Opacity, difference and not knowing: what can psychiatry learn from the work of Édouard Glissant?

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ABSTRACT

Martinican poet, novelist and cultural theorist Édouard Glissant (1928–2011) rejected contemporary simplistic notions of creole hybridity popularised in the 1980s and 1990s in favour of a unique and explicitly antiessentialist construct of Caribbeanness—a form of being that embraces place while shunning any associated ideas of rootednesss. Throughout his work, there is a constant tension between the local and the global, the particular and the universal, the essentialist and the homogenising, a tension that is never resolved but used creatively to stake out an emergent third position against a backdrop of a metaphorical Caribbean seascape. The purpose of this article is to shed light on a central idea developed by Glissant: the importance of acknowledging opacity in the encounter with the Other, in contrast to idealised notions of transparency as inherently desirable. This 'right to opacity' has been embraced in poststructural theory, postcolonial activism and contemporary art. However, I argue that opacity is also a highly relevant notion in clinical contexts, as an essential resource for understanding concepts such as first-person, second-person and third-person perspectives in the phenomenology of mental health and illness. For illustration, I point to a number of clinical tools and approaches—such as the Cultural Formulation Interview, Therapeutic Assessment and the employment of a not-knowing stance in mentalisation-based treatment—that successfully incorporate a respect for opacity as a core value in the clinician-patient encounter. This article is not an attempt to offer a definitive how-to guide on how to make use of the ideas of Édouard Glissant in the clinic; instead, I hope to inspire further discussion about how various notions of opacity and transparency come into play for mental health practitioners and how acknowledging alterity and difference may contribute to more fruitful and respectful ways of engaging with the patient-as-Other.

INTRODUCTION: ÉDOUARD GLISSANT AND THE CARIBBEAN SEA

Over the course of more than six decades, Martinican poet, novelist and cultural theorist Édouard Glissant (1928–2011) created his own distinct vocabulary as a writer. In his work, the sea and the shoreline, the vast archipelagos, the mangrove forests and the creole gardens of the Caribbean are ever-present metaphorical points of reference. However—and in stark contrast to other popular takes on creolisation during the 1980s and 1990s—Glissant explicitly rejects any simplistic reification of creole hybridity (Noudelmann 2013; Wiedorn 2018) in favour of an emphasis on global interconnectedness manifested through concepts such as the somewhat elusive *Tout-monde*, or *world-as-whole* (Wiedorn 2018). Throughout his work, there is a constant tension between the local and the global, between the particular and the universal, the essentialist and the homogenising, a tension that is never resolved but used creatively to stake out an emergent third position centred around *Relation* (Bydler and Sjöholm 2014; Prieto 2010). Because of this interactional outlook, most clearly evident in his book *Poetics of Relation* (published in French in 1990) and onwards, Glissant has been called a *post*-postcolonial thinker (Prieto 2010). In this article, I hope to shine a light on some central concepts developed by Édouard Glissant that I believe have been overlooked in the fields of psychiatry and medicine and that may contribute to more fruitful and respectful ways of engaging with the patient-as-Other.

Similar perhaps to other French-Caribbean thinkers of the time, the ambiguous tension that characterises the work of Glissant may in part be traced to his journey through the French colonial education system, built on a disputed notion of universalism-through-citizenship that was—in theory—seen to transcend and efface race and ethnicity. At the lycée in Fort-de-France, he studied alongside the slightly older Frantz Fanon and with Aimé Césaire as a faculty member (Wing 1997). After having campaigned for Césaire as a communist candidate for the French parliament, Glissant left Martinique for Paris in 1946. He received his doctorate in philosophy from the Sorbonne a few years later, began moving in Parisian avant-garde literary circles, and became deeply involved in the anticolonial political movement for independence for the French overseas departments. His political activism eventually led president Charles de Gaulle to bar him from leaving France up until 1965, when he was finally allowed to return to Martinique. During the 1960s and 1970s, Glissant was primarily focused on the specific sociopolitical conditions of the French Antilles and the localised implications of colonial centre-periphery relationships (Murdoch 2013). Later, however, he abandoned this project in favour of the abovementioned *Tout-monde*, 'a view of the whole world as a network of interacting communities whose contacts result in constantly changing cultural formations' (Britton 2011b). In dialogue with French intellectualism at the time, Glissant developed a notion of global Caribbeanness using Gilles Deleuze's and Félix Guattari's figure of the *rhizome*—the ginger-like metaphorical structure that, as opposed to the hierarchically organised root system of a tree, has neither beginning nor end,

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only an ever-present and ever-connected middle—and that of the *nomad*, whose life revolves not around fixed destinations but around the passage as such (Deleuze and Guattari 2004). For Glissant, the theoretical concept of Relation explicitly emanates from the Caribbean Sea[1] with its 'natural opening out onto other worlds' and the 'transformative encounters of its arriving people' (Murdoch 2013, p. 876), in contrast to what he describes as the enclosed and universalising character of the Mediterranean Sea. The Caribbean seascape offers a glimpse of new and more egalitarian modes of Relation; with its gruesome history of colonial violence, it is also, however, an open wound. In his works, Glissant returns time and again to the Middle Passage in particular as the defining historical event, or, if you will, the event that obliterates history as a linear root structure. For Glissant, the Caribbean Sea is inevitably an abyss and a graveyard, drowning the past and creating something entirely new and different out of the fragments washed ashore (Parham and Drabinski 2015; Yountae 2014). The world begins anew at the shoreline and any search for the cultural origins of Caribbeanness is therefore futile. There are no roots and no family tree, only rhizome-like Relation—a mode of existence that can be viewed both as a potentially empowering path forward *and* a bleak historical fact, 'stained by the newness of a forced creation: a violent, chaotic, and creative cosmogony of the Caribbean slave' (Radović 2007, p. 477). In a passage characteristic of his prose, Glissant writes:

> Whenever a fleet of ships gave chase to slave ships, it was easiest just to lighten the boat by throwing cargo overboard, weighing it down with balls and chains. These underwater signposts mark the course between the Gold Coast and the Leeward Islands. Navigating the green splendor of the sea—whether in melancholic transatlantic crossings or glorious regattas or traditional races of yoles and gommiers—still brings to mind, coming to light like seaweed, these lowest depths, these deeps, with their punctuation of scarcely corroded balls and chains. In actual fact the abyss is a tautology: the entire ocean, the entire sea gently collapsing in the end into the pleasures of sand, make one vast beginning, but a beginning whose time is marked by these balls and chains gone green. (Glissant 1997, p. 6)

