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FIVE CRITICAL ESSAYS ON WELLBEING

CRITICAL SUBJECTS

Five Critical Essays on Wellbeing

FIVE CRITICAL ESSAYS will explore the general discussions affecting, *inter alia*, design, architecture, culture and politics. The ideological premise of the journal is to facilitate a critical engagement with ideas, and to interrogate established topics objectively. Taking a leaf out of EP Thompson's review of *New Society*, the 1960s cultural review magazine, we aim to offer 'hospitality to a dissenting view (as) evidence that the closure of our democratic traditions is not yet complete.' Our purpose is to re-open civic debate.

FIVE CRITICAL ESSAYS will introduce a theme for each issue and recruit five writers to comment freely and openly on the subjects to generate space for a conversation and further enquiry. The conclusion of each journal will not necessarily mean a resolution. Indeed, it is intended that there will be five robust views on display and that their interventions will be a spark to further discussion.

FIVE CRITICAL ESSAYS will be an agora where genuine interpretations are proposed and where arguments that will hopefully advance the understanding of the subject are confidently proposed. We aim to provide a nuanced perspective on a variety of issues, whether exploring ethical dilemmas, interrogating contemporary arguments or challenging well-established orthodoxies.

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Five Critical Essays on Architectural Ethics

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Foreword

Austin Williams

We are all potentially unwell. At least, that is, if you believe the hype-ochondria. Instead of basing our assessment of illness (and whether we need to improve our wellness), on a simple analysis of the facts, i.e. that in the western world we tend to be fitter, healthier, living longer, prone to fewer diseases and achieving more than any previous generation, we are constantly told that we've never had it so bad.

The UK's Office of National Statistics claims that more people felt low satisfaction with their lives in the first quarter of 2024 than pre-Covid.[1] That headline actually translates to just 5.3% of the population complaining compared to 4.5% five years ago so it might be of little consequence perhaps, but why is it that many of us with little else to worry about, increasingly turn our attention to our own physical and mental aches and pains.

It's a First World concern and it says something about our lack of actual problems that we have to be counselled into recognising that we have ailments that many of us never really realised. More worrying is that concentrating on our inner selves often undermines the very real inadequacy of actual medical and social provision. The collapse of elderly care units and social care generally, for example, the lack of treatment for acute conditions, the chronic failures of dental and GP services in this country, to name just a few. Wider concerns can be swept under the carpet as we seek out individualised relaxation techniques and other psychotherapeutic interventions to improve our desire for wellness.

It has long been a fact that concentrating on personal health, and fearing its terminal decline, has been used to distract from real failures in the healthcare system. That said, it is worth noting that the conversation around wellbeing isn't a cynical manipulation of the facts intended to distract us for bigger issues. It reflects a genuine belief that we are unwell.

If we compare the situation today with the establishment's concern about British decline at the start of the 20th century, the differences are telling.[2] One hundred years ago, the national enquiry into 'the physical deterioration of the English people' was driven by an establishment paranoid about the weakness of the 'national stock', and concern that too many of the population were unfit for military service.[3] The debate at that time – centring around the poor physical condition and performance of conscripted soldiers in the Boer War – led to a desire to combat the physical decline of the working classes and to rebuild grit, determination and the British stiff upper lip. Compare that to today, where everyone seems to be competing to win the flabbiest lower lip competition.

Mercifully, nowadays, the contemporary manifestation of medicalised wellbeing is not a racialised discussion as it was at the time of the First World War. But however malign the reasoning in the past, the attempt to improve the health of the nation eventually gave rise to the development of universal medical care involving real treatment for ill health. Conversely, in today's day and age there is a veritable industry of wellbeing consultants drafted in with little genuine concern for ill-health other than to indulge it. Part of that indulgence is to inflate the magnitude of the problem in the first place in order to legitimise greater interventions. (This is explored well in Rachel Bosenterfer's chapter on universities' wellbeing industries and their impact on the younger generation.)

One self-styled commentator goes so far as to claim that young UK architects should recognise that their work experience is 'akin to modern-day slavery… including forced labour, debt bondage, human trafficking, and other forms of abuse.'[4] Of course this is nonsense, but increasingly, criticism of such hyperbole is becoming impermissible for its lack of care and concern. We are meant to indulge personal foibles and reinforce paranoid perceptions, however illegitimate.

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Growth industry

Examine the disability statistics over recent years and it is clear that, as a result of special pleading and political choices, the label of 'disability' has been expanded, sometimes to idiotic proportions. The UK government is keen to tell us that 24% of the population is disabled.[5] In 2022, there were 16 million people classified as disabled in the government's own figures, up from 10.8 million twenty years previously, while 45% of adults now

report a disability.[6] Between 2023 – 2024, we had added another 500,000 people to the disability statistics. These dramatic increases can be partly explained away by the fact that short-sightedness, constipation, tennis elbow, and other forms of physical inconvenience are allowed in the data (all listed as disabilities on the UK Department of Work and Pensions disability groups of claimants).[7]

The generous inclusion of those somewhat minor ailments and nuisances into disability statistics results in them being taken to be on a par with sufferers of life-altering disabilities, such as paraplegia, the blind, or deaf. This is not to minimise the unpleasantness of any inconvenient medical condition, but it is an insult to equate haemorrhoids with bowel cancer. Indeed, more honesty might dispel the wild accusations of a nation of disabled people.

Similarly, the government informs us that 17% of the population aged 16 and over had 'experienced symptoms of a common mental health problem, such as depression or anxiety.'[8] Using that criterion, it is surprising that the number is so low. Who has never been anxious… waiting for exam results, watching a football match? The diagnosis of depression covers severe bipolar disorders through to being temporarily in low spirits. If mental health is classified in such broad terms, it diminishes and demeans those with significant mental health crises such as schizophrenia, severe autism, or dementia, for instance. At the moment, the word 'wellbeing' is the ultimate non-judgemental term for any and all complaints, chronic or otherwise, and the methods and means for learning to live with it.

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Pyramids of piffle

The Architects Mental Wellbeing Forum claims that architects are particularly vulnerable to problems with their mental health because they work long hours and have something called 'a culture of perfectionism', a condition I hadn't particularly noticed in all my years in the industry. Whether the implication is that architects should work fewer hours and be more slapdash for the sake of their sanity is left to your own imagination. But the casual emergence of the wellbeing industry – often a euphemism for mental health counselling – within the profession, amongst students, and in society more broadly is a dangerous and passively-accepted trend.

It's not all benign, as Paul Finch and Patrik Schumacher forensically explain in their exploration of the International WELL Building Institute

(IWBI), which brands itself as 'driving market transformation through healthy buildings'. Other certification practices have the ring of a Ponzi scheme about them, where the prime movers have become the consultancies of choice, brought in to certificate businesses as wellbeing champions. In essence, a company joins a certification scheme premised on the certifier's criteria; it tells you to change company practices in order to fulfil those targets; if you do so your company/product can be classified as compliant; you then become a benchmark for others to learn from. And so, the pyramid sale continues. Essentially, this has become a self-serving industry that thrives on the misery of others, while purporting to give a damn.

In some ways, it started a generation ago when employers became advocates of performance reviews. Instead of giving pay rises – employers often resolved to buy their staff ergonomic chairs and anti-glare computer screens to alleviate discomfort and create a happier workforce. It then morphed into 'employee benefits' like gym membership and workplace activity sessions, which were perks instead of paying staff more. Post-Covid it has grown to infect the wider population with the Working From Home virus which, admittedly, tended to relate to the middle-class, white collar, creative class, while the working classes laboriously serviced their needs. But ordinary punters are gradually being impacted too. Wellbeing has entered our lexicon as a way of asserting our rights, while reminding us that we have to be weak, feeble of ill in order to do so.

