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Magazine

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MEET TEAM FEATURE

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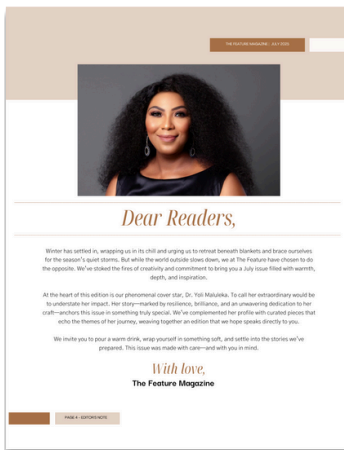
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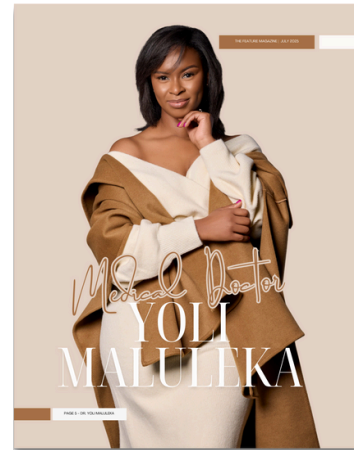
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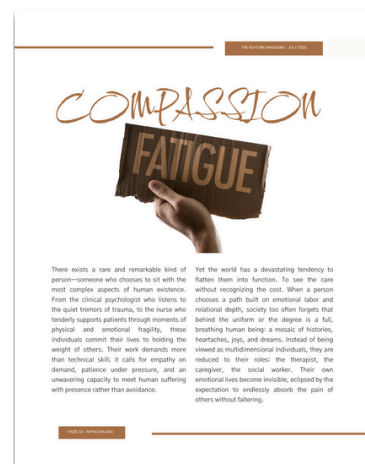
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Dear Readers,

Winter has settled in, wrapping us in its chill and urging us to retreat beneath blankets and brace ourselves for the season's quiet storms. But while the world outside slows down, we at The Feature have chosen to do the opposite. We've stoked the fires of creativity and commitment to bring you a July issue filled with warmth, depth, and inspiration.

At the heart of this edition is our phenomenal cover star, Dr. Yoli Maluleka. To call her extraordinary would be to understate her impact. Her story—marked by resilience, brilliance, and an unwavering dedication to her craft—anchors this issue in something truly special. We've complemented her profile with curated pieces that echo the themes of her journey, weaving together an edition that we hope speaks directly to you.

We invite you to pour a warm drink, wrap yourself in something soft, and settle into the stories we've prepared. This issue was made with care—and with you in mind.

With love,
The Feature Magazine

WHAT DEFINES PERFECTION?

Nothing that exists in nature is flawless. This truth is not a failure but a fundamental law of existence. It is a fact that should settle deep into the collective consciousness and shake the foundations built on perfect images and illusions. Perfection is not only unnatural; it is a myth that society has taught women to chase at the expense of their peace, their joy, and ultimately their very sense of self. For every tree bursting with vibrant green foliage, there is a limb that grows slower, a branch that bends or breaks under pressure, and a side that is less lush or nourished. For every dazzling diamond—hailed for its brilliance, strength, and near indestructibility—there is a fracture, an inclusion, a flaw born of intense heat and violent forces far beneath the earth. Even stars, those distant, radiant beacons in the night sky, burn themselves out in time, flickering and dying as their fuel runs dry.

A hand is shown in silhouette, placing a puzzle piece into a vertical column of other puzzle pieces. The background is a soft, out-of-focus blue and white gradient.

Rwethu Mkhonenyane

Yet, despite this truth embedded throughout the natural world, many women rarely allow themselves to internalize it. Instead, they fight against it with every fiber of their being, holding themselves to impossible standards and refusing to accept the parts of themselves that are uneven, rough, or incomplete. This relentless battle, the unyielding demand for perfection, is what defines perfectionism. It is a state of mind that can slowly and relentlessly erode mental and emotional well-being until exhaustion, overwhelm, and disconnection take hold.

Perfectionism is not simply about setting high standards or striving for excellence. Rather, it is a compulsive, often unconscious drive to avoid any sign of imperfection whether real or perceived. It manifests as the internal voice insisting, “If it’s not flawless, it’s not good enough.” This voice transforms natural human experiences into threats to worthiness and belonging. Mistakes, a situation that allows one to learn and grow leads to being broken down by oneself even if there is no need. Flaws are seen as all-consuming even when these flaws are a part of the natural human experience. Vulnerability is seen as the gateway to being punished, further pushed down by a strong front even when tears well in the eyes silently.

Perfectionism breeds a chronic dissatisfaction where nothing ever feels enough. It is a trap with a finish line that constantly moves farther away, no matter how fast one runs. The origins of perfectionism are complex, rooted in personal histories and reinforced by societal conditioning.

From early childhood, many girls and women are taught that love, approval, and acceptance are conditional: dependent on behaving well, excelling academically, looking a certain way, or meeting certain expectations. When acceptance is perceived as conditional, perfectionism emerges as a protective mechanism, promising safety through control but ultimately delivering exhaustion and anxiety.

