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Moments of Hospitality - Rethinking Hospital Meals through a Non-Representational Approach

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Abstract

Hospital meals have increasingly become part of the political and scientific agenda of the welfare discussions in Denmark and other European countries. This article employs non-representational theory to analyse hospitalityscapes in order to explore opportunities for adding value to the hospital meal experience. By drawing on performative ethnographic research carried out in two Danish hospital wards, this article explores how hospitalityscapes are socio-materially constructed. The research strategy was based on performative participant observations, visual ethnography and semi-structured interviews. The empirical data reveals how the daily atmosphere could be changed by social activities such as a dancing nurse, or through artefacts such as meatballs or napkins in disruptive micro-events, creating a possibility for different hospitalityscapes manifested in cultural, humorous or social performances. The article suggests that a focus on disruptive micro-events might create opportunities for hospitalityscapes and add value to future hospital meal experiences.
**Keywords:** hospital meals, hospitalityscapes, non-representational theory, hospital meal experiences.

**Introduction**

The notion of hospitality has recently been re-introduced as a conceptual framework applied in research, aiming at improving the hospital meal experience and, ultimately, to counteract malnutrition during hospitalization (Rasmussen et al. 2004, Beermann, Holst 2010). However, the re-introduction of hospitality within the research discipline of the science dealing with meal and foodservice has only been the subject of abstract scientific debates and enquiry to a limited extent. So far, the application of the hospitality approach in hospitals has been inspired by a Kantian thinking of hospitality as conditional and asymmetrical, reflected in patients being considered as guests and health care professionals (HCP) as hosts (Beermann, Holst 2010, Hartwell, Shepherd and Edwards 2013). This perspective considers meal experiences and host-guest relations as static exemplified in the host’s ability to stage a defined ‘at home environment’, ‘appropriate atmosphere’ and meal experiences by scripting a physical interior or staff appearance (Edwards, Gustafsson 2008, Hartwell, Shepherd and Edwards 2013).

Criticism of this normative and static perspective of hospitality includes that it fails to consider the possibility that hospitality, including host-guest relations, might be more dynamically constructed and that materiality in itself might create agency and contribute to different experiences of atmospheres and hospitality meal experiences. This calls for a shift in the ontological approach and lead us to a more dynamic approach towards materiality and social interactions with a focus on enactments. With the term ‘enactment’
we put emphasis on activities where both persons and material elements are involved bringing new temporal structures and possibilities into existence (Weick 1988).

This shift in the ontological approach might be met by drawing on Derrida’s approach towards hospitality which allows hospitality to be studied as dynamic, relational and temporal (Still 2010, Dikeç 2002, Derrida 2000). However, as Derrida’s hospitality approach is mainly based upon interpersonal relations in general, it restricts the possibility to consider the possible agency of the material world and, as a result, its application in the context of hospital foodservice. The way napkins are folded and breakfast plates are arranged are examples of material agency. This perspective might be facilitated by including contemporary knowledge gained from the interdisciplinary research area of hospitality studies as well as employing Non-Representational Theory (NRT) as a theoretical frame.

In line with this, and in seeking new ontological perspectives on hospital meal experiences, this article aims to explore how hospitality becomes enacted within hospital meals and to discuss how this perspective might bring new possibilities into hospital foodservice.

**Introduction to Non-Representational Theory**

Non-representational theory leads to a focus on materiality, pre-cognition, affects, atmospheres and events, allowing a dynamic approach towards materiality and social interactions. Non-representational theory is a way of thinking within human geography, developed largely through the work of Thrift and Dewsbury (Cadman 2009). NRT is founded on a post-structuralist paradigm and is distinct from social constructivist theories
by considering that not only human interactions take part in constructing reality through cultural representations and shared meanings. Instead NRT claims an ontology assigning agency to both humans and non-humans, giving the same agency to materials such as napkins or meatballs as co-creators of hospitality. Further, NRT considers pre-cognitive actions that cannot necessarily be interpreted as intentional or cultural representation, structured by symbols and meanings (Anderson, Harrison 2010, Thrift 2007). In a hospital meal context, it could be exemplified by the embodied way of handling the knife and fork before eating or simply the way we walk. Anderson (2010) argues that the focus on pre-cognitive actions in NRT thinking must be conceived via embodied and environmental properties and therefore on practices. Thrift (2007) emphasizes this by quoting Deleuze and Guattari: “we know nothing of a body until we know what it can do’. A ‘body’ in a Deleuzian world represents both human and non-human elements, and the focus on what bodies can do leads to an NRT approach that is relationally-materiually constructed. For example, the practice of pouring a glass of water can be considered a drinking action but can also be related to a medical treatment or a previous experience at work.

