

Given the prevalence of exposure to trauma within South Africa, it is important to weigh up healthy resilience versus a normalisation of abnormal exposure to continuous traumatic stress. We then need to consider if the chronic traumatic stress exposure is also structural, and how we recover from the impact of continuous trauma while continuing to exist within this context?

As is key to the beginning of all trauma work, we require stabilisation and safety. But our socio-economic context is by nature not a stable base. The legacy of Apartheid lives on in societal disparities, and with limited structural redress, it is unsurprising that economic instability and staggering rates of crime and gender-based violence persist. Recent 2026 data from the Africa Long Life Study shows a massive correlation between perceived financial status, gender, and post-traumatic stress levels in South Africa (Haseem et al., 2026).

The argument can be made that financial insecurity and job instability within our context set the stage for individuals pushing beyond sustainable limits to maintain jobs and meet the breadline. This creates pressure to show up and push through irrespective of how we may be feeling, which increases our risk of burnout. In fact, Employee Assistance Program (EAP) trends in SA for 2026 show that nearly 25% of the local workforce is facing clinical burnout (EAPA-SA, 2026). It is important to note that continuous exposure to workplace stress impacts allostatic load. Over time, this depletes resources and lowers a person's psychological threshold, making them more vulnerable to developing PTSD when exposed to a community or personal trauma. When the workplace drains your battery to 5%, you have no capacity left to process a hijacking or an instance of GBV. It turns an acute trauma into an insurmountable psychological crisis.

The ongoing GBV epidemic reveals how interpersonal violence disproportionately affects young South African women, a population among whom PTSD rates remain elevated (Enaifoghe, 2026). Yet, if we consider how available statistics are skewed by underreporting - as many women fear the secondary traumatising associated with reporting and seeking justice - we realise just how pervasive this issue truly is (Mdletshe, 2025). This context, where multiple continuous traumatic stressors coexist and persist, shapes the collective mental health landscape into one that normalises chronic nervous system activation.

Most theories and modalities for understanding Post-Traumatic Stress Disorder are too simplistic for our context (Kaminer et al., 2016). Within traditional frameworks, the traumatic event is often conceived as discrete: the threat passes and the individual returns to a space of safety where their nervous system can gradually process and regulate. For the average South African, however, this linear conceptualisation is too simplistic. When we must constantly scan our mirrors at a traffic light, ensure we have top-of-the-line security, and simultaneously stress about whether our dwindling monthly budget will cover our necessities, our nervous systems remain trapped in a state of perpetual hyperarousal. The threat often never truly passes. Instead, continuous traumatic stress keeps us in permanent survival mode, making processing, integrating, and simply being present an everyday challenge (Kaminer et al., 2016). Over time, this constant flooding of cortisol and adrenaline mimics the core symptoms of PTSD - hypervigilance and hyperarousal, insomnia, irritability, emotional numbing, and intense fatigue. There is a fine line between the "normal street smarts" needed to survive the very real threats of our daily life in South Africa and clinically significant hypervigilance.

But what do we do when people remain symptomatic of their environments? Such individuals are not failing to heal from trauma but rather are actively navigating continuous stressors.

Within and outside of the therapy room, by shifting our language from individual resilience to Continuous Traumatic Stress, we stop pathologising people for feeling exhausted, anxious, or overwhelmed. We validate that their symptoms are not a sign of personal weakness, but a completely normal response to an abnormal, prolonged environment of stress. Healing a nation afflicted by continuous traumatic stress requires us to look past surface-level coping mechanisms and acknowledge the systemic weight we as South Africans carry every single day. Only when we name the reality of continuous threat can we begin to build sustainable, collective pathways to true psychological safety.

We need to look beyond individual therapy rooms and demand structural accountability across the systems where South Africans live, work, and seek care.

First, within the mental health profession itself, we must decolonise our diagnostic frameworks. Clinical psychologists and practitioners must stop treating systemic exhaustion as an individual pathology. Rather, our intake assessments and treatment plans must explicitly account for allostatic load and the ongoing nature of Continuous Traumatic Stress (Frontiers in Psychiatry, 2026). In this way, we can avoid forcing a linear PTSD model onto a non-linear reality.

Second, we must democratise psychological support by scaling community-led, low-barrier infrastructure. This means investing heavily in task-shifting models, training community health workers, local leaders, and peer-support networks in basic trauma containment, to create accessible spaces for collective processing outside of expensive, overburdened private psychiatric care.

Finally, our institutions and workplaces must move away from performative wellness initiatives (De Jesus & O'Neil, 2024; Sieberhagen et al., 2011). Corporations and employers must address psychosocial hazards at the source by auditing unsustainable workloads, enforcing boundaries around digital exhaustion, and offering practical socioeconomic buffers, like accessible financial counselling, to alleviate systemic panic. True psychological safety cannot be achieved through solo reflection or private coping mechanisms; it is co-constructed only when our communities, clinical practices, and institutions actively collaborate to lower the structural weight on the people surviving within them.

Ultimately, the romanticisation of resilience must be rejected. When institutions celebrate an individual's capacity to "persevere," they effectively shift the burden of systemic failure onto the individual, transforming a structural issue into a personal obligation.

Much in the same way that a sick fish that is medicated is unlikely to recover if its tank remains contaminated, true psychological stability cannot be achieved without environmental change. Individual coping strategies and isolated therapeutic interventions have limited usefulness if the underlying environment remains inherently toxic. By transitioning away from the paradigm of individual resilience and towards an understanding of Continuous Traumatic Stress, mental health professionals, corporates, and government stakeholders can cease pathologizing normative physiological responses to prolonged systemic adversity. Sustainable recovery demands that we stop measuring South Africans by their capacity to endure collective trauma, and instead focus on establishing the structural accountability and institutional safety required to prevent it.

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