

Rematrixing an Experience with Abortion

ESLY REGINA S. DE CARVALHO
ANDRE MAURICIO MONTEIRO

ABSTRACT. This paper repeats the use of reconciliation as a method for rematrixing traumatic experiences in a person's past, in this case, abortion. It describes a session in individual psychodrama in which this technique was successful and the steps taken to achieve this.

ABORTION IN BRAZIL is illegal and therefore a criminal act, although it is rarely punished. The law tends to turn a blind eye to abortions as indicated by the number of physicians who perform abortions and are rarely prosecuted. There exists a significantly high mortality rate among mothers, especially among those from the lower classes where laypeople tend to perform abortions. Brazil, considered the largest Catholic nation, has a large population of baptized Catholics who, for the most part, describe themselves as nonpracticing.

Rematrixing is a process whereby the original trauma is changed by substituting the original situation with a new one or by reframing, i.e., changing the meaning attributed to the first one. The session described in this study illustrates one form of rematrixing a traumatic experience. It is generally agreed that the original feelings of a situation are intimately tied to the experience itself. Reliving a traumatic experience provides the catharsis that elicits an abreaction that may be followed by a rematrixing.

Psychodrama is one methodology that provides a rematrixing process. It possesses a very privileged position because through the dramatizations there is the possibility of rematrixing experiences on a more concrete level.

Inner Psychodrama and the Interpolation of Resistance

Although rematrixing in psychodrama is done on a concrete level, it is also possible to do this in what is termed internal or inner psychodrama. This is a technique whereby a person relives the traumatic experience in the

mind's eye: He or she is directed to lie down on the stage and relax (exercises that will help him physically relax are very helpful), and he is directed to enact the trauma through imagery. The patient is asked to describe the details of the imaged trauma and led through the different stages of dramatization.

This technique is especially helpful in situations where living out the original traumatic experience is very difficult to do on a concrete level, such as experiences with rape, incest, violence, or sensitive issues that pertain to sexual relationships. In this manner, the patient does not feel as exposed or vulnerable as she or he would doing it in a group setting or privately at a concrete level.

Interpolation of resistance is a term used to describe the introduction of elements that did not exist, or were not apparent, in the original situation (Rojas-Bermudez, 1979). Christian inner healing often employs this technique (although it is defined in other words) by introducing the figure of Jesus to heal the original memory. In the session reported in this paper, the introduction of the mother's forgiveness was an interpolation that obviously did not exist in the original scene.

Rematrixing and Reconciliation

Our therapeutic work over the last 8 years has been guided by a proposal of repairing relationships, the technical term for what theologians tend to call reconciliation.

We believe that resolving relationships leads to greater mental health. Bustos (1979) wrote that Moreno stated that a "man without relationships does not exist." We find it important, therefore, to help people develop healthy relationships at three basic levels: with himself or herself, with his or her neighbor (interpersonal relationships), and with a Superior Being (more commonly acknowledged as God). Because it is possible to put any one of the internal images of these relationships on the psychodramatic stage, we can work on the repairing or rematrixing of any of these situations at a concrete level.

Reconciliation is one of the ways of effecting the rematrixing of a relationship. There are other forms, but this one is perhaps one of the most efficient. It provides a catharsis for the relationships and heals the memory, as well. Usually, when a person is not willing to forgive, it is because of the following:

1. He or she is not ready to do so and has not exhausted all of the feelings tied to the reliving of the experienced trauma or memory, which is necessary to help the individual complete his or her catharsis.

2. Sometimes, the individual is unconsciously tied to the other by the feeling itself. If someone forgives another, he or she will “lose” that person and lose the only tie that maintains the linkage to the other. It is usually fairly easy to identify this situation if you ask what would happen between the two if the individual decided to forgive the other. From the answer, one can perceive the direction to be taken.

3. Sometimes it is necessary to let the victim make the other one “pay” for what was done to her or him (or what that person perceives as having been harmful). Once again, the psychodramatic stage permits the individual to express vengeful feelings as a way to purge oneself. After the catharsis is effected, the individual can offer forgiveness.