The shift towards an emphasis on interrelatedness has led many critics to talk of an early and a late Glissant. Some have lamented what they see as the negative influence of a supposedly apolitical, free-floating and overly abstract Deleuzian nomadology on Glissant's later work (Bongie 1998; Hallward 2002).[2] Others have defended the Glissant of the 1990s and 2000s as a militant public intellectual, questioned the idea of a radical shift and pointed to a distinct continuity in his thought (Dash 2014; Wiedorn 2018)—a paradoxical continuity-in-flux that Glissant has himself referred to in his characterisation of the majestic *acajou*, or mahogany tree: Trees that live a long time are always changing as they endure' (Glissant 2021, p. 5). In any case, it is clear that Glissant distanced himself from Césaire's influential *Négritude* movement as early as in the beginning of the 1970s (Parham and Drabinski 2015), in favour of the novel and explicitly antiessentialist construct of *antillanité*, or Caribbeanness—a form of being that embraces place while shunning any associated ideas of rootedness. For Glissant, the concrete Caribbean experience opens up towards abstract and somewhat unfashionable concepts such as wholeness or oneness, a move that is perhaps 'quite anomalous in the contemporary intellectual climate favoring fragmentation and multiplicity' (Wiedorn 2018, p. xxv). In a world increasingly doubtful of the prospects of globalisation, Glissant's emphasis on the *Tout-monde* may seem dated and chimerical. In fact, it has been argued that 'any reader who might open a Glissantian text with an ear straining to perceive a hitherto silenced, subaltern voice, or with a palate yearning to savor a distillation of unadulterated Caribbean authenticity, is bound to be frustrated' (Wiedorn 2018, p. xxii). Yet, as we shall see, Glissant's unique combination of a principle of global, non-hierarchical unity and oneness with the idea of the Other's moral right to opacity, incomprehensibility and difference makes it impossible to dismiss him as just another proponent of some kind of fluffy unity-in-diversity.

The concept of creolisation[3] has become increasingly influential since the 1980s and onwards. Although the notion of inherently destabilising and thereby potentially creative cultural flows between the Old World and the New World is not new (Stewart 2007), cultural anthropologists such as Ulf Hannerz, Thomas Hylland Eriksen *et al* have contributed in popularising an idea of creolisation as an accelerating phenomenon of our postmodern age of migration and uprootedness (Eriksen 2019; Hannerz 1987). Some scholars describe creolisation as a subversive response to essentialist and racist discourses (Verges 2001); others hold that the same old patterns of centre and periphery are simply reproduced in the global flux of people and identities (Hannerz 1987). Creolisation is, to varying degrees, typically either described as a process, a product or a little bit of both (Chivallon 2008). Even though creolisation is increasingly seen as occurring on a global scale, the idea of the creole is still undeniably associated with the Caribbean and the Black Atlantic through scholars such as Stuart Hall, Paul Gilroy and Antonio Benítez-Rojo (Benítez-Rojo 1997; Gilroy 1993; Hall 1990). As already touched on, Glissant's take on Caribbeanness and the process of creolisation, with its emphasis on oneness and interdependence, is arguably quite different in some key aspects from many of these contemporary theories of the creole. As an illustration, Glissant points to the *jardin créole*, or the creole garden, the small plots of land where plantation slaves were able to grow vegetables and fruits to support themselves, to show how multiplicity and interdependence go hand in hand. In the cluttered and seemingly haphazard creole garden, enslaved people or self-sufficing maroons created a 'counter-plantation' (Murray-Román 2022, p. 79) where a myriad of edible plants and medicinal herbs—lemons and avocados, yams and manioc, hibiscus and licorice weed—form an intricate web of care by which they protect each other against the ecological perils that threaten the modern-day industrial monoculture. What may appear to an outsider as an inefficient chaos is in fact a highly functional interdependent network of biocultural diversity. Likewise, for Glissant, the vital characteristic of creolisation is the fact that it creates or becomes *something else* entirely, beyond any simplistic ideas of métissage or hybridity as a salad bowl of various cultural ingredients. The creole is wholeness just as much as it is diversity; to simply conclude that it is a mixture of identifiable and traceable differences misses the point. Again, the Caribbean archipelago becomes a useful metaphor: '[I]n the archipelago form a group of disparate and diverse islands exhibit sufficient interconnection and coherence such that a singular descriptor can be used to describe their multiplicity. In that sense, the archipelago is exemplary of the notion of unity within diversity'. (Wiedorn 2018, p. 7) For Glissant, the world as a whole is, or is becoming, an archipelago.

Creolisation as an aspect of clinical complexity has occasionally been touched on in the field of cultural psychiatry. In 1997, a paper by anthropologist Gilles Bibeau in *Transcultural Psychiatry* sparked some debate on the topic. In his piece, Bibeau called for a reconceptualisation of a 'sociocultural psychiatry' as a 'subversive science' that would be better equipped to navigate in clinical settings increasingly characterised by ambiguity, unpredictability,

and emergent cultural hybridity and creolisation (Bibeau 1997). Arguably, psychiatry as a clinical discipline has indeed been able to meet some of these new demands; for example, Bibeau's insistence that 'cultural psychiatrists must become sensitive to multiple belongings, multi-locale communities, long-distance networks, and flexible identities' (Bibeau 1997, p. 18) probably seems somewhat redundant to resident psychiatrists entering the field today. From a Glissantian point of view, Bibeau's focus on plurality and hybridity as core elements of the new, creolising world may also not be far-reaching enough. In her response, Lilia Blima Schraiber took the discussion a step further by introducing the idea of 'identity as *motion* rather than *place*' and suggesting that contemporary 'supermodernity creates *non-places*, which are not defined by identity, or a relational or historical space' (Schraiber 1997, p. 120).[4] She referred here primarily to the precarious lives of migrant patients whose humanity is repeatedly denied at customs offices and immigration agencies as well as, perhaps, at hospital reception desks, and calls for sincere commitment in the face of the vulnerability of the Other. Still, her notion of identity as movement rather than as a rooted sense of belonging is clearly closer to a Glissantian understanding. Arthur Kleinman, in turn, pointed in his response to how the conventional diagnostic systems in psychiatry—such as the fourth edition of the *Diagnostic and Statistical Manual* (DSM-IV) with its focus on a limited number of so-called culture-bound syndromes in the description of the pathologies of the Other—were not well suited to a creolising world in flux (Kleinman 1997). This, too, has probably changed at least in part since the publication of Bibeau's paper; for example, the fifth edition of the *Diagnostic and Statistical Manual* (DSM-5), published in 2013, puts less emphasis on distinct culture-bound syndromes in favour of the more dynamic, person-centred Cultural Formulation (American Psychiatric Association 2013). Some years later, cultural psychiatrist Laurence Kirmayer explicitly referred to the theories of Glissant in his paper 'Culture and Psychotherapy in a Creolizing World', where he further underscored the importance of a psychiatric understanding of culture not as self-contained, homogenous, and enduring over time but as mutable and interactional, 'a situation in which the local and the global are reciprocally inscribed' (Kirmayer 2006, p. 164).

It may very well be that the notion of creolisation has fallen out of fashion in recent years; for contemporary scholars, a creolising world is, perhaps, more or less taken for granted and highlighting the impact of global interconnectedness may be seen as stating the obvious. The present article is not an attempt to revive the discussion about the implications of creolisation for the field of cultural psychiatry or the clinical sciences in a broader sense. Instead, I would like to bring to the fore another element in the work of Édouard Glissant: that of the importance of acknowledging *opacity* in the encounter with the Other. As described in some more detail below, the concept of opacity as introduced and developed by Glissant has primarily been embraced by the academic fields of poststructural philosophy and literary studies as well as in postcolonial or Black, Indigenous, and People of Colour activism. I would argue, however, that opacity is also a highly relevant notion in clinical contexts, as an essential resource for understanding concepts such as first-person, second-person and third-person perspectives in the phenomenology of patient-clinician encounters. By focusing on the inherently opaque nature of the patient-as-Other and its moral-ethical implications for psychiatry—beyond creolisation as a buzzword—I hope to show that Glissant does not belong to some sort of trivial 'anything goes' strand of abstract postmodernism, but that his work does indeed offer rich and tangible insight into alterity in the clinical encounter and the boundaries of empathy.

