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Nachträglichkeit: A Freudian perspective on delayed traumatic reactions

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Abstract

The Freudian concept of *Nachträglichkeit* is central to the psychoanalytical understanding of trauma. However, it has not received much attention within the contemporary field of trauma studies. This paper attempts to reconstruct the logic inherent to this concept by examining Freud's remarks on the case of Emma. Furthermore, it is argued that *Nachträglichkeit* offers an interesting perspective on both (a) the well-established yet controversial finding that traumatic reactions sometimes follow in the wake of non-Criterion A events (so-called minor stressors or life events) and (b) the often-neglected phenomenon of delayed-onset PTSD. These two phenomena will appear to be related in some instances. *Nachträglichkeit* clarifies one way in which traumatic encounters are mediated by subjective dimensions above and beyond the objective particularities of both the event and the person. It demonstrates that the subjective impact of an event is not given once and for all but is malleable by subsequent experiences.

Keywords

après-coup, Criterion A, deferred action, delayed-onset PTSD, Freud, Lacan, life events, *Nachträglichkeit*, psychological trauma

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In 1980, *Post-Traumatic Stress Disorder* (PTSD) was included as a new diagnostic category in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III; American Psychiatric Association, 1980). The diagnosis rests on the core assumption that a diverse yet limited set of traumatic events (defined in Criterion A: the "stressor criterion") is causally linked to a distinct clinical syndrome (Criteria B through D: the "symptom criteria"; Rosen & Lilienfeld, 2008, p. 839). The DSM explicitly adopts a restrictive approach to the stressor by defining a set of requirements that an event must meet in order to be acknowledged as "traumatic."[1] In other words, the fact that an experience directly precedes the emergence of traumatic symptoms does not suffice for it to qualify as a traumatic event. Although the exact definition of Criterion A has changed considerably throughout subsequent editions of the DSM, this particular assumption has always been retained (APA, 1987, 1994, 2000, 2013). Consequently, according to the DSM, cases where the full clinical picture of PTSD develops in the aftermath of an event that does not meet Criterion A (referred to as non-Criterion A events, life events, or minor stressors) ought to be classified as Adjustment Disorder (AD) rather than PTSD (APA, 1987, p. 249)—since there can only be a post-traumatic syndrome in the aftermath of a "truly" traumatic event. The DSM thus implies that the traumatogenic potential of an event can be deduced a priori by charting the objective particularities of the situation. More specifically, an event is considered to be (potentially) traumatic only if it involves a confrontation with actual or threatened death or (sexual) violence (APA, 2013). The rationale for this approach rests on the belief that Criterion A events have a unique etiological effect in comparison to less dramatic life events, "and that there is a quantitatively and qualitatively different relationship between these two types of events and consequent psychopathology" (Van Hooff, McFarlane, Baur, Abraham, & Barnes, 2009, p. 77). More precisely, the central claim is that individual vulnerability plays a less important role in precipitating PTSD than in bringing about other psychiatric disorders (McFarlane & de Girolamo, 2007, p. 137). Put simply, PTSD is caused by the objective particularities of the event as such, while in AD a subjective vulnerability factor plays a more prominent role.

Such a view is partly supported by the finding that the probability of developing PTSD is dependent on the type of event involved: some events (such as torture) produce the disorder more frequently than others (e.g., car accidents), suggesting that there is something traumatogenic inherent to these events (without any reference to the affected person). The observed differences in conditional probability for developing PTSD represent one possible measure for "trauma severity." Significantly, sexual assault has been consistently found to be the most pathogenic stressor among participants of general population surveys (Breslau, Troost, Bohnert, & Luo, 2013). However, it should be noted that conceptually "there is no true objective assessment of severity that is totally divorced from response, because a rough assessment of the modal response to any particular event is typically understood to be a rough index of its severity" (Ozer, Best, Lipsey, & Weiss, 2003, p. 69).[2] The idea of trauma severity is tied to the conception of a dose-response relationship between traumatic event and subsequent pathology, which underpins the central claim of the PTSD construct.

