

June 29

Three more days; Thirty more pages. It's getting hard. I miss home. If it weren't for Gaya I would probably go crazy; or just shorten my stay, which would have an adverse impact on the reason for which I came: To write. I wonder if she realizes the extent of her significance. Probably yes. I have yet to find something she is **not** aware of. Edam is still as beautiful, but I am now **used** to this beauty. Like the locals. They don't **see** it any more. We humans need **change**; variety. Or do we? Many people **love** routine. Even if nothing happens: "No news - good news", they say. Maybe it's just me. Maybe I got used to having **many** moments. Maybe routine **grows** on you: The more you have it, the more you like it; And the same probably applies to the opposite: If one is **used** to variety, to frequent change, it becomes a **need**. Like an **addiction**. So the answer is probably what most people actually do: Fall in and out of routine. Have a routine, and break it every once in a while. But the **breaks** are a routine in themselves: Like my routine here. Maybe I should take a canoe and paddle in the canals for a while. People do it all the time now, since I made it possible. But I don't **feel** like it. I want to go home. Three more days.

Gaya looked tired when I met her at breakfast. "Good morning" I said. "How are you? did you sleep well?" She released a faint smile: "Good morning". She didn't answer my question. She seemed a bit **down**. I decided not to ignore it. I felt close enough to her to show a bit more interest than a polite rhetoric question. I really cared for her. I said: "You look a bit pale. Do you feel all right?" My concern was audible; and visible. Her smile brightened a bit, and this time she replied: "I don't feel so well. But it's normal. I'm an old woman, you know. One bad day in two weeks for a woman my age beats the odds."⁹³

⁹³ This is a good opportunity to discuss 'odds', or **probability**. Let us start with a simple case. Say speaker S believes that out of every 10 occurrences of events A and B will simultaneously occur 4 times. S will then say that the probability of the occurrence of B simultaneously with A is 4 out of 10, or 40%. If this probability were 100%, S would say that B is **entailed** by A. However, in this case the probability is only 40%, so B cannot be said as being 'completely' entailed by A; It is somehow 'partially' entailed.

How can this belief of S be 'coded' into her belief system? How can entailment be 'partial'? Well, for this to be possible, S needs another property (besides A and B), that we shall call '0.4B/A'. While property B is **not** entailed by A, property '0.4B/A' **is**. Also, Property '0.4B/A' is **entailed** by property B. In other words: If A, then 0.4B/A. If B, then 0.4B/A. As far as the remaining relations with every **other** property in the system, 0.4B/A has the same ones as B. In this way, S may have a variety of probabilities coded into her system. All properties that have such a form, are hereafter termed 'probability properties'.

To complicate things a bit further, it is possible that S also believes, that the probability of B's occurrence out of occurrences of another property, C, is 50%. For this she has yet another property, '0.5B/C'. The relations between 0.5B/C and the other properties are as in the case of 0.4B/A, *mutatis mutandis*. Note that both 0.4B/A and 0.5B/C are entailed by B.

Now S's belief system is 'coded' with probabilities. If she is asked what A entails, she will answer '0.4B/A', which is a property **similar** to B, but still distinct from it. (Other properties may of course **also** be entailed by A, and she would list them too). If she is asked what C entails, she will answer '0.5B/C', which is similar (also) to 0.4B/A, but still distinct. But if she is asked **what entails B**, S would have to search for all properties entailed by B, some of which are 'probability properties'.

Her openly admitting something was wrong got me real worried. I guess I expected her to reassure me that she was Ok. That she would give some **explanation**. I tried humor: “I could have sworn that you **cannot** feel unwell”. To this she already gave an answer that was typical to her: “**Cannot?** There is nothing I **cannot** do.” It was my turn to smile: “Can you make yourself feel better?” Her answer seemed genuine: “Yes I can. But I **don’t want** to. There is always a price, you know. There are several things I **can** do about it. Take certain medication, for example. But in the specific case it would do me more harm, later on. I’d rather feel a bit unwell. Like willingly suffer the pain at the dentist.” I wondered if she was **ill**. If she had some sort of medical problem. But I didn’t dare get **so** personal. Instead, I tried a roundabout approach: “You mean that sometimes there is absolutely no escape from feeling bad, even if you do everything **right**?” It seemed like a flaw in her philosophy. Gaya answered, patiently: “You use the word ‘bad’ ambiguously. You must distinguish between a bad feeling and feeling bad.” I raised my eyebrows, and she explained: “I admit that I almost **forgot** what it is to **feel bad**. I’m beyond this stage, for many years already. But I sometimes have ‘bad feelings’: I have headaches, I sometimes don’t sleep very well, like tonight. It was too hot. They have no air-conditioning here. It is only as hot two or three times a year here. I sometimes have a bad **physical** feeling. But it is something completely different from **feeling bad**. You know what ‘feeling bad’ is. We have discussed it.”

