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# The link and the theory of the three Ds (depositant, depositary, and deposited): Role and status[1,2]

Enrique Pichon Rivière

The idea of the role is permeating the field of psychology and the operational field of psychoanalysis. It is becoming an interpretation vector. If analysands assign a role to analysts and analysts take on that role, a key phenomenon occurs that lies at the core of the analytic situation – communication. When analysts do not accept the role assigned by patients, communication fails. As we have said earlier, it is usually analysts who reject the role ascribed by their patients, especially when a male analyst is assigned a feminine role or a female analyst is assigned a masculine role. Gender reversal tends to produce a negative countertransference phenomenon that leads analysts to refuse to participate in the relational game.

For example, very anxious patients may state their need of protection and shelter from the very first session and may ascribe to the analyst, whether male or female, a maternal role. If they feel rejected, they will experience a high degree of frustration because of the repetition of a significant primal situation, namely, the mother-child relationship. If they have not overcome their childhood experience, patients will act cautiously during the sessions. There is a particular type of mistrust that we may call the mistrust of the depositant. Patients wonder if analysts will accept what patients want to deposit in them. The therapists' attitude must therefore be that of unscrupulous depositories who feel little anxiety and are able to accept anything patients attempt to place in them – good or bad, maternal or paternal, feminine or masculine. We could say that patients' ultimate fantasy about the nature of psychotherapy concerns the possibility of depositing trust in the other. This fantasy materializes in their mental life through the depositation of certain psychological contents.

Patients can deposit or attempt to deposit in the analyst their criminal fantasies, their good parts, or their best parts for safekeeping. Their entire mental activity is devoted to establishing communication of any kind. To do so, they need to deposit part of themselves in the other. Analysts' work resides in grasping this communication, taking responsibility for it, and working with it as a connecting thread. The thread of psychotherapeutic work is basically established in that first communication. To grasp this thread, analysts must take a particular position as a container that is open to everyone and everything, and must be willing to control and protect

[1]Translated by Judith Filc and Susan Rogers. By permission Joaquin Pichon Rivière.

[2]This text was assembled by Pichon Rivière's students from his teaching in the 1940s and onwards, and was originally published in Spanish along with other articles by Pichon Rivière (1971). This article and others of Pichon Rivière will be available for the first time in English as *The Linked Self in Psychoanalysis: The Pioneering Work of Enrique Pichon Rivière*, edited by Roberto Losso, Lea S. de Setton, and David Scharff, Karnac Books, May 2017.

what has been deposited in them. Still, this way of receiving is not a mechanical process; it requires that analysts take responsibility for what was deposited in them. The first contact they establish with their patients will remain as a sample for later contacts.

Overall, we could say that breaks in communication result from analysts' anxiety, for analysands are permanently seeking communication, even in the most severe psychotic states. This is evident in the most archaic frame of reference in psychiatric knowledge, which underlies the description of schizophrenia. Schizophrenics are seen as disconnected from reality, living in an autistic world, and rejecting any form of contact. Such is the frame of reference of psychiatrists who have not accepted communication. Schizophrenia as described in psychiatry books is the psychotic picture that appears after the failure of the first attempts to establish a dialogue. We could say that if these psychiatrists have not accepted communication, it is because they have not accepted their own psychotic anxieties. As the paths of therapists and patients intertwine, fear of the aspects they received from their patients, or of the aspects they deposited in their patients in order to forge a link with them, make therapists dread being locked inside patients' madness and being contaminated by it.

Psychiatric symptoms described in books have been arbitrarily constructed from partial observations that in no way reflect the existential reality of schizophrenic patients. We could say that even in the most severe catatonic cases patients seek a particular type of contact with the external world. If we observe these patients, we will discover that they always make some movement, always show some form of stereotypy. In other words, they establish a language, a mode of communication by moving their hands or fingers or other parts of their body. They have installed their transmitter there and are sending a message to their psychiatrists in their private Morse code. The challenge is for psychiatrists to understand this message and give a total meaning to an apparently partial expression.

