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interior design dilemmas in a shared room of silence

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ABSTRACT

This text sheds light on the delicate practice of including different religious as well as nonreligious expressions in a shared room. The effects of design decisions in a “room of silence” at a Swedish hospital are studied over a transitional period of renovation of the space. We observe the impact of materiality in the room’s establishment, renovation, and usage, and show how the room’s interior design, its decor and objects, are conditioned by ritual acts as well by practical and spontaneous place-making processes. By following how the negotiations of the interior space relate to presupposed separations of aesthetic and religious ideals, we see how the design of a room of silence can allow several religious groups to comfortably use one common room; but also how design can cause clashes between different interests and how materiality is forced in the end to advice a clear spatial distinction between different types of usage in the room.

Keywords: room of silence, multi-faith space, materiality, religious change

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Introduction

Rooms of silence can be described as orchestrated spaces held to welcome a multitude of religious practices and reflective moments (Petersson, Sandin, and Liljas 2016), and as they appear in hospitals, at airports and in other public contexts, they are generally designed to support both collective and individual use. In reality, such openness based on the principle of freedom of religion (Council of Europe 1952, Article 9), is in fact often designed and carried out by one or a few dominant religious denominations, and a fair offering of usage can be quite tricky to achieve (Gilliat-Ray 2005; Christensen et al. 2019). The design of rooms of silence generally faces a dilemma: either prioritizing particular religious denominations, thus failing to shape the rooms into spaces that cater to a diversity of existential and ritual needs, or, to the contrary, making the rooms into overly generic spaces, that cease to sufficiently represent or fit specific religious practices (Crompton 2013). This difficulty – of hosting under one roof different religious as well as nonreligious expressions – becomes obvious in a room of silence at Skåne University Hospital [*Skånes Universitetssjukhus*, referred to in the following using the official Swedish abbreviation, SUS] in Malmö. Here, in the room of silence at SUS in Malmö, a specific set of material objects – furniture, interior decorations and a figurative textile artwork, all of which can be attributed symbolical meanings – can be followed to see how this space was altered and negotiated in several steps to host, both physically and ideologically, a multiplicity of aesthetic sensibilities that come with specific religious traditions. By observing the alternating positions and appearances of the room's material objects, and how they represent different values and standpoints in this space, we can see how interior design plays an active part in how the inclusion of a minority religious community is dealt with institutionally and socially (Gilliat-Ray 2004; Brand 2012). We note that designed objects and spaces can be used by several religious groups to negotiate, and obstruct against, the taken for granted divisions that follow the ambition to share a delimited interior public place. In the end we discuss how material manifestations of religious belief and aesthetical preference can play a mutual part in the formation of norms of multi-faith design and practice (cf. Asad et al. 2013).

Religion-Based Settings in Contemporary Sweden

Sweden has been seen as one of the most secular nations in the world, along with for example the other Scandinavian countries and the Netherlands, Britain and France (Norris and Inglehart 2006; Thurfjell 2016). However, the form for, and degree of, secularisation can be discussed also in nations such as Sweden. A society regarding itself as secular may promote a view of life, and an organisation of society, where religious manners and symbols are actively stated as unwanted. At other times, as primarily in Sweden today, secularity is seen more as a condition of

a rationalist ambition to include, and negotiate between, various modes of worldviews and religious perspectives in a pragmatic way (Bäckström 2013, 31, 44–45; Philips, Haq, and Sigurdson 2017, 8). Important to note here is that both of these different standpoints are in part territorial ideologies and practices, regulating the presence of religious expressions and practices in the public sphere (Howe 2009, 640). Thus even though there is an openness towards multiplicity in Sweden, there are both official and more obscure forces stipulating how religion should be acknowledged. The practical solutions that enable different religious groups to share a common room at a public Swedish hospital, described in this text, serves as an example of how religion and public space is intertwined (cf. Ruyter 2014, 198–199). But, as we shall see, the example also shows how open intentions and pragmatic negotiation can still be shaped by particular ideals.