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Evidence-led religiosity

One wellbeing counsellor bemoaned, 'The wellbeing industry is feeling bloated, crowded and oversaturated (with…) the same vacuous marketing slogans which sound catchy, but in reality lack substance.'[9] Occupying part of that bloated arena are the architects who feel that their work is able to change the world, whether combatting climate change or – in the latest iteration – to make people well again. It is almost religious in its self-regard. Of course, rather than relying on miracles from on high, they prefer cod science to explain the importance of their work and there is one case study in particular that is repeated *ad nauseum* to justify architecture's wellness worthiness.

'Research shows' (whenever you hear that phrase, you should reach for your gun) that views of nature from a hotel bed, particularly of trees and sky, improve recovery times. This research has impacted on the design

of hospitals and their wellbeing checklists over the last few decades and has extended into a range of other typologies too. Of course, recovering in an airy ward certainly sounds more pleasant than being in a windowless box. But cannot architects defend 'good design' in its own terms anymore? Must they have to rely on so-called objective scientific research to fall back on?

Of course, it helps if there is a research paper that says that your motives are worthy, and it also means that architects can avoid accusations of subjective arrogance. Look, they say, my design is good because it ticks the 'indicators of healthy architecture' box.[10] Who knows, there is little research to show that a squalid hospital environment might also be a factor in encouraging patients to get out of there quickly. But surely good hospital design is not merely to clear bedspace: it is surely more than an application of Taylorist principles. A well-designed ward is simply 'nicer', more humane, more civilised, and a visible display of investment in the individual.

The talk of 'healing environments' is pompous and asking for trouble.[11] The regulator of the architectural profession in the UK, Alan Kershaw, has said that 'Architects have a profound impact on the health and wellbeing of everyone in our society.'[12] He was referring to the culpability of the architectural profession regarding the disaster at Grenfell, but the logic of this statement goes much further. Two years ago, the theme of World Architecture Day 2022 was 'Architecture for well-being' where all architects, everywhere, were charged with promoting 'design that protects health, design that develops Better Health, and design that restores health once it is impaired.' Given that 'health', is defined by the World Health Organization as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity', architects will have their work cut out. Implicitly, if architects are there to promote health and wellbeing in the design of buildings and cities, then they carry a heavy burden when it fails.

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From Madness to Wellness

Ken McLaughlin & Ashley Frawley

Definitions of mental distress have changed over time and have been subject to the social and political ideologies and prejudices of the day. In other words, terminology regarding mental distress is often revealing not for what it tells us about a specific cause of any individual's distress but for what it reveals about society and how we view ourselves. In this introductory chapter we detail some of the conceptual changes and discuss the implications for individuals and society. Space precludes a detailed history, so we have highlighted some key historical issues and chart the decline of certain terms and the rise of others, most notably that of wellbeing.

Most societies have long recognised and categorised people suffering from some form of mental distress, albeit with the causes and interventions varying widely across time and culture. Historically, madness has variously been attributed to divine intervention, being possessed by evil spirits, unbridled passions, or the influence of the moon.

Plato distinguished madness 'given us by divine gift' from 'natural madness', the latter being due to physical disease. Hippocrates identified five forms of madness, and many European physicians followed his assumptions. However, religious explanations were still held by many, for example, John Wesley, the eighteenth-century Methodist leader attributed madness to being ensnared by the devil.

After the Enlightenment, religious explanations for madness began to decline with a gradual increase in more medical and therapeutic interventions to cure the mad. Madness became a mental disease, a disease of the brain akin to physical diseases. As the psychiatric profession (once called 'mad doctors') began to be seen as the dominant experts in dealing with mental distress, the term madness was dropped as a label and was eventually replaced with the terms, mental illness and mental disorder.

The Mental Health Act (MHA) 1983 defined mental disorder as 'mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind'; the categories of 'severe mental impairment', 'mental impairment' and 'psychopathic disorder' had their own definitions. The MHA 2007 Act removed all these distinctions and shortened the definition to simply 'any disorder or disability of the mind.'

Such terms were still mainly within the province of mental health professionals and applied to a small minority of the population. They were not embedded within popular discourse in the way that many new terms, such as mental health, and wellbeing are today but those seemingly contemporary terms are in and of themselves not new. For example, in 1948 the World Health Organisation defined 'health' as being 'a state of complete physical, mental, and social *wellbeing* and not merely the absence of disease or infirmity.' Similarly, mental health is seen as a 'state of mental *wellbeing* that enables people to cope with the stresses of life. It is seen as more than the absence of mental disorders and exists on a complex continuum' (our emphasis).

This definition has been criticised as utopian in nature. Can we ever be in such a 'complete' state of mind? Nevertheless, when it defines a 'mental health condition' it holds a line between the serious and relatively mundane. For the WHO, mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm.

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Widening scope

It is the case that definitions within the Mental Health Act do exclude many people who require help with their mental health. However, the new terminology of mental health and wellbeing expands the definition of what constitutes mental distress to an increasing number of the population, with many of the problems of the human condition seen through a psychological prism. Such terms have entered popular discourse and are embedded within many societal institutions, with an increasing number of people encouraged to interpret their problems within this framework and to view themselves as mentally unwell and psychologically vulnerable. In a recent US wellness survey, for example, 71% of architecture students screened positive for moderate to extremely severe levels of depression, anxiety, and stress brought on by university deadlines.

Claims of a mental health crisis and of risks to our wellbeing most certainly include people in genuine mental distress who require help, but all too often the definitions are stretched to such an extent that the terms can become meaningless. The expansion of diagnostic criteria in this way has concerned some within the psychiatric profession. Frances Allen, who was involved in the preparation of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-III) has been one of the most strident critics of the expansion of diagnostic criteria.

A Royal College of Psychiatrists (RCP) report notes that an estimate of the prevalence of mental health issues 'can vary by more than 100-fold depending on how it is ascertained and defined (creating) obvious difficulties with regard to planning provision of care for those with mental disorders.' An article in the *British Medical Journal* made the case against this therapeutic imperative:

'There is a down-side to viewing emotional distress in terms of mental disorder. It expands the potential demand for services such as counselling and mental health services at a time when demand seems already to exceed supply. We may be raising expectations that cannot be met. In addition, the belief that one is in some sense mentally disordered might lead to the assumption that some form of expert help is required, and hence undermine the roles of active coping and non-professional support.'

This can be shown by the way claims of a mental health crisis in UK universities are made. The number of students said to be so suffering can vary from 20%, to 25% to 33% and even to 78% depending on how they are presented and what criteria is used. For example, the latter figure came from a 2015 Mental Health Poll which asked Higher and Further Education students if they believed they had experienced problems with their mental health in the last year, regardless of whether they had been formally diagnosed. This rose to 80% of those noting that they had felt unhappy or down in the past year.

An analysis of relevant university literature identified numerous keywords that were used interchangeably with the phrase 'mental health': ranging from 'feeling sad' to 'psychiatric diseases.' These ill-defined and expansive categories are used as evidence that there is a mental health crisis within society in general and universities in particular. It is perhaps no surprise then that newspaper coverage of mental health in relation to higher education had risen from under 500 mentions in 2003 to 3,000 by 2021. With a few exceptions, it is rare for any newspapers to offer a critique of the way the figures are calculated or of the dangers of their cavalier use. These kinds of mental health problems impacting on

our wellbeing are a far cry from the WHO's definition of mental disorder as 'characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour.'