NRT also draws attention to ‘bodies’ as affects and atmospheres (Anderson, Harrison 2010). Affect is defined by Thrift (2007) as a ‘set of flows moving through the bodies of humans and other beings’ which, in NRT thinking, are composed of pre-personal intensities explained as non-conscious experiences which differ from emotions and feelings. Affect is as such manifested as every form of communication whereby facial expressions, tone of voice and postures are perceptible. In contrast, emotion addresses inter-subjective expressions of intensities as anger or joy (Edensor 2012). As such a
patient’s facial expression of pain can affect me and maybe lead to an emotional state of compassion.

Affects and emotions can be considered as embedded into each other and inherent in the notion of atmosphere (Anderson, Harrison 2010). According to Böhme (2002), atmosphere can be characterized by ‘a certain mental or emotive tone permeating a particular environment but also the atmosphere spreading spatially around me in which I participate with my mood’ (Böhme 2002).

This means that the phenomenon of atmosphere is placed as an intermediate between the subject and the object so that it is not only possible to experience atmosphere in terms of one’s own emotional state, but also to approach atmosphere from a side in which atmosphere has been staged (Böhme 2013, Böhme 2002). Creating an atmosphere of conviviality by laying dinner-tables with candles, tablecloths and napkins is an example of a staged atmosphere. However, independent of the cultural-relative character, atmosphere can also be experienced as a surprise or an occasion which brings in a more dynamic approach and allows atmosphere to be co-produced and not just staged or considered as culturally or socially constructed, or with a need for a semiotic read (Böhme 2013, Edensor 2012).

The focus on atmospheres leads to the attention on events. An event in NRT thinking provides a focus of ‘potentialities of being, doing and thinking what events may bring forth’ and a possibility “to explore contingency and the relations between ordering and change”. (Anderson, Harrison 2010). According to Whitehead (1920), an event can be understood as a complex of passing events that differ continually and at the same time are related to other ever-changing events which principally have no beginning or end (Whitehead 1920). In a Deleuze-Guattarian way of thinking, these ever-changing events
become manifested as bodies in a constant flow of becomings. However, Anderson and Harrison (2010) argue that events must be seen in breaks or changes that happen within these ever-changing events, suggesting that it is during these breaks that the possibility of thinking differently is created and that these breaks can be found by focusing on how practices repeat and reproduce themselves. A person suddenly dancing down the ward corridor or a new way of arranging breakfast trays might become such breaks or changes in the everyday events.

**Expanding a social-constructivist hospitality approach with Non-Representational Approach**

Derrida’s hospitality approach is characterized as ‘unconditional hospitality’ developed on the basis of Kant’s ‘universal law of hospitality’ (Lynch et al. 2011, Derrida 2000). Where Kant’s hospitality approach lies on the condition of juridical law of hospitality, reciprocity, duties and obligations, Derrida introduces ‘pure’ hospitality as ethical and unconditional, implying to welcome anyone unconditionally whoever the stranger may be (Derrida 2000, Lynch et al. 2011, Bell 2007a). Dikeç (2002) elaborates on Derrida’s hospitality approach by taking a point of departure in Derrida’s four statements of hospitality expressed as ‘we do not know hospitality’, ‘hospitality is not present being’, ‘hospitality as not yet’ and ‘hospitality as self-contradictory’ (Dikeç 2002). As such Derrida (2000) claims hospitality to be an experience beyond objective knowledge as we do not know on beforehand how to meet a stranger with hospitality, and therefore we do not know hospitality. Further, Derrida claims hospitality to be temporal as the experience of receiving or giving hospitality can only last an instant and is therefore not a present being (Derrida 2000, Dikeç 2002). The statement of hospitality as ‘not yet’ refers to the
need for opening up the notion of hospitality and to transcend the traditional way of understanding hospitality as conditionally reflected in duties and obligations, and therefore we do not know hospitality ‘yet’. The last of Derrida’s statements refers to the self-contradictory nature of hospitality as a host who, in order to be able to receive a stranger, must have sovereignty of his house which in principle makes purely unconditional hospitality impossible (Dikeç 2002, Derrida 2000). Based upon these statements, Dikeç (2002) elaborates on hospitality as an act of engagement through mutual recognition of each other’s alterity. By this Dikeç (2002) wants to exceed the conventional and stable understanding of host-guest relations by opening up boundaries, thereby changing the closed conceptualization of host and guest as being distinct and stable categories into a more open conceptualization where host and guest are constitutive of each other, entailing hospitality to be conceptualized as dynamic, temporal and relational and the host-guest relations as blurred (Dikeç 2002).

The above presentation of Derrida’s hospitality approach shows a focus on interpersonal relations which must be understood as a response to Kant’s juridical hospitality approach. Therefore, it might be helpful to expand Derrida’s hospitality approach by including contemporary knowledge gained from the interdisciplinary research area of hospitality studies as it allows elaborating on a hospitality approach.