OPACITY, TRANSPARENCY AND ALTERITY

In order to make sense of Glissant's emphasis on opacity as a mode of resistance, we must begin with his insistence that oppression presupposes *transparency*. As we have seen, Glissant contrasts the enclosed and self-sufficient Mediterranean Sea, steeped in a logic of traceable history, with the openness, newness and relatedness of the Caribbean archipelagoes. However, and in contrast to what one may perhaps intuitively assume, transparency has no place in this list of the qualities of Caribbeanness. In Glissant's work, transparency as an ideal is fully associated with a colonising mindset; in fact, he contrasts what one may even call an Old World *obsession* with transparency in the name of rational objectivity and universalism with a New World demand for opacity. For those of us who are accustomed to a casual view of transparency as inherently good—as something one should even aspire to in professional dealings as well as in private relationships—it may at first seem odd to embrace the idea of opacity as desirable. Likewise, in a context of postcolonial theory, Glissant's position can hardly be described as 'mainstream'—Gayatri Chakravorty Spivak, for example, has described the opaque primarily as a source of disempowerment rather than as a figure of resistance (Britton 1999; Duchanaud 2010). For Glissant, however, 'clearness, consciousness, lucidity, and transparency have always been the prerogative of colonial power, which sought to understand the other by assimilating him or her to the 'universal' categories 'possessed' by the West' (De Schutter 2003, p. 7). When insisting on approaching the Other as transparent, that person is also unavoidably categorised according to the observer's pre-existing schemas of understanding. In the process of making differences recognisable and relatable, the alterity of the Other is necessarily reduced (Crowley 2006). Thus, for Glissant, transparency is not what it claims to be: The initial density that difference presents evaporates as the knower drills down into it; opacity is transmuted, falsely, into transparency, as the knower looks upon it as in a mirror, perceiving not the opaque bottom, but the reflection of the self […]' (Simek 2015, p. 366). From his perspective, the supposedly benevolent French universalist ideal of exploring and illuminating the unfamiliar informs, in fact, 'a conquering knowledge that would take possession of the world with each act of understanding' (Wiedorn 2018, p. 38).[5]

The antidote to the spread of this self-indulgent version of transparency is, for Glissant, demanding a right to opacity. According to the *Oxford Learner's Dictionary*, that which is opaque is 'not clear enough to see through or allow light through'. Arguably, however, a common understanding of the word tends to involve some small degree of potential translucency—a typical example of an opaque fluid is milk in a glass, obviously not see-through but still permeable to some small amount of light if held up towards a lamp. The same holds true for Glissant's more abstract use of the term: 'Opacity *cannot* be a total absence of understanding, since it therefore would be unable to be perceived as opacity' (De Schutter 2003, p. 12). Importantly, Glissant underscores that opacity should not be confused with *obscurity*. Although we may commonly associate transparency with visibility, that which is opaque is, perhaps quite self-evidently, *more* visible (Gerber 2018)—although in the case of the opaque, we are dealing with a tangible and in-your-face visibility instead of an idealised see-through version. For Glissant, 'the opaque is not the obscure; rather, it is *that which cannot be reduced*' (Campbell and Edmonds 2018). As Michael

Wiedorn puts it, 'it is only through embracing the opacity of the other that we can begin to see him or her clearly'; importantly, '*not* knowing can paradoxically be fecund, generative of more ethical ways of being and knowing in the world' (Wiedorn 2018, pp. 54 and 12).

Although the concept of opacity was hinted at in *Le Discours antillais* in 1981 and then more fully developed in *Poetics of Relation* (published in French in 1990) and in *Philosophie de la Relation* (published in 2009), Glissant claims to have used the term as early as in the late 1960s. In Manthia Diawara's 2010 documentary film *Édouard Glissant: one world in relation*, produced 2 years before Glissant's death, he explains:

> 40 years ago in Mexico, in a conference with Octavio Paz, I had said "I am reclaiming the right to opacity". There' s a fundamental injustice in the worldwide spread of the transparency of Western thought. Why? Why must we evaluate people on the scale of transparency of the ideas proposed by the West? "I understand this, I understand that and the other"—rationality. I said that a person has the right to be opaque to my eyes. That doesn' t stop me from liking that person, working with him, hanging out with him, etc. A racist is someone who refuses what he doesn' t understand. I can accept what I don' t understand. Opacity is a right we must have. And the audience said: "What kind of barbarism is this? We have to understand." (Diawara 2010)

This denial of the centrality of understanding—in an understanding-as-transparency sense—for relating to and caring for the Other is reiterated in *Poetics of Relation*: I thus am able to conceive of the opacity of the other for me, without reproach for my opacity for him. To feel in solidarity with him or to build with him or to like what he does, it is not necessary for me to grasp him' (Glissant 1997, p. 193). In fact, Glissant goes on to say that our knowledge of *self* is inevitably characterised by opacity, and that we should not attach too much significance to this as some sort of existential conundrum:

> As far as my identity is concerned, I will take care of it myself. That is, I shall not allow it to become cornered in any essence; I shall also pay attention to not mixing it into any amalgam. Rather, it does not disturb me to accept that there are places where my identity is obscure to me, and the fact that it amazes me does not mean that I relinquish it. Human behaviors are fractal in nature. If we become conscious of this and give up trying to reduce such behaviors to the obviousness of a transparency, this will, perhaps, contribute to lightening their load, as every individual begins not grasping his own motivations, taking himself apart in this matter. (Glissant 1997, pp. 192–193)

In contemporary discourse, a *normative* view on opacity has often been emphasised: the idea that we all have a 'right to opacity' (Glissant 1997, p. 189), that we *ought to* enjoy freedom from transparency. This point of entry into Glissant's philosophy is perhaps most articulated in political activism and contemporary art[6] (Gerber 2018; Greiner 2019; Loock 2012). In the works of Glissant, however, there is also clearly a strictly *descriptive* view in which opacity is considered as a given—we *are* in some sense already opaque to each other (and to ourselves), whether we like it or not. In the words of poet and cultural theorist Fred Moten, 'opacity is both desirable and unavoidable. So, if you don't desire it, it's still there' (El-Hadi 2018).