I pursued the subject. I wanted to pull her into a lecture, maybe distract her from her body. Besides, I was genuinely interested. I didn’t feel so great myself. I said: “So when this happens, you just wait for it to pass?” She replied: “Of course not. I do everything that **should** be done in the circumstances. I **care** for myself. But nevertheless, medical science, at least in **my** world, has not yet succeeded in eliminating medical problems altogether. It hasn’t even found a cure for the common cold, which I also happen to possess right now. Occasional bad physical sensation **goes with** being alive. That’s the way it **is**. And I wouldn’t have it any other way. Without **sickness** there would be no **health**. Health is a wonderful thing thanks to sickness. So when I am ill, I care for myself the best I know how, **and then** wait for it to pass. It doesn’t make me angry or frightened. At the most I can become a little depressed, that’s all.” She made a short pause, and then decided to continue: “People associate the **lack** of health with **dying**, and **this** is a big mistake. A very big mistake. Some people are ill most of their **long** life, others die young and **very** healthy.” Now the conversation started to become **really** interesting. I am one of the people that associate good health with a long life, and poor health with a short one. I

How does S acquire a belief of probability (a ‘probability property’)? Naturally, she could be **told** that B’s probability out of A’s occurrences is 40%, and she could decide to believe, if she considers the source credible. Still, she could form such a belief all by herself, provided her system is sophisticated enough. Say S decides to **calculate** (by herself) the probability of B out of A’s occurrences. All she has to do, is search her memory for all the **particular** occurrences of A, and count how many of those were concurrent with B.

So S constantly **computes**. She revises the probability **with every new occurrence of A**, and the probability **changes** with every such occurrence. At some point, S notices that the computed result has not changed significantly over the last n occurrences of A. If and when this happens, S may decide she had enough, and stops counting, thus arriving at a ‘fixed’ probability property such as ‘0.4B/A’.

asked her to explain: “Let me get this straight: You are saying there is no **correlation**⁹⁴ between one’s health and the length of her life?” Gaya started to become her old self. I succeeded in dragging her into another of those conversations. She started to explain: “No correlation **whatsoever**. The time of one’s **death** is something completely unrelated to the phenomena of health and sickness. I think it is obvious. People **happen** to die of diseases as they happen to die from bullets, cars, rocks, trees and bridges. None of those have anything to do with **death**. Death can come at an infinite variety of circumstances. But there is no necessary **causal** connection.⁹⁵ People recover from the most horrible diseases, and others die while having their teeth fixed. But I’d rather not talk about **death**⁹⁶ today,

⁹⁴ If and when S realizes that the computed probability of B out of occurrences of A has not significantly changed in the last n occurrences of A, she says that she has found a **correlation** between A and B. She has identified a **regularity**: She managed to construct a property such as $0.4B/A$, which **does not change anymore** with every occurrence of A. It is like a sort of game: Pick two properties, and **compute** until the probability ceases to change. Obviously, there remains the question of what is **significant** and what should ‘n’ be. But this is already a matter of taste, of motivation (of **context**). It depends what S wants to **achieve**. If it is just **truth** that she is after, she must compute forever.