Patients' entire psyche and personality are expressed through these small gestures that have a total symbolic meaning. I insist on this point because the old view of symbolism as having a partial function was wrong. A specific behavior, a specific symbolic attitude represents the totality of mental life, which is reflected in a trivial behavior, such as moving one's fingers, through a process of great condensation. What patients are expressing by way of this gesture represents their whole mental life. For us, these brief messages produced by stereotyped movements bear a total meaning. We could say that patients endlessly repeat their stereotypy in front of everyone around them, in search of someone capable of understanding their message.

In this way a behavioral pattern is organized that represents their entire mental life. Therapists must grasp the message, understand it, and interpret it in the context of the transference, in the here-and-now. Although this stereotypy has been functioning for, say, 20 years, when patients approach us and repeat this behavior including us in it, we must interpret the message in the here-and-now with us. Theirs is a technique to learn about reality by way of trial and error and to search for relationships. This interpretation vector, communication, is what has made therapy more accessible to

 

psychotic patients, and the psychotherapeutic situation with schizophrenic patients more bearable, especially for analytically trained practitioners.

This is precisely one of the factors that most entice young psychiatrists to seek psychoanalytic training – when they learn the meaningful nature of even the smallest symptoms expressed by psychotics. The discovery that everything is significant dictates young practitioners' interest in psychotic patients. We could say that it is impossible to analyze a psychotic patient without knowing this essential rule of the psychotherapeutic game.

Roles, then, are specific functions that patients try to assign to the other. In relational life we always assume roles and assign roles to others. Under normal conditions, each of us should be able to take on several roles at the same time. For example, we play the role of student in a class, parent at home, doctor in our office, and friend in social relations. An ongoing interplay develops between the assumption and assignment of roles. All interpersonal relations in a social group, in a family, and so on are ruled by this interplay, which creates consistency between the group and the links within that group.

Role theory is based on object-relations theory. Object relations are structures comprising a subject and an object that establish a particular kind of relationship. This unit, this special structure we call link. The concept of link is operational. It constitutes an interpersonal relational structure that includes, as mentioned above, a subject, an object, the relationship of the subject toward the object, and the relationship of the object toward the subject. In this structure both subject and object perform a certain function. Consequently, to the idea of an individual role we must add the concept of the role of the link, thus portraying a more integrated social structure. For example, expression groups, as they are called in sociology, are groups in charge of promoting a certain ideology. They bring together individuals who establish cross-identifications, forging a close link based on that ideology.

This link is ideological and it conditions in these individuals the development of a total structure that begins to operate as a group with a certain ideology and a specific way of functioning. This group, in turn, will create links with other social groups. We can, therefore, talk about individual links and group links. For instance, the Gómez family establishes a link with the Pérez family, or an expression group with a certain political outlook makes contact with a group with a different political position. The first group may then start developing a specific type of link (submissive, dependent, and so on) with the second group.

We thus go from the individual to the group link, which can be extended to encompass an entire nation. In this way, the infragroup of a nation, structured on the basis of a particular link with another country, will determine the development of certain characteristics in the two nations. The group link between two nations can undergo exactly the same vicissitudes as the individual link between two people. The frustrations or aggressions of a group or nation may trigger frustrations and aggressions in the other group or nation. These groups, linked in a particular way, also tend to play

 

specific roles, so that different groups have different roles and links. The concept of individual role can be extended to group roles.

There is always a dialectical interplay between the assumption of a role and the assignment of a role to another person. This feature of group roles leads us to the notion of spiral. As a person assigns a role and another accepts it, a relationship is forged between them that we call a link. Links tend to develop dialectically, reaching a synthesis of the two roles. These define the behavioral features of both individuals and groups.