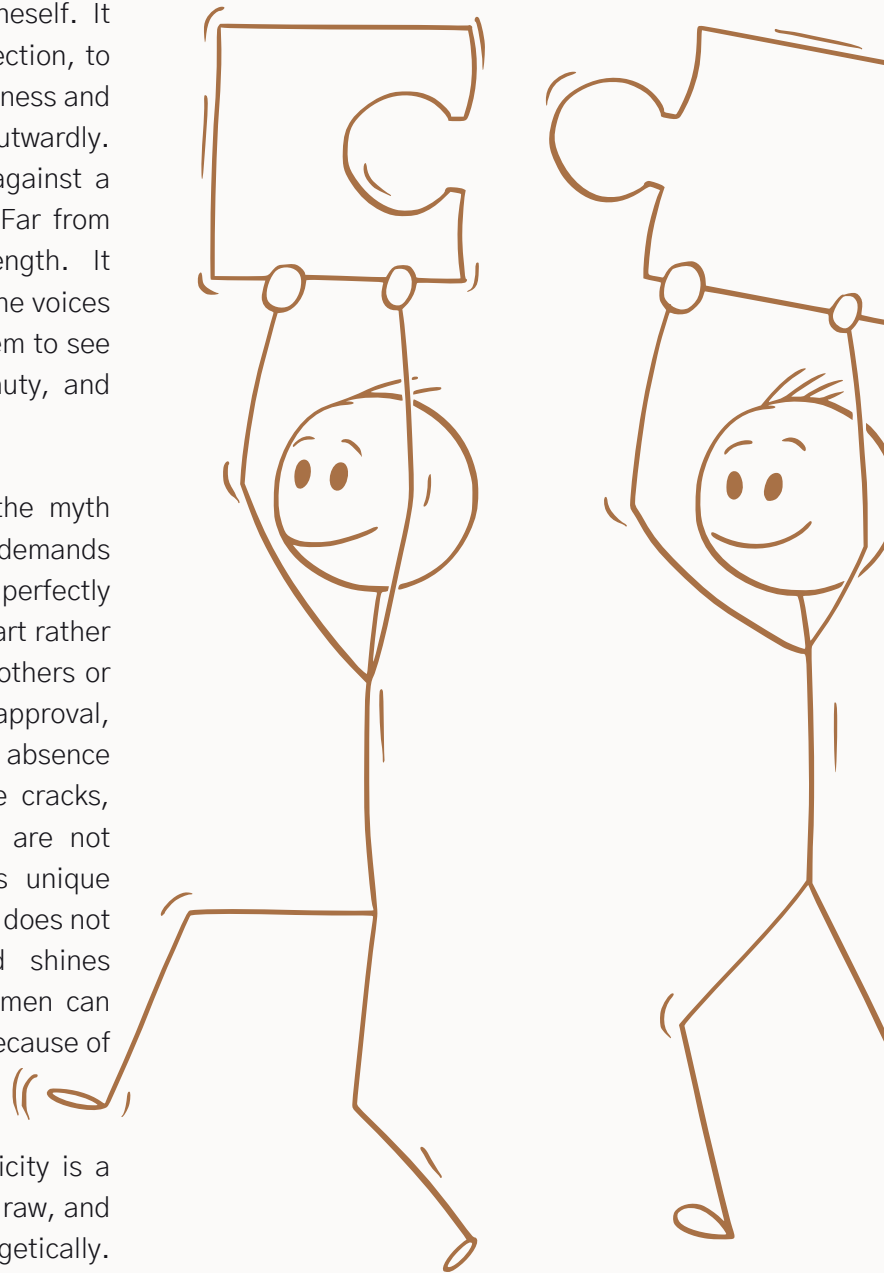
Beyond individual experience, society amplifies this hunger for perfection. Social media floods daily feeds with curated highlight reels of seemingly flawless lives: perfect bodies, perfect homes, perfect families, and perfect careers. Advertisements reinforce the idea that happiness, success, and love come wrapped in flawless packaging, attainable only by meeting exacting standards. The pressure to be the “perfect mother,” “perfect career woman,” or “perfect partner” compresses women into molds that rarely reflect the messy, complicated realities of life. The illusion that one can “have it all” without visible struggle or imperfection becomes a cruel and exhausting ideal. Yet, many do not see the struggles these women go through: from postpartum depression to a strained marriage from taking on too much time for work. However, perfectionism tells these women it is a worthy cause

Yet there is an antidote: authenticity. Authenticity is the radical and courageous act of embracing the true self: with all imperfections, scars, quirks, and complexities. It involves showing up fully and without apology, without masks or filters. Authenticity means accepting that life is a continuous process rather than a finished product.

Authenticity liberates women from the suffocating chains of impossible ideals and opens the door to genuine connection—with others and with oneself. It creates space to celebrate progress over perfection, to learn and grow from mistakes, and to offer kindness and compassion inwardly as generously as outwardly. Choosing authenticity is an act of rebellion against a culture that profits from insecurity and fear. Far from weakness, authenticity is a profound strength. It empowers women to reclaim their worth from the voices that insist they are never enough. It invites them to see vulnerability as courage, imperfection as beauty, and life on their own terms as the ultimate freedom.

Living beyond perfection requires rejecting the myth that worth is measured by flawlessness. It demands daily self-acceptance and the bravery to be imperfectly authentic. It calls for listening to one's own heart rather than the impossible expectations imposed by others or oneself. It means choosing peace over approval, fulfillment over fear. Worth is not found in the absence of flaws but in the fullness of humanity. The cracks, edges, uneven growth, and silent struggles are not defects but defining features of a woman's unique story. Nature offers a profound example: a tree does not apologize for asymmetry, and a diamond shines brilliantly despite its inclusions. Likewise, women can shine: not in spite of their imperfections, but because of them.

In a world obsessed with perfection, authenticity is a bold act of courage. It is a call to be real, to be raw, and to embrace the imperfect self fully and unapologetically. Because it is in that very authenticity where true beauty, power, and freedom reside.



Medical Doctor
**YOLI
MALULEKA**

Medicine has been an essential part of human life for thousands of years, long before the rise of formal institutions, standardized training, and white coats. From the earliest moments of human civilization, people have sought ways to understand illness, preserve life, ease suffering, and improve physical wellbeing. These efforts evolved not from a central authority but through lived experience, trial and error, observation of the natural world, and the need to care for one another.

Before medicine became codified into a university-based system, knowledge was largely practical and passed from person to person or generation to generation. Early humans likely relied on instinct, natural remedies, and environmental cues. Over time, these practices became more organized. Ancient texts from Egypt, Mesopotamia, India, China, and Greece document extensive medical systems. Some were deeply philosophical, others more empirical, all offering a window into how early societies tried to make sense of the human body and its afflictions.

For example, the Edwin Smith Papyrus from ancient Egypt contains surgical techniques and anatomical observations, showing an early move toward systematic approaches to trauma. In ancient India, the foundational texts of Ayurveda outlined theories of health that considered diet, lifestyle, and balance. Chinese medicine developed its own complex understanding of health through the lens of energy systems, meridians, and the balance between opposing forces. Meanwhile, ancient Greek thinkers such as Hippocrates and Galen introduced concepts like the four humors and set down principles that influenced Western medicine for centuries.





These ancient approaches to healing may have differed in language and method, but they all reflected a universal concern: how to restore the body to health and help people live longer, fuller lives. Medicine, in its earliest forms, was deeply tied to observation, environment, and a desire to reduce suffering. In many cases, it was experimental. People learned what worked through repetition, experience, and careful watching.

As societies advanced, so too did the frameworks through which medical knowledge was stored, transmitted, and refined. The medieval period in many parts of the world saw the preservation of earlier knowledge and the slow rise of more organized systems of healthcare. In the Islamic Golden Age, scholars translated and built upon Greek and Roman texts while making significant original contributions to anatomy, pharmacology, and surgical technique. These scholars helped preserve classical knowledge and introduced systematic medical practices in hospitals and academies.

It wasn't until the late 19th and early 20th centuries that women began breaking through into the physician ranks. Trailblazers like Elizabeth Blackwell, the first woman to receive a medical degree in the United States in 1849, and South Africa's Dr. Mary Susan Makobatjatji Malahlela, the first Black woman medical doctor in the country who graduated in 1947, fought through relentless discrimination just to study, practice, and be taken seriously. Women who entered the profession were often denied residencies, barred from hospitals, or funneled into "acceptable" specialties like pediatrics or family medicine.

