

# Wabi-sabi: a virtue of imperfection

Dominic Wilkinson  1,2,3

この道や行く人なしに秋の暮れ Matsuo  
Basho 1694<sup>1</sup>

The surface is asymmetrical, the pigment flecked and uneven. Looking close, what seems at a distance to be smooth is actually covered in tiny gentle indentations and irregularities. On one edge, there are a series of fine lines—evidence of past damage, and repair. It is obviously old. But its age is part of its specialness. It is simple, one of a kind, beautiful.

The above is a description of a Japanese stoneware tea bowl, like the one in [figure 1](#), embodying an aesthetic dating back to at least the 16th century called *wabi-sabi* (侘び寂び).

Wabi-sabi is famously difficult to translate, but derives from the words *wabi* 侘—indicating austerity, simplicity, the quiet life and *sabi* 寂—indicating maturity, solitude, naturalness. Wabi-sabi refers to the aesthetic appreciation of natural imperfection and impermanence.<sup>2</sup> It is embodied in a tradition of handmade pottery, sometimes including repair of past breaks with gold inlay (kintsugi). But it is also reflected in stone gardens, in bonsai, in haiku, and some forms of the Japanese tea ceremony.

What, you might ask, does this have to do with medicine? Pottery and aesthetics seem a long way from pathology and medical ethics.

First, some elements of medicine (particularly surgery) have explicitly aesthetic components. Wabi-sabi could apply to human beauty as well as to beautiful objects. The description above, although nominally of a bowl, could equally be that of the ageing face or hand of a grandparent. Second, a key element of aesthetics relates to what we choose to value (and the experience of valuing it). Although not typically thought about in artistic terms, central questions in medicine and medical ethics relate to the value



**Figure 1** Wabi-sabi tea bowl. ottmarliebert.com from Santa Fe, Turtle Island, CC BY-SA 2.0 via Wikimedia Commons.

of health and the value of life. Wabi-sabi might be particularly pertinent to those.

Wabi-sabi is linked to and derived from Shintoism (especially in its nature worship) and later from Zen Buddhist philosophy, in its acceptance of natural transience and imperfection.<sup>3</sup> The underlying ideas, however, are not specific to that religious tradition. In the mid nineteenth century, English art critic John Ruskin articulated an argument that overlaps with wabi-sabi.

Imperfection is in some sort essential to all that we know of life. ... [I]n all things that live there are certain irregularities and deficiencies which are not only signs of life, but sources of beauty.<sup>4</sup>

The essence of wabi-sabi appears to reflect a feeling, or an attitude rather than simply a label or quality. We could think of it as akin to a virtue. In medicine, wabi-sabi could be relevant in at least three different areas.

## PHYSICAL IMPERFECTION

Physical beauty has long been idolised in human culture. However, some philosophers have pointed out that it has become a modern ethical ideal. The ability to reshape ourselves has led to demanding social norms to modify and conform.

Buetow and Wallis have recently drawn directly on wabi-sabi as a way of responding to these damaging ideals of perfection and symmetry.<sup>5</sup> Reframing our social understanding of what counts as beautiful, might help move away from the pervasive pathologising of normal variation and age-related change. Wabi-sabi

might influence education and debate about cosmetic surgery and related treatments in a way that would plausibly encourage human flourishing.

Specific wabi-sabi traditions, (eg, kintsugi) might have direct applications—for example, supporting patients who choose to embrace rather than erase their scars.<sup>6</sup>

## DISABILITY AND DISEASE

Societal attitudes to physical imperfection overlap with attitudes to disability and disease. So in a similar way, wabi-sabi might support a non-perfectionist attitude to illness and impairment, embracing the notion that these are natural and inevitable, and can at least sometimes bring special value and beauty. This would depart from the Aristotelian notion of health as perfection, and equation of disease with vice.<sup>7</sup> It might have more in common with the attitude of the stoics.

An attitude informed by wabi-sabi might help health professionals to revise in a positive way the language that they use in talking to parents or patients when the break the news of a diagnosis of a significant disease or disability. However, a wabi-sabi attitude might not simply line-up with the contemporary suggestion that disabilities are ‘mere differences’.<sup>8</sup> Imperfections do not always detract from the value of a life, but neither are they necessarily neutral. The broken bowl is not left in pieces—it is repaired with loving attention and care.