Let us now turn to a ‘real life’ example. It is claimed, that there is a correlation between smoking cigarettes and having lung cancer. What is the meaning of this claim? Following the above reasoning, it means that someone (some scientist, or a group of them) made the computation described above: Starting at some point in time, it examined every smoker, and out of those, counted the cases of lung cancer. This is obviously **not** what was done. What was done was something quite different: It was calculated, out of all the occurrences of lung cancer, how many of them smoked. The basic, **empirical** result, was (initially) the reverse of what we were looking for: Not how many cases of cancer out of smokers, but how many smokers out of cancer cases. Still, scientists are not so stupid. They found that the probability of being a smoker out of occurrences of cancer is **significantly higher** than the probability of being a smoker out of occurrences of being a **person**. Let us assume that the first probability was 50%, i.e., $0.5S/C$, while the second was 20%, i.e., $0.2S/P$. This result indicated, that the correlation cancer \Rightarrow smoking was significantly higher than the correlation person \Rightarrow smoking. This is where statistics completed its task, and other considerations entered the picture. It was **further** assumed, that there is a **causal** connection between the first pair. Note: not in the direction cancer \Rightarrow smoking, but in the opposite direction: smoking \Rightarrow cancer. This was an **assumption**, a premise without which the whole calculation wouldn’t make sense. **However**, with such a premise in place, who needs probabilities? If the causal connection is considered as having been established, the statistical calculation is redundant! To this the scientists might reply: True, the causal connection is a hypothesis. But statistics **substantiate** it! Well, it cannot substantiate it, **without** begging the question. The most that can be said in favor of the claim that smoking causes cancer, is that it is **not incoherent**. Probability calculation does **not** refute the hypothesis.

⁹⁵ Causal connections are tricky things, as Hume¹²⁸ rightly pointed out. I believe causality to have an important role in our *worldview*, although not quite in the sense science takes it: As something that **is** in the world. Let me outline how I believe causality ‘works’ for us. A group of people decided (rightly, I believe) that smoking is **bad**. This is the **first** stage. Unfortunately, the prevailing metaphysical paradigm takes ‘bad’ and ‘good’ as flaky, unreal and subjective. Therefore, the next step is to substantiate the claim that smoking is a **cause** of something bad. The only way to accomplish that is to find something that is universally considered bad, such as sickness and death. When an army of competent, educated people set their minds on substantiating a hypothesis, they are bound to succeed. And they have: It appears that the **objective** world of tomorrow, the world humanity **creates** for itself, will be devoid of smoking.

⁹⁶ **Death** is an interesting concept, in the context of **speakers** and **language**. There is no problem when the death in question is someone else’s: To say ‘X is dead’ is like saying ‘X does not exist anymore’, which is not really problematic, even if X **used to** exist. Things can ‘stop existing’. The problem arises when a

if you don't mind. Yesterday was a big enough strain for me. I am willing to talk about sickness and health, if you want." I felt a strange **relief** in Gaya's complete dissociation between being sick and **dying**. An old woman admitting she is ill makes you think of something **terminal**. Apparently there was no such danger. She's not going anywhere. And I **did** want her to tell me more about sickness and health. I asked: "So what **is** 'being sick'? besides the obvious definition, I mean". "What, in your opinion, **is** the obvious definition?" She inquired. I tried to phrase a short and clear one: "It is the **malfunction** of the apparatus that we call 'the body'. A deviation from its normal mode of operation." I already understood why Gaya started every discussion with 'what do **you** think it is'. It provided her with a starting point, one that **I** supplied. This way she was sure we were talking about **the same thing**. Sort of 'entering **my** world' or 'employing **my** language'. This exactly was Socrates' method. She picked it up from my definition: "You emphasized the word 'malfunction'. I take it you believe there is a **normal** mode of this apparatus, right?" I nodded and she continued: "Let us talk about this 'normal' mode. Do you consider a *Thalidomide* child, or a person who was born blind, as 'normal' in your sense of the word?" I hesitated. I could almost read her mind. If I say 'no', she would make **everyone** 'ill' in one way or another: One is too tall, one too short; one too fat, one too thin. So I said: "If they were **born** like that, I consider it **normal**. If the blind person later catches a cold, **then** I would say that he is ill; that he has a malfunction." Gaya agreed: "Fair enough. So you agree that every person has his own 'point of reference', what **for him** is considered 'healthy'. Let us make one step further. Let us now assume that a person was not born blind, but lost his eyesight at the age of twenty. Say, in an accident. What then?" I didn't think an accident qualified as 'sickness', so I said: "Why an accident? Let us suppose he had a severe **eye sickness**. He was ill for a year, his situation deteriorated, medical science couldn't help him, and finally he lost his sight. When this happened, he was not **sick** any more. He was **blind**." Gaya smiled. She didn't even look pale anymore. The conversation about sickness must have made her well. She said: "Wait a minute; You mean that **as long as he could be helped**, or **thought** he could be helped, you consider him ill, and when it is clear that he cannot be helped, when he lost his sight completely, he all of a sudden becomes **healthy**?" I scratched my head. I was puzzled. I **really** didn't know what to say. Gaya was giggling at me from across the table. I said: "I give up. Just give me the whole story."

