

## The Function of “Tele” in Human Relations

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Many years ago I found a poem in a New-Age journal written by Theodore Roszak. It struck me once more that poets are able to convey in a few words what it takes others to state in a far less cogent way and in a manner which opens us to new perceptions. It runs as follows and sums up for me the very essence of not only the therapeutic relationship, but also represents an ideal model for all human interactions:

You and I ...

We meet as strangers, each carrying a mystery within us.

I cannot say who you are: I may never know you completely.

But I trust that you are a person in your own right, possessed of a beauty and value that are the earth's richest treasures.

The Function of ATele” in

So I make this promise to you:

I will impose no identities upon you, but will invite you to become yourself without shame or fear.

I will hold open a space for you in the world and defend your right to fill it with an authentic vocation.

For as long as your search takes, you have my loyalty.

(Quoted with permission of the author)

You may ask what this has to do with the topic of “tele”? Is this an example of the meaning of that term? What is meant by the word “tele”? How does it differ from empathy or transference? What exactly does it represent? Why is it necessary to introduce such a concept and term? How and what does it add to our understanding of human relations?

Maybe these questions will be elucidated herein. The term itself was introduced by J. L. Moreno in 1934 in his book *Who Shall Survive?* (p. 158) in which he reports on his work with people in their living settings, not in the clinic. He first refers to Thales of Miletus who attributed to the power of ferrous material a “soul.” As soon as the physical basis of this phenomenon was recognized, Thales’ interpretation was discarded. More than two thousand years later Mesmer postulated an attractive power coming from “animal” bodies. He thought that during hypnosis a magnetic fluid is stored up and that through this medium one individual can act upon another. Since this could not be proven, it was assumed that the phenomena emerging in the process are subjective in origin. Later empathy and transference were described as feelings observed coming from one person to another under certain conditions. Moreno’s position was that empathy and

transference are both one-way processes and that therefore they cannot build mutuality, since they are projectional, not necessarily based upon the reality of the other. From that perspective transference especially is the dissociative factor. His concern was with what ties persons together, mutually, either positively or negatively, and how that process can be demonstrated in interaction and above all, in reality.

During his experiments with improvisational theater in Vienna, Moreno reported on some of his findings in his book *Das Stegreiftheater* (1924, p. 57) “... we could observe that some individuals have for each other a certain sensitivity as if they were chained together by a common soul. When they warm up to a state, they ‘click’. It often was not the language symbol which stimulated them.” In the English translation of *The Theatre of Spontaneity* (1947, p. 68), we find the following: “There are players who are connected with one another by an invisible correspondence of feelings, who have a sort of heightened sensitivity for their mutual inner processes ... They communicate through a new sense, as if by a ‘medial’ understanding.”

In his magnum opus *Who Shall Survive?* (1934, p. 158) the term “tele” appears for the first time with this description on page 163: “... a feeling complex does not run wildly into space but goes to a certain other person and that other person does not accept this passively like a robot but responds actively with another feeling complex in return. One tele may become inter-locked with another tele, a pair of relations being formed. Tele has no social existence by itself. ... But it is possible to classify it according to the equation of its social expansion, its Asocial effect.” In the 1953 edition of *Who Shall Survive?* (pp. 311-312) Moreno wrote: “I defined tele as the factor responsible for the increased rate of interaction between members of a group, ‘for the increased mutuality of choices surpassing chance possibility’.” And on p. 314: “... to express *the simplest unit of feeling transmitted from one individual towards another* we use the term tele, ‘distant’,” and on p. 53: “Tele is two-way empathy, like a telephone it has two ends.”

Another investigator, Paul Deutschberger, stated: “Tele does not operate equally throughout the totality of an individual’s social atom, but consists of an horizon in which awareness is great, level of choice expenditure high, and perception of interrelationships accurate; and an unstructured region, marked by tentative and token choices to which reciprocation is hit-or-miss. This is the area between the chance level and the tele level wherein drives for acceptance and misperceptions about the role of the recipient may cover a range of pathological interpersonal relationships” (1947, p. 249).

