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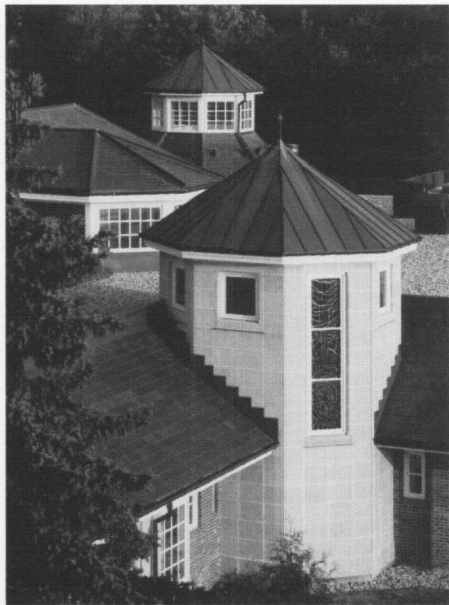
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# Essay

## Interrupting the Profane

by Roberto Chiotti



**Top: the complementary towers of the chapel, rotunda, and dining room signify the major collective spaces of the infirmary. Above: a view of the rotunda, with the entrance to the chapel at the right.**

**An architect immersed in theology provides insight into the formal and material traditions of sacred space.**

**As conscious, reflective beings,** we have a profound desire to bring order and meaning to our existence. One way we seek to address the mystery of the human condition is through religion. For architects seeking to give expression to their clients' religious beliefs, I would like to suggest that a phenomenological approach can assist in better understanding the relationship between theological constructs and architectural form.

To illustrate, I would like to explore the design of an infirmary built for the Roman Catholic religious order known as the Loretto Sisters. The structure of this analysis is based on certain categories developed by theologian Harold W. Turner in his book *From Temple to Meeting House: The Phenomenology and Theology of Places of Worship*. According to Turner, the functions of a sacred space are as follows: it acts as a centre, as a meeting point, and as a microcosm of the heavenly realm.

The first of these categories is the understanding of sacred space as referential centre. A centre of reference is crucial to our essential life experience; it enables us to secure a place from which we bring order to our lives, from which we can initiate life's journey, and to which we can return when lost or threatened by chaos.

For the Sisters who reside in the infirmary, the rotunda is such a place of orientation both physically and symbolically. From here, they can establish their bearings and gain immediate access to all the other major spaces of the infirmary such as the lounge, the refectory, the chapel, the parlour, the nursing station, and the bedroom wings. Existentially, it is also the place of departure and return, for it is from this centre point of reference that they will begin any journey to the attached Abbey Motherhouse, or out to the chaos of the physical world beyond the protective confines of the infirmary's perimeter walls. Upon their return, it serves as a fixed locus that remains safe and familiar, one that offers a place to become grounded, oriented, and centred.

The two orthogonal axes defining the plan of the infirmary relate to the cardinal points of the compass. They are extensions of the

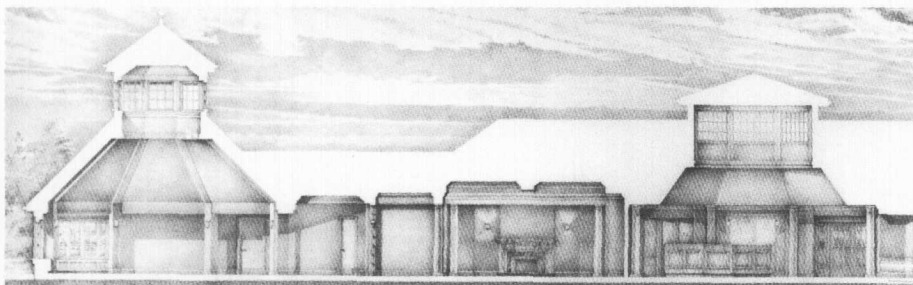
existing 70 year-old Abbey's sacred *templum* which reaches out to embrace the infirmary, thereby ensuring the Sisters of the continuity of Christ's presence. The rotunda, the spatial centre of the infirmary situated at the intersection of these axes, is a space left empty in the middle of the community village. According to historian of religion Mircea Eliade in his book *The Sacred and the Profane*, it is precisely here "where a break in plane occurs, where space becomes sacred, hence pre-eminently real."

For the religious person, not all space is homogeneous; sacred space interrupts the non-sacred and reveals an entirely new reality. Critical to this belief is the presence of the symbolic *axis mundi*, or vertical axis, the place where the ground plane touches the cosmos above. The volumetric form of the rotunda space reinforces this vertical axis, defined by its supporting columns, tapered ceiling, and clerestory fenestration, or *Oculus Dei*, which enables "divine" light to pour in from the heavenly realm above and saturate the earthly realm of the residents below.