speaker refers to his **own** death, as in "**I** do not exist". Much has been said about the absurdity of this statement. Heidegger has made the death of the **self** a central motive in his thought, treating death as something which is constantly 'anticipated', always lurking in the background.

The statement "I do not exist" is indeed problematic, if 'existence' is to encompass **everything**, not leaving anything outside its scope, as the realist view essentially maintains. However, if 'existence' is taken the way I proposed, i.e., as membership in the objective subdomain constituted by language, the problem is automatically solved. When S1 says to S2 "I do not exist", he means that he is a **predicate** rather than an **object**. It is just like saying "my pain does not exist" or "**red** does not exist". The consequence of such a statement is making the concept "I" **subjective** rather than **objective**; private rather than public. It is as if S1 notifies S2 that they cannot speak of S1 **and still mean the same thing**. Still, they can both use the concept S1 **as a predicate**: They can say, for example, "S1's wife", and still mean the same woman. But S1 simply ceases to be an objective **object** in the shared world.

She did. “People are so **afraid** of being ill, they become completely incoherent in their understanding what illness **is**. First, we must make an initial important distinction: A distinction between ‘**I am ill**’ and between ‘**He or She is ill**’. The two sentences employ a **completely** different sense of the word ‘ill’. Remind me to later discuss the **source** of this mix-up. The difference between the two senses is this: ‘**I am ill**’ means: ‘I am not satisfied with the functioning of my body, and I believe it **can** be fixed. I have **hope**’. On the other hand, the meaning of ‘**She is ill**’ is: ‘She needs **care** from other people. She needs to be looked after.’ Do you accept this distinction?” I did not. At least not **yet**. I tried a counter example: “Let me start with the first sense. Terminal patients at some point **accept** the fact that they cannot be cured.⁹⁷ They have no more hope. Still they are **ill!**” Gaya laughed audibly; I didn’t like it. It made me feel stupid. She said: “You are talking about the **second** sense; the sense of **she**, or **they**. Think **as** a terminal patient. I am telling you, and I **know**, am **sure**. I’m not **guessing** here. If a person has no **hope**, if he accepted the fact that he is going to die, it is as if he **wants** to die. And then he does. Take my word for it: Nobody considers **herself** ill if she has no hope. A blind person does not consider himself ill if he believes he is going to remain blind. Remember the TV series *Run for your life* with *Ben Gazzara*? No, you were probably too young. It was about a man that was terminally ill and was given a prognosis of no more than six months to live; Nothing could be done to prevent it. **He** definitely didn’t consider himself ill, whereas he had no hope. He had a hell of a time, though. All kinds of adventures. The series was very successful. It ran for years. He didn’t **die**, neither was he **ill**, in the first sense of the word. Such things happen all the time.” I tried another direction: “Cannot one be ill and **not know it**?” Gaya laughed again. **She** was definitely not ill any more: “I don’t even **understand** what could possibly be meant by that!” I explained: “The doctor decided not to tell him.” Gaya explained patiently: “Again you are talking about the second sense. Do you understand the **first**? The first is only about **your, personal** illness. Better think of counter examples to the **second** sense, which is in much more common use. The second sense is simply ‘She needs care’. You want to contest this one?” I tried to think of sick people who needed **no** care, or of people who needed care and were not ill: “How about ‘she is alone at home, with a cold. No need to care for her; She can take care of herself’. This time it was a good one. Gaya treated it seriously. She asked: “What does **she** think? Does **she** consider herself ill? In the first sense, I mean.” I started an offensive: “Who knows? What does it matter? We are now talking about your **second** sense!” Gaya said, carefully: “Let me see: You are talking about **my** situation right now: I take care of myself; I don’t need anyone else’s care. Right?” “Yes!” I said triumphantly. Gaya looked like a fighter preparing for the final blow: “But you **did** care for me! You were **worried!** You know what **care** means by now. Not necessarily helping me out of bed. Your way