Lashley (2000) builds up a theoretical framework for the study of hospitality and introduces hospitality as activities in which social, domestic and commercial domains are shown to be independent but also interwoven with each other (Lashley 2000). As such Lashley (2000) allows considering how HCPs transfer culturally learned norms and other social practices such as host performances between the domestic and commercial hospital domains.
Telfer (2000) adds to the work on hospitality and she suggests that a good host is not just skilful and attentive but also hospitable, and she explains that becoming hospitable comes from a genuine desire to care for and please others (Telfer 2000).

The discussion on the blurred and relational character of host-guest relations has been presented in O’Mahony’s (2007) description of how Irish immigrants’ guests become enrolled in the hospitality sector as hosts (O'Mahony 2007) as well as in Bell’s (2007b) description of train hosts’ and passengers’ interchangeable host-guest roles (Bell 2007b). The relational aspect of host-guest relations is also presented in Lugosi’s (2008) attention to guest-guest relations in which people may be both hosts and guests simultaneously (Lugosi 2008).

Di Domenico and Lynch (2007) introduce Commercial Home Enterprises as performative settings in which artefacts and symbols are ‘staged’ and used in the interpretation of hospitality space (Di Domenico, Lynch 2007). In their conclusion, they stress that the home setting is not statically staged but an active participant in the host-guest process (Di Domenico, Lynch 2007).

Also, Sheringham and Daruwalla (2007) introduce an ‘anti-structural’ space of hospitality by introducing hospitality as a ‘carnivalesque’ social construction with reference to the Russian philosopher Bakhtin (Sheringham and Daruwalla, 2007). Here a ‘carnivalesque’ social construction signified the idea of a caricature of the life that opposes hierarchy and authority. It is a free space for laughter where conventional norms are abandoned (Bakhtin, 1984, cited in Sheringham and Daruwalla, 2007).

An NRT approach can be comparable with both Derrida’s philosophical approach to unconditional hospitality and contemporary hospitality scholars by considering hospitality as situated and negotiated, which also allows for considering host-guest relations as dynamic and blurred (Bell 2007b, Lugosi 2008, Sheringham, Daruwalla 2007, O’Mahony 2007, Di Domenico, Lynch 2007). However, an NRT approach would go further by claiming ontology of hospitality to be situated and negotiated not only by humans but also by non-human actants. This expands Derrida’s focus on interpersonal relations and provides new facets of hospitality interactions and host-guest relations as shown by Di Domenico and Lynch (2007). Further, NRT is distinct from Lugosi’s (2008) ‘communitesque moments’ and Sheringham and Daruwalla’s (2007) ‘carnivalesque approach’ as NRT claims an ontology that is distinct from the idea of structure versus anti-structure. Instead, an NRT approach focuses on differences and dynamic intensities of events and atmospheres. The embodied and affective aspects gained from an NRT approach but also from Lugois’s (2008) ‘communitesque moments’ has further been presented in Rakić and Chamber’s (2012) study on consumption of tourist places in which they argue that places are consumed and constructed in simultaneous processes which involve embodied, multisensory, cognitive and affective processes (Rakić and Chambers 2012).
The tension between NRT and a hospitality approach lies in the discussion of essence in terms of the existence of a ‘is’ rather than viewing everything as ‘in becoming’. Whereas an NRT approach would be purely relational and emergent, a hospitality approach based upon Derrida would focus on the existence of ‘the stranger’. Therefore, a hospitality approach seems to be less emergent than an NRT approach reflected in the existence of a host and a guest despite the relational character.

Bringing NRT into a hospitality frame, allowing hospitality to be considered as relational, situated and negotiated by both human and non-human actants calls for a hybrid analytical framework which provides an opportunity to explore atmospheres, events, affects and embodied practices of hospitality.

**Hospitalityscape as an analytical frame**

In order to develop an analytical frame enabling to connect an NRT approach with a hospitality approach, we apply the idea of ‘scapes’. We define a ‘hospitalityscape’ as:

*Continually and temporally created in concrete events where different elements assemble, ‘in which’ some become temporal hosts and others become temporal guests acknowledging each other’s alterity.*

This definition, ‘*Continually*’ refers to the emphasis on the flow of everyday practices whereas ‘*temporally*’ refers to the instable character of hospitality which allows focusing of hospitality as changeable and open. The aspect of ‘*concrete events*’ refers to an NRT emphasis on events which break with the everyday flow. Further, the ‘*different elements assemble*’ refers to the anti-structural NRT approach which, from a hospitality perspective, allows considering the material aspects of hospitality, diversity of
performances and embodied pre-cognitive practices. Further, the aspect of ‘different elements assemble’ allows considering affective and emotional elements as ‘carnivalesque’ performances as suggested by Sheringham and Daruwalla (2007) or ‘communitesque moments’ as introduced by Lugosi (2008). The last element of hospitalityscapes involves the blurred and dynamic aspect of host-guest relations introduced by Derrida. This allows a focus on the dynamic aspect of hospitality, and on the multiple spatial, material and representational practices which constitute it.

