps most is:

- recognising them **a little earlier over time**
- reducing shame when they happen
- adjusting environment before capacity collapses

Progress here is quiet.
Often invisible.
Still real.

A closing permission

Overwhelm doesn't mean you're unstable.
Shutdown doesn't mean you've given up.

They are **protective states**, not personal flaws.

Your nervous system is not trying to sabotage you.
It's trying to keep you intact with the tools it has.

You're allowed to listen slowly.
You're allowed to respond imperfectly.
You're allowed to need less... or more... than others.

This guide is here when you need language.

Nothing here is a demand.