Today, women stand as a driving force in medicine, having transformed the landscape through persistence, excellence, and unwavering dedication. After generations of breaking barriers, they now lead departments, perform groundbreaking research, and shape policy in ways that were once unimaginable. Their presence in every specialty, from surgery to psychiatry, from rural clinics to global health organizations, is a testament to how far the field has come.

Women have not only entered medicine; they have elevated it. They have redefined what care looks like, expanded the understanding of patient needs, and brought a depth of empathy and insight that continues to enrich the profession. Black women, Indigenous women, and women of colour, in particular, have contributed with strength and distinction, often succeeding in spaces where they were once excluded or overlooked.

The evolution of medicine is not only about scientific discovery. It is also about the triumph of representation, the visibility of diverse voices, and the honoring of those who paved the way. When we ask what the face of medicine looks like today, we see a more complete picture. It is one shaped by women who have claimed their rightful place and continue to lead with skill, courage, and vision. The story of women in medicine is no longer just about access. It is about legacy, leadership, and a future where their impact is no longer the exception but the expectation.





Dr. Yoli Maluleka is a woman who has taken the work of all the women before her, from the village midwives to the women in the medical field that strived to stake a ownership in a field women of color have thrived in, and found a unique experience. There should be an understanding for the people reading: despite the previous political climate she had a journey of purpose with the dear to dream a dream distilled in her from the ‘average’ upbringing in the townships, a strong family background she has taken a journey. One filled with: purpose, passion, and something ordained when she donned scrubs for the first time. Raised in between two towns, King William’s Town and Gqeberha with a strong foundation built in King William’s Town, she had family in her life since she took her first steps, Yet, she cites moving in with her grandparents when her parents went to Pretoria to further their education and looking at them as a fundamental part of her life.

“What shaped me most during that period was witnessing my parents’ courage and drive. My father left a secure teaching career to begin medical training, and my mother went on to earn her PhD *cum laude*. Their commitment to growth, even when inconvenient, showed me what was possible with discipline and vision,” she states.

As a member of a family of staunch academics, the love of knowledge was passed down to her.



YOLI MALULEKA

Medical Doctor

“It was primarily my family that influenced my drive to pursue medicine. I come from a deeply academic family—one where excellence was more of an environment than an expectation. We’re a mix of doctors, lawyers, engineers, and educators, so intellectual pursuit was always part of the air I breathed. Subjects like Mathematics were held in high regard, and from a young age, we were gently but consistently encouraged to achieve.”

Although she had initially envisioned a life in academia, tending the latest generation of thought leaders, she knew her path laid in her current occupation.

“One of the most defining moments came during my internship, while I was rotating through the Obstetrics and Gynaecology unit. I had already started to sense my love for surgery—it lit something up in me—but interestingly, I didn’t feel the same spark when I was in General Surgery. What truly moved me was the moment a baby took its first breath. That single moment of life beginning felt sacred. But as the doctor in that room, I had to focus on the mother, even though my instincts always pulled me toward the baby.

One day, in a moment of pure frustration with the usual rigours of the medical system, I casually told a friend over the phone that I needed a change—that I wanted to try something different. By complete chance, as we were speaking, she was walking past the professor in Paediatric Surgery and jokingly asked him if he had a post for a friend.”

Her study into medicine and eventual specialization as a Paediatric Surgeon was different from her first lecture and university registration.

“When I started studying medicine, I was still quite “wet behind the ears,” as they say. I didn’t have a grand, clear-cut vision of what I wanted—I just had this quiet certainty that I was destined for something meaningful, even if I couldn’t yet articulate what that was.

Coming from a strong academic background, pursuing medicine felt like the natural next step rather than a bold or radical choice. It was only later, during my time in the registrar programme, that I truly began to step into my own light. That phase of my journey was defining—it was where I found myself. Specialising in Paediatric Surgery felt like coming alive. I was at home in the theatre. I was at home with the babies. I had found a space where both my head and my heart could thrive.”

What speaks to Dr. Yoli Maluleka’s heart and purpose is what she finds joy in when it comes to her profession.

“It’s hard to put into words because it’s more of a feeling than a fact. It’s that teary-eyed, warm, fuzzy sensation in your chest. It’s the quiet joy, the shared laughter, and deep gratitude that follow a successful surgery especially when the journey began with fear, uncertainty, and helplessness.”

One would be mistaken in thinking that she is only a doctor as there is the tendency where members of the medical fraternity can lose themselves in the role. She blends her profession with her roles as a mother and wife which she found a challenge that many women face in contemporary society.

“Those were the roles that challenged me the most not because I didn’t love my family, but because I wanted to perfect it. I had a vision: a plan so detailed and specific that it left no room for deviation. If I could just execute it flawlessly, I believed, it would guarantee success, happiness, harmony. But there, right there, was the root of my pain.”

Dr. Yoli found herself treading water that she felt would drown her based on the family structures she was socialized in and the feeling she had to confront the issues underlying her idea of the ‘perfect nuclear family’ unit.

“What we cling to most tightly often stems from fear. Fear of loss. Fear of abandonment. Fear of failure. And fear, no matter how beautifully disguised, will always create more fear. I was holding on so tightly to the idea of how things should be that I couldn’t accept what was. And in doing so, I was slowly unraveling: internally, emotionally, spiritually.”

She chose to do the one thing she knew she needed to: fully let go, free herself, and heal from the silent expectations passed down from the relationship she saw.

“Sometimes the bravest thing you can do for your family, for your children, for yourself is to unlearn what you were taught, and choose wholeness over appearances.”

Aside from the challenge she overcame in how to view family, she also faced the plight that many doctors face. Women doctors often carry an invisible weight that extends far beyond their clinical duties. While they are saving lives and leading within healthcare systems, they are also navigating a profession that places immense pressure on their mental and emotional well-being. The expectation to be competent, compassionate, and constantly composed leaves little room for vulnerability. Many female doctors report experiencing imposter syndrome, perfectionism, and chronic stress, fueled by the need to prove themselves in environments in the rigorous field of medicine.

Mental health struggles among women in medicine are further amplified by the second shift, the unspoken expectation that they should also be primary caregivers, mothers, and homemakers outside of work. The emotional labor of tending to patients all day, only to return home to similar demands, can lead to burnout, anxiety, and depression. Yet stigma remains a barrier. Many suffer in silence, fearing that seeking help will be seen as weakness or jeopardize their careers. In a field that demands resilience, women doctors are often forced to mask their pain, even when they are the ones most in need of care. Addressing the mental health of women doctors isn’t just about individual self-care, it’s about dismantling the systemic expectations that make burnout the norm rather than the exception. Initially, Dr. Yoli took great pains facing the difficulty she was experiencing due to the need to always maintain decorum and bedside manner while ensuring her loved one still got access to her. In her own words, she hit a wall.

