

KINTSUGI: THE BODY THAT KEEPS RETURNING

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KEYWORDS: Palliative care; Whole person care; Resilience; Reflective practice; Kintsugi

It fractured in a moment, yes, but the breaking bowl echoed long after the sound faded. Pieces scattered, some sharp, some softened at the edges, some so small they seemed impossible to recover. When I first sat with the fragments, I was thinking about loss.

This is where the work begins.

I sit with the fragments, shoulders rounded over the table, fingers tracing uneven edges, much like I sit with my patients and their families at the bedside, leaning forward, attentive, aware that every piece matters, even the ones that seem too damaged to hold. There is a quiet kind of assessment that happens. Not clinical, not detached, but deeply human. What fits? What is missing? What will never return?

Then comes the reset. I breathe. I clear space. I loosen my shoulders and accept that the bowl will not return to what it once was. This is the same acceptance I must find at the bedside, when cure is no longer the goal, when time shifts from something we measure to something we hold.

The first piece is always the hardest to place.

My hands hesitate. The glue is unforgiving. Too much, and it spills over. Too little, and nothing holds. It sticks to my fingers. My shoulders are tense. It is messy and uncertain. I press the fragments together anyway.

Relief comes in small, almost surprising waves. A piece holds. Just one, but it holds.

This is the moment I recognize from my work: when pain is eased, when a patient finally exhales without tension, when I sit close enough to hear breathing soften or feel a hand unclench inside mine, when a family member's shoulders lower because someone has told them the truth with kindness. These are not grand resolutions. They are small alignments. But they matter.

Piece by piece, the process continues.

There is a release in repetition. Apply, hold, wait. Apply, hold, wait. I begin to trust the rhythm, even as my hands grow tired. There is something therapeutic in allowing the work to unfold without forcing it to become whole too quickly.

Frustration creeps in.

The bowl resists me. Edges do not align. Gaps remain. The shape feels unfamiliar. I feel the pull to discard it, to throw it away because it no longer resembles what it was supposed to be.

I know this feeling too well.

It lives in the moments when families ask, "Why is this happening?" and there is no answer that satisfies them or me. It lives in anger, impatience, and grief that has nowhere to land. It lives in a quiet resistance to endings and to the reality that some things cannot be fixed.

There are times I want to walk away, from the bowl, from the bedside, from the physical weight of witnessing lives unravelling. The heaviness settles into shoulders after long shifts, into tired feet, into the body that keeps returning despite itself.

I choose to keep going.

Because something shifts when I allow imperfections to exist without trying to erase them. The bowl begins to take form again, not its original form, but a new one. Uneven, marked, undeniably altered.

Unexpectedly, there is awe.

The lines where it broke remain visible, traced in gold. The gold catches light in ways the unbroken bowl never could.

What once felt like damage begins to feel like evidence, survival, effort, of care.

I feel a quiet excitement return. Not the excitement of restoration, but recognition. The bowl is not less because it is imperfect. It is more because it carries its history openly.

This is what I learn repeatedly in palliative care.

We are not here to restore life to what it once was. We are here to hold what remains with honesty and compassion. We sit in the mess, the grief, the anger, the unfinished conversations, the fragile moments of connection. We witness the breaking and the reforming, knowing that wholeness does not require perfection.

The process is not clean.

It is sticky with emotion, uneven pace, and often deeply uncomfortable. There are days when nothing seems to fit, when gaps feel too large, when outcomes feel unsatisfying.

Still there is meaning.

Because in staying, in tending, in gently pressing pieces together even when they resist, something profound happens. Not healing in the way we often define it, but another kind of healing, one that allows loss and love to exist side by side.

Anger rises in me as I look at what this piece has become. What was once smooth and rounded now feels altered. One side remains raw. Its seams show. I find myself trying to match each piece back exactly as it was, but it becomes clear this is impossible.

And yet, the gold moves through it, threading broken lines, softening what feels harsh, illuminating what I once saw only as flaw. I have reinforced it with as much glue and care as I can offer. It stands now, finished, though not complete in the way I once imagined.

There remains a piece too small to place.

Its absence leaves a visible opening, a space that holds sadness and happiness, courage and trepidation, uncertainty and endurance.

And still, it remains.

It shows up, just as I have, day after day, for twenty-five years.

What mending this bowl ultimately teaches me is that whole person care is never only cognitive or emotional, it is embodied. It lives in how we sit beside suffering, how we tolerate silence, how we notice breath, posture, touch, fatigue, and absence. My patients experience illness through their bodies, and I experience caregiving through mine. Neither can be separated from the care itself.

This bowl has become something more than it was.

It is a quiet badge of honor, one that holds a story only I fully understand. A story of who I was before oncology and palliative care, and of how, through every fracture and repair, I have been shaped into the nurse I am today.

This process reflects my tenacity that this quiet persistence, this refusal to abandon broken pieces, is who I am.

It is exactly who I am at the bedside.

The bowl is never the same. ■

Biographical Note

Kalli Stilos, RN, BScN, MScN, CHPCN(C) is an Advanced Practice Nurse with the Palliative Care Consult Team at Sunnybrook Health Sciences Centre and an Adjunct Lecturer at the University of Toronto. Her clinical, educational, and research work focuses on improving palliative and end-of-life care, communication, and healthcare provider well-being. Recent scholarship includes studies on advances in end-of-life care in Canada, timely access to palliative care, and the unique needs of adolescents and young adults with cancer. She has co-led quality improvement initiatives recognized by the University of Toronto's Department of Family and Community Medicine, including the award-winning Goals of Care Simulation program.