Although any discussion of the alterity of the Other is bound to revolve around questions of *difference*, I would argue that an emphasis on opacity (at least in the descriptive use of the term) does not necessarily imply the existence of far-reaching differences—we may, in fact, have much in common with those we encounter and still insist on not allowing transparency to become the most vital characteristic of our interactions. In the field of intercultural communication as well as in cultural psychiatry, one might even point to a 'fallacy of differences' by which our similarities as humans are downplayed and our presumed dissimilarities always tend to take centre stage (Stier 2004). Yet, to demand opacity is not primarily to insist on maintaining irreconcilable differences, but to accept that we cannot gain full knowledge of the Other. This does not imply that we should not engage with each other—on the contrary, acknowledging the opaque nature of human relations may even lead us to try harder in empathising with a patient, for example, knowing that there will always be limits to such empathy. This idea is developed further in the next section of this paper. Here, I would like to very briefly point to Glissant's engagement with and admiration for author William Faulkner, most fully developed in his text *Faulkner, Mississippi* (Glissant 1999). In reading Faulkner's chronicles of the Deep South and its profound race-based antagonism, what Glissant continually emphasises is the author's refusal to make black characters *readable* to his white audience: '[P]ainfully aware that the people of African descent who surrounded him would remain forever opaque to him, Faulkner knew them as profoundly unknowable, and so he eschewed representing them' (Wiedorn 2018, p. xxvi). Importantly, for Glissant, Faulkner's reluctance to offer readers a transparent view of the inner life of his black subjects becomes an act of antiracism rather than a shortcoming in terms of literary representation. This illustrates the reciprocity at work: 'The right to opacity is a right not to be understood, and this logically requires a corresponding duty, i.e., the obligation to be prepared not to understand completely' (De Schutter 2003, p. 10).

In any discussion of difference, alterity, resistance and ethics, the work of philosopher Emmanuel Levinas emerges as an obvious point of reference. Although a more thorough review of Levinas' ethics of the Other is beyond the scope of this article, the similarities between his philosophy and that of Édouard Glissant are worth briefly reflecting on. In contrast to a thinker such as Martin Buber, who saw the 'I and Thou' relationship as fundamentally symmetrical in nature, Levinas insisted on an inherent *asymmetry* in our 'face-to-face' encounter with the Other. In fact, for Levinas, it is precisely the vulnerability that we confront in the human presence of another person that gives rise to the ethical imperative of *responsibility*, regardless of differences and similarities. Rather than assuming similitude and recognition, 'it is asymmetry that is affirmed: at the outset I hardly care what the other is with respect to me, that is his own business; for me, he is above all the one I am responsible for' (Levinas 1998, p. 105). The face of another—nude but nevertheless opaque—becomes an inescapable reminder of their alterity, and this very alterity demands of us that we care for their well-being. Ultimately, 'morality invites us to take the difficult turn leading toward third parties who remain outside of love' (Levinas 1998, p. 23); that is, in the words of Laurence Kirmayer, 'our humanity resides precisely in our actions at the limits of empathy' (Kirmayer 2015, p. 159), in encounters with those Others that we do *not* intuitively recognise, understand or empathise with.

Granted, Levinas has been described as a wholly 'Old World', European philosopher who had surprisingly little to say about the questions of otherness raised by his contemporary anticolonial and postcolonial thinkers (Drabinski 2014). The fact that his work was not very influential until it was reintroduced in the 1980s may have contributed to an initial lack of dialogue with a broader audience. Even so, there is a clear resonance between a postcolonial emphasis on 'resistance from the first position of difference, rather than demands for recognition of sameness'

(Drabinski 2014, p. 221) and Levinas' insistence on asymmetry as a prerequisite for the development of the self as an ethical being:

> [F]or Levinas, emphasizing alterity leads to ethics because it is in the experience of the other' s irreducible alterity that the individual experiences a fundamental alteration in his sense of self and worldview. This experience of the other does not, however, entail a moment of comprehension, opposition (which can be reduced to unity), objectification or integration. The initial encounter entails a "visitation" that "precedes" or, rather, transcends conceptual signification meaning that the other remains irreducibly other. (Rae 2016, pp. 281 - 282)

In line with what I will argue for in more detail below, this irreducible asymmetry—or, if you will, opacity—should not be taken as an invitation to resignation but calls for an even greater engagement with the Other, although a different kind of engagement based on a respect for opacity rather than on a view of transparency as a yardstick of human interrelatedness.

SECOND-PERSON PERSPECTIVES IN NEUROSCIENCE AND PSYCHIATRY

During the last two decades, there has been an increasing interest in the mechanisms by which we gain knowledge of the mental states of others, in neuroscience as well as in clinical psychiatry. These explorations into the accessibility or inaccessibility of the Other's mind often make use of the terms *first-person*, *second-person* and *third-person* perspectives. However, and somewhat confusingly, these perspectives tend to take on slightly different meanings in the field of social neuroscience as compared with the literature on phenomenological approaches to psychiatry and psychopathology. Let us briefly take a closer look at these differences and how they relate to ideas about opacity and transparency.

In social neuroscience, a call for a second-person neuropsychiatry has been put forth by psychiatrist Leonhard Schilbach *et al*. Traditionally, 'single-brain' *observation*—that is, the subject gazing on other people and inferring her knowledge of what may be going on in their minds through behavioural cues—has been seen as the foundation of social cognition. Instead, Schilbach *et al* suggest that our understanding of how we as humans come to grasp the mental worlds of others should be guided by a 'dual-brain' approach by which dyadic *interaction* takes centre stage (Redcay and Schilbach 2019; Schilbach 2016). A theoretical emphasis on observation has typically been associated with a third-person stance, often referred to as 'Theory-Theory'. According to this account, we simply cannot gain direct access to the minds of others and therefore have to rely on theorising about their mental states based on explicit or implicit knowledge (Przyrembel et al. 2012). Alternatively, a first-person 'Simulation-Theory' approach is employed, based on the same assumption about the direct inaccessibility of the mental states of others but relying instead on folk-psychological ideas about putting oneself in the other's shoes in order to simulate what we would experience if we were them (Galbusera and Fellin 2014; Przyrembel et al. 2012). Schilbach *et al* do not necessarily oppose these accounts; however, they wish to complement them with a second-person approach, suggesting that when we put our detached observer selves aside and actually engage in embodied social interaction with others, we can in some sense gain direct access to their minds, not as a theorised or simulated Other but in the dyadic form of a shared reality that arises through our reciprocal interactions as social partners (de Bruin, van Elk, and Newen 2012; Gallese 2014; Schilbach 2016). Building on this understanding, they go on to describe a view of psychiatric disorders such as high-functioning autism, personality disorders, depression and schizophrenia as associated with impairments in social interaction (Schilbach 2016).