⁹⁷ Medical science already explicitly accepts the **correlation** between a patient’s **will** to live and his chances of recovery. It is widely accepted, that the patient’s attitude towards his illness is a key factor. Still, medical science has absolutely no explanation to this phenomenon. In fact, if causality is taken as the universal principle that governs reality, medical science should clearly **deny** this correlation. This is a good example of an apparent **contradiction** between causality and statistics. Only in this case, it is **good** that people recover. So no effort is invested in trying to **refute** this correlation.

was to talk to me, be nice, show affection. When you say about **her** that she just has a common cold and can take care of herself, you would still call her tomorrow and ask her how she is, right? because you **care**. Because **she is ill**.” Gaya thought I was defeated, but I still had some life in me: “This makes practically everyone **ill** in one way or another. If anyone who is ‘cared for’ is considered ill, then very few people are **not!**” Naturally, she had a good answer: “Think of the **difference**, in **your** feeling, between caring for someone whom you consider ill and someone healthy... Wait, you may be right. I used the wrong word. Let me rephrase my initial definition of ‘**She is ill**’: The right word is **worry**, not **care**. Care is much broader. Sorry. It was misleading.” I felt a slight childish **pride** for not being **so** stupid after all. She went on: “Look: When we say about someone that **she** is ill, it is something in **us**, not in **her**. We shouldn’t look at **her** to understand what is going on; We should look at ourselves. It is something about **our** state of mind; Nothing to do with **her**. It is like the difference between ‘**I** have pain’ and ‘**she** has pain’.⁹⁸ Again, two completely different things. **My** pain is something private, something that cannot, in principle, be shared. **Her** pain, on the other hand, is a different feeling all together. You have three daughters. They must have been in pain in your presence. You know what **her** pain is. It is a completely **different** sort of pain then yours! In the case of someone very close, it is much **more** painful, although in a completely different way!”

I was starting to understand. She was waiting for my reaction. I tried to phrase what I understood: “If I understand you correctly, you are saying that **I am ill** is a combination of dissatisfaction and hope..” She interrupted: “As far as the **body** is concerned. If you are broke, you are dissatisfied from the situation, and you hope to make some money soon, it doesn’t make you ill.” I nodded and continued: “..Which makes an **overweight** person, if he is dissatisfied with his weight, ill. or a cigarette smoker who wants to quit. Or a drug addict.” Gaya nodded and remained silent. I continued: “Whereas saying about someone **else** that she is ill is a manifestation of my **own** state of mind regarding **her**. If I believe she has to be **worried** about..” Gaya interrupted again: “Not necessarily by **you**. You can say about a strange person that she is ill. But you mean that **someone** ought to care. Sorry, **worry**.” Her account seemed to make sense. It was certainly **coherent** with her overall view of things. I decided to return to the first sense: “This business with **hope** and **dissatisfaction**. Don’t they **always** go hand in hand? I mean, when there is hope, of **any** kind, not necessarily regarding sickness and health. When there is **hope**, isn’t there also, inevitably, also **dissatisfaction**?” “Not necessarily” she replied. “Take my situation **now**, for example: I do **not** consider myself ill. I have hope to feel better tomorrow, but I am **not** dissatisfied with my situation, although I do not feel very well. Dissatisfaction is not simply another way of saying ‘hope’. I **constantly** have hope. And I am always **satisfied**.”

⁹⁸ The example of **pain** has been a fertile source of discussion, particularly in the philosophy of mind. The behavioristic¹²⁹ view was the only account of internal mental states such as pain that was **coherent** with the realist premise: If **realism**, then **all the way**. Behaviorists denied the meaningfulness of ‘**my** pain’. They claimed that the only meaning of ‘pain’ is in its external manifestations. Behaviorism is the radical consequence of objectivism, just as solipsism is the radical consequence of relativism. Nevertheless, behaviorism didn’t go very far, because it denied everyone’s (own) **evident** subjectivity. The **real** significance of ‘pain’ is in **my** pain. If **my** pain is declared meaningless, so much for the whole doctrine.

