

TRAUMA AND DEFERRED ACTION IN THE REALITY OF ADOLESCENCE

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In the search for ever earlier determinants of adult pathology many ignore the transformative impact of adolescence. The authors suggest that the reality of adolescent development creates a vulnerability to being overwhelmed. Through deferred action childhood experiences may interact with adolescent realities and omnipotent beliefs to traumatize the adolescent. The authors suggest that trauma in adolescence can be independent both of the intensity of current external exposure or of earlier traumatic experiences.

KEY WORDS: trauma; development; adolescence; deferred action.

In this article we will explore the relationship between trauma and deferred action in the context of the reality of adolescent development. We suggest that particular aspects of adolescence illustrate that the psychoanalytic concept of trauma is not tied to the intensity of external events or to specific phases of life. The reality of adolescence, however, creates a vulnerability to trauma. Through deferred action trauma can then occur in adolescence that is related neither to the intensity of current external exposure nor to revival of earlier traumatic experience. Deferred action can raise childhood experiences to a traumatizing level even if there was no evidence of traumatic impact at the actual time of the difficult childhood experience. The clinical situation may arise in which the adult patient brings an early memory or the therapist reconstructs a childhood trauma when in fact the trauma did not occur until much later, possibly in adolescence. This is what Freud meant by *nachträglichkeit* or deferred action. It is well known that adult patients often gloss over, ignore, or actually repress adolescent experiences, especially affects associated with these experiences. The search by analysts in ever earlier phases for the determining experience colludes with this defense.

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TRAUMA

The complexity of Freud's views on memory encompasses his changing views on trauma. Originally, trauma referred to an overwhelming real external event such as a seduction (Breuer and Freud, 1893). Freud never abandoned the view that external events, especially early ones, are important determinants of development, but his emphasis shifted to the inner world of drives and wishes. Some of his followers went even further and, with the notable exception of Ferenzci (1933), most analysts came to neglect the impact of external events in favor of the newer theory of trauma.

In Anna Freud's summary of psychoanalytic views of trauma she notes that we have to differentiate between our assessment and that of the victim of an event. If we use the term "trauma," we should note whether we mean that an event was "upsetting; that it was significant for altering the course of further development; that it was pathogenic" (A. Freud, 1967, p. 237). She concurs with Freud's (1926) view that the essence of a trauma is the ego's experience of helplessness in the face of stimuli of internal or external origin; "the ego [is] the central victim in the traumatic event" (A. Freud, 1967, p. 222). With an internal definition of trauma there may be instances where massive external events do not traumatize a person, whereas a smaller scale occurrence, such as the death of a friend's father, can overwhelm the ego and produce a traumatic reaction (Rubin, 1999).

EARLY TRAUMA, REPRESSION, AND RECOVERED MEMORY

In an earlier article (J. Novick, 1999), we examined the notion of recovered memory in the context of the sophistication of Freud's formulations on memory. He was explicit about how unreliable memory can be as a reflection of objective reality. Freud went so far as to "question whether we have any memories at all from our childhood. Memories *relating* [our emphasis] to our childhood may be all that we possess" (Freud, 1899, p. 322).

The recovered memory movement, having started with attacks on Freud (Miller, 1983; Masson, 1984), has 'recovered' and resurrected Freud's early theory of neurosis. Trauma, defined as an external event, particularly as a sexual seduction, is said to be the basis for all later adult pathology. The traumatic event is held to have occurred early, usually in the preschool years and, in some instances, in infancy. Then the traumatic event is thought to be repressed or defended against by various means. Different techniques, such as hypnosis, drugs, guided imagery, group support, are used to elicit recovery of the memories (Bass and Davis, 1988; Blume, 1990; Frederickson, 1992).

The recent trend toward discovery of ever earlier determinants of adult pathology fits in with this regressive theoretical shift. Thus, psychoanalysts too have subtly moved in the direction of the position of recovered memory advocates. Brenneis (1996) calls attention to a shift in psychoanalytic language, and in a series of papers (1997, 1999, 2000), offers a trenchant critique of the clinical and research evidence for recovered memories, whether they are described by analysts or nonanalysts. Brenneis (2000) suggests that the “memory wars” are on the wane. But we think that the residue of the dispute has affected psychoanalytic discourse in various ways:

1. Trauma is increasingly defined by the apparent magnitude of the external event, a return to Freud’s first theory (American Psychiatric Association, 1994).
2. There is an assumption that the younger the person, the more traumatic the event. This is part of the general formulation that earlier is more important than later.
3. Traumatic reactions in later years are assumed to be revivals of early childhood trauma. This is a version of the recovered memory fiction that traumatic memories get walled off and remain unchanged, waiting to be released. This idea persists despite all evidence to the contrary.
4. The conventional wisdom is that repressed memories of preverbal trauma appear clinically in the transference, in action, or in enactment.
5. We should also, however, credit the recovered memory movement with pushing us to turn our attention to the fact that bad things are done to children, and they can have significant destructive impact on a child’s development. Freud never denied this fact—he shared this awareness with other Victorian investigators of child abuse, such as Dickens and Gladstone. But many later analysts took the theoretical shift to the intrapsychic too literally and began to ignore the objective plight of children.