What distinguishes tele from either one-way empathy or transference is the emphasis on the two-way flow of feelings. Tele must always be considered in terms of mutuality between two or more persons. Both the original idea of empathy (Lipps, 1907, p. 694) and Freud’s concept of transference (1926) do not deal with the response of the “other” involved. From this point of view, the factor of countertransference is a misnomer and unscientific. Counter is defined, among others, as “in the wrong way, contrary to the right course, or to encounter in opposition or combat, or in the reverse direction.” Encounter, on the other hand, is defined as, “To meet with, especially unexpectedly.” Since transference is one-way as well as projectional, it is more precise to say that in the countertransference relationship there are actually two parallel

processes going on, one from the client upon the therapist, the other from the therapist to the client. Whereas the client-therapist side of the transference may be dealt with in the course of therapy, the so-called countertransference is never permitted to be a part of the therapeutic process, it remains in the dark. There are, at best, two parallel processes developing, a parallelogram. We have been taught that a parallelogram meets in infinity. According to Freud, the transference neurosis must be resolved before treatment can be considered completed. But we have found that it may take an infinity for it to be resolved and it is often the reason why some clients leave psychotherapy or seek help elsewhere.

Another strong distinction between tele, empathy and transference is that tele is based upon the existential reality of the "other." It involves a mutual recognition of that reality. The major difficulty with transference lies in the impenetrability of the analyst, as deemed absolutely essential to the treatment process. There is no possibility for the client to assess "the reality" of the therapist. That is what the treatment enforces. Moreover, transference was discovered in an artificial setting, not in the stream of life outside. We consider transference the dissociative element, while tele is the cement that bonds people together. Therefore, if a relationship lasts throughout the buffeting of life's events with all its ups and downs, we claim it is based on tele.

To explain the term "social atom," another term coined by Moreno, it is described as "the smallest social unit, not the individual" (1947b, p. 80). It is constructed by the relationships which revolve around an individual and form the connections with others. There are normally three types of social atoms, the private or personal, the vocational or work, and the socio-cultural atom. They may change from time to time in their membership but show a certain consistency. It is tele that makes these structures possible and creates the anchorage for them. It is a form of "social intelligence."

There are many forms of tele. It is based on the ability to assess and appreciate the reality of the other and must always be considered from the viewpoint of all the persons involved in the relationships, like sticks with two ends. Any interpersonal relationship encompasses three entities, the two persons plus the specific relationship between them. It is evaluated as to mutually positive, mutually negative, or incongruous, that is, one person choosing another and being either rejected in turn or feeling neutral or indifferent. From this perspective it is responsible for the cohesion or disintegration of a relationship. Mutually positive tele is the glue. Groups formed on the basis of transference are bound to fall apart. It is my belief that this is at least one of the reasons why so many marriages fail. It is particularly in the smallest unit of social interaction, the dyad, that the importance of tele becomes evident.

As with many elements found in nature, tele rarely exists in pure form. It requires cleansing of transference overlay. That is what is meant by working on a relationship. Tele is further complicated by interaction in a variety of roles in life

Tele in the form of attraction or rejection can occur even between strangers. We have demonstrated over and over that a group of strangers, meeting for the very first time already form invisible bonds. To arrive at tele such a meeting must be cleansed of the transference aspect, with both or more partners willing to peel off the one-way projectional layers they bring into the relationship.

Unfortunately, negative tele expresses itself often more rapidly and clearly, and it too, must be cleansed of transference properties to enable a real understanding of the other. It is particularly the reality of the other with which tele must connect. The reality may not always be attractive but at least it is based on a true essence, not a fantasy. Nevertheless, when in psychodrama two such contending individuals are able to role reverse honestly with one another, that negative aspect may become smaller, less significant and sometimes may even disappear. It is often seen to happen when a rejected person in a group becomes the protagonist and reveals his or her anguish, that the perception of that person changes for members of the group.

If tele is the bond based on mutual recognition of the other, it follows that it is responsible for cohesion or lack of cohesion, in a group. To establish the validity of this concept, its existence as well as how it operates, a study was proposed. *“The chief hypothesis to be tested is the existence of and the degree to which a hypothetical factor, “tele”, operates in the formation of groupings”* (Moreno, 1953, p. 623).

