1 Embracing Uncertainty

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Uncertainty has been an all-pervasive part of my biography. Needless to explain that being brought up in a devout Christian tradition that teaches absolute truth (in spite of a famous biblical passage in which the protagonist rhetorically asks, "What is truth?"), one is constantly in doubt about these unproven truths. Interestingly, that very same epistemological not-knowing has been made the cornerstone of believing. Faith based on knowledge would not be faith but simply knowledge. Faith is defined as a leap into the unknown, as trust in what cannot be perceived by any of our (only) five senses or concluded by logical deduction. "Credo quia absurdum" (I believe because it is absurd) became a favourite response by theologians (from Tertullian to Kierkegaard) to sceptics of religion. I hope that this autobiographical starting point makes my paper a suitable contribution to this collection of articles about hope and uncertainty at home, in the sense that it reflects on my most intimate "home", myself.

This somewhat chaotic assembly of ruminations is similar to the fieldnotes that anthropologists collect and organise as a first step to writing an article or book. In this case[1], the "field" is the desk where I conduct my "interviews" with colleagues and authors from other disciplines and write down quotes from their work that may serve my envisaged article. I have made an attempt to organise the thoughts and quotations that I have collected so far into four categories or sections: (1) philosophical debates; (2) uncertainty in search of certainty (knowledge); (3) certainty as a tool to cover up uncertainty in human encounters; and (4) embracing uncertainty/agnosticism. Throughout these four steps run the continuously shifting appreciations of certainty and uncertainty. The context in which these changing appreciations occur is the domain of medical anthropology and the wider field of human experience in general.

The original idea of the first *Medical Anthropology at Home* conference in 1998 (and thereafter) was to discuss and tinker with draft papers in order to make them bet-

1 This chapter is based on a paper presented at the *XI Medical Anthropology at Home* (*MAAH*) Conference "Transfigurations of Uncertainty in Health and Medicine" (2021, Schüttkasten Geras, Austria). I am grateful to the participants for their comments on the draft paper and to the editors of this volume for their finishing touches.

ter. "Perfect" papers were not welcome because they offered nothing to tinker with. Because of this tradition, I decided to submit this text about uncertainty in an uncertain state, which reflects my own state of mind. Both content and form reveal my doubts about claims of certainty in all walks of life and my growing acceptance of unavoidable and honest uncertainty. Ironically, it forces me to ignore Max Weber's admonition that complexity requires precise and unambiguous language. I have often cited him to convince colleagues or students to be more precise and clearer when the subject matter of a text is imprecise and unclear: "Scharfe Scheidung ist in der Realität oft nicht möglich, klare Begriffe sind aber dann deshalb um so nötiger" (Weber 1976: 123).

But before presenting my thoughts about uncertainty, I want to commemorate the seminal article by Murray Last (1981), who in his eloquent way drew our attention to the importance of "knowing about not knowing". Anthropologists have gone out of their way to "tap" people's knowledge about anything one can imagine, but never took an interest in what people did *not* know and what that ignorance meant in their daily life. Murray Last put not-knowing on the anthropological agenda and has been a great inspiration for me at several junctions of my anthropological work, including this one.

Debates in philosophy

Obviously, delving into philosophical treatises on epistemology and human anxiety when facing the unknown is a "mer à boire". For this occasion, I limit myself—arbitrarily—to two themes. The first theme relates to Pyrrhonism. Pyrrho was a Greek philosopher about whom little is known, but his ideas about scepticism regarding knowledge have survived thanks to the writings of Sextus Empiricus, who lived in the 3rd or 2nd century BC.