Where once it was the psychiatric professions who were criticised for medicalising and pathologizing human experience, now many are trying to hold the line, to keep a boundary between the mentally unwell and those experiencing the travails of everyday life that we will all experience at some point in our lives. Frances Allen cites his own profession and also the pharmaceutical industry as being key factors in the medicalisation of more and more aspects of human existence. This is without doubt a factor but there are many other drivers. Today, it is those within psychology and mental health organisations (charities, advocacy groups etc.) that are the ones pathologising everyday life.

Such groups' expansion of definitions and the tendency for more and more people to look for labels with which to view their problems can be seen as indicative of a culture of vulnerability. More and more issues are being recast as threatening our wellbeing. More cynically, advocacy groups and campaigners can have an interest in presenting their particular issue as being urgent, as a mental health crisis, in order to rise it up the political agenda and secure more funding. Using very loose definitions is one way of doing so. It is remarkable how in the 1960s and 1970s critics of psychiatry often rejected diagnosis, whereas today, for many, there is often a demand for one.

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Psychiatry, mental health and society

How we define mental distress has always been influenced by society. That is why we must exercise caution over how it is being presented today. In 1851 the American physician, Samuel Cartwright, considered Black slaves who tried to escape slavery as suffering from a mental illness he labelled *drapetomania*. He couldn't consider that they wanted to be free, so for him, it must have been a disease causing them to abscond. At the time many ridiculed it, but others took it as a way to explain runaway slaves.

It was not until 1973 that the American Psychiatric Association declassified homosexuality as a mental disorder. It was 1992 before the WHO followed suit and removed it from the tenth edition of its International Classification of Diseases. Both these 'diagnoses' show the societal

prejudices of their time around race and sexuality, as does their falling out of favour. For example, the dropping of homosexuality was less due to advances within psychiatry and more to do with the changing social and cultural climate of the time and the work of gay activists.

Even the concept of work stress is related to social and political change. Its increase within the workforce coincided with the decline of working class and trade union power. As the old ways of addressing worker/employer grievances (for example taking industrial action) no longer worked as effectively, following working class defeats, most notably that of the Miners' Strike (1984-85), unions changed tactics. While industrial action was still used, there gradually became a focus on workers taking industrial inaction; by going off sick due to work stress.

Our contention is that the focus on wellbeing and its incorporation into popular discourse and institutional policy is likewise influenced by societal change such as a culture that promotes vulnerability. It presents, indeed encourages, people to see themselves as unable to cope with an increasing number of life's challenges without some form of external intervention. The sick role, rather than being seen as unusual and temporary is now held to be normal, life-long and has become a badge of identity for many people today. The Architects Benevolent Society, for instance, recommends a variety of therapeutic wellbeing support interventions such as 'counselling, cognitive behavioural therapy, compassion focussed therapy, Eye Movement Detection Reprogramming and clinical hypnotherapy.'

To be clear, we do not dispute that many people experience mental distress to such an extent that it adversely affects them psychologically and they require professional help. Our concern is with the way the expansion of categories to the extent that we are seeing today does little to help those who need it.

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Therapeutic Fads[8]

As we have seen, the vocabulary around mental distress has changed historically. Today we have a number of terms that are often used interchangeably, and the popularity of certain terms rises and falls according to changes in social and political discourse.

For example, the term 'self-esteem' was rarely cited within anglosphere newspapers in 1980 but then gained in popularity before it began to decline. Even though it was still part of social discourse, it was overtaken

by discussions of 'happiness', which itself was overtaken with concerns over 'mental health' and 'wellbeing', both of which rose in prominence.

However, while many terms gradually decline in popularity they remain in the cultural vocabulary and can be utilised as a means of understanding our experiences even if they no longer have the public and media's attention in the way they once did. It is entirely possible that 'wellbeing' and 'mental health' will follow the same downward trajectory in the public's imagination, although they show little sign of doing so at the present time.

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I Hope This Finds You Well

Paul Finch

The idea of 'wellness', as opposed to good health, is a contemporary phenomenon which has spawned a minor industry based on proselytisers, practitioners and – importantly for the real estate market – measurement systems which claim to show whether your building will contribute to general wellness, of individuals and society.

For proponents of what might be seen as a cult, they have the advantage of anybody arguing that things should be better. Disagreement implies that you think they should be worse – whatever rational argument may be advanced. However, the unthinking acceptance of novel doctrines which make buildings (and therefore architects) responsible for both the ills of the world and the elimination of those ills can cause problems, as can be seen from the story of 'sick building syndrome'.

An early example of the projection onto buildings of fears that could be equally located in other fields, SBS purported to explain why people took time off from offices. It wasn't normal ill-health, or the desire to avoid coming in to work on Mondays (how quaint that sounds these days) – it was the evil building causing various forms of malaise as a result of air-conditioning, the chemicals in photo-copier machines, lack of individual control over lighting, lack of natural light, no access to opening windows, and so on. Unthinking developers, cynical architects and unscrupulous employers had supposedly combined, wittingly or otherwise, to create working environments which actually made you ill.

Very little research was undertaken into why these conditions affected certain sorts of workers far more than others because this did not fit the narrative. It was no great surprise (at least to those of a rational disposition) when the late Professor Pat O'Sullivan of the Bartlett demolished all this as nonsense, after which the 'sick building syndrome' phrase fell into

disuse, just like the phrases used to describe the consequences of using keyboards, like 'repetitive strain injury'.

Another, this time genuine example of buildings becoming a target for improvement was the long-term campaign to make them more 'accessible'. The phrase 'disabled access' is no longer acceptable, but that was what it was all about. As a result, the real estate industry has spent billions on making buildings easier to navigate for those in wheelchairs, on crutches, or walking frames.

It's clear to see why this should happen in respect of public buildings, but in pushing huge investment into buildings of all sorts – by applying a generic approach to all buildings – an alternative strategy has been ignored. This would be to focus on the technology needs of individuals affected. To put it simply, instead of retrofitting incongruous ramps and stair lifts, why not give anyone who uses a bog-standard wheelchair, an intelligent wheelchair that can negotiate stairs and other hazards? Wouldn't it have made more sense to take a fraction of the money spent on converting or adapting buildings and use it to provide state-of-the-art technology, including vehicles, for those who need them? To paraphrase Henry Ford, if people had been asked what mode of transport they wanted at the turn of the 20th century, they would have demanded faster horses. It took leadership and foresight to suggest instead, a car.

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Guilty buildings

Projecting problems onto buildings is in part the guilty response of society's slowness in adapting public facilities, especially with regard to transport. You may not be able to make it possible for a disabled office worker fully to reach their place of work by public transport, but you can prove that designers have a social conscience by ensuring that if and when someone with a disability actually gets to a building, it will be fully compliant with the regulations. Box ticked. In reality, the proportion of people with serious disabilities working in offices is tiny, not least because it makes more sense to work from home.

This is not an argument in favour of inequality, or against investment to improve the lives of those with various difficulties, far from it – it is simply to say that assuming buildings are the answer may be because the wrong question is being asked.

A clearer example of the way buildings and their design can contribute positively to the physical and mental health of its users, occupants and visitors, is the research work over many decades that has informed the design of hospitals. Sympathetic design – as in the Maggies Centres, providing a humane environment for end-of-life care – has nothing to do with the level and quality of the care that they receive once they are there. But the impact of designs that minimise depersonalisation and institutionalisation is certainly an informing idea which has been taken on board across the world. Designing well rather than designing wellness.

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Measurement culture

Increasingly this has become a strategy well beyond the traditional confines of hospitals and public health facilities: why shouldn't design be able to improve your 'wellness', however that might be defined? And why should it not be possible to measure wellness outcomes and – importantly for developers, investors and their architects – advise on how to design buildings which will achieve those outcomes?