North American social psychology, primarily developed by Herbert Mead, has made the greatest contribution to our knowledge of roles. Mead (Mead, 1934)[3] explains many aspects of social life through the study of roles, especially everything related to social ties and interpersonal relations. According to this author, we assume both our own and others' roles in our mind. We thus have a twofold representation of what is happening around us – one outside and one inside. Each of us has an internal world populated with object presentations. In this world each object is fulfilling a role, a specific function, and this is precisely what makes it possible to predict the others' behavior.

The essential characteristic of human intelligence is being able to foresee a situation based on object identification and on the ability to take on these roles internally without needing to express them externally. Mead's theory is one of the most important contributions to the theory of the link, object-relations theory, and role theory. Psychoanalytic object-relations theory is deficient compared to the theory of the link. The former points only in one direction, while the latter points to multiple relations. This is a psychosocial development of object relations that enables us to understand group life. We could say that if group psychotherapy does not include the role as an interpretation vector, it is inoperative because it does not indicate the common denominator of the roles that are being played or assumed by each group member.

Each member performs a specific function and belongs in a specific category. The function, the role, and the level of this role define the status. Social status is the level of the role in terms of high or low. That is why we talk about a high status and a low status. Status is tied to prestige. The concepts of role and status are closely related. We can say that the qualitative aspect represents the role, and the quantitative aspect, the status. The members of a group are considered structures that function at a certain level with certain features. The level is the status, and the features are given by the role.

As we mentioned earlier, the link is a structure, and communication is established inside that structure. For good communication to develop between two subjects, each must take on the role that the other assigns to him. Otherwise there will be a misunderstanding between them, and communication will be impeded. When one does not respond to the other, that is, does not assume the assigned role or, in particular, does inquire about

[3]As this paper is drawn from a seminar without formal references, we provide corresponding references to the relevant texts in English.

 

the assignment, indifference ensues, and communication is interrupted. Generally speaking, therapists must perform the role of a good depositary; they must be able to protect anything, good or bad, that is deposited in them.

When analysts cannot tolerate the amount of anxiety provoked in them by patients' massive deposition of persecutory objects, patients discover their analysts' reluctance to receive their projection. In this context, patients feel the need to find a substitute in a person in the street in whom they can deposit their good or bad internal objects. We could say that analysts get rid of the anxiety deposited in them by patients by giving back this content to them through interpretations, which constantly clarify the situation. The elucidating power of psychoanalysis is tied to its ability to clarify the latent contents of the link between patient and therapist. In this link, good and bad things will circulate until patients are able to distinguish their own good and bad things from the analyst's and learn what they and their analysts are actually like.

Patients are split – they are both spectators and actors. In terms of role theory, we could say that insight results from patients' awareness of this dual role-playing, that is, the role they assume and the role they assign to the other. Such splitting operates in them in an irrational, unconscious way. We can see this dynamic clearly in psychotic patients. As they improve, the splitting of their ego or self is progressively reduced until the ego is integrated and patients begin to play a single role at a time. In the schizoid position patients play two roles simultaneously. In this case we speak of bivalence insofar as there are two objects. In the depressive position, by contrast, patients are faced with only one object but develop an ambivalent relationship. As they approach normality, they integrate their personality and take on only one role in each moment and situation, even though they may perform various roles in different situations. A normal person, then, keeps performing the same role in a certain situation and is not split, that is, does not simultaneously reject and assume this role.

Communication theory offers the advantage of not forcing us to judge whether a certain behavior is good or bad. We simply identify the purpose of patients' communications, being aware that what they are doing is the only thing they can do at that time and in that particular situation. We always start from the hypothesis that patients are trying to communicate in some way. This approach utterly changes our conception, for instance, of autistic schizophrenic patients. We used to think that schizophrenics made an enormous effort to avoid communication. Yet according to communication theory, we can state that autistic schizophrenics are always striving to communicate. They cannot do so in a direct way because of the great anxiety they experience, which drives them to distort the communication process. Yet this does not mean that their ultimate goal is not to communicate with the other. If schizophrenics could communicate in a direct way, they would experience an anxiety of such magnitude that they would be unable to endure it.