> The main principle of Pyrrho's thought is expressed by the word *acatalepsia*, which connotes the ability to withhold assent from doctrines regarding the truth of things in their own nature; against every statement its contradiction may be advanced with equal justification.
> Pyrrhonists withhold assent about non-evident propositions, that is, dogma. They disputed that the dogmatists had found truth regarding non-evident matters. For any non-evident matter, a Pyrrhonist tries to make the arguments for and against such that the matter cannot be concluded, thus suspending belief. According to Pyrrhonism, even the statement that nothing can be known is dogmatic. They thus attempted to make their scepticism universal, and to escape the reproach of basing it upon a fresh dogmatism. Mental imperturbability (*ataraxia*) was the result to be attained by cultivating such a frame of mind. (Wikipedia, accessed 10–03–2020)

This early epistemological scepticism, combined with the calm acceptance of its ensuing uncertainty, strikes me as surprisingly modern (reflected in, for example, Spinoza, Bayle, Hume, Wittgenstein) and has pushed me to investigate my own scepticism, as I try to do in this essay. I soon realised that the philosophical discussions and debates were overwhelming: I would be doomed to achieve at most some simple reinventions of the wheel. Nevertheless, I thought it useful to take the philosophical theme of scepticism and suspending (or giving up) knowing into anthropological reasoning, and medical anthropology in particular.

The Dutch sociologist Johan Goudsblom preceded me in this endeavour. He describes in his published doctoral thesis (1960) the unintended consequences of long-term developments in European philosophy and—more generally—culture. Starting with Socrates, he followed "[…] the development of the 'truth commandment' which pushed great thinkers ever further, undermining each other's and finally their own certainties". The following quote from his impressive study (also translated into English in 1980) refers to Pyrrhonism.

> Pyrrho casts doubt even on the authority of reason, for if reason is completely dissociated from the sensory world, what does it have to offer when it comes to understanding the world we live in? Is not this knowledge a delusion, too? The one is as fraudulent as the other:
> "Neither our perceptions nor our judgments teach us to know truth or untruth. Therefore we must not trust either our senses or our reason, but must remain without opinion, unmoved, inclining neither to one side nor to the other. Whatever the matter in question may be, we shall say that one can neither deny nor confirm it, or that one must simultaneously confirm and deny it" (Aristocles on Pyrrho, quoted by Brochard 1932: 54).
> Pyrrho could be called a silenced Socrates—someone who knows that the truth is inaccessible and has rejected all striving, even the search for truth, is vain. […] he makes a virtue of necessity and adopts the stance of *the wise man's superior detachment* […] [F]or Pyrrho the philosopher is an impartial and serene observer, who knows that the distinction between truth and falsehood, between good and evil, is too obscure for human beings, and who has only one moral lesson to teach: be brave and leave one another in peace. (Goudsblom 1980: 114; my italics)

Clearly, Goudsblom does not follow the radical viewpoint of Pyrrhonism; to "be brave and leave one another in peace" does not really make sense for an author who intends to share his ideas about human thought and cultural development. His stand is similar to the comments by Jerry Green, who also points at the internal contradiction in Pyrrho's agnostic scepticism. How can one "who refused to make assertions about the world outside of perceptual or intellectual appearances" make such a statement? (Green 2017: 335). Knowing or not-knowing, we are all caught by contradictions as soon as we start speaking about knowledge.

The second theme in my philosophical quandary presented itself almost sixty years ago, when I studied philosophy. Maurice Merleau-Ponty was my teacher's favourite philosopher at that time. One of the concepts of the French philosopher that grabbed me then and has remained with me ever since was "maudite lucidité".

> *Abstract* concepts are too easily assumed to represent the reality from where they have been taken. Merleau-Ponty used the indication *précoce lucidité* (precocious lucidity) to reject this assumption (Merleau-Ponty 1960: 32). He emphasised the obscure and bodily existence of human beings which is overlooked by a too rational approach. In more general terms, he emphasised the unreal character of philosophical theories about human beings that exclusively on the basis of reasoning formulate an explanation. A related term by Merleau-Ponty was *maudite lucidité* (accursed lucidity). (ibid.: 33) (Unknown source, my translation from Dutch)

Human reality is complex, dynamic and subjective and cannot be reduced to a simple statistical quantity. Because of its concrete yet ephemeral nature, reality can never be completely and "lucidly" known according to Merleau-Ponty. Should I therefore refrain from speaking clearly about uncertainty and its social and psychological implications?