As a result, our idea of a hospitalityscape understands the hospital setting as a place which is constructed by material, affective, and social interactions, but also as open and changeable rather than closed, allowing a focus on hospitality possibilities.

A similar conceptual frame has recently been introduced by Lugosi (2014). In a multi-sited ethnographic study of a ritualised hospitality event [The Church], Lugosi (2014) introduces the notion of inducement, referring to the continual mobilisation and configuration of organisational and customer resources, subcultural values, representational acts and embodied performances in order to co-create hedonic experiences (Lugosi 2104). The notion of inducement as a collaborative production/consumption of hospitality experience is a powerful analytical tool that enables simultaneously to consider representational, material and performative hospitality practices, rather than isolated features or dimensions. However, the conceptual frame of inducement distincts from hospitalityscapes by focusing on the identification and classification of various practices of inducement, rather than on the conceptualisation of inducement processes themselves, whereas hospitalityscapes by including the notion of events also seeks to conceptualise hospitalityscapes.
Conducting research based upon a non-representational approach

An established research methodology related to NRT has not yet been introduced. However, a performative research approach has been suggested (Lorimer 2005, Dewsbury 2010). A performative research approach can be seen as a search of the immediate, embodied, present moments and a focus on agency and events that disrupt everyday practices, however downplays individual meaning and values (Dewsbury 2010). Dewsbury (2010) suggests a metaphorical ‘studio’ in which the researcher conceives the research process as an experiment. Here, the researcher attempts to ‘sense the now’ by adapting an unstructured observation strategy (Dewsbury 2010). A performative research approach has been applied by Vannini (2012), who explored mobility and the ‘sense of place’ by conducting ethnographic montages in which interviews and participant observations were condensed into small stories (Vannini 2012). Further, Morton (2005) explored the ‘sense of now’ at an Irish music event through unstructured observations focusing on the actual event. Morton (2005) used observant participation in terms of talking, sensing, listening and feeling, connected to audio recording, spoken diaries, photographs and videos (Morton 2005).

Studying hospitalityscapes within hospital meals

Inspired by Lorimer’s (2005) and Dewsbury’s (2010) suggestions of a performative research approach as well as Vannini’s (2012) and Morton’s (2005) methodological approaches, the first author of this article conducted an ethnographic study in a gynaecology ward (GW) and a cardiology ward (CW) of a Danish public hospital during the spring and fall of 2012. The foodservice system at the hospital was based upon cook-
serve and bulk trolley systems in which kitchen professionals (KP) served lunch and dinner. The data collection for this article was gained from the first three months at the GW and unfolded as a strategy based upon performative participant observations, visual ethnography and semi-structured interviews and was introduced by the first author of this article.

The participant observation strategy became performative as an ‘experimental studio’ was constructed with inspiration from Dewsbury (2010), allowing the researcher to engage with the ward day, evening and night, searching for the immediate, embodied and present moments and, inspired by sociological impressionism (Lynch 2005), the researcher's own experiential feelings from the observations were captured, leaving out any planned or structured focus on meals or hospitality. A temporary working place at the end of the ward corridor was established and, similar to the ward secretary, the researcher became part of the daily working routine at the ward, visiting patients and helping whenever needed. Being on the ward corridor enabled the researcher to interact with patients, HCPs and visitors, and her own engagement capturing the experiential feelings of being at the ward was followed by a reflexive process while writing field notes. Here she tried to describe and reflect on her personal experiences in terms of what happened, how she got emotional touch, and how it affected her relative to her expectations.

The second component was based upon visual ethnography as part of the performative participant observation strategy. Inspired by Pink's (2007) reflexive visual approach, the researcher used digital photography, photographing embodied performances at the ward (Pink 2007). In total more than 200 photographs were taken. The process of photographing helped describing everyday activities and opened up for reflections during the subsequent field note writing.
The third component was based on 22 semi-structured interviews with HCPs as well as patients. The interviews aimed at obtaining an understanding of everyday practices and experiences of hospital meals by asking questions like; 'Describe what happens during lunch time' or 'What do you do during lunch?'

The analytical strategy consisted of an identification of everyday practices and atmospheres followed by an identification of how these practices repeated and reproduced themselves. This was done by reading field notes, reviewing photographs and reading transcribed interviews followed by a process of identifying themes containing descriptions of everyday practices, and how they affected the researcher or other informants. First an everyday atmosphere was identified, then a search for themes containing disruptive micro-events (breaks) that differed from everyday practices and that created different insensitive atmospheres was carried out. The identification of these events was based upon a search for themes that did not meet the researcher's own or the informants' expectations.