There is indeed such a measure, the WELL Building Standard, invented by former Goldman Sachs folk and looking like a first-rate business school proposition. Once you have a standard which purports to show that a building is healthier than those without that standard, then if you succeed, financial markets will demand that those standards be met. Building owners and developers will have to pay up to get a rating from the inventors of the standard. Martinis all round!

It is difficult to criticise the aspirations of this sort of programme, any more than it is to complain about other environmental measurement systems like BREEAM and LEED, which provide evidence of 'better than code' environmental performance.

On the other hand, it is not unreasonable to be sceptical about the ways in which these systems operate. The over-provision of cycle spaces in the latest generation of office buildings has little to do with people actually cycling to work, but quite a lot to do with the brownie points that the corporates get in their environmental assessment. Put a measurement system in place, and people will start gaming it, as sure as night follows day.

Critics of the WELL standard come from a wide range of perspectives. Dealing with the question of air quality, for example, you might ask yourself whether it makes any real difference when you are not breathing

WELL-certified air, that is to say when you are travelling, at home, or anywhere that is not your office. Needless to say, much is made in WELL literature about the contribution a self-identifyingly compliant building can make to important factors like employee illness, or even absenteeism. But the evidence always looks shaky when you begin to question the multiple factors which contribute to the notion of well-being.

Tiredness, anxiety, depression and loneliness are difficult to consistently define, especially in relation to physical surroundings. Without massively detailed research over long periods, can anybody be sure that the claims made about wellness in relation to buildings are justified?

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The architect made me do it

This leads us to a broader question: should we take architectural determinism seriously? The claim that built environments make us behave in certain ways is frequently made, and of course it is flattering for the architectural profession to imagine that the world sinks or swims on the basis of its latest design thinking. This is, of course, nonsense. At its most extreme, this line of thinking suggests that it is modernist inner city council estates that produce criminals, and that if only 'traditional' architecture had been used, things would be so much more agreeable. Actually, the Kray twins were brought up in traditional east London housing, but it didn't stop them nailing their criminal rivals to (traditional) floorboards as necessary.

At a broader scale, architecture is blamed for almost anything from climate change to the failures of accelerating urbanism, but in truth the part it plays is inevitably limited. It is not architects who create cities, by and large, but a combination of economic forces and social organizations that need architects to design something. The brief comes from elsewhere – and there is nothing inappropriate about that.

But when claims made about the precise wellbeing effects of buildings on their occupants become codified as investment criteria, it is timely to think about the multiple factors which affect the lives of individuals and groups which have little to do with the world of architectural design. To take an obvious example: an increasing proportion of elderly people describe themselves as lonely. This is because longevity has increased to an extent previously unknown in human history. Children can be long retired before their parents die. And so on. You can try to compensate for that through design modifications; shared living facilities or granny flats,

for example, but it still remains predominantly an issue of social care aided by technological connectivity.

Buildings are hugely important to us all: they are where we are born, grow up, go to school, work, play, live and ultimately die. They are the inevitable background to all our lives. But the foreground is people, life, activity, relationships and so on. Does it matter whether your place of work is supposedly a font of well-being if your weekend hobby is mountaineering or racing motor-bikes? Does access to people in the office rule your life if you are a member of a choir or amateur dramatic society, or come to that a golf club?

The late great Cedric Price used to ask the following: 'If the answer is a building, what was the question?' The plethora of standards by which we are invited to assess architecture these days raises the question of exactly what they are there for, other than to provide a comfort blanket for the remote investor. That may be a sufficient reason, but it should not obscure the broader questions of how architecture, cities and life combine, for good or ill.

Paul Finch, programme director, World Architecture Festival

Wellbeing and Sacrifice

Helen MacNeil

As an architect, my professional career is rooted in an objective commitment to concrete outcomes; I work collaboratively to manifest spaces and places that set the stage for human experience. As architect Peter Zumthor proclaimed, 'building is the art of making a place for life'.

For me, architecture is more than a profession; it's an expression of my sense of self, intrinsically driven by a deep desire to express something profound... of me.

In this essay, I will reflect on my own cathartic architectural journey, examining the interplay between philosophical congruence, personal motivation, and the delicate balance between self-interest and altruism. A recurring question I grapple with is: how can I sustain my own wellbeing as an architect throughout my own archetypal hero's journey? How can I navigate both the physical and psychological landscapes without losing myself?

I speak only for myself. As an architect. My approach and the beliefs that guide my practice are my own and should by no means serve as a blueprint for others. This is not a self-help, wellbeing essay. Instead, I wish to explore my motivations within architecture, acknowledging both the light and dark sides that drive my creativity and the specific form that wellbeing takes in my personal and professional life.

Central to my understanding of wellbeing is a cruciform intersection defined by four poles: on one axis, philosophical congruence versus a willingness to challenge long-held beliefs; on the other, the balance between narcissistic status-driven supply and a sincere quest for purpose, through sacrifice and service to my clients, and the community. My sense of wellbeing within architecture is determined by how close I can orientate myself to the centre of this intersection, necessitating a constant (neurotic?) self-awareness to avoid drifting toward extremes.

A simpler framework for maintaining this equilibrium includes balancing these concepts – Freedom, Faith, Family, and Fulfilment – each equally vital, with no hierarchy. Achieving a balance of these elements leads to fleeting moments of wellbeing; short lived though they are.

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Ideology versus Philosophy

'To create architecture is to create freedom.' Yona Friedman.

In my architectural practice, distinguishing between philosophy and ideology is crucial. Philosophy helps foster open-ended inquiry, encouraging diverse perspectives and a critical examination of long-held assumptions. In contrast, ideology tends to be prescriptive and dogmatic, often promoting specific agendas that constrain intellectual freedom.

Many architects and students today navigate an ideological landscape shaped by external frameworks – everything from UN sustainability goals proffering antithetical degrowth agendas and unrealistic Net Zero targets, (anti)racist/(anti)colonialist social justice goals, or fetishising reuse at all costs – all of which, while important to consider, can impede personal philosophical development, especially if one disagrees but self-censors.[1]

Cultivating a personal architectural philosophy that aligns with one's practice is key to achieving wellbeing. Prescribed moral groupthink implemented by the bureaucratisation of ideological frameworks like Diversity, Equity and Inclusion (DEI) and Environment, Social and Governance (ESG), leads both practices and individuals astray from their own core philosophies. In such cases, we risk becoming indoctrinated. Activists rather than Architects. That is a shift that I find lacks authenticity and will not lead to the innovation that is required to address real-world issues.

American social psychologist, Jonathan Haidt warned against ideological monocultures in education, emphasizing that such environments fail to prepare students for the complexities of practice. Architectural education, dominated by these ideologies, pressures students to conform rather than explore diverse ideas through academic freedom. A robust curriculum should promote critical thinking, allowing for open dialogue and the free expression of varied viewpoints, fostering richer philosophical development. It should be possible to debate pressing issues without being tarred with a problematic, adjacency brush.

Haidt says that we need to engage in conversations across our differences; to foster understanding and social cohesion. It is through this intellectual engagement that architecture can evolve and respond to the complexities of contemporary life for the benefit of all. We must underscore the necessity of grounding architectural endeavours in an exploration of meaning, rather than merely succumbing to popular trends or ideologies if our designs are to stay relevant over time.

Architectural discourse reflects the current political landscape of censorious hate speech laws and the rollback of individual freedoms – all in the name of progress or safety; but a stifled profession cannot innovate to address and solve contemporary issues. Censorship, as cultural critic, Helen Pluckrose notes, 'masquerades as protection but ultimately undermines the very values it claims to uphold.'[2] Author, Andrew Doyle echoes this sentiment, stating that 'free speech is the foundation of a free society.'[3]

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Authenticity

If we cannot frame an issue honestly through open, engaged discourse via free speech, then we have no hope of finding solutions beyond political buzzwords and cheap, easily betrayed election-winning promises.

