thing. Thus medical cure is not just a repair of physical functions and health, it is a restoration just as much of meaning and emotional equilibrium. To think that one simply treats a tooth or an organ as a physical thing by a pill or surgery is to miss the entire point about what a body is or what health itself is. And it won’t even do to say that one can cure the body first with a pill or with surgery and that then causes a restoration of emotional equilibrium. It is not a causal relation between body and the more rarified phenomena of meaning and emotions. The body, as I put it above, is itself shot through with meaning and emotions. So it is not a causal conjunction of body and something loftier. There is no separability of the two. And so the plurality lies in there being entirely different conceptions of what a body is: modern medicine simply has a different idea of the body and therefore of health. Hence, to insist that there is a common underlying scientific theory explains the efficacies of modern and traditional medicine literally makes no sense because these systems of medicine are seeking different efficacies. There is no common phenomenon to be explained by a single underlying theory. That is where the plurality lies.

To deny this would be to refuse the idea that there are different conceptions of the body, to refuse the body as conceived in broader terms than the merely physical, as possessed of meaning, say, and properties of feeling and emotion. To draw an analogy with theatre, that would be like seeing a stage prop – a table on a stage, say – as merely a swarm of molecules, with none of the meaning that it has in the performance of the play, as a site of conviviality, perhaps, or of tense family negotiation. That would be to fail to understand the nature of theatre and similarly, by the lights of tradition, modern medicine fails to understand the nature of health and of cure.

A genuine pluralism would recognise, then, that modern science and traditional medicine have different conceptions of health itself, not just different efficacious paths to a commonly understood notion of health which can then be given a common underlying explanation in science.

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The 2014 Nobel Prize in Medicine recognised an important finding by two neuroscientists, namely their discovery of ‘how we know where we are in space’. In identifying the critical role of ‘place cells’ – our own inner GPS – the scientists illuminated how we position ourselves in the world and how we navigate our way through the complexities of our environment.

These neurobiological insights indicate not only how we engage with our natural and built environment, but also, more crucially, how our innate sense of place is a kind of compass intertwining aspects of culture, identity, memory and well-being.

In view of our current state of knowledge, it is too early to speculate about the specific relevance these findings might have for architecture. Nevertheless, we have now been given an evidence-based lens through which to grasp the multidimensional nature of our total environment and the need for deep intelligence in addressing its complexities. This understanding encourages us to value plurality and diversity as inescapable facts and to resist the drive to homogenise and normalise the ways in which we create place.

Through its history and its evolving intent, the Award has shown us why it is so important to recover this relationship between our sense of place and the plurality of experience – here specifically the experience, past and present, of Muslim societies and communities, wherever they are in the world. In the jury citation for the 2016 Pritzker Architecture Prize, awarded to the Chilean architect, Alejandro Aravena, we find an echo and reinforcement of this same appreciation for ‘a new generation of architects that has a holistic understanding of the built environment and has clearly demonstrated the ability to connect social responsibility, economic demands, design of human habitat and the city.’

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