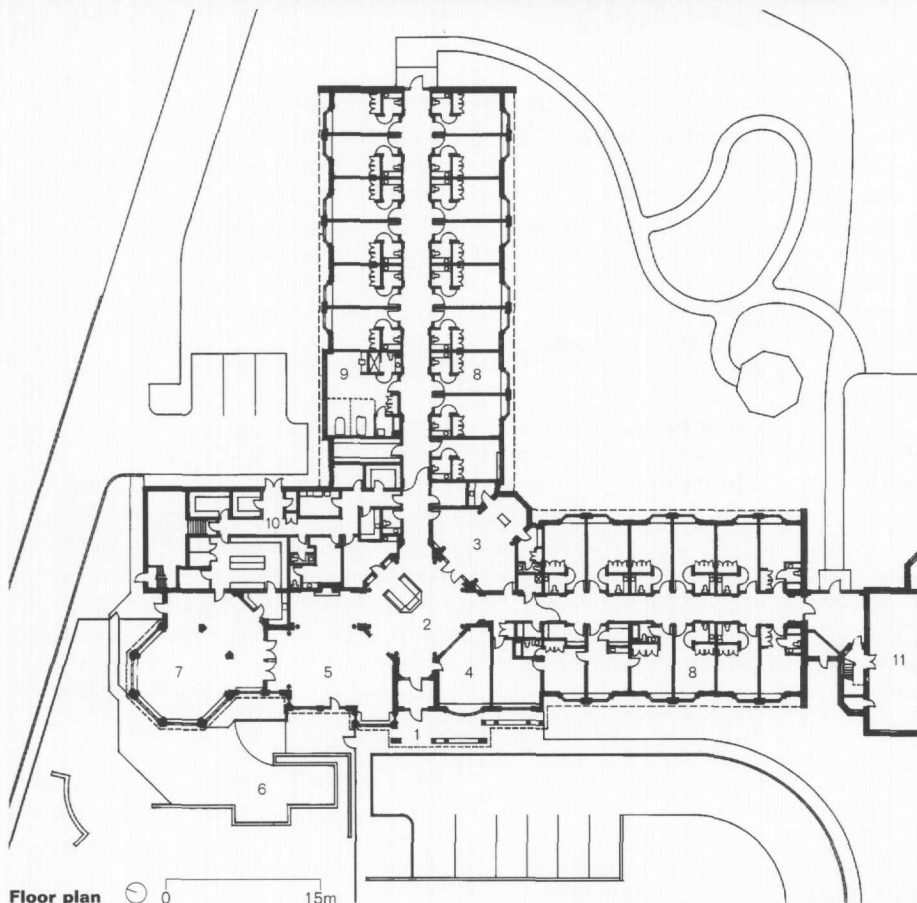
Once established as centre, the sacred space is able to fulfill its second function: to serve as the meeting point between heaven and earth. According to Turner, the many physical forms that demarcate or signify entrance into the sacred realm, along with those that represent a link between the divine and human spheres, contribute to identifying the sacred place as meeting point. For a believer, the point of entry is the frontier that distinguishes and opposes the profane and the sacred worlds; paradoxically, it is also the place where passage from one world to the other becomes possible.

A visitor must cross a series of these thresholds before arriving at the rotunda, the spatial centre of the infirmary. The first threshold occurs at a breach in the hedgerow of mature trees and undergrowth that both visually and metaphorically separates the sacred precinct of the infirmary property from the surrounding neighbourhood.

The second threshold is identified by the cornerstone, ritually blessed by the presiding bishop during the building's consecration ceremony. The cornerstone sits at the base of the entrance porch, a great sheltering roof structure supported by a series of columns similar in form to those that support the ceiling of the rotunda. This semi-public realm delineates a



**Client:** The Loretto Sisters  
**Design team:** William Larkin, Roberto Chiotti, Alina Payne  
**Stained Glass:** Robert McCausland Ltd.  
**Structural:** Carruthers & Wallace Limited  
**Mechanical:** Andrew Hidi & Associates  
**Electrical:** E.A. Rae & Associates  
**Landscape:** Robert Heaslip & Associates Limited  
**Photographs:** Design Archive/Robert Burley



**Floor plan**

- 1. entry
- 2. rotunda
- 3. chapel
- 4. parlour
- 5. lounge
- 6. terrace
- 7. dining room
- 8. bedroom
- 9. physiotherapy
- 10. service
- 11. Loretto Abbey

**Above left:** a sectional sketch showing the dining room, lounge and rotunda. **Below left:** a view of the chapel from the entrance. **Below:** a detail of the stained glass in the chapel's east wall.



transitional zone: the point of contact between the safety of the infirmary's interior and the potential chaos of the exterior world beyond.

The third threshold is identified by the main entrance door. Its design suggests a role that transcends the ordinary function of entry. Lovingly hand-crafted woodwork and stained glass inserts resembling those of the main entrance doors to the Abbey Motherhouse contribute to a greater function: symbolizing the transition from the profane to a place where the human and divine realms meet.