Finally, hospitalityscapes were identified in these unexpected events. The identification was based upon analyzing socio-material hospitality enactments in terms of different performances, embodied movements, material agency and different host-guest relations.

In the following paragraphs, the findings in terms of emerging hospitalityscapes will be presented and discussed in two parts, i.e. as everyday atmospheres at the wards and as disruptive micro-events.

**Emerging hospitalityscapes - Everyday atmospheres at the ward**
The everyday atmosphere at the ward was identified as ‘accommodating silence’. Here the notion of ‘silence’ does not refer to anechoic silence but was more akin monastic, contemplative silence. The atmosphere of ‘accommodating silence’ was characterized by the HCPs' silent but determined way of walking whilst welcoming patients with a smile.

This gave a clear impression of the ward as a place assigned to nurse-caring and professional health work. The ‘accommodating silence’ was also characterized by other patients' embodied movements at the ward. This was reflected in patients’ way of dwelling with a cup of coffee filling the ward corridor with a smell of morning coffee, chatting or reading magazines but also in the relaxed activity around the coffee-trolley which was placed in the middle of the ward corridor. Here patients and visitors could help themselves to coffee, fruit and snacks. Also fresh cut flowers placed at the secretary’s desk and artwork on the walls gave an impression of an accommodating and welcoming ward. The ‘silence’ was characterized by the buzzing sound from the freezer placed at the end of the ward, the whirring venting system, the occasional sounds from patients' call devices, the sound of rolling beds and stainless steel trollies and the occasional laughter from the HCPs' coffee room. The ‘silence’ aspect was not only represented by sounds but was also a ‘medical sensescape’ which filled the ward with a distinct hygienic and medical feeling of silence reflected in the white and light-blue coloured walls, a neutral medical smell, the cleanness and tidiness of the patients' room and at the wards where trollies with blood pressure measurement devices were placed side by side at one end of the ward corridor and chairs and tables placed at the other end. The ‘medical sensescape’ was also represented by the HCPs’ white and buttoned uniforms, but also sometimes by patients in white hospital dresses leaning forward with a facial expression showing pain.
These sensorial and embodied elements together created the daily atmosphere, familiarity and ‘heartbeat of the ward’ and were part of the ever-changing events described by Whitehead (Whitehead 1920). The experience of ‘medical silence’ has previously been described by Rice (2003) who emphasizes that sounds are vital for patients’ possibility to orientate themselves in a social, material and spatial sense as other sensory modalities get deprived in a hospital context (Rice 2003).

This atmosphere of ‘accommodating silence’, however, could suddenly change. The next paragraphs present two events, the first described as the ‘joyful atmosphere’ in which the ‘accommodating’ part predominated, and the second described as the ‘compassionate silence’ representing the more ‘medical silence’ of the everyday atmospheres.

One of the most surprising events took place one afternoon just before a HCP (for the purpose of this article named Nanna was about to finish her day as she was off to attend a date that she was excited about.

‘I was sitting at my table reading when Nanna walks out of the HCPs’ office. Suddenly and as a surprise, she starts singing, dancing, and spinning down the ward corridor. In that moment the atmosphere changed into one of joyful energy. Her embodied light movement and her way of filling out the ward corridor changed the ward’s “soundscape” by downplaying the buzzing sound from the freezer and the venting system as well as downplaying the institutional light-blue stripes at the ward walls. Instead, the ward ‘soundscape’ became filled with human activity as HCPs were laughing and their voices rose cheerfully while they went into patients’ rooms with lighter and faster steps, asking them if they would like coffee or if they needed any help. Furthermore, patients not condemned to
beds popped out from their rooms and attended the coffee trolley or the sitting area whilst chattering.’

Another visible event occurred another morning and changed the everyday atmosphere of ‘accommodating silence’ into an atmosphere of ‘compassionate silence’:

‘As I attended the ward, I immediately sensed that something was wrong. The ward seemed emptier than usual, with no patients dwelling with a cup of coffee in the sitting area, no occasional laughter or the familiar sound from the freezer and the venting system. The HCPs walked slowly and silently into patients’ rooms and everyone seemed to whisper. At the corridor just outside room number 7, I could see a HCP talking with a low voice to a man whilst two children, approximately four and seven years old, were watching the conversation with silence. I went into the HCP’s office and realized that the man in the corridor was a husband with two children and that their mother had been re-hospitalized during the night. I was told that her condition was ‘not good at all’. The ward seemed particularly empty and the buffet trolley, which had become a meeting place for patients, was transformed to a lonely and clinical coffee device trolley as no patients entered the ward corridor for coffee or drinks.’