A study of the history of the concept of psychological trauma reveals that the introduction of PTSD in DSM-III put a provisional end to the long-lasting debate concerning

the relative contribution of the event and the characteristics of the person as etiological factors in favor of the event (Fassin & Rechtman, 2009, pp. 77–97; Luckhurst, 2008, pp. 59–76). The text of DSM-IV-TR clarifies that the nature of the exposure to the traumatic event provides the most important factor to account for the likelihood of developing the disorder (APA, 2000, p. 466), an idea that has become generally accepted in Western society (Fassin & Rechtman, 2009, p. 4). As a direct result of this claim, the PTSD diagnosis wields an enormous political and juridical power. It has often been remarked that it is rare to find a psychiatric diagnosis that anyone would like to have, but that PTSD is one of them (Andreasen, 1995). For many people, the diagnosis of PTSD serves as an important tool for acknowledging their distress and determining liability, and the construct has had a dramatic impact on forensic psychiatry and law (Pitman, Sparr, Saunders, & McFarlane, 2007). Because it is suggested that subjective vulnerability plays a negligible role in developing PTSD, the responsibility for the distress can be attributed to an external agent that will then be required to provide some form of restitution. Should less severe stressors be acknowledged to cause PTSD, then the causal emphasis risks being shifted away from the stressor towards personal predispositions and frailties. This would "undermine the very rationale for having a diagnosis of PTSD in the first place" (McNally, 2009, p. 598). Hence, a restrictive stressor criterion has been retained in the recently released fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; APA, 2013), despite many criticisms. It is feared that adopting a non-restrictive approach to the stressor would "trivialize the PTSD diagnosis and defeat the purpose of the original DSM III construct by permitting people exposed to less stressful events to meet the A Criterion" (Friedman, Resick, Bryant, & Brewin, 2011, p. 753).

However, empirical research does not corroborate the idea that traumatic pathology is limited to a well-defined set of events. It is a robust finding that Criterion A events do not lead to long-term psychological distress in the majority of cases (McFarlane & de Girolamo, 2007; Rosen & Lilienfeld, 2008; Shalev, 2007). Conversely, a variety of non-Criterion A events have been consistently reported to potentially produce the full clinical picture of PTSD (Rosen & Lilienfeld, 2008). Van Hooff et al. (2009) found that the majority of studies "reported similar or greater mean PTSD scores and/or PTSD prevalence in individuals reporting non-traumatic life events compared to those who report Criterion A1-events" (p. 78).[3] Criterion A is thus neither a sufficient nor a necessary condition for developing the clinical syndrome of PTSD. Consequently, considerable debate exists about whether or not non-Criterion A events should be accepted as traumatic stressors (Van Hooff et al., 2009). As empirical evidence showed that traumatic pathology cannot be accurately predicted on the basis of event characteristics alone, researchers attempted to identify resilience and vulnerability factors of the affected person that influences clinical outcome. However, in a comprehensive review Ozer et al. (2003) concluded that less than 20% of the total variance in clinical outcome after experiencing a traumatic event can be explained by the combination of all hitherto-known predictors (particularities of both the event *and* the person). The other 80% is unaccounted for, which basically means that it is impossible to predict who will develop traumatic pathology after which event. Ozer et al. (2003) conclude that this is consistent with the possibility that "factors unique to the combination of the person exposed and the nature of the exposure are the determining factors in understanding who becomes

symptomatic and who does not" (p. 66). In other words, traumatic pathology is the result of a highly personal, subjective encounter that cannot be reduced to a calculus of objective parameters. This is corroborated by the finding that it is not the nature of the event per se but rather the individual's emotional response that is associated with PTSD symptoms (Boals & Schuettler, 2009; Maercker, Beauducel, & Schützwohl, 2000). Accumulating empirical evidence points in this direction as it suggests that subjective interpretation plays an important part in precipitating PTSD (Boals & Schuettler, 2009; Ehlers & Clark, 2000; van der Kolk, McFarlane, & Weisaeth, 2007). These findings call into question the centrality of the nature of the external event and of a simple dose-response relationship to account for traumatic pathology, while pointing to the importance of psychological factors. Conceptual analysis is needed in order to interpret the results of these empirical studies. In this paper, Freud's notion of *Nachträglichkeit* is deployed precisely to allow us to envisage one possible manner in which subjective interpretation intervenes in the etiology of traumatic pathology.

A second and related controversy concerns the phenomenon of delayed-onset PTSD. This refers to individuals with persistent PTSD who reported no or few symptoms in the first weeks, months, or even years following the event. DSM-IV defines delayed-onset PTSD as the development of the clinical syndrome 6 months or more after the traumatic event, although the evidence base for this cut-off was negligible (Carty, O'Donnell, & Creamer, 2006). The phenomenon of a "delayed reaction" to trauma has been described as a core feature of traumatic pathology throughout its entire history (Fassin & Rechtman, 2009; Luckhurst, 2008; Young, 1995), and contemporary empirical studies have also confirmed the importance of this phenomenon (Andrews, Brewin, Philpott, & Stewart, 2007; Berninger et al., 2010; Carty et al., 2006; Yehuda et al., 2009). A systematic review concluded that, on average, 38.2% and 15% of PTSD cases are delayed in military and civilian samples respectively (Andrews et al., 2007). Despite the historical and clinical relevance of this phenomenon, few studies have taken delayed-onset PTSD as their primary focus, and little is known about what distinguishes the delayed- and immediate-onset forms of the disorder (Andrews et al., 2007). Ehlers and Clark (2000) have proposed an influential cognitive theory on the development of PTSD which also addresses delayed reactions. They suggest that delayed-onset PTSD may develop in some people due to a subsequent event which gives the original trauma a more threatening meaning. The temporal dynamic involved in Freud's concept of *Nachträglichkeit* dovetails with this cognitive re-appraisal model of delayed traumatic reactions, while adding important nuances and subtleties to it.