Defining trauma as a state of ego helplessness in the face of overwhelming inner or outer stimuli frees the concept from the constraints of any particular event or phase of life. A person can be overwhelmed at any time by any event. In this article we are focusing especially on adolescence, as we feel there are features of this phase of development that make the adolescent vulnerable to trauma, to being overwhelmed by inner stimuli.

DEFERRED ACTION

In an article on post-oedipal transformations we have advanced the view that the tendency to seek ever earlier determinants of pathology relegates adult memories of latency and adolescence to serving mainly a defensive

screen function (Novick and Novick, 1994). We pointed out that many analysts ignore the fact that Freud always maintained that crucial transformations of memory and experience occur postoeidipally. In that article we said that no one phase has preeminence over others. The past transforms and is transformed by the present, and we can never know the past directly. However, knowledge of the factors that affect the transformations of each phase helps us to be more precise in our reconstructions. This view of experience and memory as a dynamic restructuring throughout the course of development is similar to an early theory of memory described by Freud in a letter to Fliess (1896) as a “retranscription” and “rearrangement” of experience. That formulation of memory as a dynamic, plastic, ever changing experience slides into Freud’s theory of deferred action or *nachträglichkeit*.

Before Freud described infantile sexuality, his theory of neurogenesis hinged on the idea of deferred action. Initially he used this theory in relation to puberty. Briefly summarized, the concept was that an experience in childhood may have little impact until the memory becomes linked with later adolescent sexual impulses. In the *Project for a Scientific Psychology* (1895) Freud wrote, “We invariably find that a memory is repressed which has only become a trauma by deferred action” (p. 356). Freud later used this theory to explain the relation between the Wolf Man’s anxiety dream at 4 years of age and his primal scene observation at one-and-a-half (1918). In answer to the doubt that a child at one and one-half could understand “the process as well as its significance” (p. 37), he said, “I mean that he understood it at the time of the dream when he was four years old, not at the time of the observation. He received the impressions when he was one-and-a-half, his understanding of them was deferred, but became possible at the time of the dream owing to his development, his sexual excitement, and his sexual research” (pp. 37–38n). The theory of deferred action is now seldom mentioned or used in American psychoanalytic literature. In 1989 Modell used Freud’s theory of deferred action in his theoretical examination of the multiple levels of reality in the psychoanalytic setting. Earlier, Greenacre (1950) used a similar idea in her article on prepuberty trauma in girls. In discussing one such case, she said, “only under the influence of later events did it become charged with the anxiety” (p. 217). Anna Freud described a 4-year-old girl in analysis who had been present when her much-loved father killed her mother with an axe. She was allowed to visit her father in a mental institution and showed no fear of him, nor was there evidence in treatment of traumatic overwhelming. Anna Freud went on to say, “Nevertheless, one had to foresee that, at some later date, the realization of the father’s deed might acquire traumatic impact. At the time, this was not in evidence” (1967, p. 234).

ADOLESCENCE

Many of Freud's first patients were adolescents (Glenn, 1980). It was in relation to puberty that Freud sketched out his concept of *nachträglichkeit*. Freud cast his early view of adolescence in terms of the new realities of the phase, notably genital sexual development, the availability of a full panoply of sexual activity, and the choice of a love object. What is generally understood now as the psychoanalytic theory of adolescence was actually based on Ernest Jones's contributions. It was Jones (1922) who conceived of adolescence as a recapitulation of infantile phases, and the predominant view remains that adolescence can best be understood as a regressive revival of oedipal and preoedipal issues. This description of adolescence is consonant with what we delineated above as a tendency to look for ever earlier determinants of adult behavior, with the subsequent downgrading of the importance of the unique contribution of later postoedipal phases, including adolescence. Peter Blos, Jr. (1990) refers to this as a "reductionistic tendency" (p. 78) in which patient and therapist collude to avoid adolescent material and conflicts. "Adolescence," he avers, "is not just old wine in new bottles" (p. 193).