Having crossed the third threshold, visitors find themselves in the vestibule, where an image of St. Michael subduing the devil hangs on the wall. This guardian image reinforces the transition between the profane outside world and the sacred realm within. The somewhat confined space of the vestibule is in dramatic contrast to the size and volume of the rotunda and thus serves to emphasize the primary importance of the infirmary's spatial centre.

The third function that distinguishes sacred space emerges from those already discussed. According to Turner, if the space under consideration meets the first two criteria, then it is the place which shares most profoundly in the heavenly realm and thus must represent an earthly model, or microcosm, of the cosmos as a whole.

Turner further suggests that the orientation of the space must also reflect divine indication. Although the plan of the infirmary rotunda is octagonal in shape and therefore might be considered to have no particular orientation, the location of the clerestory windows in the eastern facets of the upper ceiling volume suggests an orientation consistent with traditional Christian architecture. Like the Abbey Motherhouse and its infirmary extension, countless churches throughout history have situated themselves so that the west facade serves as the point of entry, and the eastern apse, where the altar resides, serves as the terminus of the longitudinal axis, symbolic of the faith journey that leads to Christ, who is the new light.

A successful microcosm of the heavenly realm must also conform to a particular shape and proportion, both of which are subject to divine origin. In the Western Christian tradition, this concept was perhaps most developed during the Renaissance when it was believed that a mathematically ordered universe reflected divine perfection. The visual

logic of Renaissance architecture, with its re-introduction of classical orders and centralized, static geometric forms, reflects the popular notion that the divine cosmos was based upon an absolute and eternal geometric order. Architects attempting to represent a hierarchy of building types through a hierarchy of forms reserved the most perfect forms for the Church: clearly defined, self-sufficient volumes articulating centre, circle and heavenly dome. Although significantly more modest, the form of the rotunda may recall for the Sisters the presence of a cosmological order within their own Christian tradition.

While the rotunda, or spatial centre of the infirmary, can be understood to serve as the point of orientation for the day-to-day lives of its residents, the chapel, or spiritual centre of the infirmary, serves as the most significant point of orientation for their faith and prayer lives as Catholic religious. Metaphorically, the chapel fills the space left empty in the middle of the community village. Its prominent central location, adjacent to the rotunda, establishes

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its pivotal role in linking the two primary axes of the infirmary. The proximity of the rotunda and chapel is not meant to confuse or appear conflicting, but to emphasize that the struggles and joys of day-to-day existence experienced by the Sisters living in the infirmary are understood to be intimately connected to their spiritual well-being. Thus all roads that lead to the rotunda, or spatial centre, also lead to the chapel, or spiritual centre.

The threshold of this inner sanctum is signified by its doors, identical in design to the entrance doors of the rotunda. In order to fulfill its function as the meeting point between the human and divine spheres, the chapel, like the rotunda, must contain the elements associated with the connection between those two spheres. Each liturgical element within the chapel, from the holy water font to the Resurrection theme of the stained glass window, draws the visitor into the divine sphere of God.

To serve as microcosm of the heavenly realm, the chapel must meet certain criteria regarding directional position, proportions and

shape. The chapel is oriented in an east-west direction. One enters through the western front and approaches the altar at the eastern end. The shape of the chapel is defined by two intersecting forms. The seating area is fan-shaped, a form that enables those gathered to be aware of each other's presence as a community. The ceiling over its central east-west aisle is barrel vaulted and supported by four stone columns similar in shape and style to the columns that support the dome-like ceiling of the rotunda. The four columns represent the four evangelists: Matthew, Mark, Luke and John. The stone finish, unique to the chapel's columns, makes reference to the role of this space as the building's cornerstone and, in the words of the consecration ceremony, pays homage to the symbolism of Christ as "the faithful stone holding the structure together."

The sanctuary is a tower, octagonal in plan and terminated by a domed ceiling. This stone structure emphasizes firmness and verticality. In the culmination of the vertical stained glass window, another series of windows circumscribes the top portion of the tower. The images contained within these clerestory windows are of an abstract design that reflects the ethereal and all-encompassing nature of the cosmic realm. Each of the eight windows captures the sun's rays and transforms them into a rainbow of images that shimmer and dance across the walls of the tower as the sun traverses the afternoon sky.

The form of the infirmary chapel draws from a two thousand year-old tradition of Christian architecture. The juxtaposition of geometric volumes, the definition of axes, the articulation of spatial planes, and the play of light and shadow have all been manipulated in an attempt to give formal expression to the mystery of humanity's relationship to the divine. In addition, other spaces throughout the infirmary incorporate the geometric forms and material elements found in the chapel and the rotunda. Together, they create a visible, tangible, and symbolic language that contributes to the understanding of the infirmary as an integrated whole, or gestalt form, that is divinely indicated and centred on the theology of its residents. ●

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