Hence, in the field of social neuroscience, both the first-person and the third-person stance tend to incorporate a basic understanding of the Other as fundamentally opaque (Zahavi 2010), whereas the second-person perspective is characterised by if not transparency then at least an ability to transcend opacity through mutual interaction. There are certainly aspects of this particular take on second-person psychology that echo the views of Édouard Glissant. In an insightful review of the field of social cognition, the second-person perspective is described as resting on an 'acknowledgement of difference' built into the reciprocity of mutual engagement: 'as it takes two to tango, in order for an interaction to happen, the autonomy of the two interactors needs to be maintained' (Galbusera and Fellin 2014, pp. 5 and 6). This idea is developed in some more detail by philosopher and cognitive scientist Hanne De Jaegher:

> If we were to become so much like the other, to the point of *becoming them*, we would coincide with them. And this, in fact, makes us lose both the other, and ourselves. But not only this. In so doing, we also lose the possibility to, precisely, *interact with each other*. Interacting, engaging, requires that we remain separate. It is only as people who are different but interested in engaging that we can interact. And it is only in such interactions—between people who are different but interested in each other—that we can get to know each other, both in life and scientifically. (De Jaegher 2023, pp. 2–3)

Even so, while the social cognitive account of second-personness gets rid of the necessity of understanding in an intellectual sense—acknowledging, for example, that 'we can see grief or fear in the expression of another person without the need to infer or theorize—the assumption that the mind of the Other is 'directly perceivable in interaction' is retained (Galbusera and Fellin 2014, p. 5). Opacity implicitly remains a negative characteristic; a barrier to be overcome through reciprocity.

A slightly different notion of the second-person perspective—and one that is arguably closer to how Glissant understood the opacity of the Other—is found in what might be called the neo-Jaspersian literature on psychopathology. Here, scholars such as Giovanni Stanghellini, Thomas Fuchs, Josef Parnas, and Dan Zahavi have set out to revive and revitalise the phenomenological approach of psychiatrist and philosopher Karl Jaspers for an Anglophone audience (Parnas, Sass, and Zahavi 2013; Stanghellini and Fuchs 2013), arguing that Jaspers' emphasis on the very content and form of patient experience as the foundation of our clinical understanding of psychopathology has become flagrantly disregarded in the current reductionist era of symptom lists and diagnostic criteria. Analogous to Glissant's view of transparency as an obsession of the Old World universalist mind, contemporary phenomenologists argue that by insisting on a strict focus on supposedly objective classification and diagnosis, psychiatry risks becoming infatuated by that which is readily comprehensible: The prevailing assumption (clearly evident in the psychometrics of research literature) is that psychiatric 'symptoms and signs' should be treated as a form of being close to material objects: publicly accessible, mutually independent, and unproblematically graspable' (Parnas, Sass, and Zahavi 2013, p. 274). As a counterweight to reductionist transparency, scholars taking a phenomenological approach to psychopathology wish to revive what has been called the 'notorious 'theorem of incomprehensibility'' (Stanghellini and Rosfort 2013, p. 341) of Karl Jaspers. For example, Stanghellini

and Rosfort describe a 'radical un-understandability of the other' (p. 340) as the basis of Jaspers' notion of the clinical encounter. For Jaspers, as well as for Levinas, symmetry and sameness are by no means requirements for the development of empathy; on the contrary, asymmetry and alterity are constitutive elements of intersubjective relation. One might, in fact, argue that Jaspers' views on alterity resemble Édouard Glissant's normative take on opacity:

> Presupposing analogy between me and the other involves the risk of reducing the other to my experience of her, i.e. depriving her of her status of, and her right to be, an individual person. We suggest that, to Jaspers, incomprehensibility is not merely an epistemological concept that sets the boundaries of understanding, but rather an ethical principle that stems from his conception of human existence as basically an indefinable and restless autonomy that escapes definitive knowledge. (Stanghellini and Rosfort 2013, p. 343)

Invoking the same aquatic language as Glissant, Jaspers describes what might anachronistically be viewed as a rhizomatic take on clinical epistemology:

> To get to know the individual is comparable to a sea-voyage over limitless seas to discover a continent; every landing on a shore or island will teach certain facts but the possibility of further knowledge vanishes if one maintains that here one is at the centre of things; one' s theories are then like so many sandbanks on which we stay fast without really winning land. (Jaspers 1997, p. 751)

The perceptual, sensory and cognitive experiences of individuals suffering from schizophrenia have been highlighted as a prime example of clinical incomprehensibility (Stanghellini and Lysaker 2007). In a passage that is worth quoting in some length, Stanghellini and Rosfort discuss the clinician's encounter with the radically unfamiliar world of the psychotic patient. Importantly, from their perspective, any insurmountable experiential differences between clinician and patient should not be taken as justification for adopting a stance of resignation; acknowledging the opacity of the Other should not render them unapproachable:

> [A]ttempts to empathize with a schizophrenic person shipwreck on the incomprehensible core of his or her suffering. This does not imply that our empathetic endeavors are unnecessary or entirely in vain in such cases. On the contrary, while discovering the limits of empathy we realize that we need to adopt a different approach if we want to move toward and try to understand the patient ' s experiences. […] Jaspers urges us to embark on an 'unlimited interpretation' of the other person while acknowledging that a 'final "terra firma" can never be reached'. Such an interpretive endeavor is not subdued by the insistence on the incomprehensible nature of the individual person; rather, it is constantly nourished and provoked by the unpredictable expressions of autonomy that it finds in the individual character of mental suffering. It is an interpretation that takes place against a background of a phenomenological conception of empathy as immediate intersubjective understanding while trying to make sense of the innumerable ways in which the other person fractures my own experienced certainty. (Stanghellini and Rosfort 2013, p. 342)

Jaspers' approach does not implicate that our attempts to understand another person beyond the limits of conventional, effortless empathy are meaningless or wrong—he would, in fact, most probably have agreed with Laurence Kirmayer that it is only when we actually find ourselves at these limits that our humanity is put to the test: 'An emphatic stance must include some acceptance of the limits, failure, and even the impossibility of empathy. If nothing human is alien to me then nothing alien will be recognized as essentially human' (Kirmayer 2015, p. 162). What Jaspers and his interpreters insist on is that 'without acknowledging the irreducible autonomy of the other person in our attempt to empathize with her we slide into epistemological illusions and, coincidentally, cross the dangerous ethical border that separates respectful care from explanatory patronizing' (Stanghellini and Rosfort 2013, p. 341).

This leads to a somewhat different take on the first-person, second-person and third-person approaches compared with that of the social neuroscience scholars. Contemporary psychiatric phenomenology is not so much interested in how we come to grasp the inner worlds of our fellow human beings in everyday interaction, but in the specific—and inherently hierarchic—encounter between clinician and patient. In this clinical context, a third-person approach represents the standard positivist, detached and purportedly objective stance by which the clinician assesses the behaviours and expression that the patient brings to the encounter (Fuchs 2010; Stanghellini 2007). A first-person perspective, on the other hand, represents the kind of immediate resonance with the Other that we experience when we more or less automatically or effortlessly empathise with them; such first-person attunement may of course be deceptive, since we always risk wrongfully projecting our own subjective experiences onto the patient in the process. In contrast to the field of social cognition, these clinical first-person and third-person perspectives imply transparency rather than opacity: the third-person scientist clinician strives to identify and illuminate that which is seen to be of clinical importance in the patient's presentation, whereas the first-person empathetic clinician seeks the embodied 'view from within'. Here, instead, it is the phenomenological second-person approach to the patient-clinician encounter—the Jaspersian sea voyage over limitless oceans, never quite reaching firm ground—that presupposes opacity, alterity and inherent limits to empathy.