In contemporary Swedish society the culture of the Evangelical Lutheran Church of Sweden is quite solidly integrated, even though the direct influence from institutional churches on people's ordinary life is comparably weak (Pettersson 2009, 238–243). The Church of Sweden thus plays a role as part of what has been labeled a “vicarious religion” (Davie 2007, 140–143), as the presence and services of the church are mainly attended to in transitional stages in life, or in situations of individual or collective crisis – also by people who do not regard themselves as believing and practicing Christians (Bäckström 2013, 32–33). Through providing services in existentially crucial moments the Church of Sweden (a former state church but since the year 2000 Sweden's largest autonomous religious organisation) retains a semi-official role (Bäckström, Beckman, and Pettersson 2004, 127–128). Nevertheless, baptising a child, getting married and having a funeral in church, or celebrating Easter and Christmas in for instance non-confessional public preschools, tend to be seen as traditions that are part of a common Swedish cultural heritage rather than as ways of enacting religion (Reimers 2019; cf. Thurfjell 2016, 38–66). This means that in public institutions in Sweden the presence of Lutheran Christianity can be fairly strong, whereas the public sphere in general appears to be secular to a great extent (Van den Breemer, Casanova, and Wyller 2014, 9). The concept of religion is rather understood as a private matter of belief than as an acknowledgement of a common identity, materiality, and practice that structures social relations (cf. Woodhead 2011), and this makes the issue of religion fairly invisible and only implicitly present in the Swedish everyday context (cf. Bäckström, Beckman, and Pettersson 2004, 132–134).

At the same time the Swedish society today is increasingly multicultural. Malmö – Sweden's third largest city, and the city where the room of silence discussed in this text is situated – has one of the largest proportions of immigrants in the country, with about one third of the population being foreign-born (Malmö Stad 2019). This is for example noticeable in Malmö's

largest cemetery, the Eastern Cemetery, which has various burial sections for other religious denominations than the Lutheran Church of Sweden – such as Orthodox and Catholic Christianity, Islam and Judaism (e.g. Wingren 2013). The room of silence at the hospital SUS in Malmö, here discussed, emerged as an initiative that specifically would take the city's cultural and religious diversity into account (Region Skåne 2011). But, before going further into the issue of this shared room, we will first briefly touch upon the history of hospital counseling in Sweden.

The Hospital as a Public Space Hosting Religion-Related Functions

The historical background of the Swedish hospital as care-institution is tightly tied to the Christian church. Stemming from the monastery infirmary, the medieval hospital or *Helgeandshus* [literally: The house of the Holy Spirit], had the authority to care for the sick, poor and old, physically as well as spiritually. At the time of the church reformation, the responsibility for spiritual care among the sick was shifted to the parish ministers. In the modern Swedish health-care environment the *lasarettspredikant* [literally: hospital preacher] from the Church of Sweden, was employed by the county council to work at hospitals and larger care institutions (Ekedahl 2002, 29; Sjukhuskyrkan 2013; cf. Ruyter 2014).

Today the hospital chaplaincy [*Sjukhuskyrkan*], an umbrella term for the spiritual care carried out at hospitals by an assembly of Christian congregations together with coordinators for other religious orientations, provides spiritual and existential support to help people deal with the stressful effects of illness, injury and bereavement (Ekedahl 2002, 27–28; Sjukhuskyrkan 2013; Strang and Strang 2002). The hospital chaplaincy's personnel are not employed by the hospital where they work but by their respective religious organisations, of which some (that are relatively newly established in Sweden) receive financial, educational and administrative support by the official authority The Swedish Agency for Support to Faith Communities [*Myn-digheten för Stöd till Trossamfund*]. As an example, at SUS Malmö the hospital chaplains are employed by the Church of Sweden or the Swedish Free Church Council, whereas the coordinators for the Orthodox Christian, Muslim and Buddhist communities are supported by The Swedish Agency for Support to Faith Communities. The chaplaincy also cooperates with contact persons for the Catholic Christian and Jewish communities, as well as the Romani culture, but these are supported by their respective organisations (Svenska kyrkan Malmö 2017). Even though the hospital chaplaincy does not represent one parish or one physical place, but rather a mix of various activities and staff, one part of its spiritual and existential support is to arrange for a secluded space within the hospital environment – a room of silence – open for all, regardless of religious belonging, where people can pray, meditate, or just rest in peace for a while (cf. Svenska

kyrkan Malmö 2017). The responsibility for providing a locality for a room of silence lies on the hospital management, whereas the type of activities going on within it are managed by the hospital chaplaincy together with its inter-religious network. The room of silence could be seen as an adaptation of, or a supplement to, the traditional Christian chapel often placed in larger hospital environments (Gilliat-Ray 2005, 290–292). Hence the architectural and spatial development – from chapel to room of silence – can be seen to mirror the recent historical re-orientation of hospital counselling from being Christianity-based to opening up for a multitude of religious orientations.

The Room of Silence at the Hospital SUS in Malmö

The Swedish Government has an overall national responsibility for the Swedish health-care system, which is then decentralized and operatively delegated to regional and local levels. Most public health care in Sweden is provided through local taxation, even though the private market for the health sector is growing. SUS Malmö, studied here, is one of the largest public hospitals in Sweden, with approximately 12,000 employees representing over 100 different professions (Skånes Universitetssjukhus 2018).