I take ‘dissatisfaction’ to be closely connected to **guilt**.”⁹⁹ Guilt. A new one. “How did **guilt** come into this?” I protested. “Guilt is a key factor” she replied; “It is one of the two basic sources of bad and evil.” Apparently the session was only starting; “What is the second?” I wondered. “The second is **fear**” she replied. “But guilt is more serious. More dangerous.” I didn’t want to move on to ‘fear’ and ‘guilt’ before we finished health and sickness. I said: “Wait. Before this you still owe me an explanation: How did the mix-up between the two senses of ‘ill’ come about?” “Oh, yes.” She replied. “It is another product of western thinking. It is based on the assumption that ‘I’ and ‘You’ are of the same **kind**. That we are both entities of the same kind in an objective **place**. Again, like with ‘pain’: Western thinking takes ‘my pain’ and ‘your pain’ as of the same kind, while it clearly is **not**: My pain is a one very particular sensation, and **your** pain is another kind of (my) sensation. It hurts **in different places**. Where did it hurt **you** when your daughter was in pain? In your heart? In your brain? All over? Isn’t it very **different** from your own pain?”

“Let us turn to **fear** and **guilt**” I said. “You said guilt was more **serious**. Why?” “Because guilt is **real**, and fear is not” she replied, and immediately continued: “Fear, again, is a product of western thought. Eastern thinking hardly recognizes its existence, let alone its significance. Fear is simple: It is an inevitable consequence from the belief that there are ‘circumstances beyond one’s control’. If you believe you are a meaningless speck in a vast objective universe, it makes a lot of sense to be afraid. So much can happen! So many things, practically **everything**, is not under your control. You can do nothing about it. You are at the mercy of **laws of nature**, of weather, earthquakes, crazy leaders and an infinity of potential mishaps. What a miserable living! The acceptance of the objectivity of the universe has most horrible consequences. Particularly after **God** ceased to play an important part in the scheme of things. I don’t think this conception will last for long. At least with God, there was **grace**. There was divine supervision. Now there is only blind nature and coincidence. Fear is the product. That is why I said it is not **real**. It can be **completely** eliminated, simply by changing one’s ‘point of view’, as you call it. I believe that people who turn to religion, do it chiefly to eliminate fear. It works. Believe it or not, I was never afraid. Maybe as a child, but I don’t remember. I can **speak** about it, but I really don’t know the feeling. It sounds horrible to me. **frightening**.” She laughed while saying the last word.¹⁰⁰

⁹⁹ The importance of **guilt** was particularly recognized by the Catholic church. It served not only as an important motivator, but the institute of **confession**, designed to enable people to **rid** themselves of it, was of extreme importance. And it did help sinners to feel a lot better. Unfortunately, the ‘vice list’ was a bit problematic. Judaism also has its instrument of getting rid of guilt, in the Day of Atonement. Modern atheist society has no substitute (except for the prison system, or ‘correctional facilities’, which do everything but ‘correcting’).

¹⁰⁰ Footnote 100 seems a good point to discuss a concept that necessarily occupies **every** conceptual scheme, every belief system: The concept **I**. It is safe to assume that it is never missing from a speaker’s system (except, perhaps, in severe cases of autism). What can be said about it? Well, in my case, I am the **owner** of my belief system. It **belongs** to me. It **depends** on me. Therefore, it will not be unreasonable to claim, that all the concepts (properties, beliefs) in my system are **included** in it: All properties **entail** this concept **I** (for every P, if P then I).