A study of a residential training school for girls who inhabited one cottage under a housemother was undertaken to determine whether the choices for sitting together at a four-person table at three mealtimes daily, would demonstrate that the number of mutual choices, that is, persons choosing one another mutually, would be greater than by chance. The research proceeded on four levels of intervention. The first was to allow the girls to seat themselves a moment after the dining room door was opened, the idea being that they could demonstrate their choices in action and the process could be observed. The result was utter chaos, with some girls sitting by themselves at different tables, not choosing, six other girls fighting over four seats at one table, five at another, one table having only two girls, another being completely empty, and a few girls standing about, looking defeated because their situation was unclear to them. No one was pleased with that opportunity since it did not come about as desired. In fact, it turned into anarchy which in turn became autocracy, the housemother having to intervene; she ordered the girls to sit according to her design, thus overthrowing the notion that laissez-faire is an acceptable solution.

The second approach was constructed mathematically, on the basis of chi-square to determine what the number of mutual choices thus predicted would be according to chance.

Number three was done by drawing a name out of a box, putting that aside and drawing three names for that first person randomly as seat mates. This process was conducted for all the girls and the results recorded.

Finally, the fourth approach was to ask the girls themselves to write down three persons who they wanted as tablemates. They were also requested to state their reasons for choosing each one. Obviously, none of the earlier three approaches could cover this aspect of the choice process and yet the reasons for choice are what highlights the effect of tele. Tele not only relates to mutuality of choice, it also points the way to reciprocity via the reasons for choice. Frequently these duplicate the words used by the partners or are very similar.

The results of the last investigation, the sociometric form, left absolutely no doubt. The number of choices revealed through the sociometric test was far greater than was possible on the basis of chance or as shown in the drawing of names. Here are the figures: "The probability of mutual structures is 213% greater in the actual (choice) configurations than in the chance and the number of unreciprocated structures is 35.8% greater by chance than actually" (Moreno, 1953, p. 633). So one can truly say: Q.E.D. The hypothesis that a factor, assumed to be "tele," was responsible for tying people together by mutual choice (Lipps, 1907, p. 694).

A number of later studies have also revealed some surprising and unpredicted effects of the impact of mutual tele and allowing groups to be reconstructed on the basis of choices made by the individuals concerned. One example deals with the re-ordering of seat mates at long tables in an institution for cerebral palsy children at mealtimes, again three times daily. The seating order was set by the staff. The administration was concerned to reduce problems arising regularly at mealtimes, such as squabbles or fights, breakage of dishes, and especially noise, none of which were controllable or contributed to the children's well-being. The request was for some investigators to come and study the situation and help deal with these concerns in a new fashion. At first the staff balked at any intervention, claiming, as many parents will, that they had made the best possible choices for their charges. We handled that by assuring them that if that were so, any intervention on our part would bear that out. The children were asked at a group gathering to look around and write down the names of three seatmates. Those who had difficulties with writing were aided by staff as some were rather severely handicapped and could only point a finger or even a toe momentarily. When the records were completed we decided to take the role of 'the students and seated ourselves at the tables when no one was around. Taking the role of a profoundly spastic child, we came to the simple discovery that we want our seatmates sitting across from us, not next to us since the latter position made eye contact difficult while our uncontrollable movements would interfere with the space of the seatmates. That this had indeed been one of the bases for temper tantrums and fights was clearly highlighted by our role reversal. Armed with this information one of us moved to the other side of the table and sat across from the other. That was found to be far better suited to our needs and became the pattern for the reseating after the test results came in. We became acutely aware that tele involves two dynamic categories of living: namely time and space. With whom we share our time and our space are of critical importance to our welfare.

The seating order was made according to the choices indicated and keeping in mind the "optimal satisfaction," that is to match the children so as to ensure that at least one child of their choice sat across the table. We had gained the insight of how determining a factor physical proximity is in the building of tele.

The results were observed and recorded by staff: accidents, spillages, breakages, temper tantrums and squabbles, as well as noise, were dramatically reduced. However, one month after this sociometrically fertilized emotional soil the most startling finding was reported by medical staff: a general, over-all improvement in the physical condition of the entire school population showed up on the health charts, an improvement several times larger than the previous curve for this item, including weight and height. We did

not inquire at the time how the learning improved but it may well be assumed that this, too, was positively affected in these children whose physical balance is so precarious (Z. T. Moreno, 1966, pp. 231-242).