The philosophical approach that I adopt in architecture is not merely for personal enrichment; it seeks to instil a sense of dignity, privacy, and freedom within the spaces I create. In this way, architecture can serve as an act of communication, conveying values of freedom and collective identity, as noted by Daniel Libeskind: 'Architecture is the expression of the political situation, and freedom of expression is essential for its evolution.'[4]

My Christian faith protects me from the allure of transitory ideologies that pervade contemporary architectural discourse. This foundation allows me to cultivate a sense of authenticity that transcends the fluctuations of architectural trends. Consistent authenticity over time leads to a sense of wellbeing because I'm not caught in the ever-shifting sands of postmodern thought, as it deconstructs all that we know to be true and untethers the most well-meaning from reality. As a designer, I am a 'reality sculptor', I aim to create architecture not merely for the sake of aesthetics but to reflect a deeper truth about humanity – a sense of timeless beauty. I have by no means achieved this, but every day I work in service of this goal.

Day by day, hour by hour, the sacrifice is in itself, a construction, and an act of faith in a potential that only God knows.

Architecture, at its best, is an art form that transcends mere functionality. Frank Lloyd Wright's assertion that 'the mother art is architecture… without an architecture of our own, we have no soul of our own civilization' exemplified this deep connection to culture and the transcendent. These enrich the experience of both the architect and the inhabitant, whoever they may be. As Louis Kahn said: 'A great building must begin with the unmeasurable, must go through measurable means when it is being designed and, in the end, must be unmeasurable.' Success in architecture is built on foundations of resilience and longevity. My faith in Christ gives birth to newfound resilience in me every day as an architect.

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Sacrifice versus narcissism

Determining and embracing the complexities of our motivations and the myriad influences that shape our work is vital in understanding our own wellbeing in architecture. More importantly, to understand when we are unwell and due to what, so that we can address it head on.

I often wrestle with the chiaroscuro of my motivations to pursue a career in architecture, balancing moments of status-driven narcissism with a genuine commitment to serve my clients and a cause greater than myself. This is further complicated by the necessity of healthy narcissism in my role as an architect and that professing to serve a greater good can come across as virtue-signalling. The tension inherent in the duality of narcissism and altruism is an energetic interplay of light and shadow – both intimately intertwined and often difficult to distinguish in a psychological sense. I recognise, I'm not the best judge, exacerbated by a propensity for self-assuredness.

As I reflect on my architectural practice, I am compelled to confront the notion that my work may simultaneously reflect both narcissistic tendencies and faith-based self-sacrifice. This duality, while complex, drives my pursuit of authenticity and creativity, underscoring the importance of mastering both my craft and myself.

My commitment to architecture is deeply personal, interwoven with my familial legacy – a complex landscape. At the core of my drive lies a yearning for a closer relationship with my father, an architectural designer. An age-old sense of distance between us propels me to bridge that gap

through my work. If I build it, he will see it; he will see me. This longing at the heart of me can consume me if left unchecked. Perhaps we are two very similar architects distracted by work and unable to find each other in the fog of the quest. My father gave me my gifts of talent, dedication, loyalty and an insatiable lust for architecture. I just wish we could both walk away from our desks, more often, and find each other in the smallest, most inconsequential of moments. The act of creation can evoke these deeply personal emotions, and architecture provides me with a means to channel these into something positive and meaningful, granting me a sense of control and agency. I feel closer to him.

'One does not become enlightened by imagining figures of light, but by making the darkness conscious.' Carl Jung.

The interplay between personal fulfilment and societal obligation calls for a critical examination of our architectural practice, resisting dogmatic ideologies in favour of an exploratory, curious approach that encourages open discourse and diverse perspectives. Haidt's concept of intellectual humility underscores this point: 'Intellectual humility', he says, 'is the recognition that your beliefs could be wrong and that you should be open to learning from others.'[5]

Courage and humility are key in defending our designs but let's not forget that we are the defenders of potential as well, we are the defenders of imagination. Cultural influences significantly shape our understanding of wellbeing and sacrifice, with some societies emphasizing communal values while others prioritize individual fulfilment. The architectural profession is not exempt from this discourse. The age of the Starchitect is deemed to be over – but I'm not so sure – I need the stars to navigate by.

Ultimately, for me, the essence of fulfilment and wellbeing in architecture lies in pursuing authenticity. It involves creating environments that reflect our values while challenging our assumptions, fostering growth and adapting to a rapidly changing world.

Wellbeing in architecture is not merely a matter of personal satisfaction but a profound commitment to the interconnectedness of our built environment, the clients we serve, and the greater society to come. As architects, we have the unique opportunity to shape spaces that inspire, connect, and transform lives. By embracing this responsibility, we can foster a more profound sense of wellbeing – both for ourselves and the communities we serve: an equilibrium between Freedom, Faith, Family and Fulfilment.

As architects, we are at the same time lawyers and artists, marriage

counsellors and corporate mediators, forged of concrete and ideas; we are objective professionals and subjective human beings; we must access child-like curiosity to innovate whilst conforming to strict laws and regulations; we are driven by motivations – be they light and dark; we should celebrate all that we are – and be well.

Helen MacNeil, consultant architect; founder, Honest Architecture (HA!)

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Cotton Wool Students

Rachel Bosenterfer

Counselling services in UK universities have a long history, and their aims and objectives have changed dramatically over the years. At one time, counselling was marginal and sometimes seen as shameful, so it is good that it has come out of the shadows in instances where it can be shown to be beneficial. But in more recent times, counselling has greatly extended its reach in British society to the point where it would be a rare family who has no experience of the phenomenon. A cynic would say that the profession has touted for additional trade by encouraging more people to identify themselves as 'in need' of therapeutic intervention.

The Association for University and College Counselling,[1] founded in the 1970s, is now the University Counselling (UC) division of the British Association for Counselling and Psychotherapy (BACP). BACP UC is the largest professional body for therapists working in UK further education, sixth form colleges and universities, and most, if not all, UK universities require their counselling staff to be members of BACP. Most universities have now rebranded these services 'mental health and wellbeing', in an attempt to move away from the stigma which might at one time have been felt by students seeking counselling.

UK universities are more acutely conscious than ever of the public assumption that they are responsible for the mental health and wellbeing of their students. The increasingly poor mental health of young people is a constant theme in the mainstream media, as well as in social and alternative media. Schools are obliged to concern themselves with 'pupil wellbeing'; school governors have a statutory duty to promote the mental health and emotional wellbeing of pupils,[2] and Ofsted inspectors 'routinely assess and report on pupils' mental health and wellbeing'.[3]

A recent qualitative study in America revealed a 'toxic' culture in architectural education where students were met with 'unrealistic expectations,

an overemphasis on subjective appraisals of aesthetics by professors', and 'scathing critiques'.[4] In other words: hard work and criticism. But for some years now, each new cohort of students arriving at university in any discipline, has been the product of an educational system which has primed them to seek the help of counselling services.

Students' readiness to seek counselling is exacerbated by the phenomenon of 'extenuating' or 'mitigating circumstances', a catch-all term for any factor in a student's life which may have impacted on their ability to perform academically. They are reminded incessantly, particularly in the period immediately before exams and assessments, to submit evidence of these factors. The administrative justification for these reminders is that a student cannot, on receiving a poorer grade than expected, subsequently tell the authorities that they were subject to mitigation so the information must be received from the student before the exam or assessment takes place. However, it is easy to see that students could interpret the reminders as a hint that they should scour their memories for anything that might qualify them for extra time. If they don't have something that can be evidenced externally, like an illness for which they've sought medical advice (where there will be a doctor's note) or a death in the family (death certificate), then perhaps they should see one of their university's Mental Health and Wellbeing team about their mental health.