We summarize below three aspects of adolescence, which we think make teenagers particularly vulnerable to trauma. They are (1) increased internal stimulation simultaneous with decreased availability of auxiliary ego and superego figures; (2) the possibility of putting wishes into action, which was not available in childhood; and (3) the increased likelihood of traumatization by deferred action under the impact of this reality.

First, teenagers have to deal with the increased internal stimulation associated with pubertal development at a time when there is cultural and peer pressure to separate from the parents who have functioned as a "protective shield" (Freud, 1920, p. 29) against excessive stimulation. Furthermore, adolescents often struggle to avoid responsibility (see below) by externalizing the superego on to groups, gangs, and idols who may advocate heightened stimulation. The model for reducing internal stimulation in an attempt at mastery is to increase external stimulation, as if the inner urges could be somehow drowned out by the loudness of music, the rush and danger of roller coaster rides, horror movies, raves, drugs, dangerous or reckless sports, minor delinquency, and so forth. The group is there to pressure the adolescent to master external stimuli together, in preference to and avoidance of the lonely individual task of mastering increased internal urges.

Second, the major reality of adolescence is that fantasies and wishes can be put into action. For the first time, children become completely responsible for their actions and the consequences of their actions. Rather than physiological changes, it is actually the assumption of responsibility that

marks the end of childhood, a fact enshrined in the practices, rituals, moral precepts, and legal codes of most societies. It is the reality of the adolescent's capacity for action and responsibility for consequences that ordinarily leads to the reinternalization of a more reality-attuned superego. But it is equally the weight of this reality that often pushes an adolescent temporarily to externalize the superego or be pulled toward an omnipotent solution. This lends a particular urgency to the adolescent task of setting aside omnipotent beliefs.

In a series of articles we have stressed the adolescent developmental task of setting aside omnipotent self- and object-representations (Novick and Novick, 1991, 1994). In 1994 we said, "Unrealistic, omnipotent [fantasy] solutions may be maintained through the latency years, but adolescent changes make it increasingly difficult to deny, distort, or avoid reality. The reality of adolescent growth, with the capacity to put wishes into action, demands transformation of earlier [fantasy] solutions" (p. 162). In our more recent work (Novick and Novick, 1972, 2000b), we distinguish between fantasy and belief, hence our brackets in the above quote. We now restrict the term fantasy to a conscious daydream that includes an awareness of the distinction between real and pretend. A fantasy can have omnipotent content or an omnipotent quality—that is, contain a wish for omnipotence—but this is not the same as an omnipotent belief, a conviction that the self or another is omnipotent. "We define omnipotence as a conscious or unconscious belief in the power to control others, to hurt them, to force them to submit to one's desires, ultimately probably to force the mother to be a "good enough," competent, protective, and loving parent" (Novick and Novick, 2000b, p. 6). Omnipotent beliefs are created in response to reality failures in order to protect the person from physical or psychological trauma. As such, the individual who feels in danger of being overwhelmed clings to omnipotent beliefs.

Adolescents are very vulnerable to such anxiety, faced as they are with powerful inner urges, the loss of support from the parental relationship, and the decrease in inner controls consequent on externalizing their superegos in the effort to master stimuli. Each of the adolescent developmental tasks (Novick and Novick, 1994) confronts an omnipotent belief and thus leaves the young person prey to anxiety about being overwhelmed. But each also points the way to an alternative, reality-attuned, competent "open system" (Novick and Novick, 2000b) response to the challenge of the transformations needed for progression to adulthood.

The ownership of the mature body requires relinquishing the omnipotent belief that one can be both a man and a woman. But doing so leads the adolescent into the richness, joy, and sadness of sex, love, commitment, parenthood, and so on. The experience of mature sexual pleasure renders

untenable the omnipotent notion of oedipal equality and denial of generational difference. Setting aside that omnipotent delusion need not be traumatic, as feared. Rather, it opens the door to adult pleasures and mature relationships with peers. Coalescence of a unique, autonomous identity involves setting aside the omnipotent belief that the self and the primary object are fused in a symbiotic union, unable to function independently. The freedom consequent on being able to set this belief aside is self-evident. The open, competent, creative system of self-esteem regulation requires an acceptance of the realities of time, choice, and limitations of the self and others. But to do so means setting aside the omnipotent beliefs that one need never have to choose, or give up anything, grow up, grow old, or die.