“I was deeply successful in my career. But inside... I was unraveling. The strength I was so proud of had become my prison. My ability to carry it all was now crushing me. The very people I claimed to be ‘living for’, which are my children, were not experiencing their mom because she was out taking care of everyone, and had little left for them, she was also not taking care of herself, therefore perpetuating the dangers of teaching this lifestyle to their subconscious minds. I had to face what I had been running from: the silent belief that I had to be everything for everyone, the fear of not being enough unless I was doing something exceptional, the ache of trying to perfect parts of my life that were meant to be lived, not controlled.”

She chose to give herself the overdue permission to be what she always was before being a daughter, wife, mother, and doctor: a human being who needed to honor herself.

Through every difficulty she faced and every silent battle she fought, she began to understand that healing wasn't just something that happened in hospital wards or under fluorescent lights. As she peeled back the layers of her own emotional and mental wounds, she realized that true healing required more than prescriptions and procedures. It required a return to self. The kind of healing that addresses not only the physical body, but the unseen weight carried in the mind and the quiet ache buried in the soul.

Her journey inward ignited a new calling which was one that went beyond the stethoscope. She began to see how many South Africans were suffering in silence, grappling with trauma, burnout, grief, and emotional fatigue that no pill could cure. The system was treating symptoms, not root causes. What the country needed was not just healthcare but holistic care, a safe space where people could reconnect with themselves, restore balance, and truly feel again. Thus, Mood was born.

"It wasn't one moment: it was a series of lived truths, cracks, awakenings, and quiet whispers that eventually became too loud to ignore."

Having walked the path of medicine and achieving success justly given, she found she needed a space which would welcome her as she is.

"So I created what I needed. A sanctuary. A place of softness and truth. A space where healing wasn't just about symptoms, but about coming home to yourself."

She created Mood for the quietly exhausted achievers. For the people who keep the world turning while silently unraveling. For the ones who smile through the pain, who carry the emotional weight of families, communities, teams, and businesses on their shoulders. The ones who show up no matter what. Who succeed at everything, except giving themselves permission to fall apart. She created it for the people who are always strong, always capable, always dependable but never asked how they are truly doing.

Through her own journey of breakdown and breakthrough, she realized something that medicine never taught her. Healing is not just about recovering from illness. It is about remembering who you were before the world demanded your perfection. It is about shedding the masks, the roles, the endless expectations. It is about holding space for the anger, the grief, the fatigue, the numbness, and everything else we are told to suppress. She came face to face with her own pain, and instead of running from it, she sat with it. She listened to it. And in that stillness, she found truth.

Mood was born from that truth. It is not a luxury resort. It is not a pamper weekend. It is a rebellion against the culture of burnout and self-neglect. It is a sacred space for those who give too much, feel too deeply, and rarely have anywhere to put it.

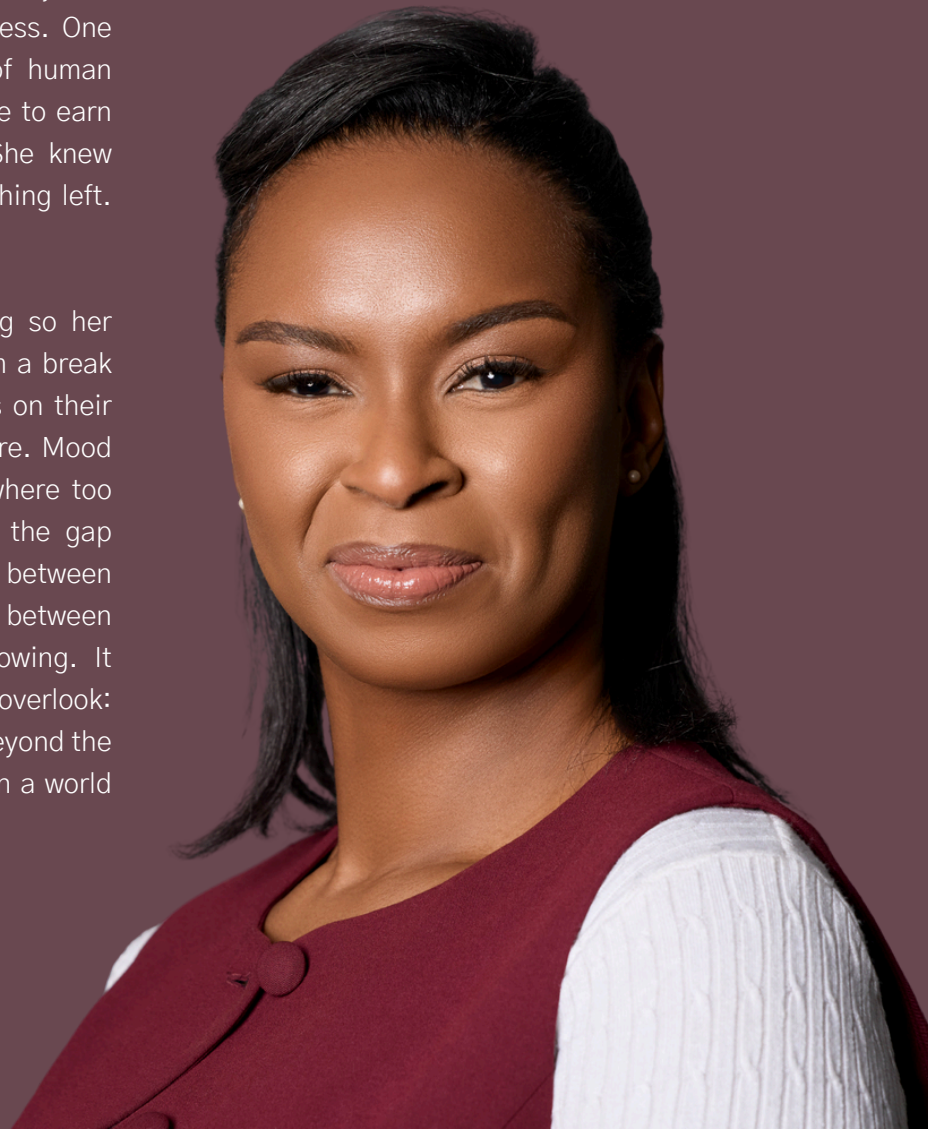
Mood is for the doctor who cannot cry in front of her patients. For the mother who has not had a moment to herself in years. For the corporate leader who is killing it at work and dying inside. For the survivor who carries trauma in her bones and has no words for it. It is for those standing at the edge of themselves, quietly whispering for help but too afraid to be seen as weak.

At Mood, there are no titles, no expectations, no pressure to perform. There is only presence. Rest. Restoration. Guided healing that touches the body, unburdens the mind, and rekindles the soul. Through curated therapies, holistic practices, and ancient African healing philosophies, Mood invites people to come home to themselves. Not to escape reality, but to create a new one. One rooted in softness. One that makes room for the full spectrum of human experience. One that says, you do not have to earn your rest, your peace, or your healing. She knew what it was like to give until there was nothing left. She vowed no one else should have to.