I first noticed the phenomenon of the very visible, very persistent reminders that students receive and was intrigued to see a House of Commons'paper, which says, 'The proportion of home students who disclosed a mental health condition to their university... was over 5% in 2020/21', adding that surveys of students where responses are confidential have found much higher rates.[5]

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Student minds

In October 2022, a group of bereaved families who had lost their children to suicide while they were at university, set up a petition on the UK government's website calling for the introduction of a legal duty of care for students in higher education. Data from the Office for National Statistics (OfS) from 2022[6] seems to show that the suicide rate is actually significantly higher in the general population than in the student population (12.5 deaths per 100,000 general population compared with 3.9 deaths per 100,000 student population), but the ONS also makes the point that

suicide data is difficult to interpret, partly because it is fortunately, a rare event.[7] However, because student suicides attract more and longer-lasting media attention than suicides of non-students, an impression is created that students are acutely vulnerable and, by implication, that universities are psychologically dangerous places.

The petition received more than 128,000 signatures and was debated by MPs at a Westminster Hall debate in June 2023[8] but did not result in the desired legislation. Prior to the debate, the Petitions Committee gathered information for a research briefing via an online survey[9] which received 1,535 responses, of which 10% were current students. 86% of those students said they had suffered with poor mental health at university, and 40% said that their university was 'unsupportive' or 'very unsupportive' of their mental health. This survey was covered by The *Guardian* newspaper[10] which portrayed universities' support for students as largely inadequate, and universities as lacking care and compassion.

The briefing also drew on a 2022 survey by mental health charity Student Minds, in which 57% of respondents self-reported a mental health issue and 27% said they had a diagnosed mental health condition.[11] Student Minds therefore concluded that students completing a confidential survey are much more likely to say they have poor mental health than they are to disclose poor mental health to their university.

Let's look at how counselling has changed its relationship (with students in particular) using gender identity as one particularly worrying example.

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Institutional capture

It is fair to say that, in the last five years, since Ruth Hunt's conversion to a 'trans inclusive' position,[12] Stonewall has worked behind the scenes to put gender ideology front and centre of its work with a range of institutions in all sectors. The 'ideological capture' of these institutions leads to a situation where they are so dominated by gender ideology that they cannot engage with alternative viewpoints. Stonewall was not, of course, working alone to create this situation – the Spectator published a fascinating expose by James Kirkup[13] of the tactics employed by trans organisations as outlined in a report co-authored by international law firm Dentons, Thomson Reuters Foundation, and the International Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) Youth & Student Organisation (IGLYO).[14]

BACP is just one of the institutions that has been thoroughly captured. The process can be dated to the period between January 2015, when an MoU was published on the harms associated with classic conversion therapy, aimed at changing the sexual orientation of people who were gay, lesbian or bisexual, and November 2017, when the MoU was 'broadened' to include gender identity. The same year, BACP published a good practice guide entitled *Gender, Sexual and Relationship Diversity* [15] by Meg-John Barker, whom BACP describes as senior lecturer in Psychology at the Open University, 'therapist and activist-academic specialising in sex, gender and relationships'.

Materials produced by both BACP and Student Minds report that students identifying as LGBTQ report even higher levels of poor mental health than heterosexual students, possibly implying that poor mental health is an integral part of the LGBTQ 'identity'. Indeed, a report published in 2020, written by Noah Sisson-Curbishley and Ella Knight, and entitled *Trans*-forming student support* states that 'The trans* community has an increased risk of mental health issues as a result of individual and group emotional, psychological and physical trauma rooted in social stigma, marginalisation, rejection, exclusion from health and social care services and verbal and physical assault.' [16] Cibyl, a student-focused market research company, brought out the Student Mental Health Survey 2022 that found that 81% of respondents had been 'directly touched by mental health difficulties', the highest group of concern were LGBTQ+ students (91%).

The Office for Students (OfS), the regulator for higher education in England, funded a Creative Mental Health Framework project at the University of Central Lancashire called 'Just like me' which purported to support the mental health of LGBTQ+ students by using 'creative approaches to support good mental health.' The OfS webpage goes into great detail about the vulnerability of LGBTQ students and their need for special, targeted and tailored services.

Of course, university counselling services aren't the only captured element within UK higher education institutions – and LGBTQ is not the only prism of operation – but because students identifying as LGBTQ seem to have disproportionally high levels of poor mental health, these services have privileged access to young people who have already fallen prey, or who are likely to be particularly vulnerable to gender ideology. It's a circular process: identify a group, define them in terms of mental health, provide counselling services to ratify and affirm their victimhood, elevate their need for additional help, and start all over again.

Student Minds styles itself 'The UK's student mental health charity' and claims: 'We have a clear vision: No student should be held back by their mental health.' The organisation was founded in 2009 by Dr Nicola Byrom, a senior lecturer in Psychology at King's College London, followed by Yeme Onoabhagbe: both clear advocates for gender ideology. Having already developed a University Mental Health Charter Framework, Student Minds were ideally placed to be the government's outsourced partner for mental wellbeing on university campuses and to continue the madness.

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Government action

In March 2024, the UK government's Education Hub announced that universities should 'take a whole university approach to mental health by setting a target for all universities to sign up to the University Mental Health Charter Programme by September 2024.'[17] Signing up to the charter means paying a fee, of course – the Student Minds' fee for 2024/25 membership is between £2574 and £3860 depending on the university's size, and staff training is extra – typically £370 per day.

You might think that the UK university sector would have learned its lesson regarding outsourcing policymaking to lobby groups who espouse biased ideological positions, following the 'unprecedented run of positive outcomes for claimants' since the Maya Forstater ruling in 2019 (a ruling that demonstrated that gender critical beliefs are 'protected beliefs' as per the Equality Act 2010).[18] Apparently not.

Robert Halfon MP, the then Minister of State for Skills, Apprenticeships and Higher Education, established the HE Mental Health Implementation Taskforce in June 2023.[19] Six months later, the OfS provided £400k funding to Student Minds 'strategically aimed at propelling the growth of our Charter Membership.'[20] It seems that nothing is going to change – at least not for the better – under the new Labour government who appear to have picked up this programme uncritically. Jacqui Smith, the new Skills Minister, referenced the University Mental Health Charter in her speech to Universities UK in September 2024,[21] and in the same month Student Minds announced that 112 universities in England had joined the University Mental Health Charter Programme.[22] The day after Student Minds' announcement, WonkHE (a subscription-funded think tank who call themselves 'the home of the higher education debate') published a

blog entitled 'Glacial progress on student mental health is in sharp contrast to ministerial promises', bemoaning the fact that only 112 of England's degree-awarding institutions had signed up, and that the programme's 94% retention rate indicates indicates that 6% are 'not bothering any more. doesn't feel like a cork popping moment to me.'[23]

I disagree. I think evidence that universities are moving quietly away from signing up for charters and league tables devised by ideologically-motivated organisations which charge them a membership fee, then charge them again to train staff to be able to do the necessary homework, and may charge them further to mark that homework, is absolutely a cork-popping moment. Students' mental health will not be improved by job creation schemes for recent graduates who were their Student Union's vice president for Wellbeing.

Rachel Bosenterfer, HE professional and citizen activist

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Building Resilience

Nikos Sotirakopoulos

Identity politics of left-right, progressives versus conservatives, DEI, ESG, CSR, virtue signaling, post-truthism, wellbeing... how does a person believing in human agency navigate a world that looks hostile to his values and ideals? These foggy and absurd follies of modern culture, which mysteriously became the presumed 'consensus' in our institutions and culture, can indeed negatively impact our life. They can hamper our careers, hinder our day-to-day work, and even bruise our spirit, making us think that the world is out to get us.