In this case we saw the relationship between observables. We are not linear thinkers. Like quantum physicists, we deal with uncertainties and probabilities; like them we do not assume an objective reality apart from our experience. We cannot observe something without changing it, we merely try to correlate experience correctly. What we learn from these examples is how significant human relations are, how central to our welfare, not only for the psyche but also for the body.

There are other findings that reflect the effect of tele on human relations. Sociometric investigators have reported that rejected, unchosen, isolated individuals within a work setting are the ones who are most frequently absent, ill or worse, they create accidents which are severe, repeated and involve some of their co-workers as well. Studies of children on the school playgrounds have uncovered similar events among children, those who, for whatever reason, remain outsiders. They equally produce repeat accidents which can be severe and drag other children into their "vortex of misery." It may be evidence for the popular statement that "misery loves company." On the other hand, whenever a high status child has an accident, it is usually a one-time event, not serious and does not involve other playmates (Northway, 1944, pp. 10-25). How can we account for these phenomena except by assuming that a lack of tele between people disturbs the possibility of their being rooted in the community? They are unable to partake of the normal give-and-take that happens around them. School authorities throughout this land should take note and have some sociometric review of the social status of their students if we wish to avoid the kind of aggression of especially young males in our schools which we have witnessed recently. Individual counseling may not be sufficient; it is necessary to study the total school population to uncover these unfortunate beings and integrate them into their group in a more positive manner. It is also necessary to sensitize students to the fact that their negative stand towards some of their fellows with unpleasant behavior may well be a reflection of what they and their peers have produced. Tele awareness is needed-to shed some light on their interactions (Hollander & Hollander, 2000).

In "Sociometry and the Cultural Order," Moreno wrote in 1943 that perhaps we are mistaken in placing the psyche inside the body, as a biological concept. He suggested that the psyche may well be outside the body, the body being enveloped by the psyche. That would place the psyche "out there." To quote from that paper, the "... resistance against any attempt to break the sacred unity of the individual has one of its roots in the idea that feelings, emotions, ideas, must reside in some structure within which it can emerge, and within which it can function or disappear. ... These feelings, emotions and ideas 'leave' the organism; where then can they reside? Group research shows that they find their expression between people, in interpersonal and intergroup relations, traveling throughout the network, sometimes visibly, sometimes not, but often without predictable effects. The energy involved in these streams of feelings and moods which feeds them we assume to be 'tele'" (p. 320).

If these ideas sound far-fetched, let me quote a friend of Jung's, the Nobel Prize winning physicist, Wolfgang Pauli: "From an inner center the psyche seems to move outward, in the sense of an extraversion, into the physical world" (quoted in Zukav, 1979, p. 56). Is all this sounding as if physics and psychology are finding a meeting place, and if so, how? Is it not conceivable that this psyche outside the body is making it possible also for our minds to meet and influence one another? That is how and where the human encounter takes place and it requires a two-way corridor to an open field along which to travel.

The expression of tele in sociometric investigation reveals also negative structures and relationships. In our culture positive feelings are valued, admitted and considered desirable; negative ones are a serious concern. Not being chosen in return, overlooked, neglected or worse, rejected, can be devastating at worst, wounding at best. We identify it with being unloved and therefore unlovable; we become anxious, depressed and generally feel unworthy. Nevertheless it is a part of reality that not everyone can love us and actually, there is no reason why they should. Sociometric research of children as young as in kindergarten shows quite clearly that even these beings are aware of positive and negative feelings to and from their peers. The sense for tele develops with age but it is already in the young that its effects are felt, even though the sense for mutuality comes gradually. This is clearly seen in the sociograms of childhood in *Who Shall Survive?* (Moreno, 1934, 1953, pp. 150-153) and in research by Mary L. Northway (*The Sociometry Reader*, 1960, p. 455; *Sociometry*, Vol. 3, pp. 144-150; *Sociometry*, Vol. 5, pp. 180-184; *Sociometry*, Vol. 6, pp. 429-433).

The essential reason for doing sociometric investigations is not just to make relationships visible and available for interpretation, but to reconstruct groups so as to maximize sociostasis and find some resolution to the problem of the unchosen or rejected. These measures are guides towards change in action in life itself. Group members become co-researchers with the investigator of their own groups, not merely verbally but in interaction. It is meant to activate the tele existing in the group and stabilize the relationships.