As already touched on above, opacity is not about obscurity or invisibility; quite the contrary, the opaque nature of the Other implies that 'we must first seek to see someone rather than through them' (Greiner 2019). This view is echoed in Édouard Glissant's criticism of the one-sided nature of contemporary ethnography:[7] 'To Glissant, the problem is not being watched; the gaze in itself is, rather, positive since it implies a movement towards the other. Ethnography is negative only as far as it does not give the object for observation the chance to look back and return the gaze' (Kullberg 2013, p. 971). The neo-Jaspersian phenomenological take on the second-person approach clearly acknowledges this reciprocal nature of the clinician-patient interaction, underlining that '[t]he unsatisfactory alternatives of dispassionate third person and imaginative first person perspectives can be transcended when I allow myself to *resonate with* the other: such as when I am the second person whom the other addresses' (Churchill 2012, p. 4).

Returning to Levinas, the mere presence of a second person ultimately engenders an ethical imperative of responsibility for the Other. In *Poetics of Relation*, there is a brief description of an encounter with a young Martinican man experiencing some sort of psychological crisis; for Glissant, it 'doesn't feel right to have to represent someone so rigorously adrift, so I won't try to describe him' (Glissant 1997, p. 122), but based on the young man's apparent mutism, flat affect and odd repetitive behaviours it seems reasonable to assume that he is in a severely dissociative or psychotic state. Glissant tries to find a way to communicate with the

man—'I respected his stubborn silence, but (frustrated by my inability to make myself 'understood' or accepted) wanted nonetheless to establish some system of relation' (Glissant 1997, p. 122)—and finally manages to create a wordless, volatile connection built on gestures and gaze. This almost intangible bond does not, of course, somehow miraculously illuminate the source of the young man's suffering or bring about a shared understanding; instead, it is precisely the combination of mutuality *and* opacity that makes their face-to-face interaction valuable:

> [H]e replied with a sign that was minute, at least to my eyes; for this gesture was perhaps the utmost he was capable of expressing: "I understand what you are attempting to undertake. You are trying to find out why I walk like this—not-here. I accept your trying. But look around and see if it' s worth explaining. Are you, yourself, worth my explaining this to you? So, let' s leave it at that. We have gone as far as we can together." I was inordinately proud to have gotten this answer. (Glissant 1997, p. 123)

In the last segment of this article, I will discuss some potential implications of embracing a second-person perspective in psychiatry and point to a number of clinical approaches that successfully incorporate a respect for opacity as a core value in the clinician-patient encounter.

THE RIGHT TO OPACITY: IMPLICATIONS FOR THE CLINICAL ENCOUNTER

Thus far, we have explored a psychiatric second-person perspective by which patient experiences are allowed to remain fundamentally incomprehensible and by which transparency is not a prerequisite for clinical engagement—a perspective that may, in fact, call for even greater perseverance on the part of the clinician to enter into relation with the lived world of the patient, precisely because of the fact that the usual pathways of effortless empathy may not be available. As should be clear from the work of Giovanni Stanghellini *et al*, embracing opacity is not an abstract philosophical task reserved for dusty academic seminar rooms but a hands-on, practical necessity in the face of the patient-as-Other that we are, in an everyday clinical as well as in a Levinasian sense, ultimately responsible for. Nevertheless, are there not also situations in which we as clinicians still need to enter into a traditional, and perhaps more detached, third-person stance for lack of viable options? For example, should we discard the many psychiatric rating scales, assessment instruments and structured patient interviews that are used in various clinical settings simply because they can be said to represent a conventional view that celebrates transparency and seeks to illuminate every corner of the patient's mind? Can we not perform an anamnestic interview without automatically and inadvertently applying a coloniser's X-ray gaze on the patient's narrative? Is the very search for a coherent, linear narrative—a common component, not least, of many contemporary trauma-focused treatments—really just an attempt to make the patient's life graspable for us as therapists, holding up a mirror in which we can see our own relatable reflection? If we choose to view opacity not so much as a normative right but rather as a descriptive fact of human relations, how can we navigate the patient-clinician encounter so as to steer clear of the sandbanks of reductionism?

Without wanting to diminish the potentially transformative power of replacing a notion of transparency as the holy grail of psychiatry with a tolerance for and respect for opacity, I would argue that such a shift of focus is primarily concerned with *how* we do things as clinicians, rather than with *what* we do. Asking questions and learning from and about the Other is in no way incompatible with a Glissantian approach. However, the specific questions we choose to ask and the things we expect to learn may need to be adapted so as to avoid trying to see *through* the patient and allow instead for an actual face-to-face encounter with a real person. Analogous to Glissant's view of ethnography touched on above, the problem is not the clinician's gaze in itself so much as the inability of the patient to look back—a returning of the gaze which may, in a clinical setting, include the joint observation and acknowledgement of the many preconceived assumptions that typically colour a psychiatric assessment procedure. A successful example of this type of shift in perspective is the recent introduction of a neurodiversity paradigm, by which autism is seen as one of many variations within a diversity of development trajectories rather than as an inherent flaw. Importantly, this is not merely a question of terminology. The neurodiversity movement explicitly takes issue with traditional ideas of individual deficits in favour of societal change to overcome existing barriers (Pellicano and den Houting 2022), 'returning the gaze', if you will, in order to challenge dominant concepts of agency and being-acted-upon.

Likewise, many conventional psychiatric tools can readily be used in ways that respect difference and alterity. For example, by accepting that '[t]he right to opacity is freedom from the expectation of complete coherence and comprehensibility in every aspect of your personhood' (Greiner 2019), aiding a patient or client in co-constructing a biographical narrative to help document and make sense of traumatic experiences can and should involve an explicit recognition of the ambiguities and inconsistencies that are part of being human. The contextual layers of a patient's story may diverge and make the narrative seem incoherent and therefore, by default, untrustworthy. This is perhaps especially true in the case of patients with a refugee background, whose stories of trauma, flight and exile may not entirely fit together or even conflict internally—over time, between consecutive retellings, or in different settings—for a number of reasons:

> [T]he events recounted may have been a long time ago; they are complex and the speaker has only partial knowledge; they were highly charged or traumatic; the speaker, to survive psychologically, may have tried to forget; the speaker, to survive socially, may have been prohibited from speaking (and hence recollecting) certain details or events; the speaker may have tried to develop, present (and ultimately, believe in) alternative stories and, perhaps, to develop one version that will maximise his or her chances of acceptance into a safe haven. As a result of all of these factors, the stories available to the speaker may be fragmentary, multiple, contradictory and, insofar as they are consistent, may be formulaic—presenting a fixed narrative that fits a template rather than a living narrative that renegotiates the meaning of events. (Kirmayer 2003, p. 174)

In settings where transparency is seen as the defining quality of 'truth', such as in an immigration court, the clinician may therefore have to advocate for the patient's right to opacity and oppose demands of narrative consistency and comprehensibility. This work is not effortless: 'The ability to imaginatively reconstruct this world depends on having the right mental furniture or building blocks—which many clinicians may lack—but it also requires a willingness to enter into (imaginative) spaces of terror' (Kirmayer 2003, p. 170). In a psychiatric and judicial culture built around the notion of transparency as inherently good, a respect of opacity does not necessarily come easy, neither on an individual nor on a systemic level.