One way to react to such malaise is to become bitter, cynical, and give up on the world and the possibility of great endeavors and achievement in it. But this would be a shame. This earth can be too beautiful a place to surrender it to ugliness and irrationality. Another possibility is to form our own tribe that will shove our truth down others' throats. But this will not work; it will just perpetuate the ugliness and toxicity. These two are the flipsides of the contemporary wellbeing mantra, opting out, or pressuring everyone into buying more of the snake oil. There is a third way: the way of Howard Roark.

Roark is the fictional hero in Ayn Rand's novel *The Fountainhead*, published in 1943. We meet him in his early 20s, chasing his one big dream in life: to become an architect who builds his own way, based on his own standards. We follow his life and his many trials and tribulations, and we see how he navigates a culture hostile to his vision.

Roark is a maverick, an innovator, a radical, in a society where architects just copy each other and reproduce whatever has been handed to them from tradition or whatever presents itself as 'authority' and 'consensus.' Roark struggles in such a world, but armed with his ironclad principles and his uncompromising vision, he eventually succeeds. And success for him is not his ideas becoming the new fashion, or gaining the

acceptance of 'polite society', but erecting buildings the way he wants them. Roark does it, literally, his way. His clients are his kind of people: other independent minded individuals who judge his buildings not based on whether they fall in whatever the fashion of the day happens to be, but on whether they are *good*. And they *are* good.

The Fountainhead has been consistently a best-seller and has had a particular appeal among architects. Ayn Rand chose architecture as the profession of her hero as a tribute to the glory of the American skyscraper, and as an example of an endeavor combining the intellectual with the material; thought and action; envisioning and erecting.[1] Yet, it is not primarily a book about architecture. *The Fountainhead* is not (only) about building structures and girders; it is about building a character that will arm one to face the world and to chase one's dreams and ideals.

This is why a novel from 80 years ago can be an inspiration on how to deal with the ugliness and the toxicity of our world. Roark is primarily a symbol of a stance in life; of a way of relating to the world. His struggles might appear different from ours, but they are *essentially* the same. Roark's world is dominated by bad ideas that remain unquestioned by the many, and which cast a shadow in every aspect of one's life. So is our world. The battle we are facing is one of ideas. Roark's weapon against such ugliness is his creative independent vision, focusing on the will to build his way. He *knows* he is right, and thus he cannot be stopped. There are lessons there for the struggles of our time.

This very practical relevance of the vision of someone like Roark is disputed by many, who cynically dismiss *The Fountainhead* as a juvenile 'phase'; as something that respectable people overcome when they mature and sober up from the idealism of their youth.

My main thesis in this article is that Roark's idealism is a truly relevant, practical, and positive model of how to engage with a hostile world and succeed in life.

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Howard's Way

Roark is a practical symbol, because the key attributes of his character are not only accessible to everyone, but they are a fundamental condition for human success and happiness. The first key attribute of Roark is his independence. He has his own standards, and he has come to them through

scrupulous study of the demands of his work and of life in general. His attention is directed not to what the 'consensus' thinks is good or fashionable, but to reality: to what human life and human flourishing requires. What is the expression of his respect for reality? Roark's unbending rationality and the ruthless use of *his* mind. He sees through his own eyes, he identifies, he integrates, he connects the dots under his own prism, he sees what others have not seen, and thus he creates what had not existed before.

Independence does not preclude collaborating with others; actually, it is a precondition of honest and productive human relationships. Human beings can collaborate as epistemological equals when they bring to the table the best that their judgment and ability can offer. The alternative is humans dealing with one another as rulers or wannabe parasites and freeloaders, which poisons any possible relationship of harmony, solidarity, and respect.

The second key virtue of Roark is his integrity, which Rand describes as the virtue of being loyal to one's rational convictions and values. In one of the most iconic scenes in *The Fountainhead*, Roark, early in his career, is offered the commission to design the headquarters of a big bank. He needs this commission badly, as otherwise he will have to close his office for lack for clients. Yet, the commission would require him to compromise his standards and add ugly elements to the building, based on the fashions of his time. Roark declines the commission, and to the comment of the bank executive that he is selfless, he replies: 'That was the most selfish thing you've ever seen a man do'.[2] As a result of his decision, he has to leave architecture for a while and work for some time in a granite quarry, but he does not question his principles for a second. And at the end, he is vindicated.

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Planning policy

Here is the big message of Roark: having principles and sticking to them is not a 'sacrifice.' One is not a martyr for not bending whichever way the wind blows just to satisfy the consensus. Provided that one's convictions have been formed in a rational way, following them is like following a map to a desired destination.

Principles are a guide to action, not a luxury. Following one's principles is not only worth it; it is the only way one can succeed. The true

compromise would be sacrificing one's principles and thus killing one's self-respect. Remember: Roark's goal in life was to build buildings his own way, by his own standards. Building ugly abominations would be the equivalent of him not being an architect. This applies to today's world as well. Being a moral coward is self-destructive. Espousing slogans one does not believe, teaching bromides one considers false and presenting them as undisputed orthodoxies, pretending to believe something that is not true: all these are shortcuts not to success, but to a betrayal of the best in us and to what this world could be and should be.

The principled life *is* the practical life, and Roark is a model of a very practical man. Sticking to his guns also explains Roark's monumental courage. He is willing to stand up for his vision and ideals against the whole culture, because they are *his*. He knows they are true, because he reached them through intellectual struggle, having as his arbiter not the majority, the fashionable trend of the moment, or tradition, or counselling, but only reality and the requirements of a humane life. In short:

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independence + integrity = courage

The ethos of someone like Roark can be the antidote to today's culture of the tribalism of wellbeing indulgences. First, by arming one against the soul-destroying ideas out there. And second, by providing a positive vision that more and more can follow, eventually challenging the 'consensus' of bad ideas and low horizons. The Roarks of this world reveal that the emperor of the current destructive trends has no clothes. The trend-setters of the 'consensus' want to enforce, to rule, to suppress. They need others, as pawns to their plans. A creator like Roark just wants to build, to produce, to achieve, based on his own vision. This gives him a strength of character and a power of conviction which makes the consensus, eventually, irrelevant. Roark does not need the wellbeing parasites of parochial mindfulness. He has a higher vision: to transform the earth based on his standards. His focus is, literally to change the earth, not to rule others.[3] He wants to erect his vision of the world as it should be:

'He looked at the granite. To be cut, he thought, and made into walls. He looked at a tree. To be split and made into rafters. He looked at a streak of rust on the stone and thought of iron ore under the ground. To be melted and to emerge as girders against the sky. These rocks, he thought, are here for me; waiting for the drill, the dynamite and my

voice; waiting to be split, ripped, pounded, reborn; waiting for the shape my hands will give them.'[4]

Roark's mindset, vision, and dedication to the positive act of creating are the highest form of rebellion today. He has reverence for human potential and ability, for man the giant, whereas modern culture sees human beings as weak, vulnerable, and at constant risk. He has the most humane cockiness to want to shape the earth according to his vision: '…I love this earth (…) I don't like the shape of things on this earth. I want to change them.'[5] This is a rebellion in the face of a culture that sees nature as having its own value irrespective of its use to us, and as fragile, precious, and better off with minimum, if any, human interference. And Roark has his own, unborrowed vision, based on the strictest standards of rationality. How desperately is this needed in our modern culture of groupthink, of counselling, and of 'who's to say what is truth and what is false.'