It is beyond the scope of this paper to go into more detailed reports about the various groups which have been researched, as a great deal of work has already been done and written about. The main problem is first of all that the researcher has the authority not only to investigate but to reorganize the group. Because of that, many of the first investigations were done in closed settings, schools, prisons, the military, but later found application in industry, clinics and mental hospitals. When the group members realize that the investigation is meant to improve their relationships and interaction with others and find their choices respected and acted upon, the level of the group's morale is greatly enhanced, cooperation insured and cohesion improved.

To illustrate the great difficulties in obtaining authority to carry out this work, which is probably the major reason why there are now so few who practice it, is that in all groups studied, groups of a large variety, approximately 15% of persons are found to suffer from some form of isolation. Just imagine what this means in terms of human misery. Project that figure onto the world's population even without considering wars, revolutions and starvation, and one has some idea of the size of the problem. The studies

referred to earlier represent what is called "objective sociometry," in that everyone in the study was involved. True sociometry is done with a view to change the group, not merely as a form of academic exercise. (*The Sociometry Reader*, op. cit., *Sociometry and the Science of Man*, 1956).

Because of some of the difficulties already mentioned, another form of measuring tele emerged, called "perceptual or subjective sociometry." As the term indicates, it is based on the subjective perception of every individual in a group and of the relationships between them; this goes for choices and rejections for everyone in the group, not only for the chooser. When the individuals and their connections are drawn, a perceptual map of the structure of the group emerges. The usual symbol for the male is a triangle, for the female it is a circle. The perceived choices and rejections are drawn between the symbols. Usually the color red is used for attraction, black for rejection but if colors are not available different densities of line can be employed.

Choices are made on action criteria, such as: "With whom do you want to work on this committee?" or "With whom do you want to be in this discussion group", etc. There are circumstances where the negative choices may not be suitable for inclusion and the group should have the right to make that decision, though where groups are in trouble and an investigator is called in, these must be included even if results are not disclosed as in the case of children and young adults. Reorganization of the group uncovers the choices and rejections to some degree but no specific point is made of it. Group members should be reminded to give reasons for choices and rejections. Choices should not be made on the basis of acquaintance or friendship as these involve multiple criteria in themselves. They should always be based on a common interaction relevant to the group. The criterion is the handle around which choices are made. Just as we are multiple role players in life, we are also multiple criteria carriers. No one should be evaluated on the basis of a single criterion. Choice patterns vary from one criterion to another. Perceptual sociograms, feeling ourselves into others, sharpens our sense for tele. It is even recommended that everyone makes up a perceptual sociogram at regular intervals, to assess the state of one's situation on three levels, private, work and community. All the relevant criteria of a person's world are part of that profile. Our interactions rest upon multiple criteria which are often the source of difficulties between us, and these may have to be negotiated under given circumstances.

Certain individuals are shown to receive larger numbers of choices or rejections than others; these are called stars of attraction or rejection, but this can only be so determined on a number of criteria; one may be a star in one group and not in another. The criteria determine that.

It is not my purpose here to go into the kinds of structures which are usually found in the sociograms since this information is readily available in a number of books, but it should be pointed out that those who are overchosen often have clear tele contact with others as revealed through their mutual choices, and in the reasons for choice which very frequently are quite similar. Stars often choose one another which obviously greatly influences and enhances their position in the group. We have found triangles and quadrangles of mutuality in some groups.

There are, on the other end of the scale, others who use their choices only to reject others. These may, in addition, form pairs of rejection, mutually negative tele, and they may also be stars of rejection. Out of this sector come many of the violent actor-outers who may get together in gangs where rage and anger is brought to bear on the bitterly rejected outsiders. The English adage, “thick as thieves,” comes to mind. Needless to say, these are the individuals that would require our special attention. We see evidence of their existence almost daily as they deliver death and disaster upon others. Our history, recent as well as past, is replete with examples.