Case Study

In the following case study, the protagonist, Emily, demonstrates a healthier way to maintain this link instead of hanging on to the anger, resentment, or hate because these repressed feelings tend to be detrimental to the person. Emily* was 34 years old when she finally decided to approach the matter of her abortion. She had been married for several years and had two children when she found out that she was pregnant again. In a few days, she had “fixed” the pregnancy. At that time, she was already in individual psychotherapy. Because she and her husband were not getting along well, she had sought help. At the time of the abortion, she told her story as if it had happened to somebody else, and even though it was a very painful subject that was highly charged with emotion, she waited a considerable period of time until she mentioned it again.

A year and a half later, she joined a therapy group. There were two women who, a short time afterwards, became pregnant, almost simultaneously. Emily began to get nervous without any apparent reason. Things with her husband had improved remarkably, she had gone back to work at a job she really enjoyed, the children were doing fine. . . .

One day, however, she came in complaining about the children’s grades and their abruptly changing behavior. “I don’t understand what’s happening to me—I’m always irritated with them. I don’t seem to have any patience. I don’t seem to be able to control myself, and I’m usually not like that.”

She was not chosen to dramatize that night and asked for an individual session at the end, to try to work things out more quickly.

*This is not her real name. Other identifying traits have also been changed. We are grateful to the client for her permission to publish this story.

Before this session began, an auxiliary ego on the staff (Andre) and I commented on Emily's difficulty in handling the present situation. It was obvious that the things that were going on in her life at that time did not justify the amount of suffering that she was going through ever since her group colleagues had announced their pregnancies. Moreover, Emily had clearly stated in the last session that she could not figure out what was happening to her.

For this individual session, she arrived very nervous, almost in tears. She made some small talk and then interrupted herself, "That's not what I came here to talk about today."

We investigated a little further, looking for clues. Finally, at the end of the session, I asked her very gently, "How do you feel about your colleagues' pregnancies?"

She replied, "I don't feel good about it at all. . . . I keep remembering the abortion I had some time ago, and I feel very guilty about it. It really bothers me. I pray for the child every night."

I asked her if she would like to return and work these things out because it was obvious that she was very upset about this matter. "Maybe you have things that you would like to say to this child. Maybe you would even like to say good-bye because there was no funeral. It seems that there are a lot of loose ends. . . ."

Emily cried and agreed to return as quickly as possible. A few days later she was back. Without much ado, we began the session. Emily was extremely anxious. "This isn't something I particularly want to do, but I know that it needs to be done. I don't want to have to try to resolve this when I'm 50."

So I gave instructions. Andre would be her "baby," and Emily would have a conversation with the child on stage. She could say whatever she wanted. I explained to her that in psychodrama everything was possible, everything happened "as if it were." We could call in anyone or anything that we desired. She agreed. The two sat down on the stage, and Andre reclined in fetal position.

When Emily looked at her baby, she burst into tears. Emily sat on her legs as if she were in an upright fetal position and cried into her hands. After a few minutes, she began to talk to the baby. "I just wanted you to know that I didn't want to kill you. I just think it's awful to have to own up to it all, but I just couldn't have you at the time. My life was a mess; I wasn't getting along well with my husband. I thought we were going to wind up separating, and I just couldn't cope with it all. I guess I feel even worse because during my other pregnancies things weren't roses either. He was unemployed when I got pregnant with the second child. Even so, I never thought of doing with them what I did with you. But when you turned

up, everything was different. Things were too confused inside of myself, and everything was in disarray inside. You just didn't fit inside of me."

She continued to cry as I gently asked her to exchange roles with the baby. She took a deep breath and changed places. I took her place as Emily, and she took the role of the child. I repeated the last words of Emily's conversation.

Emily as Baby: Yes, but you didn't even give me the chances that other children have, the chance to live, to come into the world. I'm very mad at you. I didn't deserve what you did to me. . . ."