Her resort combines every part of healing so her patients can feel more than refreshed from a break from the outside world. Instead, she spurs on their healing so they can live the lives they desire. Mood Health Resorts emerged from the space where too many people lose themselves effectively, the gap between high performance and deep rest, between outward success and inner emptiness, between intellectual achievement and intuitive knowing. It was created to fill what traditional systems overlook: the human need for restoration that goes beyond the physical, the emotional need for softness in a world that demands resilience at all costs.

“It’s a reflection of my story, and of so many others who have given everything to the world, and are now ready to return to themselves.”

It is a place where science meets stillness, where the latest in health and psychology is interwoven with practices that nourish the spirit. Where recovery is not treated as weakness but honored as a sacred rite of renewal. Mood invites you to stop performing wellness and start embodying it. It is where the mind is held, the body is listened to, and the soul is given space to breathe. Here, healing is not a task to complete. Instead, it is a way of remembering who you were before the world demanded so much from you.



YOLI MALULEKA

Medical Doctor

Yoli Maluleka is more than a doctor; she is a healer shaped by both rigorous medical training and the profound challenges of her own personal journey. Trained in the science of the body and the art of medicine she mastered the skills needed to save lives and treat disease. Yet it was through her own experiences with burnout, emotional exhaustion, and the often invisible struggles that many women face that she came to understand the true depth of healing. She realized that healing cannot be confined to the physical alone it must include the mind, the heart, and the soul. Through this work, she continues her mission to redefine what it means to be well, championing a model that honors the full spectrum of human experience. Her story is one of courage, compassion, and unwavering commitment to nurturing not just bodies, but minds and souls reminding us all that true healing begins when we come home to ourselves.



BURNOUT

The End or a Beginning You Hadn't Seen Before

There comes a point in many high-performing careers when the very fuel that once propelled people to unimaginable heights, that relentless ambition and unyielding drive, begins to take a toll so heavy it threatens to consume the very person it once empowered. This toll has a name, one that echoes quietly in corporate hallways and across glowing screens late at night: burnout.

Though the term has gained traction in recent years, with professionals increasingly using platforms like LinkedIn to share their stories and find solidarity, it remains a largely taboo subject in many high-achieving circles. To speak openly about burnout is often to risk being seen as weak, undedicated, or incapable of keeping up with the pace of modern success. And yet, silence is far more dangerous.

For the career-driven, those raised on the old gospel that burnout is the tax you pay for greatness, the idea of rest can feel like betrayal. Exhaustion is romanticised. Stress is worn like a badge of honour. And collapsing under the weight of it all is seen as a rite of passage. But this dangerous narrative ignores a painful truth: burnout is not a benchmark of excellence, it is a red flag waving wildly at the brink of collapse.

The tragedy is that many do not recognise the signs until it's too late. The sleepless nights turn into apathy. The passion that once lit up every room becomes a flicker barely alive. The job you once loved becomes a cage, and success begins to feel like suffocation. To confront burnout is not to admit defeat. It is to reclaim your humanity in a system that too often demands its erasure. Until we stop glamorising self-destruction in the name of success, we will continue to lose our brightest minds to the very flames that once fueled them.

The answer, despite what wellness checklists and corporate "mental health days" suggest, is neither simple nor one-size-fits-all. It is not always as straightforward as taking a sabbatical or going on extended leave, although these things can help. The process of healing is as layered, nuanced, and complex as the person experiencing the burnout.

Rwethu Mhlonenyanane

Burnout isn't just about being tired. It is a soul-deep depletion. A profound disconnection from joy, from self, from purpose. It can manifest as apathy, rage, fatigue, cynicism, forgetfulness, or physical illness. No two people will experience it in exactly the same way — and no two recoveries will look alike. That's why it's crucial to treat burnout not as a checkbox diagnosis, but as a deeply personal, human crisis that requires compassionate, individual attention.

We need to stop asking people to recover on a timeline. We need to stop telling them to “bounce back” as if this is something you simply rise above with enough yoga and water. Real healing comes when we create space for people to unravel safely. When we allow them to grieve the version of themselves that could no longer keep going. When we remind them that their worth was never in how much they could endure.

Burnout should never be seen as a weakness. It is a warning. A body crying out for change. A soul pleading for reconnection. The path back, while difficult, is possible not by pushing harder, but by choosing differently.

While many people would ideally choose not to enter or remain in employment that slowly drains them, the reality is that such choices are rarely available in a capitalist world that rewards output over well-being. Quitting is not always an option. Restructuring a career takes time, resources, and support systems that many simply do not have. As a result, countless individuals remain in roles that demand more than they give, slowly sliding into a state of emotional exhaustion, mental detachment, and physical depletion. This is burnout.

Despite its growing recognition, burnout is still misunderstood. It is not just about being tired. It is about being disconnected from purpose, joy, and identity. And while it is difficult, it is possible to move from burnout to a place of restoration, where life feels meaningful again.

As with any personal crisis, the first and most important step is acknowledging the problem. Many people avoid admitting they are burned out because doing so feels like failure. In a society obsessed with hustle and progress, admitting burnout feels like a betrayal of ambition. However, without that admission, there is no way forward. Healing requires honesty.

To begin this process, you must assess how depleted you really are. Ask yourself how long you have been running on empty. Burnout is not something that appears overnight. It is a slow accumulation of neglect, pressure, and emotional strain. It builds over months or even years, until you no longer recognize yourself. By tracking your energy, mood, and motivation, you begin to see how deeply affected you are.

Once the reality has been faced, the next critical step is identifying the cause. Burnout never happens in a vacuum. It may begin with chronic dissatisfaction, feeling stuck in a role that lacks growth, or having responsibilities that do not align with your values. It may come from toxic environments, where trust is low and psychological safety is nonexistent. Sometimes, the trigger is subtle: a promotion that left you more isolated than empowered, a loss of creative control, or the slow realization that your work is no longer meaningful.

Often, there is a series of moments that shift your relationship to work: the morning dread, the loss of excitement, the inability to rest even outside work hours. All of these signs matter. Naming them is part of regaining clarity.