## DEATH

Finally, wabi-sabi might infuse and improve our attitude towards mortality. It would imply that the transience of human existence is not necessarily something to regret. Such an attitude might help health professionals to cope with the nature of their work.

Might it also be of benefit for patients? Some have suggested that Buddhist teachings and mindfulness would alleviate death anxiety and promote death acceptance in terminally ill patients. Wabi-sabi might have a place in palliative care for patients (from Buddhist or other backgrounds) who would wish for such spiritual support. It is less clear, perhaps, how helpful the ideas of wabi-sabi would be to patients who are already anxious and distressed by the prospect of their death.

An attitude of acceptance (rather than seeing death as a failure of medicine) would be entirely compatible with modern approaches to palliative care. However, it is possible that wabi-sabi might have some more radical implications. One possibility

<sup>1</sup>Oxford Uehiro Centre for Practical Ethics, University of Oxford, Oxford, UK

<sup>2</sup>Newborn Care, Oxford University Hospitals NHS Foundation Trust, Oxford, UK

<sup>3</sup>Murdoch Children's Research Institute, Melbourne, Victoria, Australia

**Correspondence to** Professor Dominic Wilkinson, University of Oxford, Oxford, UK; dominic.wilkinson@philosophy.ox.ac.uk

is that we might think about the concept of a 'good death' in partly aesthetic terms.<sup>9</sup> Another is the idea that solitude or even loneliness are not necessarily negatives at the end of life. That might seem an odd suggestion. But as often evoked by the haiku masters, an attitude of wabi-sabi means that loneliness can sometimes be valued and even treasured.

Autumn twilight falls,  
The road ahead stretches out  
Empty and forlorn.<sup>1 i</sup>

**Correction notice** The article has been corrected since it was published online first. The haiku by Basho quoted at the start of the piece was missing a character. It should read この道や行く人なしに秋の暮れ. (This was unintentional, but given the subject of the article the irony of this is not lost on the author.)

**Twitter** Dominic Wilkinson @Neonatalethics

<sup>1</sup>Basho wrote this haiku in late 1694, shortly before his death. Translation DW.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient consent for publication** Not applicable.

**Ethics approval** This study does not involve human participants.

**Provenance and peer review** Not commissioned; internally peer reviewed.

© Author(s) (or their employer(s)) 2022. No commercial re-use. See rights and permissions. Published by BMJ.



**To cite** Wilkinson D. *J Med Ethics* Epub ahead of print: [please include Day Month Year]. doi:10.1136/medethics-2021-108074

Received 9 December 2021  
Accepted 10 December 2021

*J Med Ethics* 2022;0:1–2.  
doi:10.1136/medethics-2021-108074

#### ORCID iD

Dominic Wilkinson <http://orcid.org/0000-0003-3958-8633>

#### REFERENCES

- 1 Bashō M, Reichhold J, Tsujimura S. *Basho : the complete haiku*. First US ed. New York, NY: Kodansha USA, 2013.
- 2 Parkes G, Loughnane A. Japanese aesthetics. In: Zalta E, ed. *The Stanford encyclopedia of philosophy*. 2018. Stanford University, 2018.
- 3 Saito Y. The Japanese aesthetics of Imperfection and insufficiency. *The Journal of Aesthetics and Art Criticism* 1997;55(4):377–86.
- 4 Ruskin J. *The stones of Venice*. London: Smith, Elder, 1851.
- 5 Buetow S, Wallis K. The beauty in perfect Imperfection. *J Med Humanit* 2019;40(3):389–94.
- 6 Reid-de Jong V, Bruce A. Mastectomy tattoos: an emerging alternative for reclaiming self. *Nurs Forum* 2020;55(4):695–702.
- 7 Carel H. II—Virtue without excellence, excellence without health. *Aristot Soc Suppl Vol* 2016;90(1):237–53.
- 8 Kahane G, Savulescu J. Disability and mere difference. *Ethics* 2016;126(3):774–88.
- 9 Wilkinson D. Sleep softly: Schubert, ethics and the value of dying well. *J Med Ethics* 2020. doi:10.1136/medethics-2020-106937. [Epub ahead of print: 27 Nov 2020].