In the health-care environment various types of stressful and exposed situations take place, holding crucial moments of human existence such as birth and death (Davie 2007, 228), affecting not only patients, their family and friends, but also other hospital visitors as well as staff. The dilemma of tending to the needs of different religious groups in a state institution such as the Swedish hospital becomes obvious in the room of silence at SUS Malmö here studied. The study of this particular room of silence addresses a time period between the years 2011–2015 that includes both the room's establishment and its redesign, as well as some additional changes of the room's interior decor. The study consists of an unstructured on-site interview and additional email conversations with the hospital chaplain in charge of the room of silence, as well as a photo documentation of the interiors of the room, all made in 2017–2019. It also includes earlier documentation of the room of silence made between the years 2011–2014.¹ In this study, we have taken a material culture perspective on the room's establishment, its almost instant renovation, and the following refurnishing, showing how the room's interior design, its decor and objects, take part and transmit values in ritual acts as well as in decision-making processes.²

Establishment and Redesign: The Materiality of the Room of Silence

The room of silence of this study was established in 2011, as the larger one of two similar rooms at SUS Malmö. It is open every day from 7 am to 6 pm, and is located close to a semi-public open interior entrance space that includes also a pharmacy [*Apotek Hjärtat*], a combined deli and service shop [*Pressbyrån*], and a common resting/waiting area for visitors, patients, and

staff. The room of silence was created to facilitate these groups' needs for "stillness and spirituality, meditation, the lighting of candles, and prayer, open for all, no matter what religion" as the hospital chaplaincy describes the purpose of the room in a flyer invitation and information sheet put up outside the entrance to the room before its inauguration in June 2011 (Sjukhuskyrkan på SUS i Malmö 2011).³ At the room's entrance the hospital has also put up a sign in the same standard style as the rest of its signage system, saying room of silence [*stilla rum*] in Swedish and in Braille.

The interior design of the room of silence was initially managed by the SUS hospital in Malmö. After some time a dialogue was initiated involving the hospital chaplaincy and its inter-religious network. Because the ambition was to create a space where "everyone should feel welcome, regardless of religious belief, the room will not be decorated with any obvious religious symbols" as it says in the administrative region Region Skåne's press invitation to the inauguration of the room of silence (Region Skåne 2011).⁴ Despite this declaration of openness and neutrality the room contained already at the opening details with direct and specific religious connotations: such as an intarsia in the middle of the parquet floor representing a star pointing out the four points of the compass as well as Mecca; a rectangular wooden table, with a height, a shape and a spatial placement that resembled a Christian altar setting, with a guest book for thoughts and prayers and a potted green plant placed on top; and a red, black and white patterned rectangular carpet for meditation and prayer. Apart from these objects the room also had other more neutral, or even concealing, interior design elements such as a closed wooden cabinet holding prayer mats and religious texts; a black clothes hanger in the form of a tree; several wooden chairs with armrests and black padded seating; white ceiling lighting and white painted walls; and some light grey-beige window curtains. A plate-shaped candle holder, standing on three metal legs, and filled with green sand and tea lights, was the only item brought to the furnished room by the hospital chaplaincy. The other interior design features were decided by SUS Malmö. At the public inauguration of the room of silence representatives from both the hospital's leadership and the hospital chaplaincy took part together with the coordinators for the Muslim and Buddhist communities (Figure 1).

Although pleased with the new room, the hospital chaplain in charge of the room of silence described it, in a telephone interview in the early spring of 2012, as being bare, cold and inhospitable due to the neutrality of the room's interior design, its color scheme and its decor. The use of it however seemed uncomplicated, according to the chaplain, as the room was frequently visited by people praying, meditating, writing in the guest book, or just resting and gathering their thoughts for a while. The many entries in the guest book, written in different languages, tell the story of bereavement and loss, as well as

FIG 1

The inauguration of the room of silence at SUS in Malmö in June 2011.
Photograph: Gunnar Sandin.



express thankful thoughts for a cured relative or friend. Yet others comment on the fast pace of everyday life, urging their fellow humans to slow down. The room was also used for a weekly Christian lunchtime service held by the hospital chaplaincy, a weekly Mass led by the contact person for the Catholic Christian community, and for a weekly afternoon meditation session, arranged by the hospital chaplaincy and its inter-religious network. These planned collective events mostly attracted hospital personnel and personnel from the hospital chaplaincy, with the addition of the occasional visitor. Because of fire regulations the tea lights in the candle holder could only be lit during the weekly Christian service, and this candle lighting was talked about by the hospital chaplain as a central symbolic ritual for Christians. The entrance to the room of silence is positioned right next to a public toilet with hand washing facilities, but since this is the only toilet in the large waiting area outside of the room it is often occupied, and the green sand in the candle holder had therefore instead mainly come to be used by Muslim visitors for the ritual act of dry ablution before prayer. Since the room of silence does not facilitate gender separated spaces for Muslim prayer, both men and women pray in the room together. According to the hospital chaplain all visitors pay respect to

each other by keeping a slight distance to one another when praying.