The two factors discussed above contribute to the ordinary vulnerability of all adolescents to feeling overwhelmed. There is even greater danger when a child enters adolescence already handicapped by reliance on omnipotent defensive belief systems to regulate his wishes and feelings. The child who has not been able to use latency to forge a realistic relationship with himself and others may face puberty with the defensive omnipotent belief that he can do anything, whatever he wants, whenever, and to whomever. This becomes traumatically terrifying when it is really possible to put wishes into action. At the same time, life keeps contradicting such beliefs, as the adolescent comes up against reality limitations in himself and others. Much adolescent pathology, such as suicide, self-mutilation, eating disorders, rapid repeat pregnancy, and other pathological uses of the body, represents desperate efforts to maintain omnipotent defenses against being overwhelmed by wishes or feelings of guilt or shame. At the other extreme, the protective measures can take the form of a shutting down of adolescent vitality, with a retreat to a withdrawn, depressed, inhibited, isolated, ascetic hyperintellectualism, such as described by Anna Freud (1936).

The third aspect that can predispose to adolescent trauma is deferred action, which interferes with the developmental task of reality integration. Let us exemplify this first by sharing a somewhat unusual consultation experience.¹ We were asked for help by the parents of eight high school seniors, five boys and three girls. All eight were high-functioning teenagers doing well at school, and all had been accepted at university and were looking forward to leaving in the fall. In the early spring of the year they each began developing acute phobic symptoms. All 8 became afraid of the dark, wanted lights on at night, and all of them were afraid to go down to the basement. Some had nightmares and others had other anxiety-related symptoms. Each set of parents was at a loss, as none of these children had shown any such fears in childhood. Then by chance two of the parents talked about their children and realized that the children had similar fears.

They immediately recalled that both children had been in grade school together at the time of a dramatic tragic event. They called other parents of children in that class and found six more teenagers with the same fears, so they thought they had better ask for professional advice before they went any further. The eight children had been in the same elementary school when a revenge murder wiped out the parents and four of six children in a family living at the edge of the school playground.

The killers had broken into the house and had waited in the basement until everyone was asleep, then systematically shot the parents and their six children. Two of the children survived near-fatal wounds by pretending to be dead. This sensational story had been on television and in the newspapers so no one was shielded from the most intimate details of the disaster. The eight children, like most of the children in the class, were upset and frightened, and teachers and parents made an effort to help them. They had professional advice at the time, did what seemed appropriate, and after a brief time the children seemed to return to normal. Parents were told to be alert to any changes in behavior and any signs of anxiety. The parents of these eight children said that there were no signs of any disturbances in functioning.

They all entered puberty without difficulty, settled into active, productive high school careers and seemed set on the next stage of life when, separately and unknown to each other, they all developed phobias of the dark and of the basement. There had been no mention of the event by anyone, there seemed nothing external to reawaken the memory, yet each adolescent was reacting as if the event had just occurred. Further, they were reacting in a way not seen at the time of the actual event. At that time they had been upset and frightened of the killers but could be readily comforted and reassured. Now, 10 years later, they were feeling helpless, overwhelmed, terrified, and unable to be consoled.

We did not have these teenagers in analysis, so our construction should be taken as an educated guess, but one that had the effect of setting the adolescents back on their developmental path with no recurrence of anxiety. They went off to college, settled in well, and on last report, 6 years later, had no complaints.

To us this was an example of deferred action, the reorganization of memory in the light of the reality of adolescence. They had never repressed the tragic event, but, except for the understandable fear that the killers would murder other families, the event had no connection with internal realities. A major internal reality in their senior year of high school was leaving home, and the reality of separation connected them to the killing.

The two children who had survived were adolescents. The external tragedy validated a frequent adolescent omnipotent belief that separation in-

volves hostility, even death. The hostility derives from early childhood anger at being left. At adolescence the tables are turned, and as one 18-year-old patient said, "I've become the evil leaver." If the little child experienced murderous rage, adolescence makes murder a real possibility. In addition, the reality of adolescent entry into physical maturity coincides with the beginning of physical decline in parents, with its corresponding implication of death and loss. Winnicott noted, "It is valuable to compare adolescent ideas with those of childhood. If in the fantasy of early growth there is contained death, then at adolescence there is contained murder" (1969, p. 752). The capacity for sexual and aggressive action is a reality the adolescent must integrate, and he can do so only if he sets aside the omnipotent belief that no one can stop him, not even himself. The eight teenagers were now not only capable of and responsible for separating, they were also capable of murder, a direct internal link to the event they had passively experienced as children. The full impact of the events of separation, murder, and loss was deferred for these young people until the realities of adolescence gave them new meaning, which then intensified anxiety to traumatic levels.