I would like to end by briefly discussing three different clinical examples of how an acknowledgement of opacity can be

integrated into psychiatric assessment and treatment. The first of these examples is the so-called Cultural Formulation Interview (CFI) in the DSM-5, an instrument for systematically appraising the impact of sociocultural factors in psychiatric assessment (American Psychiatric Association 2013). The CFI was created to address cultural differences in how patients and clinicians conceptualise health and illness and to identify barriers to help seeking, assessment and treatment engagement. Its core component includes 16 open-ended questions on topics related to patients' cultural understanding of health and illness; cultural and social context, stressors and support; the role of cultural identity in coping and help seeking; and the patient-clinician relationship. An in-depth discussion of the merits of the CFI is beyond the scope of this article—the main point that I wish to emphasise here is the fact that the CFI is, at least implicitly, informed by a second-person approach that recognises the alterity inherent to any encounter with the Other and that presupposes difference rather than mere analogy between the world of the clinician and that of the patient. The questions included in the CFI seek to jointly explore the ways in which a patient thinks about causality, how she would describe the current problems to family, friends or others in the community, and what troubles her the most about the situation; as it turns out, this can very often differ significantly from how a clinician instinctively thinks that a patient *ought to* feel. The attitude towards assessment promoted by the CFI clearly echoes the Jaspersian ideas of phenomenology in psychiatry:

> In ordinary interactions with other people, we take for granted that we are all situated in a shared realm—where certain things show up as 'out there' or 'real' or in various other ways such as 'remembered,' 'imagined,' and so on—in short, in accord with our socially shared 'natural attitude.' What a phenomenological interviewer must attempt to do is to suspend the standard presuppositions of the shared, common-sense world, the unquestioned background with its assumptions about time, space, causality, and self-identity, and about what does and does not exist as "real." The aim of this suspension is to make these tacit assumptions (usually overlooked) manifest and available to reflective awareness and, thus, to allow for the identification, comprehension, and description of lived worlds and perspectives, in which other ontological dimensions or presuppositions (eg, other forms of space, time, or causality) might prevail. (Parnas, Sass, and Zahavi 2013, p. 276)

For example, in much of modern-day psychiatry, a view of the *individual* patient as the natural starting point of any conceptualisation of health, illness and suffering tends to dominate. This is manifested through idealised concepts such as 'person-centeredness', which, benevolent as they may be, disregard the fact that many patients adhere instead to a *sociocentric* worldview—by which familial and communal relationships between individuals, rather than the unique individuals themselves, form the meaningful building blocks of society—or to *cosmocentric* ideals that emphasise the influence of ancestors, spirits and gods over one's health and other aspects of life (Kirmayer 2007). Likewise, a so-called 'psychological mindedness' on the part of the patient, by which she is expected to be able to (and to want to) 'look inside' in search for a 'deep' narrative that can then be verbalised and observed as if it were an object, is more or less taken for granted in most contemporary psychotherapeutic schools, even though the very concept of a 'self' that is organised according to outside/inside principles may be alien to many patients (Kirmayer 2007; Lillard 1998). As pointed out above, respect for opacity in the light of far-reaching differences such as these does not mean that clinicians should refrain from asking questions or from taking an interest in the patient's perspective. However, a tool such as the CFI can help us to avoid perpetually seeking for *understanding* as the yardstick of clinical assessment and to acknowledge instead how it is in fact possible to jointly discuss causality in health and illness and to work together to solve problems of ill health without necessarily reaching a foundational patient-clinician consensus in terms of concepts, interpretations and worldviews. This is, again, far from an effortless task, as recognised by Stanghellini and Rosfort:

> First of all I need to acknowledge the autonomy of the other person, and consequently that the life-world of the other person is not like my own. Second, I must learn to neutralize my natural attitude that makes me try to understand the other' s experience as if it took place in a world like my own. Third, I have to reconstruct the existential structures of the world the other lives in. Fourth, I can then finally attempt to understand the other' s experience as meaningfully situated in a world that is indeed similar to my own, but also constantly and indelibly marked by the other person' s particular existence, and by *that* person' s endeavor to become who she or he is. (Stanghellini and Rosfort 2013, pp. 342–343)

A second example of how to successfully acknowledge and respect opacity in the realms of psychiatry and psychotherapy is the so-called Therapeutic Assessment model, developed by psychologist Stephen Finn *et al* from the 1980s and onwards (Finn 2007; Finn, Fischer, and Handler 2012). In very brief, Therapeutic Assessment is a collaborative approach to psychological assessment in which the assessment procedure itself is meant to induce therapeutic change. This is achieved by explicitly focusing on the particular questions and queries that patients have about themselves with respect to their mental health problems or psychosocial well-being, rather than on those specific aspects that the clinician may primarily want to probe into. The patient's questions are then allowed to guide the assessment process as well as the interpretation of the findings. In contrast to conventional psychiatric assessment, test results elicited through Therapeutic Assessment are not viewed primarily as indicative of some objective 'truth' about patients but rather as 'empathy magnifiers' (Finn 2007, p. 38) that aid both clinicians and the patients themselves in making sense of the world they inhabit. Hence, a core feature of Therapeutic Assessment is the desire to communicate the assessment results to the patients in a way that may be helpful for them as part of a self-transformative process, in contrast to simply providing useful information for other clinicians or decision makers to act on. In Therapeutic Assessment, test data are typically seen not primarily as findings but as tools (Engelman and Allyn 2012)—this means that rather than saving the test results for last as if they were somehow brought into being by the all-knowing gaze of a skilled assessor and then gifted to the patient, they are meant to be used as they emerge. Perhaps most importantly, '[t]he goal of therapeutic assessment is not just the collection of information about the patient/client, but rather, the assessment procedure itself is designed to be transformative' (Engelman and Allyn 2012, p. 71); that is, to induce change in the way that the patient copes with the very issues that are subject to assessment. In this way, the Therapeutic Assessment model can be thought of as a recipe for 'flipping the script' on psychiatric assessment, deprioritising the clinician's search for transparency and foregrounding the patient's right to make sense (and use) of the information acquired through assessment.