The hospital chaplaincy has the small amount of 5 000 SEK per year [approximately 550 USD] for continuous upkeep and decoration of the room, and soon after the opening of the room of silence the chaplaincy decided to use this money to make the room more colorful, warm and inviting. A new rectangular carpet with a circular pattern in red, orange, green, white and brown was purchased; red and saffron colored panel curtains were put up in the entrance to the room; and white textile and metal wall fittings were mounted on the walls. A local artist had earlier offered the hospital chaplaincy the purchase of a light blue tapestry, depicting a triangular shape with an inscribed winding road, but the chaplaincy did not have enough money at the time to acquire it. The artist therefore informed about the possibility to apply for further funding from the non-profit organisation The Society for the Preservation of Cultural Heritage and Green Parks in Malmö [*Malmö Förskönings- och Planteringsförening*, referred to in the following using the Swedish abbreviation MFP]. The interviewed hospital chaplain and one of the authors, Anna Petersson, also discussed the possibility to engage design students in an experimental design proposal for the room of silence. In the fall of 2012 Petersson therefore decided to bring in the task of redesigning the room in a course assignment for Industrial Design students on Bachelor level year three at Lund University. With the local artist and the five completed student proposals in mind the chaplaincy later applied for, and was granted, a small amount of funding from MFP. In their proposal to MFP for the redesign of the room of silence, the hospital chaplaincy emphasized specific design elements and themes in the student proposals as desirable. They were, specifically: an atmospheric and artificial lighting setting that deviated from both common indoor lighting and natural daylight; objects inspired by forms in nature; and objects affording interactive ritual acts (Petersson, Sandin, and Liljas 2016). These design elements were proposed by the students as not disturbing the spatial and ritual needs of each religion, and at the same time emphasizing, against the more specific and common religious symbols, a more neutral ground. During the application procedure MFP also decided to grant a larger amount of funding for a more thorough renovation of the hospital's two rooms of silence, which would be carried out by an interior architect commissioned by MFP. The redesigned rooms were inaugurated in 2014, the larger one in January (Figure 2) and the smaller one in the fall. At the reopening of the larger of the rooms of silence the hospital chaplaincy took part together with the coordinator for the Muslim community and the head of MFP.

In the interior architect's plan for the redesigned room of silence some inspirational elements of the student proposals appeared, such as: two wooden constructions made to look like trees where visitors could hang small memorial notes like



FIG 2

The reopening of the room of silence at SUS in Malmö in January 2014. Photograph: Anna Petersson.

leaves on the trees empty branches, which at the reopening were placed on one of the long sides of the room in front of the room's only row of windows; and white textile window panels that conceal the interior of the room from the exterior hospital courtyard (Figure 2). Other interior elements bear treats from a mix of the student proposals such as a protruding and slightly folded middle part of the wall on the left short side of the room, holding a wooden ditch at its base that contains smooth and rounded stones and over which an ambient lighting design projects a colored light (Figure 3); and a spatial suggestion to make the upper right corner of the room into a place for Muslim prayer (Figure 4).⁵

Apart from the objects in the room described above, that are directly or partly inspired by the student proposals, the redesigned room of silence also contains several new objects and furnished settings planned by the interior architect. One of these new settings contains a circular bright red mat intended for prayer, directed towards Mecca with the help of a standing rectangular portable wooden block placed in the upper right corner of the room. Another new object, purchased from the before mentioned local artist, is a hanging textile artwork that shows a screen-printed pattern of green leaves and blackbirds. At the reopening of the room of silence this textile artwork was hung on the room's right short side, next to the corner for Muslim prayer (Figure 4). On the opposite short side of the room a new and lower rectangular wooden table (with the guest



FIG 3

The left short side of the room of silence in 2014, with the ambient lighting design, the protruding wall, and wooden ditch holding rounded stones. Photograph: Anna Petersson.