Our second illustration is from published clinical material and biographies of a famous man. He was the first, beloved son of a devoted mother and a loving father. His mother was told by an old woman that her son would be a great man. This made her proud and the happy mother believed firmly in the prediction. A younger brother was born when he was 11 months old but died 8 months later. Through analysis of his dreams the man could recover memories of his jealousy and evil wishes toward his rival; their fulfillment at his death left the man with life-long feelings of self-reproach. He also recalled sexual wishes toward his mother when he was two and a half and saw her naked, and he could recall going into his parents' bedroom out of sexual curiosity and being ordered out by his irate father. Preschool and early childhood memories revolved around incidents of bed wetting that involved deliberate hostility, humiliation, and attempts at restitution. Recurrent anxiety dreams of failure and a life-long need to prove that he was a worthwhile person were traced to these incidents. After his death numerous biographies were written about this famous man and, in each, much was made of these memories from infancy and early childhood.

We are sure that this famous man is recognizable, especially since the memory of his father's response to the hostile urination is a famous false prophecy and the title of Shengold's book on Freud, *The Boy Will Come to Nothing* (1993). Shengold viewed this event as "one of the really climactic experiences of disillusion" (p. 13), and Freud, too, viewed his father's angry prophecy as playing a crucial, determining role in his life. All of Freud's

biographers accept this assessment for they have learned from Freud that the critical determinants of adult personality occur in childhood. However, analysts and Freud's biographers at times forget that Freud also assigned crucial importance to postoedipal developments. The theory of deferred action should alert us to the possibility that later events, especially those in adolescence, can be central to reshaping earlier memories and even bringing earlier painful experiences to a level of traumatic intensity. We should remember that deferred action can occur at any phase in the life cycle. Freud's example is about a preschooler, our published illustration is of a school-aged child (Novick and Novick, 1994) and the literature on post-traumatic stress syndrome in adults contains many illustrations of Freud's theory of *nachträglichkeit*.

But this article is about trauma and deferred action in *adolescence*. None of Freud's biographers has paid much attention to Freud's adolescence. Even Peter Gay, who had access to important new material about this period of Freud's life, relegated the adolescent events to a rite of passage, a revival of oedipal fantasies, an experience of puppy love to be laughed at and forgotten (Gay, 1988). Peter Gay is an eminent historian who was trained at a major psychoanalytic institute, so his attitude toward Freud's adolescence is likely to represent the traditional theory of development, the view that memories from latency and adolescence are defensive screens for the more important oedipal and preoedipal memories and experiences.

The recent discovery and publication of Freud's adolescent letters provides us with important details of Freud's adolescence (Freud, 1871–1888). The story in brief is that when Freud was 16 he summered at the home of his good friend Emil Flusse and then fell in love with Emil's 13-year-old sister Gisela. Nothing transpired; Freud said he was too bashful and shy to say a word to her. Freud referred to some joke Gisela played on him before her return to school. Freud seemed to have minimized the episode as his first calf love. Eleven years later, in a letter to Martha (Freud, 1883), he dismissed it and asked Martha to have a good laugh at him because of his poor taste and because he had never spoken a meaningful word to the child. In a letter to Emil Flusse he assured him that the whole affair was not at all serious. He referred to Gisela as "ichthyosaura" and wrote that he and Silberstein had torn the poor creature to shreds.

His letters to his teenage friend Silberstein tell a different story. "Gisela's beauty," he wrote, "is wild, I might say Thracian" (Freud, 1872, p. 18). When she left he spoke of his turbulent thoughts; his feelings quickly ran from expressions of passionate love to desperate feelings of suicidal despair, and finally settled on a stream of sarcasm and scorn whenever he referred to her. When he learned of Gisela's purported marriage at 16, he wrote a witty, scathing epithalamium and then in a postscript proclaimed,

“may a new age begin without forces working in secret, that has no need of poetry and fantasy!” (ibid, 1875, p. 138). Eissler (1978) suggests that this first experience of love was traumatic for Freud. For the next 10 years he avoided the company of women and gave up law in order to study medicine. Eissler called this decision odd and outlandish. He said that the adolescent Freud had thrown his treasure of innate talents to the winds and chosen a field of study that did not provide for either his literary talents or his imagination. The impact of the Gisela episode continued well into his later years; the patient he described in “Screen Memories” (1899) when he was 43 and had already been married for 13 years was a further reworking of that adolescent trauma.