Uncertainty in the search for certainty

Focusing on medical anthropology, uncertainty is overwhelmingly regarded as a problem or obstacle in the quest for certain knowledge, by physicians and caregivers as well as by patients and their relatives. Medicine was once described in a Dutch medical PhD dissertation as a "factory of reassurance", providing patients with certain knowledge about the state of their condition. Equally, physicians reassure themselves by being able to reassure their patients.

In probably the first extensive hospital ethnography, *Experiment Perilous*, Renée Fox (1987 [1959]) sketches the ambiguity of progressing biomedical science in a metabolic research group in a US hospital. All physicians are confronted with problems of uncertainty. Some of these result from their own incomplete or imperfect mastery of the available medical knowledge and skills; others derive from limitations in current medical knowledge; and still others grow out of difficulties in distinguishing between personal ignorance or ineptitude and the limitations of medical science.

> In a sense, the physicians of the Metabolic Group can be thought of as specialists in problems of uncertainty—particularly those uncertainties related to limits of present medical knowledge. As clinical investigators, it was their special role to work on the periphery of what is medically known [...]. (Fox 1987[1959]: 28)

The above quote points at the uncertainty that disturbs the research team looking for effective solutions for their patients and struggling with ill-understood mechanisms of the human body. In the next quote, Fox cites a doctor who explains that every step forward in mastering knowledge produces new uncertainties. In addition, discoveries that lead to improved knowledge are often not the outcome of rigid testing and scientific reasoning but of coincidence, serendipity.

> The advances in knowledge and skill which their work effected helped to clarify and occasionally even dispel some of these uncertainties. But at the same time, as in all research, these gains in knowledge frequently uncovered new problems of uncertainties to be explored. "Things multiply. You solve one problem, and you're faced with two others. Things you didn't know once become obvious. But then other things you didn't even know existed arise […]." (Fox 1987 [1959]: 29)

Patients too are worried by the uncertainties that doctors encounter and by the unpredictability of their condition and the experimental treatments they undergo. Their uncertainty is complicated by the ambiguities of their incomprehensible disease. As one patient expressed:

> This is a very peculiar disease I've got. It's got all kind of phases, and God only knows what phase you're in at what point. The doctors can't tell you exactly […]. After you've had this for a while, you either go in one direction or another. You reach a point where you either get better, or you get worse. And there's no foolproof way of telling in advance which way you are going to go […]. (Fox 1987 [1959]: 127)

Patients' anxieties are tempered by instilling hope and encouragement, which is not so much based on knowledge but on empathy and is at the same time an attempt to keep the atmosphere on the ward positive. These encouragements are given by the medical staff as well as by fellow patients. Abraham de Swaan (1983: 161–219) described such a "regime of hope" in a Dutch cancer hospital, much to the chagrin of the hospital authorities, who regarded the observation as belittling their medical competence and being harmful to their patients (Van der Geest 1989).

Managing uncertainty is also a theme in Susan Whyte's (1997) *Questioning Misfortune*, an ethnography about HIV/AIDS in Eastern Uganda. Whyte's central intuition focuses on the pragmatism of the Bunyole people in their confrontation with misfortune and uncertainty. They are unable to create safety in their existence, despite the diagnostic techniques and explanations available to them. Their solution is a *modus vivendi* with uncertainty that Susan Whyte interprets through the "pragmatism" of the US philosopher John Dewey. According to Dewey, people try to defuse their conditions of constant uncertainty not with ideas but with actions. Thoughts are not so

much the drivers of our actions, but rather the result. Acting goes before thinking. If people are rational, it is mainly because they are rationalising.

The many suspicions and accusations, rituals and medical acts that Bunyole people attempt are mostly psychologically effective. They give those involved the feeling that they are doing something and not watching helplessly. Not optimism, but—in William James' terminology—meleorism: maybe it gets a little better, a little hope in a mass of uncertainty. It is a life in the "subjunctive mode" (subjunctive "wishful thinking"). Whyte quotes Byron Good, who talks of "[...] trafficking in human possibilities rather than in settled certainties" (Whyte 1997: 24).