FIG 4

The new Muslim prayer corner in the right short side of the room of silence in 2014. Photograph: Gunnar Sandin.

book for thoughts and prayers on top) was at the time for the reopening placed in the corner connecting the left short side with the long windowed wall (Figure 3). The table with the guest book thus ended up adjacent to the protruding wall with the

wooden ditch and lighting design, and was accompanied by two decorations in the shape of seagulls made of chicken wire hung directly from the ceiling and hovering above it. The wooden cabinet holding prayer mats and religious texts, the black tree-shaped clothes hanger, and two of the wooden chairs with black padded seating, were all kept in the redesign process but now placed in the entrance hall of the room (Figures 3 and 5). The star shaped intarsia pointing out the four points of the compass as well as Mecca, and the three legged plate-like candle holder, were both kept intact at the centre of the room, now placed together with some new wooden chairs with red braided seats, and a few green and red synthetic leather poufs (Figure 2). To the reopening of the redesigned room of silence the earlier green colored sand in the candle holder was replaced with natural sea sand collected from Malmö beach by the hospital chaplaincy. The ambient lighting design was also altered shortly before the reopening, following a discussion involving the hospital chaplaincy and the head of MFP. In the interior architect's original plan for the room of silence the lighting design was to bear a resemblance to the Northern Lights and only project light in cold colors, such as green, blue and purple, which the hospital chaplaincy did not support since one of their initial incentives for changing the room's design was to make its ambience warmer. After the dispute the projected light now slowly shifts its tone in a circular sequence going from blue to purple to pink to orange to yellow to green to blue and so on, hence including also light in warmer colors (Figures 3 and 7).



FIG 5

Panel curtains hanging in the entrance-hall of the room of silence in 2014. Photograph: Gunnar Sandin.

Spatial and Material Negotiations of Religious and Aesthetic Standpoints

According to the hospital chaplain there were immediate complaints from Muslim visitors on the renewed corner with the red mat and the wooden direction marker. The complaints concerned the habit of having three red glass tea light holders standing on top of the direction marker, as well as the placement of the figurative textile artwork (with a nature/animal motif) which was considered to hang too close to the corner spot reserved for prayer (thus becoming an inevitable part of this corner's function). As an effect of this, the tea light holders were removed completely and the hanging textile artwork was moved about 30–40 cm to the right. The new position of the textile in turn required a re-installation of electrical support to one of the wall fittings, and a cord was simply drawn right next to the hanging textile, on the surface of the wall, in view of the visitors (instead of as before behind the surface material of the wall). In an on-site interview in 2017 the interviewed hospital chaplain states that the new position of the hanging textile artwork did help in the sense that there were less complaints on the Muslim prayer corner. The aesthetically awkward position of the textile artwork, and the reinstalled electricity cord, however caused the hospital chaplaincy to move a piano in front of the hanging textile, partly covering it (Figure 6). The piano had been brought into the room shortly before, situated then at the entrance to



FIG 6

The textile artwork with a nature/animal motif, the piano, and the altered electricity cord in 2014. Photograph: Anna Petersson.

the room, and was frequently used by visitors who played on it spontaneously.

Finally, significant parts of the interiors of the room of silence were altered a third time by a refurbishing carried out by the hospital chaplaincy in 2014/2015. In this refurbishing the figurative textile artwork was moved to the opposite short side of the room and hung on the rightmost part of the slightly protruded wall with the lighting design. The two memorial trees and the two hanging seagulls were also moved around and finally placed in front of the leftmost part of the protruding wall. Although the varying tone of colours from the new lighting design in itself could be seen as an artificial element, the resulting slowly shifting light on the wall taken together with all the other alterations creates a nature inspired setting that is now symbolically staged on that whole short side of the room (Figure 7). Some of the smooth and rounded stones placed in the wooden ditch beneath the lighting design has over time been moved around by visitors who place and arrange them instead in the natural sea sand in the plate-like candle holder. New organic nature objects have also spontaneously appeared in the room, such as twigs and pieces of branches of trees left by visitors on top of the rounded stones in the ditch and in the sand in the candle-holder. Another emergent practice is the writing of commemorative notes to hang in the two memorial trees, which has now spread to the writing and hanging of notes also



FIG 7

The left-side of the room of silence with a nature inspired setting. Furnished for a Christian lunchtime service in 2017. Photograph: Anna Petersson.

in the black tree-shaped clothes hanger in the entrance hall of the room (Figure 3). The piano in front of the wall on the room's opposite short side, by the Muslim prayer corner, was eventually demolished by unidentified visitors and for unknown reasons, and had to be removed. In its place were put the low wooden table with the guest book for thoughts and prayers on top (Figure 8). This short side, with the prayer corner and the table with the guest book, now appears more straightforwardly devoted to well-known religious and ritual practices, than the opposite wall with the lighting design, the adjacent memorial trees, and the figurative textile artwork, which in comparison appears to connote a more eclectic kind of space for retreat, remembrance and meditation.