Although this event was a surprise to the researcher, the HCPs knew that this could occasionally happen. A HCP reflected on what she called ‘the silent days’.

‘Yes - it gets quiet. We do not talk about it, but we can just sense that it is one of these days. It is one of these days when patients take their serving trays with them into their rooms and shut their doors.’
The other and more joyful event described above was also expressed in general terms by a HCP.

‘I think it is nice that you can hear something. That there is life and someone is enjoying themselves.’

These atmospheres of mental and emotive tones described as joyful and compassionate permeated the hospital ward and became events that broke with the everyday ‘accommodating silence’. In line with Rice (2003), the sensory perception of the ward was in particular attributed to the change in sounds. Singing and talking cheerfully became part of the ‘joyful atmosphere’ whereas whispering sounds became a part of the ‘compassionate silence’ atmosphere. The two events which created two different atmospheres led to the emergence of new hospitalityscapes. In the joyful event, the sudden dance was recognized by the other HCPs as they entered the ward corridor with recognizing smiles, creating a hospitalityscape of recognition in line with Derrida’s hospitality approach, and it opened up boundaries for a new understanding of professional performances as the dance event broke the everyday monotony and became a ‘carnavalesque’ space as presented by Sheringham and Daruwalla (2007). Also, Derrida’s understanding of hospitality as temporal and relational in terms of ‘not knowing hospitality – yet’ was displayed as the dancing in that particular moment became ‘the yet – of knowing hospitality’. Moreover, the joyful event opened up opportunities for social activities and promoted new host-guest relations. This became evident as patients came out of their rooms and gathered around the coffee-trolley enacting simultaneously host and guest by helping each other with coffee and snacks in line with Lugosi’s (2008) attention to guest–guest relations and how people may be both hosts and guests simultaneously. Also Lugosi’s (2008) presentation of hospitality as ‘communitesque
moments’ can be applied in this event by the spontaneous chattering in the guest-guest relations and by the HCPs’ open laughter and embodied way of moving, transcending a scripted serving hospitality approach which was not only assigned to political and social hospitality purposes and in which medical treatment became downplayed for a moment.

When the joyful event became a representation of a hospitalityscape with focus on joyful social guest-guest relations, the ‘compassionate silence’ changed into a hospitalityscape characterized by isolated compassionate host-guest relations between HCPs and patients and by a grieving community preparing to say goodbye to a family member. Further, it was characterized by culturally learned rituals and an understanding of how to enact sorrow and grief. This was transformed and expressed in a collective host performance in search of recognizing and acknowledging the family in room 7. The impossibility of hospitality expressed by Derrida is evident here as culturally learned rituals and the understanding of grief and sorrow permeated the hospitalityscape in search of acknowledging the family in room 7 but it downsized hospitality as a mutual recognition of other patients as guest and stranger. However, the isolated compassionate host-guest relations might conversely enable opening up boundaries for enacting hospital meals as caring and as more than part of a medical treatment and a hospital stay. The caring aspect of hospitality is also reflected in Telfer’s (2000) suggestion of hospitable behaviors as motivated by genuine need to care for and please others which is also reflected in the close connection of the words hospitality and hospital (Telfer 2000, Selwyn 2000).

Emerging hospitalityscapes – disruptive micro-events
The atmosphere of ‘accommodating silence’ was sometimes transformed into temporary local atmospheres of tension and intensities by different socio-material performances. The following paragraphs present three disruptive micro-events where homemade meatballs, yellow napkins and cornflakes enacted different temporary hospitalityscapes which opened up boundaries for experiencing hospital meals as relations to home, as ritualized and aesthetic performances, and as joy and laughter whilst temporarily downplaying the medical and nutritional aspects of meals.

The first micro-event took place in front of the buffet-trolley at lunchtime:

‘One day the atmosphere around the buffet trolley seemed discouraged as an elderly woman seemed to be in a state of pain. When the KP asked what she would like for lunch, the elderly woman remained silent. Suddenly, the KP broke out with a clear voice and a smile and said: “It is homemade meatballs. We have made them ourselves this morning - they are good – why don’t you try”. The rather large meatballs appeared hot but still crunchy and round without being completely round. The situation changed within a second, filling the room with energy and tension. Other queuing patients reacted by turning to each other and with amazed expressions commented on the meatballs. The elderly woman changed her painful appearance and smiled. Suddenly everyone was discussing meatballs. Even a HCP turned around and rushed to a patient’s room to inform her that the meatballs were homemade, and two queuing patients went on talking while walking away with their serving trays together.’