Twenty-five years after Fox's provocative hospital ethnography, Paul Atkinson (1984) published a rebuttal of her view on medical uncertainty in the training of medical students, which in Fox's terms was or should be a "training for uncertainty" (see also Fox 1957). Atkinson argued that Fox had seduced her readers with "the elegance of her presentation and the sheer fascination of her subject matter", but that in reality, uncertainty is a normal part of medical (and any other) research. In everyday language: Fox exaggerated the anxiety and stress that students and teachers suffer as a result of not-knowing:

> [...] issues of 'certainty' and 'uncertainty' are not mutually exclusive. They are not all-or-nothing orientations to work and knowledge on the part of 'scientists', 'professional practitioners' or 'lay' members. (Atkinson 1984: 954)

I do not think that Fox was unaware of this and I am not surprised that she declined the editor's invitation to respond. Arguing the obvious produces only embarrassment. Her 1959 study did in fact argue what was less obvious at the time: that the alleged solid body of medical science was in fact strewn with uncertainties that remained largely unspoken of, certainly in front of patients.

Nearly fifty years after Fox's publication, Hillen and co-authors (2017) raised the question of if and how uncertainty tolerance (UT) can be measured in medical settings. The implication of the term UT is clear: uncertainty is an unwelcome but unavoidable phenomenon in health care (and other domains of life), so there is no choice but to tolerate it. But how far should our tolerance go? An analysis of 18 existing measures of uncertainty and tolerance teaches the authors that the concept of uncertainty is a muddled mix of a wide variety of human experiences and opinions. Definitions of uncertainty may range, for example:

> [...] from the possibility that a negative or potentially harmful event may occur to the period of anticipation prior to such an event, to the notion that negative events may occur and there is no definitive way of predicting such events. (Hillen et al. 2017: 65)

As long as this muddle exists, the objective of "calculating" how much uncertainty people can bear (if that would be possible at all) remains unreachable. "Researchers use […] the same terms to signify different things, and different terms to signify the same thing" (Hillen et al. 2017: 67). To overcome this obstacle, the authors set out to propose an all-encompassing definition that would allow for intelligent measuring and comparing a tolerance of uncertainty.

The authors offer the following working definition of uncertainty tolerance: "The set of negative and positive psychological response (cognitive, emotional, and behavioural) provoked by the conscious awareness of ignorance about particular aspects of the world" (ibid.: 71). The implied definition of uncertainty in this working definition is a "conscious awareness of ignorance about particular aspects of the world" (ibid.: 64). I wonder if this working definition will lead to more clarity and practical usability for future research on coping with or rather embracing uncertainty. I agree that it is desirable that research in medical settings provides suggestions for solving existing problems, but how likely is this to succeed if the problem at hand is transformed and reduced to the (quantifiable) lucidity that Merleau-Ponty criticised and rejected?

I was more intrigued by the experience-nearness and diversity of the quoted reactions to (un)certainty that the authors collected from the 28 sources they examined. They gave me a sense of the lived reality of uncertainty that would be hard to catch in a clever definition. My perception of these quotes resembles Schutz's notion of "natural attitude", common sense or everyday practical reasoning and practical activity. "Such thinking as usual is characteristic of the person 'in the street', who is content to rely unquestioningly on such common sense" (quoted from Atkinson 1984: 954). Let me, as a "person in the street", present some of these quotes from Hillen et al.'s collection.

> Embracing *uncertainty*:
> There is something exciting about being kept in suspense.
> I like the mystery that there are some things in medicine we'll never know.
>
> *Disliking/fearing uncertainty*:
> When I can't clearly discern situations, I get apprehensive.
> I have a lot of respect for consultants who always come up with a definite answer.
> I am dissatisfied when the specialist does not make a diagnosis.
> I like things to be ordered and in place, both at work and at home.
> I feel anxious when things are changing. (Hillen et al. 2017: 67)

In a table listing reactions to uncertainty, negative ones (aversion, denial, discomfort, anger, stress, worry, anxiety, confusion) greatly outnumber the positive ones

(enjoyment, attraction). “Embracing” seems far away, particularly in medical settings.