In these terms, we can understand madness as patients' distortion of communication for the purpose of communicating despite all the difficulties they face, since they perceive direct communication as jeopardized. Patients

 

fear that in a situation of direct communication they will be rejected, communication will be broken, or they will attack and destroy the object and, as a consequence, will lose it or terminate their relationship with it. Theoretically, schizophrenics can start a long account, a long monologue, or an incoherent dialogue for the apparent purpose of taking distance. Word salad generally appears in situations of great anxiety. It is an acute defense that may become chronic.

It is not that infrequent to find schizophasic patients who can speak almost normally with other patients who are less schizophrenic or suffer from a different kind of psychosis. In other words, in the social group of the hospital, schizophasic patients are schizophasic mainly with psychiatrists, while they are capable of resorting to an almost direct, normal language with hospitalized psychotic patients. Taking distance is, then, a defensive behavior that may aim to avoid, among other things, the frustration of losing communication, the risk of destroying the object and being left helpless, or the danger of being trapped by the object in a paranoid situation and being destroyed.

## The link and psychoanalytic therapy

In the field of learning, the automatism of repetition, which Freud calls the repetition compulsion, may be understood as an obstacle to the development of knowledge posed by specific anxieties associated with both inside and outside worlds. Excessive pressure of claustrophobic anxieties in a closed circle promotes an apparent learning leap. The latter, however, is a leap in the dark, while actual learning progress involves the free game of conquering claustrophobic and agoraphobic anxieties. In other words, when instead of dialectically leaping from one situation to another, the learning process stagnates in a closed circle, learning stops. In this case, analysis must focus on the anxieties that perpetuate the repetitive situation of the vicious circle. Subjects must face their paranoid and depressive claustrophobic anxieties, or the other type of depressive and paranoid anxieties, which are typical of agoraphobia.

When subjects who live inside a vicious circle with claustrophobic anxieties take a leap forward, they are confronted with agoraphobic anxieties. That is why we said that in order to take a step forward they must leave their previous object relations behind, break a primal, archaic internal link, and dare to face the open space where the pursuer is located. Stagnation is ultimately a repetitive situation that allows subjects to control their anxiety and reach a relative balance between the claustrophobia provoked by the vicious circle, and the agoraphobia experienced in the outside world.

There is an entire pathology of learning that must be taken into consideration when dealing with people who are learning, or who are undergoing psychoanalytic therapy both to cure their neurosis and to learn a profession. To prevent learning from being impaired, it must always be incorporated into the work field. Otherwise, once patients abandon therapy, a new vicious circle develops that leads to such monotony and progressive isolation that the learning process is impoverished and constrained.

 

In relation to this process, it is important to study the difference between ordinary patients and candidates undergoing a personal analysis. We should point out that it is much more serious and distressing for learning subjects when the learning field and the profession they are learning share the same features. This is what happens in our case, where psychoanalytic practice coincides with the learning field of psychoanalytic psychotherapy. Students of psychoanalysis must realize that every interpretation about the other is determined by their knowledge about themselves. The more spontaneously analysts accept their internal emergents when they formulate interpretations, the more operational these interpretations will be. Analysts' self-analysis is organized automatically through the production of interpretations. It is not a part of them; it is not an intellectual construction in the sense of a learned theory. Rather, it is the emergent that arises spontaneously in the analyst and must be accepted in that moment as the most important interpretation vector.