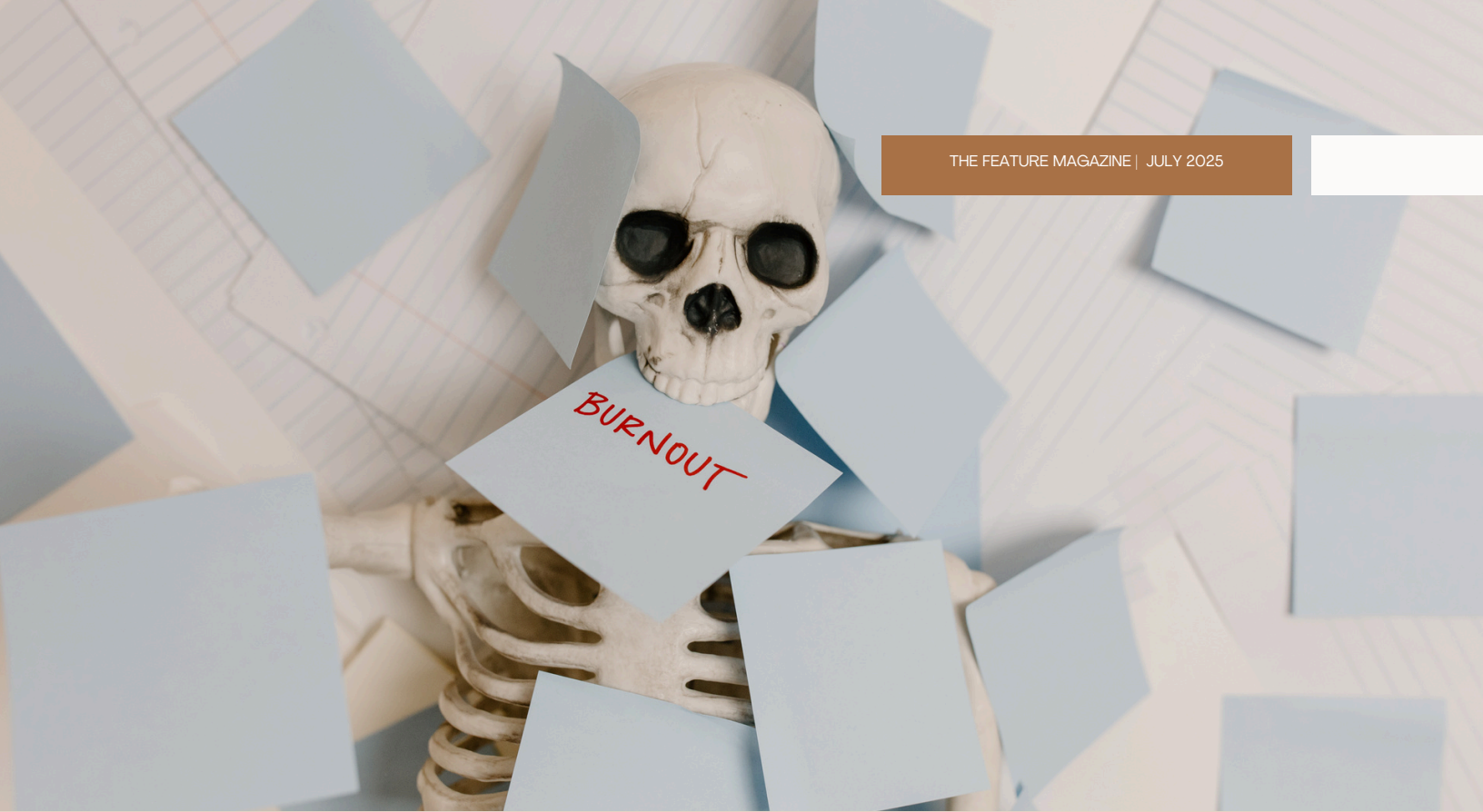
To move forward, it is essential to reconnect with what used to give your life meaning. This is not about jumping into a new project or finding another hustle. It is about rediscovering who you are outside of deadlines and titles. What made you feel alive before you were consumed by pressure? What do you care about when no one is watching?

This reconnection may happen slowly. It may involve spending time on creative work, learning something new, or simply resting without guilt. It may require letting go of productivity as your main source of identity. This process should be gentle and free of performance metrics.

Support is also essential. Speaking to a therapist, mentor, coach, or trusted friend can help you process what you have experienced and challenge the beliefs that contributed to your burnout. Many people internalise the idea that their worth is tied to how much they can produce. Talking with someone can help you reframe your story and reclaim your voice. As you rebuild, begin to create routines that support your well-being. Move your body in ways that feel good. Eat food that nourishes you. Sleep consistently. Take time to disconnect from work, not as a luxury but as a necessity. These are not acts of indulgence; they are acts of survival.

A hand holding a blue sign with the word BURNOUT in red capital letters. The sign is tilted slightly to the right. The hand is positioned at the bottom left of the sign, with the thumb and index finger visible. The background is a solid light beige color.

BURNOUT



Finally, redefine what success means to you. Remove the noise. Set aside the external applause. Ask yourself what a successful life feels like, not what it looks like on paper, but how it feels inside your body and your mind. You may find that real success is rooted in peace, not pressure. Burnout is not a sign of weakness. It is the body and mind alerting you that something is unsustainable. It is not the end, but a turning point. The moment you stop surviving and start reclaiming.

Additionally, there is an aspect of burnout that often goes unspoken. It tends to reveal itself only after the worst has passed: when the noise dies down, when the body has rested, and when the spirit begins to whisper again. It is then, in that unfamiliar stillness, that something unexpected can surface. Burnout, once fully processed and not just patched over, can become the unlikely beginning of a new kind of life. Not a return to what once was, but a shift into something far more aligned.

The common narrative around burnout focuses on escape and repair. The leave of absence. The urgent call to self-care. The idea that rest is the antidote, and that once enough time has passed, everything will be fine again. There is comfort in this view, but it is also incomplete. Because for some, what emerges after burnout is not a desire to return—but a deep clarity that returning isn't an option at all.

In these cases, burnout isn't just a signal that something went wrong. It becomes a mirror reflecting back everything that was never quite right to begin with. The workload may have been intense, but often it's not just about the pace. It's about the quiet compromises made over time. The loss of purpose. The disconnection between values and actions. The growing sense of misalignment that builds until the body and mind can no longer carry the weight of pretending it's sustainable.

This is the part few people prepare for. When the exhaustion lifts, and in its place arrives a different kind of awareness. Not loud or urgent, but steady. A slow recognition that the version of life that led to burnout may no longer be the one worth holding onto. That somewhere along the way, something vital was left behind.

In that sense, burnout becomes less of a breakdown and more of a crossroads. Some begin to question what success even means, now that old definitions no longer hold. Others find themselves unwilling to continue in environments that once felt necessary or aspirational. There may be a sense of disorientation at first, followed by a growing need to realign life not around productivity, but around meaning.

This shift doesn't always lead to dramatic external change. It may not involve quitting a job or uprooting everything. Sometimes, the change is quiet. A shift in priorities. A decision to stop chasing approval. A new relationship with time, energy, and self-worth. And sometimes, it does lead to big moves—new paths, new commitments, or walking away from things that once seemed non-negotiable.