According to the interviewed hospital chaplain everything seems to work well now after this last round of refurbishing. Currently, the hospital chaplaincy offers a weekly Christian lunchtime service that includes a concert and a "thought of the day." A musician has been employed by the chaplaincy to play at this weekly service, which is mainly attended by employees from the hospital chaplaincy and some of the coordinators for other religious communities together with the occasional visitor. Often there are one or more other hospital visitors praying in the Muslim prayer corner at the same time as the Christian lunchtime service is taking place, and the hospital chaplain has noted that these two religious acts then co-exist in an unproblematic



FIG 8

The right-side of the room of silence, with the Muslim prayer corner and the low wooden table with the guest book for thoughts and prayers in 2017. Photograph: Anna Petersson.

way. The coordinator for the Muslim community has preliminary thoughts of starting a Friday prayer in the room of silence, but this has not yet been realised. The new recurring practice of visitors taking the rounded stones from the wooden ditch, or bringing in objects of nature from the outside and placing them in the sand-filled candle holder, does not hinder the practices of dry ablution with sand from the candle holder before Muslim prayer, or the lighting of tea light candles in the candle holder during the Christian service, states the hospital chaplain.

Discussion: Art, Culture and Religion in a Shared Public Space

In the hospital environment, as well as in other (especially challenging) milieus, the well-known and familiar things that are not even note-worthy on an everyday basis, may create a significant meaning, a comfort and a sense of control, while the strangeness of something sticking out or breaking the expected (whether it is an artwork or a ritual act) can disturb one's feelings of safety by threatening a given sense of society, culture and tradition, or even hinder one's understanding of, and comfortable being in, the world (Haapala 2005). On the other hand, objects of art and design can, if treated with care in regard to the specific circumstances, of course also provide temporary relief, thus fulfilling their intentional function in for instance the hospital environment (Macnaughton 2007; Rollins 2011).

The alterations of the material objects in the room of silence at SUS Malmö hospital can be seen against this complex context where materiality has – and puts religious needs in relation to – sociological as well as psychological effects that become part of the overall “negotiation” of the environment. In the case of the redesign of the room the negotiations and controversies regarding the interior space includes both collective and individual desires. The material objects in the room can be seen as a pragmatic order of delegated power, but that power is experienced as highly different depending on the faith (or nonfaith) with which one enters the room (Latour 2013). The space reflects both particularisation (the need to state and practice a religion of one's own) and all-encompassing ambitions (tied to secular normativity [cf. Mahmood 2006, 327–328], yet in this particular case based in a Swedish and Lutheran culture). Thus, the alterations of the room's objects reflect the complexity that comes with being part of more than one institution or community of practice at the same time and within a confined spatial setting. It also reflects a societal and material context that continuously evolves and hence changes meaning over time (cf. Moulin-Stožek and Gatty 2018). One could even say that as a visitor in this space one is operating, or at least displaying publicly, a personal being that carries more than one identity (cf. Star 1990, 52; Warnier 2001, 13–19), accepting both a supposed religious neutrality and different expressions of religious practice. The passion that interior architects may put into their making or

refurbishing of such a space has preferably to be weighed against visitors' mixed yet perhaps quite determined state of minds, when they enter into a room of silence. It should also be measured against the tacit knowledge of persons with a regular practice in such places, in this case the hospital chaplaincy and its inter-religious network, so that professional experiences of what is demanded in terms of physical settings for existentially crucial moments, including an open-mindedness to possible changes over time, are properly considered.

Nature as a Presupposed Neutral Ground and Common Existential Framework

Already from the start the SUS Malmö hospital and its chaplaincy aimed at reaching an openness in the use of the room of silence, inviting people regardless of religious belief. At the inauguration of the room of silence in 2011 interior objects with a direct religious connotation appeared, such as a star-shaped intarsia placed in the parquet floor of the room pointing out the four points of the compass as well as Mecca, and a furnishing with a high and centred rectangular table with a guest book for thoughts and prayers on top, slightly reminiscent of a Christian altar setting, which could be seen as giving the room (already from the start) a specific character pointing to the religions of Christianity and Islam rather than a nonreligious, or neutral, ambience. The room could also be seen as lacking certain user functions, such as private washing facilities, which makes its use less practical for Muslims. It also lacks a visible entrance sign written in an international language, and hence the room does not really welcome visitors that cannot read Swedish. The chain of controversy that followed upon the redesign of the room of silence in 2013–2014 could be seen and understood against this background of intended openness and religion-based materiality (or absence thereof) in the room. A figurative textile artwork, depicting green leaves and blackbirds, played a key part in this debate. The textile's motif, and its initial placement, served as a catalyst for an additional round of refurbishing of the room in 2014/2015. A main feature of this refurbishing became to introduce nature as a common symbolic resonance, but the make-over could also on the whole be considered to have the effect of dividing the user functions of the space.