Therapist as Emily: You're right. . . . You're absolutely right, but I'm trying to explain to you what was happening to me at the time. It wouldn't have been good for you either. I can understand what you're saying to me, and I feel very guilty. I pray for you every night."

Baby: (still very angry) "What's the good of explaining all of this to me? It's not going to do me any good. It won't bring me back to life. It doesn't change anything. What do you want with me now? I can't come back!"

Emily: Well, I guess I called you here to ask you to forgive me. See if you could do that. Maybe if you could forgive me, I could live a little better, without this horrible guilty feeling. I know that it won't change anything for you; I can't undo what's been done. But it would change things for me."

Baby: (a little less angry) "Well, you're right, it won't change anything for me. Pretty sight, isn't it? You botch things up and then come running to ask for my forgiveness!"

Emily: You're right again, but still, I want you to consider it. Maybe that way, instead of being an abortion in my life, you could be the child I was unable to have, a miscarriage of sorts. We could make an agreement, a secret one: you could be my third child, the child I was unable to have. That way, instead of being a thing in my life, an abortion, you could be somebody, a person, a child. . . ."

Baby: (remains silent for a long time and then takes a deep breath) "Well, if it's going to change things for you, maybe I could forgive you. I guess it would feel a lot better to be your child than to be your abortion. (Another deep breath.) All right, all right, let's do it. I'll forgive you, what you did to me, and become a child in your life, the child you never had. Maybe that way I can at least have a mother for myself."

Stepping out of the role of Emily, I asked her to return to the original places: Andre as the baby and she as Emily. The "baby" repeated the words of forgiveness to her. Emily cried again as she heard the "child" speaking and accepted the forgiveness that was offered to her.

We finished the dramatization and shared a little about the session. When I asked Emily how she was feeling, she answered, "Well, everything is hurting a whole lot still, but I guess I'm better. I think that now I can cope with it all. I know it's still going to hurt for a while, but the worst is over."

We shared some things with her: She really had been unable to have the child, a child that "did not fit inside of her" so much so that it had resulted in the abortion. We also mentioned the importance of forgiveness in human relationships, especially with regard to situations where the guilt feelings are due to the transgression of an individual's value system, which was Emily's case. We also tied this session to the information she had earlier furnished about her past: How her mother had gotten married when she became pregnant with Emily, and how she had often suspected that her mother had made some abortion attempts at that time, which Emily's mother had always denied.

We ended the session, and, when we saw her the following week, she was significantly calmer. The children were better at home, and she looked very relieved. A few weeks later, reading over this manuscript, she mentioned, a bit awed, how much her relationship with her very difficult mother had improved after this session.

Comments

As we said earlier, it is possible in psychodrama to create situations that never existed. This is what happened in Emily's case. The therapist introduced a proposal for seeking forgiveness from the "baby" (Emily) as a way of finding out how far the reconciliation process might progress. We did not know how the baby would react—only Emily could inform us. Since the baby was willing to move toward forgiving Emily, the scene ended with Emily being able to receive the forgiveness offered to her by the child and effecting a reconciliation. It is important to note here that it is useless to try to force a reconciliation just because we think that happy endings are better. To be considered a true reconciliation, the patient must take on this option and live it out as being his or her own choice. Therefore, therapists must take special care not to lead the patient into their endings.

If the baby (Emily) had not agreed to the mother's (therapist's) proposal of forgiveness, we could have investigated and found out what the baby would have liked to have done with her mother. It is probable that she would have punished her in some way, taking advantage of the opportunity to have her revenge. Once the baby's anger had been vented, perhaps it would have been possible to propose a reconciliation: "Now that your mother has paid for what she did to you, maybe the two of you could reach some sort of agreement over the situation."