What begins to take shape in this phase is something harder to name but deeply felt. A return to integrity. A way of living that honors the truth of what matters, instead of the pressure to perform or produce. The kind of life that doesn't just look good from the outside, but feels good to wake up to.

Burnout, in this light, becomes more than just something to survive. It becomes the quiet force that rewrites everything. Not out of anger or urgency, but out of clarity. What emerges is not the old self restored, but a version that sees differently, chooses differently, and lives more deliberately. This is the gift no one asks for. It arrives in the ashes, uninvited and unwelcome. yet for those who make space to understand what it came to reveal, it can offer something no title, raise, or wellness retreat ever could. A life that no longer requires collapse to feel like one's own. Burnout does not need to be the end. Instead, burnout can be the beginning of a person's new self and life. The question is: do we deal with the symptoms or allow ourselves to be forged into the fire?



Rwethu Mkhonenyane



THE RETURN:

Stepping Into the Work Force

There are seasons in working life that pull people into overdrive. They begin with ambition, are sustained by endurance, and often end in quiet collapse. The truth is that not every pause in a career is planned. When it is, it is rarely as simple as just stopping. Behind every break from the workforce is a complex intersection of exhaustion, clarity, and necessity. In a society that has made perpetual motion a default setting, stopping is not easy. However, it is often essential.

This world does not slow down for anyone. It churns forward, built on deadlines, back-to-back meetings, performance reviews, and a quietly competitive culture that rewards those who never miss a beat. So when a person steps away, whether for a few months or a few years, it is not simply a career gap. It is a statement. It says: I am not a machine. I will not trade my health, my family, or my sanity for performance metrics. It is an act that defies grind culture, and for that reason alone, it is one of the most human decisions a person can make.

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Yet the return is layered. It is not about snapping back into place. Something changes during a break, often quietly, often below the surface. The return is not a continuation of what once was. It is a reckoning. A reinvention. A question asked with deliberate stillness: How do I work without losing myself again?

The shift usually begins long before the first application is sent. It begins in silence. In the gentle realisation that rest is not laziness, but recovery. That slowness is not a weakness, but a strategy. That one cannot serve, produce, or lead when chronically disconnected from themselves. For many workers, the first few days or weeks of their break feel strange. Unfamiliar. They reach for routines and emails out of muscle memory. But slowly, that grip loosens. They begin to notice the world again, the light in the mornings, the sound of the kettle, the small details previously eclipsed by rush. There is a soft return to self.

This pause is not an absence of purpose. It is full of it. But it is not measurable by standard KPIs. It is full of moments that are restorative rather than productive. There are days spent sitting with uncertainty, with fatigue that cannot be napped away. There are long hours of thinking, sometimes grieving, sometimes reimagining. Some spend it in therapy, others with their children, others still in books, walks, solitude. In that time, something foundational is rebuilt: a sense of why. A memory of who they were before work became the only identity.

And then comes the shift. Quietly, without pressure, the idea of returning begins to form. Not as a return to the past, but as a movement toward something redefined. The idea of working again is not framed in dread or urgency, but in possibility. This is the true beginning of reintegration, the moment one realises they no longer need to choose between their health and their ambition. There is a third path. But it requires reflection, honesty, and above all, intention.

No reintegration begins without first looking back. Before entering the workforce again, one must examine what led them to step away. Was it burnout? A toxic culture? A lack of balance? Or simply a sense that something deeply important was being neglected? These questions are not about assigning blame. They are about naming what matters now. Without this reflection, there is a risk of walking straight back into the very conditions that made the pause necessary in the first place.

The truth is, society has a habit of encouraging people to erase their career breaks. To tidy them up on a résumé. To avoid mentioning them in interviews. To pretend they did not exist. But the break did exist. And more than that, it mattered. It changed something. Whether the time away was spent recovering from illness, raising a child, caring for a parent, or simply rebuilding a fractured sense of self, it was not wasted. It was necessary. Giving it dignity is a first act of reclaiming narrative.

From this place of clarity, confidence must be rebuilt. Not in grand gestures, but in small, steady steps. Breaks, especially extended ones, have a way of making people doubt their relevance. It is one of the greatest cruelties of modern work culture: convincing people that stepping away to survive means they have somehow lost their edge. Yet skills do not evaporate. Talent does not vanish. Competence does not expire. What changes is proximity to the hustle, and with that, a brief loss of rhythm. Rhythm can be regained.

Often, the process begins with simple reconnections. Reading industry updates, refreshing portfolios, revisiting old projects. Some take short online courses, while others dip back in through freelance projects, volunteering, or side gigs. Each step is a recalibration. Not to prove oneself to others, but to remind oneself: I can do this. I never stopped knowing how.

One of the most empowering aspects of returning is the opportunity to reshape the professional narrative. No longer bound to linear storytelling, the individual now carries a layered truth. This is where personal growth intersects with professional repositioning. A break, when framed with clarity and pride, becomes not a gap, but a chapter. And what that chapter says matters. It can speak of resilience. A new form of insight after years of being boxed into a single train of thought. Boundary setting as a means of reclaiming power. The understanding that although employment is important, there are other priorities in life as well. The story becomes richer, not despite the pause, but because of it.

Networking, often misunderstood as transactional, becomes deeply human during this phase. It is less about cold introductions and more about warm reentries. Conversations begin with honesty: I took time away. I am returning with new clarity. I am looking to contribute again, differently this time. Often, it is these very conversations that create space where traditional application processes fall short. Peers remember integrity. They remember people who chose wholeness. And they make space for their return.

But perhaps the most essential lesson carried into the return is that of boundaries. The break taught them what happens when limits are ignored. The reintegration must honour those new non-negotiables. This is not idealism. It is wisdom. Boundaries become the framework for a career that can be both ambitious and sustainable. Whether that means clearer hours, remote flexibility, intentional pacing, or choosing emotionally intelligent leaders to work under, these are now survival strategies, not preferences.

The return need not be immediate or total. Some choose a phased approach. Testing new waters through part-time roles, contract work, or consulting. This allows for experimentation. For gentle re-entry. For a space where trial does not feel like failure, but exploration. The goal here is not to replicate the past, but to find something that fits who they are now. Because make no mistake, they are no longer who they were before the break.

That awareness also prepares them for the mixed reactions that often accompany a return. Not all employers understand. Some still view career gaps with suspicion. Some will ask unkind questions or make assumptions. This is where self-trust must rise. Because a person who took the time to restore their peace, care for others, or confront their own limits does not need to apologise. Their return is not desperate. It is deliberate.

They are not asking for permission to exist in the workforce. They are taking back their seat, shaped now by lived experience and hard-won perspective. If a workplace cannot recognise the value of that, then that workplace is not aligned with the future of work. Because the future of work must be more human. More flexible. More whole.