Analytic work should be as spontaneous as possible. The creation of hypotheses through this type of fantasy constitutes therapists' basic task. Analysts' work is performed on the basis of the construction of fantasies about the other's psychic life. Psychological knowledge is primarily based on analogy. Learning the configuration of the other's psyche by drawing analogies with our own increases anxiety. If we analyze a psychotic patient and provide an interpretation, to develop this interpretation we must assimilate the psychotic situation to our own. To be able to get inside the other, we must recognize similar anxieties in ourselves. Otherwise, our personal experience cannot be used to get to know the other. That is to say, analysts must acknowledge the presence in themselves of psychotic anxieties analogous to those of their patients.

Anxiety is a key problem in psychoanalysis and must be regarded as an alarm bell. People experience two classes of danger. One is linked to the loss of love objects and relates to the libido. The other is linked to death or the destruction of the ego and relates to aggression. Analytic patients expose themselves to breaking the vicious cycle and confronting both types of basic anxieties. Depressive anxiety is tied to the loss of childhood objects, which happens during the process of personality development. To take a step forward and become independent, patients must abandon their primitive object, the mother's breast, or the mother as a whole. Anxiety is then associated with the loss of the love object. This was the first anxiety discovered by Freud. That is why when we are faced with an expression of anxiety we must identify its basic content – whether it is the loss of a beloved object or the danger of the destruction of the ego.

We could say that analysts' ideal attitude throughout the learning process they undergo during their work is to help patients by way of communication. Therapists notice what is happening inside themselves as they receive the messages transmitted by their patients. Besides giving the patients back this information, however, analysts must interpret their patients' inability to progress, to evolve. Patients may experience this focus on progress as analysts' wish to turn them into adults once and for all. Angry or annoyed reactions and fantasies of destroying the therapist may develop as a consequence that may give rise to depressive anxiety. Patients may experience

 

love toward the therapist because they feel that he is giving them a hand by communicating with them. Yet at the same time they may feel hate against him because they feel that he is pushing them forward or throwing them out.

Another type of anxiety that appears in the learning field is tied to the triangular situation that is created in the therapy. Patients are faced with a character with which they must connect and engage in a dialogue. This object (the father, the mother, or the spouse, among others) becomes the very object of knowledge. It must be taken apart, rebuilt, and recreated by way of analysis and synthesis, which are dialectically resolved in a spiral. Therapists may unconsciously experience the work we carry out through interpretation in the same way as we experienced the taking apart and reassembling of toys when we were children. We must reassemble them differently – with a different Gestalt yet with the same elements. Good analysts do not look for the missing piece inside themselves. Rather, they try to find a solution to the patient's problem through a different path, using the tools they have. In other words, they need to assemble a new Gestalt that solves the patient's learning problems.

One of the basic causes of anxiety about knowledge is the psychological fear of confinement, that is, the claustrophobic fear of being imprisoned inside the object of knowledge. If the patient is psychotic, this is the basic anxiety experienced by psychiatrists in relation to learning. They are afraid of being locked inside the madness of their patient, of being contaminated by it, of developing a *folie à deux*, since the more they understand their patient, the closer they get to their own psychotic anxiety. Their basic fear is blending with the other.

The understanding process is based on the reintrojection of the object that had been previously introjected in order to get to know it. We could say that reintrojection can be so dangerous that the learning process may stagnate due to fear of the object of knowledge. Splitting may occur as a defense mechanism to facilitate the assimilation of a certain type of knowledge without contaminating or harming the rest of one's personality. In this case we talk about learning by heart. Splitting allows therapists to keep a certain amount of knowledge stored in a part of their psyche that is isolated from the rest of their personality so as to avoid contamination. In this way, the therapist suffers a schizoid split.

When we analyze the problem of anxiety, we must relate it to the notions of time and space. Depressive anxiety is mainly linked to time, to the time we need to wait in order to obtain something. Paranoid anxiety, in turn, is predominantly spatial because it is associated above all with the place where the pursuer is located – Area One, Two, or Three. Nevertheless, both dimensions are present in both types of anxiety. Depressive anxiety is connected with space insofar as the good object may be far away and inaccessible to the subject. In paranoid anxiety, by contrast, the temporal proximity of the dangerous object may increase subjects' persecutory anxiety. We could say that both internal and external links may suffer changes related to time and space, but one or the other dimension always prevails. That is why links must always be examined in a four-dimensional context.