Was this a revival of an earlier trauma, possibly sexual seduction or overstimulation by nurses as suggested by some? Experiences of loss, death, overstimulation, perhaps even seduction, were present in Freud’s early life, but there is no evidence that these events separately or cumulatively overwhelmed his ego, breached his defenses, or left him helpless and unable to cope. In other words, there is no evidence of childhood trauma, but the evidence clearly points to trauma at adolescence, even though the immediate cause, the first experience of an adolescent crush, seems to be too minor an event to warrant such a conclusion. But this concatenation of events and reaction underscores the fact that the psychoanalytic idea of trauma refers to an internal occurrence and not an external event.

Freud wanted to be a hero, a leader of men. The way would have been through law and then a political career. The Gisela episode turned him away from his ambitions, his natural inclination toward the humanities and what seemed, during childhood and early adolescence, to be a self-confident, joyful engagement with life, including sexuality. Following his renunciation of fantasies and poetry he embarked on a life of abstinence, self-deprivation, and sexual inhibition. He received a research grant while in medical school, and he used it to engage in a study of the reproductive organs of eels. He did this research in Trieste and at first saw beautiful women from afar but then saw none at all as he turned them into ugly prostitutes—just as he had turned Gisela into an ugly, denigrated woman in order to deal with his impulses.

What happened? We can only speculate. But let us put together his screen memory of being rough with a young female cousin, the roughness of his speech when he turns against Gisela in his letters, and the shocking way he treated Dora, the 16-year-old who came to him for help soon after he published his reworking of the Gisela episode in “Screen Memories” (1899). Then we can guess that the reality of adolescent sexuality and aggression, together with the inability to set aside omnipotent childhood beliefs, may through deferred action have given his sexual impulses a sadistic

coloration. The real possibility of actualizing his sadistic fantasies may have overwhelmed him and necessitated a major shutdown of his impulse life.

All psychoanalytic concepts tend to carry and acquire excess meaning, and this is especially so for those that go back to early Freud. Thomä and Cheshire (1991), in an article supporting the value of the theory of deferred action, nevertheless point to the many difficulties in this concept. Blum avers that "Deferred action is an ambiguous concept, a dubious, antiquated, theoretical legacy" (1996, p. 1155). But, with reference to our views on developmental transformations (Novick and Novick, 1994), he also states that deferred action is a precursor of "the contemporary concept of developmental transformation" (p. 1155). In complete agreement with Blum we would reserve the term as a reference to these developmental transformations. We have written about the decline in the application of the developmental point of view in a full metapsychological description (Novick and Novick, 1996a, 2000). The concept of *nachträglichkeit* or deferred action adds weight to our contention that the past transforms and is transformed by the present, that the search for a single determinant of later pathology is simplistic, and that no one phase or event has preeminence over any other. A particular sequence of events in the analysis of an adolescent may serve to illustrate this notion of deferred action and how it can help the analyst appreciate the transformative impact of both past and present.

Mike, as we will call this young man, first came to see me [JN] as a 17-year-old freshman, because he could not decide whether to stay in his fraternity or not, which courses to take, which girl to date, and whether he should transfer to a smaller college or not. He was driving his parents to distraction with his constant phone calls and requests for answers; it was they who suggested that he seek an evaluation.

Tall, angular, with darting eyes and shoulder-length cascading curls, Mike commanded attention in an odd sort of way. For the first part of the initial meeting he was such a jumbled mixture of words, gestures, and emotions that I didn't know if he was totally drugged out, or in a disintegrating panic, or having me on. He spoke of being filled with "an energy," and this, he said, was part of his appeal. He mentioned MTV and I told him that I was not part of the MTV generation and I found him confusing. I appreciated his energy, but without form or structure I couldn't relate to him. He slowed down and soon began to work. Mike was the younger of two children in a middle-class family. His father was a successful businessman and his mother was a homemaker. There seemed to be nothing noteworthy in his development except for the burden of being raised by sophisticated, loving parents who felt that saying no to their child might damage him. He did not perform well in high school and ended up with a less

than respectable GPA. He was accepted in college mainly on the basis of exceptionally high SAT scores.

As his analysis got under way, Mike realized that he was pushed by a desperate need to be the star and suck up all the attention. Mike found through the analytic work that he actually had internal sources of self-esteem, independent of the applause of the audience. He discovered that he had a mind, and the joy of using his mind began to compete with the triumph of acclaim. He began to talk of pleasure in the process and how different it was from the anxiety about the outcome. At the end of one session he said, "this was hard, it was work, but it feels good. I never thought that I would say that it feels good to work." This newfound joy was contrasted with the rush of a drug high or the out-of-control frenzy of a drunken party.