To use materials, motifs and objects of nature as a shared symbolic framework, based on the presumption that nature is "neutral ground" both in terms of it being a generally appreciated art object and in terms of it carrying a shared (existential) meaning (and hence being especially fitting for non-denominational settings), is common in the design of rooms of silence (Petersson, Sandin, and Liljas 2016; cf. Crompton 2013).⁶ This all-purpose use of especially "picturesque nature" and "natural materials" runs the risk of overlooking the fact that both aesthetic appreciation and existential values are affected by social and cultural standards, as well as individual and shared

norms (Crompton 2013, 482; cf. Brady 2010). The claim of the nature-oriented features of the elements in the room to be neutral or “mere symbolic” (cf. Engelke 2011, 218–221; Asad et al. 2013, xiii–xiv) obviously disregarded the specific and different religious decrees and interdictions that certain figurative nature motifs may imply for some believers, as was the case with the hanging textile artwork.

Such diversity in interpretation made by different visitors does however not rule out the possibility that there can exist general ideas of the “environments of creation” (Carlson 1979, 269; Carlson 2005) that may be aesthetically as well as existentially relevant for the experience of nature objects; such as a respect for and an appreciation of the forces of nature that give life to plants and animals, smoothens stones and sea sand, or inspires to figuration in artworks. As an example, for people who do not feel comfortable in turning to an institutional religion as a resource for their ritual and existential needs, the experience of nature (listening to the sounds of nature as well as engaging in outdoors activities) may be a way of meeting these needs by providing a sense of continuity, value, and purpose of life (Stålhandske, Ekstrand, and Tydén 2011; Ahmadi and Ahmadi 2015). This experience of a unity with nature environments, suggesting a unity with the existence as such, seems to be especially relevant for late modern Swedes (Ahmadi and Ahmadi 2015, 1188–1189; cf. Uddenberg 1995).

Insufficient Merging of Intentions: Materiality as Activator

Both aesthetic quality and facilitations for religious practice can be seen as values that are hard to pursue as important in a managerial and economic perspective at hospitals, compared to the more science and technology based indicators of good health-care environments (cf. Strang and Strang 2002, 858; Sigurdson 2015, 145). Perhaps it is this difference in value grounds that shines through in the hospital's modest ambitions regarding the room of silence, and in the non-profit organisation MFP's design proposition for the room's interiors, with the consequence that the room's function on an everyday basis at SUS in Malmö was initially not sufficiently taken into consideration. One may also ask if this initial neglect, or this insufficient merging of institutional intentions, reflects the tendency in Sweden to sidestep religious actors that have fewer members and employees or are more culturally remote compared to the Church of Sweden. This especially concerns Muslim religious practices in that they contain demands that have a factual public character (Bäckström 2013, 34–35), and traditions that are still often groundlessly interpreted as foreign and judged against a modern Western conception of religious belief (Asad 1993; Mahmood 2006).

The room of silence at SUS Malmö hospital could perhaps be claimed to have been created from a position of “religious relativism” (cf. Sundbäck 2000, 303), which has also been a

modernist architectural ideal, not least in churches with aestheticized attempts to allow space for several religions (Sandin 2003, 215–220), or from a position of “pragmatic secularism” (Bäckström 2013, 31), where state and church cooperate, and where the passing of judgement on religious matters is avoided (in order to present a “smooth” modern alternative or just to avoid conflict). Even though such pragmatic and open intentions could be seen as more inclusive than “active secularism” (Bäckström 2013, 31) that bans the display of religious symbols in public places, they too become a way of keeping certain religion-related values away, values that are often not spoken of because they are seen as beyond practical negotiation. Instead, the materialities that represent different religions tend to be what is negotiated and handled instead (cf. Latour 2013). The apparent risk then is that an abrupt, or even quietly aggressive, separation of faith from knowledge is produced (Habermas 2006, 16), resting on the assumption that critique is secular and universal, uninflected by history and culture (Asad et al. 2013, vii–ix), and that religion is a matter of an interior and private kind of belief (Martin 2010, 120). This normative understanding of religion in a pluralistic society is reproduced when individual and “silent” practices are promoted in shared rooms of silence, for example in a public institution such as Malmö University, with students belonging to a multitude of religious orientations (Kosovac 2016, 38–40; Christensen et al. 2019, 18–19). It could also be seen as reflected in the setting aside of a place for Muslim prayer in particular (either as a division within a shared space, or by creating a completely separate Muslim prayer room), which is a common trait following the production of rooms of silence in public institution in both Europe and USA (e.g. Gilliat-Ray 2005; Crompton 2013; Christensen et al. 2019). At times the perceived prominence and frequency of Muslim prayer in shared rooms of silence is the driving force behind such regulations and relocations. At other times it is the design and setting of the shared rooms that are poorly adapted for Muslim religious practice and hence a separate prayer place needs to be created. To advice a specific spot or place for Muslim prayer could therefore paradoxically be seen both as an isolation of a minority religious community from a shared space, and as an inclusion of this same group in society by recognizing its public religious needs (Gilliat-Ray 2005, 294).