We have observed that tele may die out between people even though they are still alive; on the other hand, it may continue beyond a beloved person’s life such as with the dead with whom unfinished business continues to haunt some individuals. In psychodramatic work these ongoing tele-connections are brought to life by auxiliary egos, therapeutic actors who take the role of these beings after the protagonist has shown in role reversal how they are and what they mean to the protagonist. Exploring the sociogram of life and death, we work this way with suicidal patients, many of whom have suffered recent loss or losses. If the sociogram of life is greatly impoverished, the pull from the sociogram of death threatens to pull protagonists over to the other side. Impoverishment of tele connections in life throw the intensity of the tele of the dead into bright relief, making the latter more alluring. Working with this type of client and having the protagonist role reverse in the drama with the lost beloved while the auxiliary ego portrays the client, I have never yet found that the beloved other gives the protagonist permission to join him or her. On one occasion when the protagonist in his deceased alcoholic father’s role wanted to draw him over, the protagonist immediately reversed back into his own role, facing the auxiliary ego father, very firmly informed him that he knew his father wanted to have him join him, but he was not going to follow his negative example, he chose to live. The ongoing power of tele is clearly demonstrated, whether positive or negative, even when the recipient is absent. When an important relationship is lost, we actually lose two entities, the person plus the specific relationship, both of which are carriers of the tele.

Quoting Emanuel Kant: “... Sensibility and understanding, must be brought into connection with each other by means ... of imagination, because otherwise the former, though indeed yielding appearances, would supply no objects of empirical knowledge, hence no experience” (Arendt, 1982, p. 81). Perhaps tele can be understood as combining sensibility and understanding. My own interpretation of the essence of tele is “liking, loving and respecting in one.” Too often tele is split and clients say: “I like you but I don’t love you,” or the converse, “I love you but I don’t like you.”

Another aspect of the function of tele is to set up islands of security between humans. In a world plagued by uncertainties, this is essential. Psychodrama deals with uncertainties and unpredictabilities and tries, in action, to make sense of them. The genuinely interactive purpose of tele makes the process relevant and admissible. For those who do not partake of this security, the rejected or unchosen life is a morass of unlive possibilities. In her book, *The Human Condition* (1989, p. 237), Hannah Arendt said: “The remedy for unpredictability, for the chaotic uncertainty of the future, is contained in the faculty to make and keep promises.” Or in Robert Frost’s words: “For I

have promises to keep and miles to go before I sleep." Sensing that the other will keep promises is a core experience in the exchange of tele.

Action therapies lead the protagonist into interaction with others in a safe setting, thus planting seeds for tele connections otherwise not available. Hannah Arendt (1989, p. 188) reflected upon the meaning of action: "Action, as distinguished from fabrication, is never possible in isolation; to be isolated is to be deprived of the capacity to act. ... Action, moreover, no matter what its specific content, always establishes relationships and therefore has an inherent tendency to force open all limitations and cut across all boundaries" (p. 190).

In psychodrama, tele operates between director, protagonist and group members. A common finding in our work is that a group member, strange to the protagonist, is chosen for a role in the drama. In the subsequent sharing by that auxiliary ego upon completion of the interaction, we hear the auxiliary say: "It is amazing you picked me because ..." and out will come a parallel experience. Although this is almost becoming an expectation, it still has the power to surprise us. It happens so frequently that it is clear that tele reaches outward into space and is a "knowing beyond knowing."

Tele is responsible for another phenomenon in psychodrama. Protagonists start the drama in a state of "as if" but as the involvement develops, the "if" falls away and becomes "as." When that occurs, the protagonist may "see" and "hear" the auxiliary ego as the person being portrayed, the tele taking over the process.

I experienced such an occurrence the first time I worked in Finland. The translator was fluent in English and understood, or as we say, doubled, my role so well that she was able to copy my movements as well as my intonation even though she did that in Finnish. The result was that after the end of the session the protagonist walked up to me and said in his language: "But you spoke Finnish!" Nothing could have been further from the truth, but he experienced the two of us as one. This facilitated the work between me, the translator, and the protagonist.

In recent years I have come to see my role as not that of a psychotherapist because I cannot be sure I heal any psyches; but instead, I see it as being that of a relationship therapist. It is through the relationship as carried by tele that healing may be facilitated. A golden rule in psychodrama, however, for both director and auxiliary ego is not to abuse tele, therefore we warn our students in training: "Be sure you are not doing *your* psychodrama on your protagonist."