In this disruptive micro-event with homemade meatballs, the KP and the meatballs enacted host due to the meatballs' homely appearance and the KP’s sudden embodied and emotional host performance. This created a hospitalityscape which opened up boundaries
for relations towards a traditional Danish food culture and to home as something well-known and secure. Further, it shows how commercial and domestic hospitality is intertwined with each other as suggested by Lashely (2000). In addition it showed a hospitalityscape marked by blurred host-guest relations giving the meatball and HCP host agency, stressing the relational character of hospitality as presented by O’Mahony (2007) and Lugosi (2008). The emotional and unexpected outbreak performed by the KP and the subsequent guest-guest interactions became a serving event which transcended hospitality as a political or social purpose into a hospitalityscape of ‘meta-hospitality’ as introduced by Lugosi (2008).

The next socio-material micro-event describes how a yellow napkin and breakfast at springtime created a local intensified atmosphere.

‘I arrived earlier than usual to the GW and went into Jane’s room. She smiled and nodded towards her breakfast tray in which a yellow napkin was folded across the serving tray, transforming the serving tray into a breakfast table and the napkin into a table cloth. In that moment, the sun went into the room and it was as if the sun was targeting the glass with orange juice, and the yellow napkin filled the room with light and warm atmosphere. Jane changed her dialect to a local dialect while praising her breakfast and stating how much she felt like eating and that she had nearly eaten the whole meal. Like Jane, the warm and light atmosphere touched me.’ See figure 1.
In this ‘breakfast at spring’ event, the yellow napkin as well as the sudden sunlight gained host agency by enacting a hospitalitiescape which made it possible to relate breakfast to ritualized, symbolic and aesthetic hospitality performances. As the event contrasted the everyday breakfast trays which normally had a white napkin folded beside the plate, the event itself became a hospitalitiescape meant to acknowledge the patient as an individual. Further, the transformation of a napkin into a table cloth and the ritualized way of placing the tablecloth across the table in order to create an aesthetic expression, as well as the choice of the yellow colour with the symbolic meaning of spring, opened up a gateway to either a domestic or a commercial restaurant hospitalitiescape, thereby temporally detaching the patient from a focus on hospitalization, nutrition and the necessity of eating. As Jane articulated the event as a way of motivating her to eat, it can be discussed whether this event could be characterized as a rational service transactions with a political goal of motivating her to eat. However, the sudden and unexpected sunlight changed the event into an emotional hospitalitiescape filled with the symbolic meaning of spring. Here the event could correlate with Lugosi’s (2008) descriptions of ‘meta-hospitality’.
The last socio-material micro-event involved among other things cornflakes:

‘That day I just went into the GW for a short visit as I was going to conduct a focus group interview with KPs in the kitchen later this morning. As usual, I went into Jane’s room. She appeared delighted and proudly displayed two breakfast images while saying: “And of course, I had to taste them and I almost ate the entire hair”. She then laughed. Cornflakes, raisins and banana were transformed into a clown-like-face on the first plate, and cheese, marmalade, orange, chocolate and pineapples were transformed into a smiling Dracula-like face on the other plate.’ See figure 2.

Figure 2: Breakfast transformed to a clown head. 2B right: Breakfast transformed to a Dracula head

This ‘cornflakes breakfast’ event created other hospitalityscapes which transcended cultural norms and rituals of how to present breakfast as the cornflakes were not traditionally arranged on a plate. Instead, the cornflakes were arranged as a clown head. The cornflakes and the clown head became a temporal host enacting a hospitalityscape
which opened up possibilities for humorous and imagined elements and ‘carnivalesque’ as introduced by Sheringham and Daruwalla (2007), and the cornflakes clown head became a host symbolizing the idea of a caricature of the hospital stay opposing hierarchy and authority. As such the hospitalityscape created a possibility to distract attention from an alien and seriously hospitalized situation and form hospital meals as either part of mechanical service transactions or nutritional strategies interwoven into cultural norms of how to eat. Like the napkin in the ‘breakfast at spring’ event, the cornflakes and the clown head gained agency and as such became active participants in the creation of a hospitalityscape emphasized by Di Domenico and Lynch’s (2007) description of a home setting as not statically staged but an active participant in the host-guest process.

**Discussion - Possibilities for hospitalityscapes within hospital meals**

This article shows that hospitalityscapes are emergent socio-material constructions. It shows how different elements like artefacts, different moments, unexpected events, different embodied movements and different expressions altogether participated through their relations to each other in creating different ward atmospheres or more local disruptive micro-events while enabling different hospitalityscapes.