My third and final example does not so much concern the clinical assessment procedure by which a clinician attempts to approach the patient's history, current situation and presentation, but an overall therapeutic attitude towards the minds of

others. I would here like to highlight the explicit focus on a *not-knowing stance* used in mentalisation-based treatment (MBT), a model of psychotherapy rooted in attachment theory that was developed by Peter Fonagy, Anthony Bateman *et al* in the early 2000s (Bateman and Fonagy 2016; Fonagy et al. 2002). The MBT framework was originally targeted to patients with borderline personality disorder but has later been broadened to incorporate other psychiatric and psychological problems. MBT revolves around the concept of *mentalisation*: the ability to make use of mental representations of the emotional and cognitive states that underlie one's own and other person's overt behaviours. Mentalisation is related to the broader idea of a *theory of mind*, as discussed above in relation to the Theory-Theory and Simulation-Theory used in the field of social cognition. However, in contrast to these concepts, the MBT model explicitly acknowledges that the opacity of the minds of others typically *cannot* be overcome—in fact, as underscored by the concept of 'not-knowing', this is seen as a basic fact of human interrelatedness that we simply have to accept in order to be able to live with and relate to other people. This holds true for the patient-clinician relationship too. From a therapist's point of view, Fonagy and Bateman describe this not-knowing approach as 'an aspect of the mentalizing stance that respects the opaqueness of the patient's mental states, as contrasted with making unwarranted assumptions and interpretations' (Bateman and Fonagy 2012a, p. 515). Therapists working within an MBT framework will ceaselessly try to model a not-knowing stance for their patients, returning again and again to the fact that we cannot 'know' the inner state of those around us and that we will instead have to make do with our own potentially flawed mental representations—the accuracy of which we ought to continuously question, not least in emotionally charged situations when we might be especially prone to thinking that we know exactly why this or that person behaved in this or that mean and disrespectful way towards us. Importantly, a therapist modelling the not-knowing stance will neither claim to fully understand the patient nor strive for transparency:

> The MBT therapist needs to stimulate a joint consideration of underlying processes rather than claiming to understand them; to explore different components of thought processes rather than socratically showing their inaccuracy; and to help the patient attend to his or her own feelings rather instead of methodically naming these for the patient. (Bateman and Fonagy 2012, p. 68)

Thus, arriving at an understanding is much less important than the very process of exploring and re-exploring. According to the MBT model, acknowledging the inherent opacity of other people's minds—as well as recognising that we are ourselves equally opaque in the view of others—and exploring the assumptions we make about them actually make us less likely to misunderstand, since we are then prepared to re-evaluate and (ideally) incorporate ambiguity and incoherence into our mental representations of people around us.

CONCLUSION

The biblical myth of the city and tower of Babel, providing a parabolic account of the fragmentation of human languages, has typically been interpreted in strictly negative terms: as punishment for hubris and defiance, God brings into existence a multiplicity of tongues that becomes a disastrous obstacle to mutual understanding and cooperation among the humans.[8] Tellingly, perhaps, 'Glissant takes a positive view of Babel's division of languages: rather than interpret the myth as the separation of speaking beings who can no longer communicate, a poetic approach suggests that meaning cannot be reached directly, in a prosaic straight line (Noudelmann 2013, p. 872). From a Glissantian perspective, our linguistic plurality is an archipelago to be sailed—a 'unity in diversity' in the very fact that we all have access to a language of some sort, that we *can* communicate even if this does not necessarily happen effortlessly. The fragmentation of languages is indeed an obstacle, but a *valuable* one that contributes to maintaining opacity while simultaneously promoting imaginary creativity in (imperfect) translation, translanguaging, the creation of 'anti-languages' and so on. Glissant writes:

> On the other side of the bitter struggles against domination and for the liberation of the imagination, there opens up a multiply dispersed zone in which we are gripped by vertigo. But this is not the vertigo preceding apocalypse and Babel' s fall. It is the shiver of a beginning, confronted with extreme possibility. It is possible to build the Tower—*in every language*. (Glissant 1997, p. 109)

If there is one key message to take away from the present article, it is precisely this: that the many barriers we experience in communication are potentially fruitful and that they can actually contribute to better clinician-patient encounters if we allow ourselves to see, rather than see trough, the Other.

As outlined in the introductory section, the notion of a creolising world is not new to psychiatry—although the fascination with the creole and other takes on 'third spaces' characteristic of the 1980s and 1990s may have subsequently waned somewhat, suggesting perhaps that creolisation as a phenomenon is more or less taken for granted in contemporary society. In contrast, the concept of opacity and its potential significance for clinical psychiatry are still underexplored in the field. The purpose of this article is not to offer any definitive answers—it is not an attempt at a how-to guide on how to ensure respect for opacity in the clinician-patient encounter. Instead, for those not already familiar with the work of Édouard Glissant, I hope to have introduced some central ideas of his that may inspire further discussion about how various notions of opacity and transparency come into play for mental health practitioners. Up until his death in 2011, Glissant remained in constant dialogue with his numerous interlocutors in academia and beyond, insisting on continuously staying in flux while also, in a sense, defending his own right to opacity against attempts to establish a fixed theory based on his work. Celia Britton, literary scholar and a long-time collaborator of Glissant's, has noted how he always explicitly preferred the 'wandering thought' to the 'systematic thought'; how his work 'exhibits the same compositional principles that he identifies in the creole folktale: repetition, digression, accumulation, detour' (Britton 2011a, p. 111). In engaging with the various ideas put forward by Édouard Glissant, there is a possible risk of wrongfully—and perhaps inadvertently—reifying a 'body of work' that was never meant to be stable, of constructing a transparent legacy at the expense of continued complexity and opacity (Noudelmann 2013). It is my hope that this article will be read not as an attempt at a monolithic 'Glissant for psychiatrists' but as an opening-up towards novel perspectives on clinical relationality and as a modest invitation for further exploration.

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NOTES

1. It has been noted that a number of other Caribbean writers, such as Derek Walcott, Kamau Brathwaite and Wilson Harris, all make frequent use of aquatic metaphors in their work, invoking the constant flux of tidal waves as a contrast to Old World 'terrestrial' models of understanding (Jagessar 2012).
2. A more thorough discussion of the legacy of Gilles Deleuze is beyond the scope of this article. Apolitical or not, the mere popularity of Deleuzian thought may have contributed to a certain weariness in some circles—for example, an otherwise friendly French choreographer once threatened to beat me up at the mention of Gilles Deleuze. It can be noted that Deleuze was a friend of Glissant's and that it is difficult to know whether Glissant simply 'borrowed' and made use of existing Deleuzian concepts such as the rhizome or if he actually participated collaboratively in their creation. The fact that he rarely, if ever, explicitly references his non-literary sources of inspiration contributes to this uncertainty. It has been suggested that the work of Glissant amounts to 'a poetic transformation of [Deleuze's] *Mille Plateaux* into something that could bear the title *Mille Cyclones'* (Crowley 2006, p. 112).
3. Some authors make a point of using the verb *creolising* rather than the noun *creolisation*, implying that it is more relevant to understand the phenomenon as an ongoing process and not as some monolithic entity. For the sake of this article, however, this distinction will not be further developed.
4. Readers interested in more on the topic of motion, speed and non-places in supermodernity are referred to the work of Paul Virilio and Marc Augé.
5. This Western emphasis on transparency may perhaps be particularly pronounced in a context of French colonialism, with (as noted earlier) its strong rhetorical focus on assimilation of the colonial subject through the effacing of difference and the promotion of French universalism and *francophonie* (Murdoch 2015).
6. Interestingly, however, it has been suggested that much of contemporary art lingo revolves around a notion of transparency as inherently desirable: works of art 'examine, uncover, unmask, expose, reveal, reflect, illustrate, comment' (Loock 2012) and so on.
7. Concerning ethnographic concepts such as *emic* and *etic*, it is probably too simplistic to think of an emic approach as inherently closer to a Glissantian understanding—I would suggest that both emic and etic approaches can be used in ways that either idealise transparency or respect opacity.
8. For a slightly different interpretation, however, see Hiebert (2007).

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