“Certainty” as a social strategy

Another title for this section could have been “False claims of certainty” or “The pretence of certainty” or “Certainty to cover up uncertainty”. Claiming to be certain of something or somebody is a powerful tool to position oneself above others, that can be exercised in the most diverse contexts. It therefore deserves anthropological attention. Murray Last’s article, mentioned above, describes this social strategy among healers in Northern Nigeria, who practise medicine without much understanding of the illness or of their own treatment. Yet they act and speak as if they know. To quote the author:

> I am suggesting here that the origin of ‘not-knowing’ lies in the break-up of traditional medicine as a system; and from this not-knowing there has developed first, a secrecy which tries to conceal the lack of knowledge and certainty; and second, a scepticism in which people suspect that no one really ‘knows’; that there is no system. But the social conventions of politeness—as well as people’s real need to find a cure for their ills—keep the veils of secrecy and scepticism sufficiently in place, for themselves and for others. (Last 1981: 391)

Doubtful claims of knowledge are common in medical settings where physicians or nurses are short-staffed, lack time and have insufficient diagnostic equipment to be certain about their patients’ type of disease and appropriate cure. Alice Street (2014) carried out research in a hospital in Papua New Guinea and describes such a situation. Biomedicine, renowned for its enormous evidence-based body of knowledge, is enacted in this overcrowded hospital as a murky and dark field of uncertainty. Doctors are often forced to act without knowing. Reality on the ground contrasts starkly with the book reality they met during their training. They have no choice but to keep up the appearance of knowledge and to “improvise”, an elegant euphemism for a frustrating practice. Admitting their uncertainty would be disastrous for both the medical staff and the patients (see also Street 2011).

But even in well-equipped medical settings, uncertainty dwells, as we have seen in Fox’s monograph and the discussion around it, and may, occasionally, force medical professionals to hide their ignorance in order not to upset their patients. “The doctor gives me a medicine to cure his own uncertainty” is the title of a Dutch article I once read (exact reference lost).

A similar observation could be made with regard to religious language that overrules the doubts of the faithful, believers and non-believers. No one has a monopoly

on the truth about what exists outside our perception and sensory experience. That unknown world provides, of course, free ground for speculation, belief and hope, but can never be claimed to be known. Sermons during funerals, in which death is denied in metaphoric language that may be taken literally by some attendees, is a case in point. Rituals after death are prominent occasions where the thoughts and convictions of the deceased (and those attending) are hijacked by an "all-knowing" officiant. Doubts are chased away. If that happens, we can rightly speak of oppressive and misplaced certainty. But the converse also applies; the conviction that religious beliefs are false (and therefore must be eradicated) cannot be founded on certain knowledge for the same reason.

Returning to the medical field: Arthur Frank (2001) and Gerhard Nijhof (2000; 2018), two scholars who were themselves patients, both mention the irritating experience of medical staff members who claim to know everything about their condition and suffering. Such an attitude overrules and "steals" the patient's experiential knowledge. "A claim to know the other's suffering takes away part of that other's integrity" (Frank 2001: 359). A similar thing happens in the rules and discussions around euthanasia in my country, the Netherlands: doctors—not patients—decide whether the patient's suffering is truly "unbearable".

Personally, I find the common saying in ordinary conversation— "I know exactly what you mean" or "I fully understand you"—irritating and arrogant. The words could be uttered in a comforting context to support the other, in which case the text does not need to be taken literally (yet, I would still not appreciate such condescending empathy). I also do not intend to deny our capability of intuitively sensing what the other person is saying or thinking (otherwise any type of conversation would be impossible, cf. Fonagy and Allisson 2014). I rather refer to the common use of these terms in debates when one person tries to defeat the other by discrediting him/her based on what the other may think, in an attempt to interpret or rather misinterpret his/her spoken words. In other words: by stealing and turning around what the other meant to say. Claiming to know what other people think is not only annoying and arrogant, as I just mentioned, but also naïve and silly.