A Division of Space and Material Objects: Parts That Become a Whole

If the room of silence at SUS in Malmö was from the start considered relatively generic, although inviting particular religious use through its interior design, it could after its renovation, and the following controversies and changes that led to a re-negotiation of the space, be seen as more explicitly articulating a diversity of religious, existential and commemorative experiences. The different stages in this process, partly spontaneously developed due to needs expressed through, or in reaction to, religious practice, partly following design ideals, seem to result in a room that is a

mix of (but also upholds a division between) two types of multi-faith spaces that have previously been mapped out as recurrent in Western public institutions: either occasional empty rooms, furnished with a mix of images and artefacts from different religions, showing a “unity by inclusion” through partly ordered existence of religion-bound activities; or more aesthetically articulated spatial and interior designs, inspired by for instance nature-based, or other more abstract stylistic themes, claimed as universal spaces for “all faiths, or none” (Gilliat-Ray 2005, 288) in a “unity by exclusion” (Crompton 2013, 479).

The current design and spatial setup of the room of silence at SUS Malmö hospital exposes such dualities: manifold versus unification; and tradition versus renewal. In the room of silence at SUS in Malmö eclectic and untraditional design themes (as in the protruding wall with the lighting design, the wooden ditch with the smooth and rounded stones, and the interactive memorial trees) exist side by side with more restrained decorations and traditional ritual objects (such as the table with the guest book for thoughts and prayers, and the setting for Muslim prayer); visually staged in two separate parts of the room. The materiality of this particular space, as it came to be in the time period of this study, supports a development where organized rituals of different religions and individually formed ritualized acts occur simultaneously. The successively emerged mode of ordering this space, namely the blending of what might be thought of as otherwise incompatible aesthetic traditions, could perhaps even be seen as a conceptual script that accepts a certain degree of entanglement between different perspectives on religion, but also recognizes the need to maintain certain types of transparent divisions in shared public spaces. In the end the development of the interior design of the room of silence at SUS in Malmö draws attention to the importance of dispute as well as consensus, and of allowing design decisions to evolve over time, in the making of a segmented yet common environment.

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notes and references

¹ This earlier collected material contains several contacts with the hospital chaplain in charge of the room of silence (unstructured on-site interviews in 2011 and 2012, a telephone interview in 2012, and a follow up email conversation in the year 2012); the attendance of two inauguration ceremonies (in 2011 and 2014); photo documentation of the interior environment of the room of silence (in 2011, 2012 and 2014); and the engagement of bachelor students at the School of Industrial Design, Lund University, in a course assignment on the redesign of the room (in 2012). Part of this collected material has been used in a previous study of recurring themes in the design of rooms of silence (Petersson, Sandin, and Liljas 2016).

² The material specifically used for this investigation includes the written summarizing notes that were made after the unstructured interviews, which were held much like conversations and situated either in the studied room of silence at SUS Malmö (2011, 2017) or held on the phone (2012). We have also looked at the saved additional email conversations that were made after the interviews (in 2012, 2017 and 2019); and at the photographic documentations that were made with common mobile phone cameras at the two inauguration ceremonies in 2011 and 2014, and during several further visits to the room of silence in the years 2012, 2014 and 2017.

³ The hospital chaplaincy's flyer invitation and information sheet is translated from the Swedish by the authors.

⁴ The Region Skåne's press invitation is translated from the Swedish by the authors.

⁵ There were also some student suggestions that were left out of the room's redesign, such as an interactive "symbol sandbox" which could be illuminated from below and where each person could draw a temporary symbol, word or name in the natural sea sand; several small ceiling lights illustrating the star-filled night sky; textile wall and ceiling decorations resembling moving water and drifting clouds; and a large natural stone used as a sculptural element in a fountain design (Petersson, Sandin, and Liljas 2016, 138–140).

⁶ This use is also common in modernist church and cemetery architectures, and in newly built Swedish burial chapels – so called ceremonial halls or ceremonial buildings – which are presented as neutral or non-denominational (Petersson, Sandin, and Liljas 2016, 141–142).

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