The final and perhaps most powerful part of the return is redefining success. Before the break, success may have been framed by long hours, promotions, and perpetual motion. But now, success looks different. It might mean purpose. Balance. Creativity. Emotional safety. Maybe it means impact. Or simply peace. But it is self-defined. No longer dictated by industry norms or external validation.

That is the true triumph of returning. Not that someone made it back, but that they chose to do so on their own terms. The break was not a detour. It was a compass. It pointed inward. And from that inner clarity, a stronger, more intentional path was charted.

What the world often forgets is that the strongest professionals are not the ones who never stop. They are the ones who know when to pause. When to protect their health. When to say no. And when to come back, not because they have to, but because they are ready. Readiness, when born from rest, is a force more powerful than ambition alone could ever be.



Rwethu Mkhonenyane

COMPASSION



There exists a rare and remarkable kind of person—someone who chooses to sit with the most complex aspects of human existence. From the clinical psychologist who listens to the quiet tremors of trauma, to the nurse who tenderly supports patients through moments of physical and emotional fragility, these individuals commit their lives to holding the weight of others. Their work demands more than technical skill; it calls for empathy on demand, patience under pressure, and an unwavering capacity to meet human suffering with presence rather than avoidance.

Yet the world has a devastating tendency to flatten them into function. To see the care without recognizing the cost. When a person chooses a path built on emotional labor and relational depth, society too often forgets that behind the uniform or the degree is a full, breathing human being: a mosaic of histories, heartaches, joys, and dreams. Instead of being viewed as multidimensional individuals, they are reduced to their roles: the therapist, the caregiver, the social worker. Their own emotional lives become invisible, eclipsed by the expectation to endlessly absorb the pain of others without faltering.

Rwethu Mahonenyane

This erasure is not just unkind. It is dangerous. As much as the world likes to believe it takes care of its caretakers, there is a pressing question that lingers unspoken: what happens when a person's capacity to care becomes their cage? What happens when they are expected to pour endlessly from a cup that is never refilled?

This, tragically, results in something far more corrosive than simple exhaustion. It leads to compassion fatigue, a profound and often invisible wound. It is not merely being tired or stressed; it is the slow, suffocating depletion of the very qualities that once defined a person's ability to care. It is what happens when empathy becomes a burden, when the act of showing up for others begins to feel like an emotional betrayal of oneself.

Compassion fatigue does not always arrive with dramatic collapse. It creeps in quietly. A slow, unrelenting erosion. A growing numbness here, a flicker of guilt there. The well of empathy that once felt boundless begins to dry up. Over time, the caregiver, the one who once held space for others with grace and conviction, may find themselves hollowed out, disconnected from their work, and doubting their own worth. And perhaps the cruelest part is this: they will often blame themselves for the depletion. They will carry the shame of unraveling in silence.

But compassion fatigue does not occur in a vacuum. It is constructed—brick by brick—by the conditions surrounding the worker. It often begins with the constant exposure to suffering: victims of gender-based violence, those grappling with degenerative illnesses, individuals who have survived catastrophic accidents or life-altering trauma. For those working in mental health, physical healthcare, or social development, vicarious trauma becomes an occupational hazard. Their empathy, while noble, becomes a double-edged sword. They absorb what they witness, sometimes without even realizing they have done so. Empathic strain sets in—not because they feel too much, but because they are given too little space to recover from what they carry.

Then comes surface acting. The silent, unspoken expectation that no matter the chaos or pain surrounding them, they must remain calm, positive, available. Workers are trained to smile when they are exhausted, to regulate their tone when they are falling apart, to provide comfort even when their own minds are crumbling. This emotional dissonance—performing a state they no longer internally possess—creates profound psychological tension. It is the mask worn too long that begins to fuse with the skin.

And this emotional wear is compounded by time pressures and overwhelming workloads. In both the public and private sectors, workers in care-heavy professions are stretched thin. Medical students in South Africa speak of their grueling schedules before they even qualify, yet it is in public hospitals, once qualified, that the reality deepens: severe understaffing, overflowing wards, high-pressure emergency rooms, and relentless caseloads. Long shifts become the norm. Breaks are luxuries. Time to reflect or recover is rare. The work continues, even when the worker is running on fumes.

There is also the possibility of blurred boundaries, an often overlooked but deeply consequential contributor to compassion fatigue. When the lines between self and service begin to blur, it becomes increasingly difficult to distinguish where one's professional obligations end and where one's personal sense of self begins. This is particularly true in high-empathy roles. A therapist may carry their clients' stories in their chest long after the session ends. A nurse may replay a failed resuscitation in their mind at 3 a.m. A social worker may feel guilt for going home while their client remains in crisis. These are not oversights in professionalism. They are structural byproducts of industries that expect emotional labor without offering adequate care in return.



The situation grows even more complex when over-identification enters the mix, that unconscious fusion of self with those they serve. It often begins with good intentions: wanting to be fully present, to offer meaningful connection, to ensure another person feels seen. But this intimacy without boundaries can mutate into emotional enmeshment. When a patient relapses or dies, it is no longer just a professional setback. It becomes a personal failure. The caregiver begins to measure their worth by outcomes they cannot control, carrying burdens they were never meant to shoulder.

Here lies a haunting truth. Some of the most vulnerable to compassion fatigue are the ones who walked into this work already carrying unhealed wounds. Many caregivers were once caregivers in their homes, praised for being the responsible sibling, the quiet fixer, the emotional anchor in a chaotic family. They learned to be needed before they learned to be whole. The profession, then, becomes more than a job. It becomes the continuation of a narrative where love is earned through sacrifice and worth is proven through service.

This deeply internalized wiring is rarely interrogated, especially in cultures and institutions that valorize selflessness. Yet without reflection, these old emotional scripts continue to play out. They stay late not because of protocol, but because they feel guilty if they do not. They cancel their own therapy appointments because someone else's crisis feels more urgent. They skip meals. They do not rest. They pour and pour and pour—until there is nothing left.



When blurred boundaries, over-identification, and unresolved personal history intersect, compassion becomes unsustainable. What begins as a sacred calling quietly transforms into a slow self-erasure. The caregiver disappears beneath the caregiver role. They forget where they end and others begin. And in that fog, their own needs vanish.

This is the quiet cost of care. It is not worn on the sleeve but embedded in the body. Not spoken aloud but felt in the heaviness behind tired eyes and strained smiles. And for too long, it has gone unnoticed. For too long, it has been the price people are expected to pay for choosing to serve others.

If we are to protect those who hold the world together in its most fragile moments, then compassion fatigue must no longer be treated as the inevitable side effect of meaningful work. It must be named, confronted, and prevented. Care work cannot continue to demand the entire self. No profession should cost a person their humanity. Those who dedicate their lives to the healing, holding, and helping of others deserve more than empty praise—they deserve protection, support, and care in return. Because the truth is simple and sobering: no one, not even the strongest among us, was ever meant to carry everything alone.