During the first few years of analysis he had engaged in frequent drunken sexual encounters with women he barely knew and seldom saw again. It had not been unusual for him to start a Monday session by saying, "I went to a party and hooked up with this girl and she gave me a blow job. I think she did, I was too wasted to remember." On the few occasions he had intercourse, he ejaculated as soon as he entered. He did not report any overt sexual anxiety, and he thought that his problem was a fear of commitment and growing up. But he found these sexual activities meaningless. For much of his third year of college he concentrated on his studies, his extracurricular activities, and his male friends. He had a few female friends, he imagined having a more serious relationship with them but never did more than kiss them.

The events we describe here took place at the beginning of his senior year. For some time Mike had maintained a 4-point average and felt focused and proud of his achievements. He seldom took drugs, and drinking was confined to weekends. He had a few close friends and enjoyed conversations with them. But, as he said, "I still don't have a girlfriend." He was aware that this was an internal problem, that he was avoiding a sustained, intimate relationship with a woman.

He met a young woman and decided to allow the relationship to build slowly rather than rush in and rush out as he had done before. She was intelligent and he began to appreciate her as a friend as well as a potential sexual partner. He told her his problem and she agreed to take things as slowly as necessary. Over the next weeks the relationship seemed to evolve and deepen, and gradually they included physical intimacy in their interaction. They hugged, cuddled, and then she gratified him through fellatio. All seemed to be progressing well, and then she said that he was ignoring her and not providing her with sexual release. She didn't expect intercourse, but she did want him to stimulate her vagina with his hand and mouth.

However, when he tried, he became completely overwhelmed. He told me that after his attempt he couldn't talk to her, couldn't sleep, paced the room most of the night, and felt in a total panic. He could not remember ever having felt so frightened or so helpless. When I saw him on Monday, two days after the experience of being traumatized, he still looked terrified. He had resorted to drugs and alcohol to calm down, but he did not feel relieved until he had sent his girlfriend home with the unspoken thought that he never wanted to see her again. "It's the vagina," he said, "I was freaked out by her pussy."

Before discussing the relation of this material to the topic of trauma, deferred action, and the reality of adolescence let us note that near the end of the first year of Mike's analysis I had submitted a detailed description of his symptoms and behavior to his insurance company in order to help his family obtain further insurance coverage. (Of course this was done at Mike's request and with his full participation.) The report was followed by a 30-minute telephone interview in which the company psychiatrist returned repeatedly to the idea that the patient had been sexually abused as a child and would benefit from work with a recovered memory specialist. At the time I did not dispute the hypothesis but pointed to the progress he was making under the current approach. So there we were, 2 years later, and he had become traumatized at the sight of female genitals. Was this the revival of an earlier traumatic experience? Was the current overwhelming the revival of oedipal or preoedipal experiences of real sexual abuse and/or overwhelming fantasies and anxieties? We will probably never know for certain, but a theory of deferred action turns our attention to what may be happening in the present and how a new piece of developmental reality may transform past experiences.

In Mike's case, transference material elucidated his childhood rage in response to his mother's intermittent emotional availability (Furman and Furman, 1984). He resorted to an omnipotent belief in his capacity to control others' attention as a protection against trauma. His girlfriend's insistence that he take her sexual needs into account made him face a reality he could hitherto deny. "What scared me," he said, "was not her vagina—what's scary about a vagina? What scared me was the fact that she was a separate, different person with her own feelings, not at all under my control. In my bullshit system of illusion and magic everybody is the same and the entire audience is there to cheer *me*. They have no real existence except to yell at my touchdown on Super Sunday." He went on to say that, as he thinks of the fantasies in his "bullshit system," he realizes that everything could be done by a 10-year-old school child. Even his sexual activities were things he got done to him like a little boy who gets his mother to make him dinner. "It was fine when she gave me head, but then she wanted

pleasure. Giving me pleasure wasn't enough, she wanted her own and I didn't know how." He looked thoughtful and said, "I feel sad. I'm feeling things I never let myself feel. This bullshit system is pathetic. I want to get rid of it."

He went back to her and said that he wanted to learn how to love her, find out what she enjoys, and how to accept her as some one separate and different. He was very proud of the changes. "It's work," he said. "Sometimes I get tired and sometimes my penis hurts and I still have a way to go, but it's so different and so nice to feel us getting into a rhythm, to feel my pleasure and see her pleasure. But I realized as I was kissing her that I don't know what she *really* feels—we're each alone in our bodies."