In *Psychodrama* (Vol. II, 1975, p. 15), there is a discussion on tele by, among others, Gordon W. Allport: "Dr. Moreno defines tele as 'insight into', 'appreciation of' and 'feeling for' the 'actual makeup' of the other person. Thus defined it is indeed the foundation of all sound therapy, as it is of all wholesome human relationships."

That psychodrama has made comparatively little inroads into psychiatric or psychotherapeutic practice in this country is somewhat hard to understand because it is now quite respectable and paid for by various health insurances abroad. There seems to be some fear of this way of dealing with clients, as if one were, like the sorcerer's apprentice, in front of an unknown and unpredictable quantity. Possibly understanding the function of tele will bring a greater sense of security into this realm.

That it has in fact a respectable basis is shown in the work of Bessel van der Kolk (1996, p. 195): “Prone to action, and deficient in words, these patients can often express their internal states more articulately in physical movements or in pictures than in words. Utilizing drawings and psychodrama may help them develop a language that is essential for effective communication and for the symbolic transformation that can occur in psychotherapy.” He has further indicated that these methods induce changes in the brain cells of traumatized clients, as shown in before and after treatment by MRI and other forms of diagnosis; these clearly reveal that brain cells which had shown destruction were restored to balance.

I started this with one poem and would like to end with another. This was on a greeting card received a number of years ago and is by Virginia Satir whose presence here is greatly missed. It too, contains a fine summation of what tele is meant to be:

I want to love  
you  
without clutching,  
appreciate you without  
judging,  
join you without demanding,  
leave you without  
guilt,  
criticize you  
without blaming,  
and help you without insulting.  
If I have the same  
from you  
then we can truly meet and  
enrich each other.

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**Question/Answer Session:  
A Response to Zerka Moreno**

*Alexander Lowen*

- Q: I was wondering within the context of the borderline personality organization the narcissistic personality disorder is seen as being less severe than the borderline personality disorder. I wondering, in terms of object relations, one could describe the narcissistic disorder as having few self and object representations. At least the borderline is more differentiated out in terms of the self representation and the object representation, which is a higher developmental achievement it would seem. I was wondering about your comments on that, in terms of whether you think about that more as a twist of the lens in terms of functionality. The other question was in regards to contract setting, how do you do that in such a way that it doesn't become a platform for the patient to act out on?

A: Regarding the first question, the narcissistic personality in its structure presents a complication in that instead of having this split self and split object representation there is a normal condensation of ideal self, real self, and ideal object representations that constitutes an abnormal grandeur self in contrast to the split self of the borderline. And in contrast to the normal self in which ideal and persecutory aspects are integrated. So in the treatment of narcissistic personalities we first have to analyze that narcissistic nucleus transforms them into “ordinary borderline patients” and then resolve that into the fusion. That’s what happens in the treatment of narcissistic personality who therefore in the middle of the treatment sometimes look worse and more disturbed and upset than at the beginning because the narcissistic defenses don’t work anymore, but their relationships improve and their capacity to investment in others. Regarding your second question: contract setting is not a written contract that has to be signed. It’s a process that takes a number of sessions. We tell the patient what the minimal conditions are for treating the patient and explain the rationale for it. Now this eliminates some patients who may have such tremendous secondary gain. For example, they wouldn’t want to give it up. But on the other hand, it prevents the dropout of these patients. Fifty percent of borderline patients treated in outpatient settings tend to drop out in the first six weeks. Our is down to about twenty percent with contract setting, which I think is pretty good. So, for example, we may tell a patient . . . one of our patients who used to stab her vagina with knives all the time, severe infected wounds, we told her . . . but it was not dangerous to survival. This was a chronic condition. So we told her you commit this . . . every time you stab yourself. You can’t control it. You have to stab your vagina. But every time you do that you have to see your gynecologist who has to treat you and let us know whether it’s safe that you be seen on an outpatient basis. The patient got enraged. She said, “That’s humiliating sending me to a gynecologist.” So we said, “The reason is if we are going to carry out treatment to help you we have to make sure that you don’t worsen your condition by severe infections that may affect your future reproductive life and your survival eventually. So it’s important that when we recognize that you can’t control it at least every time you damage yourself you have to be seen. So this is how it works.