 

The phenomenon of suggestion should be understood based on the notion of introjective identification. Patients assimilate aspects of the therapist that they blindly use to correct their behavioral pattern without resorting to elucidation. They obey an order emanating from the analyst (which they introject and then assimilate), with whom they engage in a dialogue. Yet when they act, this order ceases to be hetero-suggestion and becomes autosuggestion.

Patients view their analysts as if the latter were a card in a projective test. The card changes depending on how analysts are dressed, on whether or not they have shaved, and so on. The first spontaneous emergent in the session should be incorporated into the interpretation. This emergent may be verbal or physical (manifested through patients' body, facial expression, or any other attitude). The nature of the manifestation has a particular meaning in this analytic context. This meeting position is what defines the beginning of the analytic session and shapes many aspects of the Gestalt of the session.

In relation to the characteristics of interpretations, we have pointed out that the ideal interpretation starts from the analysis of the current relationship in the here-and-now with me, expands into the analysis of relationships that were forged previously with other characters, and ends by looking at the nature of subjects' future relationships with other objects. As we know, Freud worked primarily in the dimension of the past, while existential analysis focused on the dimension of the future – subjects' projects or their conscious or unconscious fantasies regarding what they will become.

Thomas French and Franz Alexander (1946) systematically considered the analysis of the disturbance of the learning process. They claimed that neurosis is a learning disability or inhibition. Kurt Lewin, of the Gestalt school, greatly influenced a group of analysts from the British school, especially Richman, Strachey, and Ezriel. Ezriel (Ezriel, 1950, 1952) transformed the analysis of the here-and-now into a systematic work that became increasingly ahistoric by considering the material of the here-and-now only in its present meaning. To this he added the analysis of the learning difficulties that patients reproduce in the transference, which may be resolved through their relationship with their therapist.

As dynamic psychoanalysts, what interests us the most is to know how the external link is configured or preconfigured by the relational history of the internal link. We are primarily interested in analyzing the fantasies underlying the manifest content. They aim to grasp in each moment the underlying content or unconscious fantasy that is at play in this structure as a specific ideology.

Throughout this course we have developed a basic hypothesis: Analysts must be aware that we are always working with a frame of reference. This framework is instrumental and should be constantly confronted in the operational field, where it must be rectified or ratified. It must be analyzed as a whole, as a Gestalt, insofar as it has a unique history. It is shaped by therapists' knowledge and fantasies, which influence the way they formulate their interpretations. Analysts should examine their fantasies about psychoanalysis at all times. Generally speaking, we can say that many analysts work

 

without having a clear theory of illness and its cure. Consequently, they gather signs without a clear-cut frame of reference. They create a patchwork of frameworks deriving from Freud, Klein, Sullivan, Horney, Rank, Adler without integrating them dynamically or historically.

It is essential to encourage the analysis of worldviews so as to develop an analytic mind, or rather, a minimal analytic mind capable of working with a common denominator that is acceptable to others. We could say that many of the shortcomings of psychoanalytic work lie in analysts' lacking a coherent theory of psychoanalysis that works as a whole. We must create an analytic framework for research. The common denominator consists in looking at the material in two dimensions – a superstructure or manifest content, and an infrastructure or latent content. We should analyze the action of one upon the other and their interaction, as well as their phenomenological existence.

The latent and manifest contents are two layers that act on each other creating a form, a general and basic frame of reference that serves as a starting point. This approach poses the challenge of rethinking psychoanalysis and placing it historically in the here-and-now. We must try to study the entire analytic process as the development of a series of spirals where certain complications are worked through. Resolution leads to decreased anxiety, a more open and direct communication, progress in learning, and a better adaptation to reality.

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