The theory of deferred action adds complexity to the oversimplified view that pure authentic memories of infantile or childhood traumas, such as sexual abuse, can be recovered in treatment. There are numerous patients who have continuous memories of earlier child abuse, there may be some who during therapy recover authentic memories of overwhelming external events, and there are those who recall childhood abuse when no evidence exists for such an occurrence. The theory of deferred action adds the further wrinkle that whether or not intense events occurred in childhood, there may not be trauma until adolescence. In such cases the memory traces of intense external childhood events, hostile omnipotent defense against helplessness, and the reality of the adolescent capacity to put wishes into action may interact to produce a traumatic state, which then invokes further pathological solutions. Such patients, when seen as adults, may tend to look for determinants in the recesses of childhood where they can present themselves as innocent victims. In Mike's case his girlfriend's legitimate sexual demands confronted his omnipotent belief that he was in total control of people's feelings, that others existed only to gratify his needs. As a school child he could maintain this conviction unchallenged, but the reality of adolescent relationships, his attachment to his girlfriend, his developmentally appropriate yet new desire to please his girlfriend, and his analyst confronted his schoolboy idea that he need never grow up, that he could satisfy all his needs without work, effort, growth, or recognition of the separate existence of others. If he were to move forward and engage with the reality of adolescence, Mike would have to set aside the illusory safety of his childhood omnipotent belief. This was the main cause of his traumatic reaction to his girlfriend's sexual request.

The reality of adolescent growth not only involves setting aside childhood beliefs and fantasies but also, in doing so, allows for the experience of reality attuned sources of self-esteem, pleasure, and safety. In our studies of sadomasochism (Novick and Novick, 1972, 1987, 1991, 1994, 1996a, 1996b, 1996c, 1997a, 1997b, 1997c, 2000a, 2000b, 2000) we have de-

scribed and explored two systems of conflict resolution and self-esteem regulation. One assumes a developmental path in which adaptive solutions to conflict may be achieved throughout life in an open, competent system of self-regulation based on respectful, pleasurable, and mutually enhancing relationships formed through realistic perceptions of separate, autonomous individuals. Equally available to each person throughout development is a closed, omnipotent, sadomasochistic system where pain is actively sought and created to turn the experience of helplessness into a hostile omnipotent defense. As Mike felt more secure in the open system of living he could explore more fully the closed system of hostile omnipotent control of others, the "bullshit system" as he called it. In particular he could explore and experience the way in which the closed system had been used to protect him from anxiety about being overwhelmed by childhood feelings of disappointment, loss, deprivation, and rage.

In this article we have taken another look at the psychoanalytic conceptualizations of trauma and deferred action in order to explore how they relate to the reality of adolescence. The real characteristics of adolescence render young people vulnerable to trauma, that is, to the experience of being overwhelmed by intense inner stimulation. We noted that the psychoanalytic view of trauma puts the *ego experience of helplessness* at the center, which means that a person may react to major external events with or without trauma or to objectively minor happenings by feeling overwhelmed. The conventional psychoanalytic explanation for the latter has been that seemingly uncatastrophic external events (for example, a girlfriend breaking up the relationship) become traumatic only if they revive the memory of an earlier trauma. Here we present an alternative view of trauma in adolescence.

The reality of adolescence is that fantasies and wishes can be put into action, and for the first time, children become completely responsible for their actions and the results of their actions. This assumption of responsibility marks the genuine end of childhood. The possibility of a reinternalization of a mature, benign, and controlling superego is the alternative to maintenance of pathological, defensive, omnipotent beliefs, designed to protect against the possibility of being overwhelmed by impulses and feelings. We think that these realities may predispose adolescents to the deferred activation of earlier experience, raising the impact of those experiences to traumatic intensity. Thus there is an interaction in both directions between the past and the present for adolescents. Early intense experiences may make the young person sensitive, but the special vulnerabilities of adolescence may render childhood experiences traumatic in the light of the present issues of adolescence. Adolescence is a time of looking back and

forward both – the adolescent experience of trauma captures this duality in all its complexity.

NOTE

1. An earlier version of this material was presented by Jack Novick in relation to abuse and recovered memories at meetings of the American Psychoanalytic Association Workshop Series in Miami, Florida, and Houston, Texas, in 1994 and 1995, and as the Hadden Memorial Lecture, Hanna Perkins Center, Cleveland, April 1997. The Hadden Lecture was published in the journal of the Hanna Perkins Center, *Child Analysis*, 1999. We thank the editors for permission to reprint sections of that article.

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