The orthodoxies of modern culture seem omnipotent and omnipresent. Yet, they are shallow, half-baked, undefinable, and unconvincing. Their proponents, the gatekeepers of 'consensus', are cowards. They are followers who do not want to rock the boat, and their convictions are weak. They will cave and retreat at the sight of courage, certainty, principles, and integrity. Here is the good news: the Roarks of this world, the creators, the builders, the producers, and those who, irrespective of their level of talent or ability, follow the same humane code, *can* win.

Dr Nikos Sotirakopoulos, academic and author

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Afterword

Patrik Schumacher

Is Wellbeing just the latest vacuous fad in architecture? Is it, as Reinier de Graaf argues in his recent book 'architect, verb' on 'the new language of building', part and parcel of the recently proliferating arsenal of hypocritical, self-alienating but obligatory phrases he calls 'profspeak'? De Graaf coined the term 'profspeak' in allusion to Orwell's notion of 'newspeak', implying vague, euphemistic phrases that sound benign and competent, and that gloss over anything potentially controversial or difficult. Talking about Wellbeing fits this bill and does indeed allow architects to communicate safely with its audience, in ways that allow them to avoid addressing their actual searching ideas and half-articulate ambitions.

Wellbeing in architecture thus joins the arsenal of conveniently indisputable do-good agendas like sustainability, community engagement, inclusion, liveability and human-centric placemaking that swamp, level, and trivialise architectural discourse by crowding out all difficult and controversial questions. Yes, Reinier is right, not only in his overall thesis, but also in including wellbeing in his scathing assessment of profspeak. But I don't think that his devastating, negative critique is a suitable endpoint. The distinction between criticism and critique is that the latter must be constructive. Zaha Hadid often remarked that architecture *is* really all about wellbeing and I always concurred, but the contemporary discourse on wellbeing in architecture is unproductive and is absorbing too much of our precious attention.

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Wellbeing via Architecture?

Is wellbeing then an important goal or criterion for architectural design after all? Yes, but not in the sense that it has been bandied about in architectural and academic circles recently, and certainly not in the sense

measured by the 'wellness score' of the WELL certification scheme promoted by the US Green Building Council. The physical or physiological aspects of the wellness score – like air quality in terms of fresh air supply and the avoidance of pollutants – are important but trivial, and they are the responsibility of the engineers rather than the architects. It's a good thing that our concern with wellbeing sets basic priorities, and that the bad old days are over; when the overriding goal of 'sustainability' led mechanical engineers to proudly reduce fresh air supply to the minimum legally required air changes per hour and accidentally raise CO_2 levels. If we are concerned about wellness, then we should consider our immediate indoor living spaces, especially workspaces, more intelligently than knee-jerk ventilation rates.

Matters are more important, intricate, elusive (and far less amenable to tick box approaches like WELL) when it comes to 'psychological wellbeing', i.e. when it comes to what Zaha Hadid had in mind: being stimulated, spirited and happy. The formulaic WELL recommendations for office buildings, such as windows that offer pleasant views no more than 6m away; indoor plants and water-features; the limitation of occupancy density, the avoidance of rooms with more than 6 workers etc. remain, by necessity, in the realm of the trivial, and are (in contrast to the recommendations for physiological wellbeing) inherently misguided. They are not only ineffective but counterproductive.

The concept of wellbeing as architecture's endgame can and must be redeemed and wrestled from the deadening grip of the WELL fad. My thesis proposed here, as premise for this redemption, is that the wellbeing of end-users in a space or building naturally depends on fulfilling the uses and purposes that attract those end-users in the first place. The psychological criteria of end-user wellbeing cannot abstract from these purposes and must be closely linked to the specific social functionality requirements and criteria of success.

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Purposeful design done well

In this sense, the first condition of end-user wellbeing is that users succeed in pursuing their purposes, and do so well, with ease, and without undue friction or stress. When it comes to contemporary office spaces, especially the work environments of the knowledge economy, this implies that maximizing wellbeing and happiness of end-users must be expected

to coincide with the workers' productivity. Especially in the knowledge economy work satisfaction coincides with productivity. Being productive is a primary factor in any worker's psychological state, positively or negatively: feeling well if productive, feeling miserable if unproductive. That is why the workers psychological wellbeing should primarily be addressed by focussing on the conditions of maintaining or enhancing productivity levels for everybody in the space or building. This thesis is a premise for developing strategies, methodologies and design tools that can be expected to enhance the wellbeing of end-users pursuing their purposes in the buildings and spaces in question.

Since the productivity of knowledge workers depends on being embedded in both informational and collaborative social networks, everybody's productivity gain is enhancing, and enhanced by, everybody else's. While there are many factors that come into play, architectural design can certainly make a difference here. The above thesis thus translates into the claim that the psychological wellbeing of end-users is best served by the enhancement of the design's social functionality.

In general, the social function of architecture can be defined as the spatial ordering of social interactions. With respect to contemporary work environments the purpose of making the investment and effort to bring knowledge workers together is to engender information exchange and collaboration as critical factors of productivity. This implies the architectural task of maximizing communication opportunities. This in turn implies maximizing inter-visibility and inter-awareness within and across teams and activities. These factors led to concepts like the large, continuous open office landscape and the idea of visual connections across levels. These concerns and factors stand in stark opposition with the concerns, criteria and recommendations of WELL. Views out of windows as well as plants and water features are at best irrelevant distractions and might often be counterproductive and get in the way of the real criteria.

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Close encounters

Instead of the recommended limitation of occupancy density, the name of the game should be about maximizing interaction density. The immediate desire a worker or leader might have to pull away into seclusion, into a corner office with nice views, cannot be taken seriously as a sure guide to real, long-term psychological well-being (which according to the thesis

put forward here can only flow from work satisfaction that depends on productivity.

In a contemporary, post-Fordist, network society everybody's knowledge and tasks must be continuously re-calibrated with respect to everybody else's tasks and experiences. Hiding in corner offices might be pleasant in the moment but becomes detrimental very quickly with respect to productivity, self-development, career progression, etc. A truly satisfying and uplifting day in the office is probably more likely to be the result of meeting some new interesting people, and engaging in resourceful, inspiring conversations, offering new vital information, learning about new task opportunities, work methodologies, etc. It is by maximising opportunities for such encounters and conversations that buildings and spaces maximize sustainable wellbeing.

These insights motivated me to initiate a design research programme encompassing the development of agent-based occupancy and interaction simulation tools – with differentiated/variegated agent populations – focusing on encounter densities, encounter variety, and the spatial conditions of converting encounters into conversations. This leads to complex, high-density, high-variety, high-connectivity spaces.

Currently this operationalisation of social functionality criteria is further expanded to tools simulating and optimizing for feature recognition and navigation in complex spaces. These methodologies and customisable tools home in on the configurational facilitation and perceptual tractability of communicative interaction opportunities in social spaces, in each case tailored to the specific social purposes with their attendant success criteria. Rather than being addressed independent from the purposes and social success criteria of projects, as WELL presumes, individual end-user wellbeing must be considered in close connection with these social purposes. The concept of individual productivity and productive experiences is the best proxy and guide in this respect. This concept can also be analogically generalized from work environments to educational environments, and cultural venues, albeit, in each case operationalized via tailored methods and specifically calibrated tools.

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The Future Cities Project has been critically exploring issues around the city and society for nearly two decades. From the so-called Urban Renaissance, through the Big Society, Brexit, Covid 19 and the cost of living crisis, we have written books, articles, and organised local, national and international events that have tried to unpick the arguments.

The project of The Future Cities Project is to critique the rise of determinism, instrumentalism, dogmatism and didacticism in urban and city discourse, in practice and in academia.

Our manifesto: mantownhuman – Manifesto: Towards a New Humanism – is available here

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