In some situations, the individual prefers not to kiss and make up. So be it. One cannot force anyone into forgiveness or reconciliation. The therapist can suggest it and bide his or her time. Usually, the suggestion will be repeated later in another form until it becomes obvious to the patient that unless he or she resolves the situation, he or she will continue to live under its torment. The patient comes to realize that the situation hurts *himself*. After that, reconciliation is usually a matter of time. The therapist, however, must respect the patient's timing and rhythm. If he or she cannot do it now, it is because he or she cannot do it now.

This case touches on a situation that deals with what we could call *true guilt* (as opposed to *false guilt*, which tends to appear with greater frequency in therapy). Paul Tournier, in his classic, *Guilt and Grace* (1985), makes a brilliant exposition about this difference and the function of each. Even Freud talked about moral guilt—those situations where an individual feels guilty because he has gone against his own values.

This situation is different from those that deal with false guilt, where a person feels guilty for things that he did not do or that had nothing to do with him. In these situations, however, once the psychodramatic situation is properly structured, the individual tends to shove the guilt out of his life and off the stage. In cases of real guilt, this is impossible because this person sincerely believes that the guilt is justified and that he or she deserves all of the suffering that the guilt is causing.

In this case, even though Emily was not an especially religious person (she had been raised a Catholic), having an abortion was something that went against her own moral code. She had only done it because of the despair in which she found herself at the time that she became pregnant. Osborne (1985) mentions the fact that in the face of true guilt, an individual will consciously or, more likely unconsciously, handle it in one of two ways—either by punishment and doing the penance necessary to make amends or by forgiveness.

Specifically in Emily's case, she felt true guilt. She felt she had done something that was morally wrong. Her guilt feelings, her irritability, her taking things out on her children were all forms of punishing herself because she did not deserve to be happy, having done such an awful thing.

Conclusion

Finally, on the matter of the abortion itself, rematrixing is not playing the Pollyanna syndrome of looking on the bright side of things. There are no arguments against facts: Once an abortion has been performed, there is little the therapist can do to change such facts. On the other hand, we do not believe in "unforgivable sins," but in the relief of real and neurotic

suffering. What is the use of maintaining a person under the burden of these feelings if there is nothing that can be done to change the past? Therein lies the importance of rematrixing: The facts cannot be changed, but their perception can be modified. In rematrixing one's past, a person can come to terms with himself, with his past, with his behavior and thereby free himself to live new and better alternatives in his life.

REFERENCES

- Bustos, D. M. (1979). *O teste sociometrico*. Sao Paulo: Editora Brasiliense.
Moreno, J. L. (1966). *Fundamentos de la sociometria*. Buenos Aires: Editorial Paidos.
Osborne, C. (1985). *A arte de compreender—Se a si mesmo*. 4th ed. Rio de Janeiro: JUERP Editora.
Rojas-Bermudez, J. G. (1977). *Introdução ao psicodrama*. Sao Paulo: Editora Mestre Jou.
Tournier, P. (1985). *Culpa e graça*. Sao Paulo: ABU Editora.

ESLY REGINA S. DE CARVALHO is president of the Brasilia Association of Psychodrama and Sociodrama and a supervisor in psychodrama. ANDRE MAURICIO MONTEIRO is a licensed psychologist who is completing his certification requirements in psychodrama.

Date of submission:
July 27, 1988

Date of final acceptance:
July 20, 1989

Address:
Esly Regina S. de Carvalho
Caixa postal 10-2449
70849 Brasilia DF
BRAZIL

Now Available: Moreno's Autobiography

The autobiography of J. L. Moreno, the dynamic philosopher who developed a whole new approach to psychotherapy, was published in the spring and summer issues of the JOURNAL OF GROUP PSYCHOTHERAPY, PSYCHODRAMA, AND SOCIOMETRY. This publication of the memoirs, which have never been publicly released, marked the 100th anniversary of Moreno's birth.

To order additional copies of these important issues, fill out the order form below and return with your payment. Issues are specially priced at \$8.50 each (regularly \$11.25). Include \$1.50 foreign postage for each issue ordered. Bulk discounts are available. Call Customer Service, Heldref Publications, (202)362-6445 or 1(800)365-9753.