Joel Robbins (2008), who did fieldwork in a small community of Urapmin people in Papua New Guinea, encountered what he called a language ideology of opacity. When people speak, they do not express their real thoughts and intentions. What they have in mind and plan to do, for example, remains unsaid, opaque. Those listening to the speaker know this and will not pursue with questions about what they mean (as anthropologists tend to do), but respect and accept the opacity. Insisting on what is behind the words is regarded as rude and an intrusion of the speaker's privacy.

> I came to think of Urapmin ideas about opacity, and the failure of speech to carry the thoughts of others, as linked to a broad conception of what we might call "psy-

> chic privacy." People's minds are private places, and invading their privacy by finding out what they really think would, were it possible, be a serious personal violation. (Robbins 2008: 426)

Reading his article, I thought: Is it different in my own society? Perhaps to some degree, but also "at home" in our own conversations, we know—or at least should know—that we never know what the other really means when speaking and that insisting on more information may be regarded as bad-mannered. Moreover, it is well-known that words are convenient tools to hide our thoughts.

Embracing uncertainty

The embrace of uncertainty is likely to be a reaction to the various abuses and unwarranted claims of certain knowledge. I had hoped that a collection of ethnographic studies of doubt, edited by Mathijs Pelkmans (2013a), would enlighten me on how people manage to live peacefully with uncertainty. It did to some extent. In his introduction, Pelkmans points out that doubt and uncertainty are two different things. Doubt is a temporary and changing condition; it facilitates action to reach a conclusion that provides clarity. Doubting between two (or more) possible actions pushes for a choice. It is in fact knowledge about two (or more) possible truths that eventually prioritises one. For Descartes, "doubt was his instrument to reach solid foundations of knowledge, after which doubt ceased to be relevant and could be discarded" (Pelkmans 2013b: 8). Indeed, "[...] doubt cannot be at rest, whereas uncertainty cannot be wilfully employed" (ibid.: 4). Thus doubt is "activated uncertainty" (ibid.: 16).

> Doubt and uncertainty are related concepts, but uncertainty lacks the agency that is implicit in doubt. People may live in uncertainty because the times are uncertain, but although it is possible to live in doubt, it would be odd to blame this on doubtful circumstances. While uncertainty rests in the situation, doubt is located in the actor. (ibid.: 17)

Having said this, Pelkmans then turns to the contribution of Maurice Bloch (2013) in his edited volume. Bloch deviates from Pelkmans' conceptual distinctions and describes how people in a small community in Madagascar "remain in doubt" ("and quite comfortably so") about certain issues he discussed with them. In Pelkmans' words:

> These seemingly contradictory positions can be reconciled, though, by pointing out that there are different ways to deal with the restlessness of doubt. Without presuming to give an exhaustive enumeration I suggest that restlessness can be

> halted by: (a) diverting one's attention, so that the object of doubt is no longer in the spotlight; (b) reinterpreting the object of doubt in a way that makes it less 'dubious'; (c) denying that doubt is doubt; or (d) removing the alternative when confronted with two possibilities. (ibid.: 20)

For my paper, I intended (but failed) to explore these four ways of remaining in doubt (*accepting uncertainty*) without becoming crazy or desperate. At the same time, I doubt if these mental manoeuvres will bring me to my initial inspiration, which is not about *accepting* uncertainty but about *embracing* it. My concern is the paradoxical phenomenon that uncertainty—in certain circumstances—is a superior type of knowledge, more reliable and honest than certainty.

Positioning embrace

The simplest version of the objective of anthropological fieldwork is to get to know other people, to try to find out what they do and think and to make sense of it. But from the beginning, researchers were conscious of the fact that they themselves were part of the discoveries they made. In his description of sexual life among Trobrianders, Malinowski (1932: xxv) admitted that anthropology attracted him mainly as the best way to get to know himself. And Evans-Pritchard is told to have said that the main reason he travelled all the way to the Azande was not that he wanted to describe the life of a remote African tribe but that he was trying to fathom what rationality is: solving a personal question by meeting people who believed in witchcraft (source not found).