For instance, the sudden dance event, the change of soundscape at the wards, and the introduction of home-made meatballs created possibilities for shifting host-guest roles and sociability between patients. Sociability as a means of increasing hospital meal experiences and food intake among undernourished patients has been emphasized in several hospital studies (Hartwell, Shepherd and Edwards 2013, Holm, Smidt 2000, Edwards, Hartwell 2004, Larsen, Uhrenfeldt 2012, Johns, Hartwell and Morgan 2010).
However, these studies explore sociability in relation to structured eating events such as lunch and dinner whereas this article also considers the possibility of sociability within the serving event and in other unexpected events outside structured meal times. However, as the event of the ‘compassionate silence’ indicated, there are moments where the possibility for hospitalityscapes as sociability are downplayed and changed into more focused social relations between HCPs and patients. This is represented by the two different breakfast events which created other possibilities for hospitalityscapes in terms of either opening up boundaries for hospital meals as culturally, ritually and aesthetically constructed, or, on the contrary, opening up boundaries for hospital meals to become ‘carnivalesque’ in terms of transcending the meals as part of mechanical service transactions or nutritional strategies interwoven into cultural norms of how to eat. The aspect of ‘carnivalesque’ and laughter in connection with hospital meals have not yet been extensively studied, however, several studies find hospital meals to be used as a means to express dissatisfaction or frustration of being hospitalized (Holm, Smidt 2000, Johns, Hartwell and Morgan 2010) or as a means to create nostalgia memoires (Justesen, Mikkelsen and Gyimóthy 2014). The aspect of transferring homely environments in terms of relating hospital meals to home, manifested in cultural well-known menus, has also been stressed in other studies (Holm, Smidt 2000, Johns, Hartwell and Morgan 2010).

Introducing an NRT approach enables a focus on hospitalityscapes in different atmospheres and disrupted micro-events. Here, daily practices and unexpected events take place on the basis of initiatives by HCPs to tell stories or dance or by yellow napkins and springtime which lead to new potentialities for creating hospitalityscapes.

The focus on unexpected events is in line with Derrida’s (2000) hospitality approach as ‘we do not know hospitality –yet’ and as such becomes a significant element in a
hospitaliticscape. It brings in a certain degree of unpredictability which contrasts and transits hospital organisations' comprehensive and necessary use of quality management systems in terms of standards, rules and procedures which are also transferred to hospital meal provisions in terms of food-safety regulations, nutritional screenings and monitoring procedures.

**Practical Implications**

This leads to a discussion on how hospital and foodservice organisations can enhance hospitalityscapes within a hospital meal frame, and how they can balance between structured clinical produces and providing a hospitalityscape allowing hospitality to become the unknown and unexpected. A focus on the importance of recognizing the potential of the disruptive micro-events and their capacity to transform the ordinary ward atmosphere, as well as allowing both HCPs and patients to individually enact different hospitalityscapes might enable that balance. Lugosi’s (2014) notion of inducement where hospitality experiences can be conceptualised through spartial, material, performative and representational practices is potentially relevant for hospital organisations as well. Combined with this study’s focus on intensive atmospheres and disruptive micro-events, the inducement framework may contribute to improvements in co-created hospital meal experiences. This calls for the development of hospitality meal competencies among professionals. Hospitality meal competencies could include the ability to enact disruptive micro-events which might enable a relation to cultural, ritual or aesthetic meal experiences, to sociability or to ‘carnivalesque’ experiences, which again can lead attention from an idea of hospital meals as either part of mechanical service transactions or nutritional strategies.
By focusing on a hospitalityscape within disruptive micro-events, it might enable meal experiences that do not necessarily require the allocation of economic resources. By this, we are not trying to disregard or override the importance of allocating economic resources to hospital foodservice provision, considering the significance of hospital meals for patients' well-being and process of recovering (Kondrup 2001), neither to downplay the importance of hospital architecture and meal design. On the contrary, we advocate for flexibility within foodservice systems and call for hospital meal architecture that enables hospitalityscapes to become enacted as unexpected events as well as enable possibilities for sociability and ‘communitesque moments’, cultural, ritual and aesthetic meal performances and to open up hospital meals as ‘carnivalesque’ experiences. The lack of design as an overlooked element in a hospital meal context has recently been discussed by Tvedebrink et al. (2013). They stress the importance of a holistic design approach, emphasizing the contextual, ritual and social meanings rooted in architecture as a means to create aesthetic meal experiences in hospitals (Tvedebrink, Fisker and Kirkegaard 2013).

In line with an NRT approach, this article can be criticized for representing a certain romanticism and partly naïve celebration of singular events, for over-emphasizing individual and material agency and for focusing on good emotions and possibilities rather than being critical of organisational and structural challenges. Certainly, there are organisational and structural challenges within foodservice organisations that need to be addressed (Engelund, Lassen and Mikkelsen 2007). However, the combination of Derrida’s hospitality approach and NRT has opened up a new way of thinking by emphasizing that disruptive micro-events might create opportunities that transcend the static hospitality approach presented in the introduction to this article and might add value
to hospital meal experiences and help address problems of undernutrition in hospitals in the future.

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References