“And in what way is **guilt ‘real’**?” I asked. Gaya resumed a serious facade. “Guilt is serious business. It is **real**, because people often feel guilty, **for good reason**. In fact, some people live with it their whole life. Like *Cain*.” It didn’t take much explaining. I knew exactly what she was talking about. Just to make sure: “You mean if someone realizes that he did **wrong** and has to live with it?” “Yes” she replied. “But I think guilt somehow appears even if he does **not** completely realize it. More often than not, people who have done wrong (By their own standards!) sort of ‘cover up from themselves’. Let me think of an example. Say a beggar asked you for a dime and you refused. You tell yourself you did **right**: He should get a job. If it is **really** your **belief** that it is better **for him** not to get your dime, then you are ok. No guilt will emerge. But if you were just lazy and didn’t want to be bothered by him, if you didn’t exercise the **care** required from a human being, although it is your belief that compassion is in order, than your system is disrupted. Your **system** has a problem. After all, the beggar is in **you**, it is a part of you. Small and insignificant maybe, but still part of you. And you denied it something it deserved: Your dime. I don’t have to tell you about **guilt** in the clear cases in which you are fully **aware** of the wrong. Then it can be amended. Sometimes. But the situation is really grave, **for you**, if you manage to suppress it. If you manage to ‘convince’ yourself that the wrong was right.” I understood, in principle. But I didn’t know **how** the mechanism worked. I asked: “Say I did exactly that. What will happen to me afterwards?” “Then,” she said, “You are a little **angry** at the beggar. After all, he **should** get a job! Why is he begging? He becomes a small target for your **anger**. And anger has a tendency to spread: You are also angry at the circumstances that made him a beggar. And the anger ‘joins your system’. It doesn’t diffuse. It has no **reason** to diffuse. The case with the beggar is trivial, so the consequences are hardly visible. But an accumulation of such trivial instances, and some less trivial ones, can completely distort your *worldview*.¹⁰¹ The **world** that you create becomes a **cruel** one. Your punishment is **living in a cruel world**.¹⁰²” These words reminded me of something: “I think I have a little story you’ll

Wait a minute: I already **have** one such concept! One property, which was found to be entailed by all others. It is the property G: The Good. I have already identified G as synonymous (equivalent) to D; If **I** includes all the concepts in my system, it must also be synonymous with G: $I \equiv G$. Does this make any sense?

What is "I" doing? It is seeking the good for myself (my world, my system). Identifying the concepts *Good* and *I* as synonymous reduces the never ending quest for **good** to a question of self determination; of **finding oneself**. Of defining one’s own **meaning**, or **place**, in the system. The equation $I \equiv G$ is a **logical** consequence, not an ethical or lingual one. I am **the** Good, and the negation of contradiction; ‘The other side’ of contradiction. No wonder contradiction is hard to understand: It is **my** mirror image. No wonder **F** is essential: It is my ‘other side’.

¹⁰¹ It is not impossible for people to say (or think) “I am bad”, which is a consequence of acting in a way that is ‘bad’ by their own standards. In such a case, the equation $I \equiv G$ seems not to hold. But it also makes the whole system **logically incoherent**. This is why Kant preached **coherence**. When a person acts in a way that is bad by his own standards, it (logically) follows that he is not entailed by his entire belief system. If he is a realist, of course, his system is incoherent in the first place...

¹⁰² Hell?

like. I was once criticized for the permissive upbringing of my daughters. Someone said to me: ‘The way you bring up your kids does not prepare them for the **cruel world**’. I was annoyed with this criticism. I am very sensitive to criticism where my daughters are concerned. I replied: ‘**What** cruel world?’. I was then hardly aware of what I was saying; It was more of an instinct. But it makes perfect sense now. I couldn’t agree with you more. Unethical behavior simply creates an unethical world.”

Gaya remained silent. She looked tired again. She did a lot of speaking. And she always put her heart into it. I said: “Do you want to do anything? A short walk? Anything I can do for you?” Gaya was touched by my sensitivity. She produced a small smile and said: “No. I’ll just go and lie down. Thank you. For your concern. I know you mean it. And I’m glad you care. It’s all I need.”

I didn’t see Gaya for the rest of the day. After dinner I went for a walk alone. I found a new bench, in a beautiful spot surrounded by trees. The sun was setting, as usual, and sent its last rays to me through the branches. I could see millions of little bugs hovering in the air, as if using up the last minutes of sunshine. They were in a frenzy, chasing each other at random. Or is it at random? Could their lives be **meaningless**? I doubt it. Maybe I’ll ask Gaya tomorrow. I sat there on the bench until the last ray disappeared behind the trees. I walked back thinking about Gaya. I hope she’s better. She said some amazing things today. Could she be right about **health**? Why **do** people get sick, then? Could they possibly bring it over **themselves** for some reason? Maybe they **need** to be sick? Maybe they **need** to be cared for? Or maybe their world needs a **change**? I wonder.