This type of reflexivity regarding fieldwork became more common in the 1970s and has lasted until today, as we all know. The most extreme form is the type of auto-ethnography in which the "others" have become figurants in the author's search for his/her own self. Critics, like Charlotte Davis (2008: 216), have warned that social enquiry about others could thus disappear altogether. Such "getting lost in subjectivity" has received many pejorative labels, such as "navel-gazing", "narcissism", "self-absorption", "exhibitionism" and "self-voyeurism".

The fieldwork for this chapter was carried out at my desk and started off with a personal question: How do I stand in my encounters with uncertainty? Many authors of various disciplines were my interlocutors, some of whom made their entry into this chapter. Of course, I was curious as to what they would tell me about their views, but in secret I had already made up my mind, at least to a large extent. One could almost say that I had my conclusion ready before I started my "interviews". That conclusion was that uncertainty is (or should be) increasingly experienced as something to be welcomed in a world where everything needs to be certain, transparent and proven. Errors, whether in politics, business, science, sport, insurance,

transport, the internet, education, sex, gender or medicine, are not tolerated. Ministers who make a mistake have to "crawl through the dust", as the Dutch expression goes, and doctors who misdiagnose may be sued. Accepting, even embracing, a bit of uncertainty offers a relief in the midst of this tyranny of strictness and "true" knowledge.

The recognition of uncertainty or not-knowing, I believed, is making remarkable advances in the most diverse fields of academic as well as popular writing, from philosophy to moral and spiritual guidance, from art to psychology. Internet discussions emphasise the importance of accepting uncertainty and speak of the "wisdom" and "courage" of not-knowing. "Agnosticism" is increasingly recognised as a "rational" position, not only in matters of religion. Confessing to not-knowing is regarded as honesty, in contrast to false claims of knowledge, as I pointed out earlier.

Talking of confession, I admit that I was selective in my choice of interlocutors; I chose those who I thought were on my side or those who defended the need for certainty in a way that I believed could serve my purpose. But what came out of this self-exploration through communication with my interlocutors? Did my pre-conceived "conclusion" change during my roaming through the views and arguments of others? Yes, it did, in particular with regard to uncertainty in medical settings. Medical work is probably the least likely place where not-knowing on the part of professionals is tolerated and where uncertainty among patients and relatives can lead to grave anxiety. But to be honest, I knew this. Expecting that, for example, uncertainty about the duration or end of medical treatment would be calmly accepted was a bit of wishful thinking since some cases that I personally witnessed and admired. It is doubtful, however, that such mental imperturbability (*ataraxia*) in medical settings will become more common in the near future.

In wider contexts, I do, however, discern a growing appreciation of uncertainty, as I mentioned before: the appearance of a paradoxical phenomenon that uncertainty—in certain circumstances—is regarded as a superior type of knowledge, more reliable and honest than certainty, and not a destroyer of hope. Or, as someone suggested in Hillen et al. (2017: 67), life will be more exciting and intense if it keeps some mysteries that we may never scientifically uncover. The greatest mystery, which haunts and excites me at the same time, is Leibnitz's famous—simple and baffling—question: "Warum gibt es überhaupt etwas und nicht vielmehr nichts?" ("Why is there something at all and not rather nothing?").

Having arrived at the end of my desk-centred "soul-searching", a last thought presents itself and adds to the doubts that I have shared throughout this chapter: Is enjoying uncertainty not a luxury that only a few can afford? This view was eloquently phrased in a column in a Dutch newspaper:

> [...] I often see doubt and nuance as something gratuitous. That endless on the one hand-on the other hand is a luxury for the living room, for thinkers, poets,

> writers who can continue to philosophise and do not have to decide anything. Judges cannot afford that. Surgeons can't. Drivers can't. In the end, in every organisation (country, school, family) doubts have to give way to making decisions. (Hertzberger 2020; my translation)

The outcome of my "fieldwork" may be disappointing and my title should perhaps have been more modest, for example "accepting uncertainty". But even if the end of my journey is unsatisfactory, the journey itself was instructive and rewarding.

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