Q: I have a question about the use of psychotropic medications in assisting the management of the micro psychotic states and some of those aspects.

A: This is a complex area. There’s evidence that low dose neuroleptics decrease anxiety, a typical depression, and the cognitive dysfunction of borderline patients. One piece of evidence. Second piece of evidence is that anti-depressive medication, particularly SSRI’s are also helpful in reducing the depressive symptoms of these patients. Third piece of evidence is that the mood stabilizers that are very often given to these patients don’t do anything except those who at the same time have a bonafide affective disorder such as Bipolar 2, but not the borderline patients who don’t present that. A fourth piece of evidence is all these medications tend to lose their effectiveness after a few months. The illness tends to override them. So in the long run you get chronic patients with chronic illnesses who have 10 or 15

medications. You don't know any more what's doing what. The chronological industry puts pressure to buy those medications so there is a lot of problems in this area. What we do in practice is to try to treat these patients as much as we can without any medication at all with this kind of treatment. If they have a bonafide major depression we treat the major depression. If they have an anxiety disorder we treat them psychotherapeutically, worse case scenario intense bodalizing anxiety we use low dose neuroleptics and keep them for an extended period of time rather than doing it on a pure in basis and we stay away from Benzodiazitines like the ... because these patients are prone to addiction and very often we complicate the situation with that. A project right now we're using Solof's Algorithm to treat patient's symptoms to evaluate to what extent really this is helpful or not. So we're evaluating that right now. I don't know whether you know what I'm referring to. Solof is one of the major psychopharmacological researchers in this country and has developed overall ways in which it proposes to treat borderline patients that are quite convincing and it corresponds to the summary that I gave you.

Q: I have a couple of quick questions regarding projective identification. First of all, could you describe ways to pick up projective identification either using countertransference or other means? And once you recognize that that's what's going on what do you say or how do you communicate with the patient about that process?

A: The way to recognize, as you said, very often the transference helps you. Dr. Beck gave us a beautiful illustration of a patient who told him, "Are you trying to control me? Are you going to reject me?" The patient was accusing him of being controlling and rejection. But the patient was doing it to him. That patient was accusing him of that which she was doing, which she was aware of doing but of course for her it seemed reasonable as a reaction to what she attributed to him. And in her behavior, I guess, she may have put even as such a patient's experience knowledgeable therapists like Dr. Beck. ... So we recognize immediately from the behavior ... transference what's going on. And how do you deal with that? It seems to me that Dr. Beck already answered that also, in part. First of all, before you are in an psychotherapeutic treatment you deal with it by establishing the reality of the situation, finding a way in which you decrease the confrontation. Dr. Beck said, "Why don't you tell me what you want to tell me?" I wouldn't say that. But I would tell the patient, "Look. I'm asking you all these questions because in order to be able to help you I need to know all about your life otherwise I wouldn't be able to tell you. I can't do crystal reading or tealeaf reading. I depend entirely on your information. If you don't give me full information I won't be able to help you. Now, if you don't want to give me information I can respect that and I'll be able to see you any time you want to. Come back when you're ready for that. But if don't I won't be able to help you." I think that's a cognitive approach. Once the patient is in treatment in the middle of the psychotherapy then I would interpret it. I might tell the patient, "You're perceiving me now as a kind of strict, controlling and rejecting

father or mother or whoever it is. If you don't do exactly what I want to I'll reject you or I'll punish you." It's clear that you're perceiving it this way. At the same time, I wonder whether you are seeing in me something that you might be struggling against in yourself. ... awareness against yourself. You may tend to treat persons who seem threatening to you in this way. In other words, could it be that you're perceiving me that which you are ... in yourself. That would be the interpretation. But we would not do that before we are not ... interpret the situation. Now let ... there are patients where their mechanism is so intense that if I said what I just said the patient would say, "Ah you're blaming me as always. It's all my problem." So it may be that the patient cannot tolerate the interpretation. In that case, I would simply limit myself and say, "You're perceiving me in this way and I understand that this is your perception. Can you tolerate the fact that I have a different perception about that?" So then we accept the projection without submitting to it and gently bringing in an incompatible perspective of reality that needs to be clarified. Again, that may be called a cognitive technique but it's within an essential interpreted.