The central claim of this article is that *Nachträglichkeit* provides interesting perspectives on both traumatic reactions following non-Criterion A events and delayed-onset PTSD—two phenomena that will appear to be related in some instances. In both cases, the concept introduces one possible mechanism by which subjective interpretation intervenes in the etiology of trauma—above and beyond the objective characteristics of the event and the person. *Nachträglichkeit* was chosen because it is central to the psychoanalytical understanding of trauma. Despite the overall acknowledgment of the impact of psychoanalysis on the history of trauma studies, *Nachträglichkeit* itself has not received much attention within this field. This might be due to the inconsistent and more or less problematic translations of the term (a neologism coined by Freud), which include

"deferred action," "*après-coup*," "afterwardsness," "retroactive temporality," "belatedness," "latency," and "retrospective attribution" (Eickhoff, 2006). These translations generally emphasize only one aspect of the far-reaching implications of this construct, thereby obscuring other relevant dimensions. Therefore, in what follows, we opt to retain the original term. The notion of *Nachträglichkeit* was primarily elaborated through Freud's work on psychological trauma, which in turn is deeply intertwined with his study of hysteria. This work will be the starting point for our reconstruction of the logic of the construct. Subsequently, we briefly turn to Jacques Lacan's logic of signification (Lacan, 1957/2006a, 1957/2006c, 1957–58, 1960/2006e) in order to further clarify the manner in which subjective interpretation plays a part in certain instances of traumatic pathology.

Nachträglichkeit: The case of Emma

Freud developed his theories of both psychological trauma and hysteria simultaneously, mainly in two articles on the "Neuro-Psychoses of Defence" (Freud, 1894/1975c; 1896/1975e) and also in his co-publications with Josef Breuer (Freud & Breuer, 1893-1895/1975b). For Freud, every case of hysteria "can be looked upon as traumatic hysteria in the sense of implying a psychical trauma" (1893/1975b, p. 34). In making this assumption, he was strongly influenced by the ideas of French neuropathologist Jean-Martin Charcot on traumatic hysteria (Libbrecht & Quackelbeen, 1995). Freud was convinced that patients with hysteria suffered from psychological traumata that had not been sufficiently abreacted (Freud, 1893/1975b, p. 38). Interestingly, he found that each hysterical symptom was due to a psychic trauma reviving an earlier traumatic event. At this point, he introduced the notion of *Nachträglichkeit* to explain the mechanism of the symptom formation in these patients. Essential to this notion is that an initial event only becomes traumatic, in the sense of exerting its full pathogenic power, at a later stage in psychical development, when the initial event to which the subject was unable to react adequately is revived by a subsequent encounter. *Nachträglichkeit* thus refers to the process by which pathology develops following a trauma that is constituted through *two* etiological moments instead of one (Mather & Marsden, 2004). Importantly, not the real nature of the original event is of major importance, but the way in which the experience affects the psychical being. It is not "what had happened" but the way in which the subject responded or reacted to this experience that determined the effects of the so-called traumatic encounter.

In the *Project for a Scientific Psychology* (Freud, 1895/1975a) we find a description of the case of Emma on which we wish to elaborate in order to clarify this notion. Emma Eckstein was a Viennese woman from a well-known bourgeois family who sought out Freud's help when she was 27 years old. Her treatment spanned approximately three years, from 1892 to 1895 (Appignanesi & Forrester, 2005, p. 138). At the time of her therapy with Freud, Emma was subject to a "compulsion of not being able to go into shops *alone*" (Freud, 1895/1975a, p. 353). She explained this symptom by producing a memory from the time when she was 12 years old—shortly after the onset of puberty, Freud remarks. The relevant passage reads as follows:

> She went into a shop to buy something, saw the two shop-assistants (one of whom she can remember) laughing together, and ran away in some kind of *affect of fright*. In connection with

> this, she was led to recall that the two of them were laughing at her clothes and that one of them had pleased her sexually. (Freud, 1895/1975a, p. 353)

Given as a first explanation for her pathology, this scene raises a few questions. Freud concludes that this memory explains neither the compulsion nor the determination of the symptom. However, further investigation revealed a second memory that was chronologically prior to the first:

> On two occasions when she was a child of eight she had gone into a small shop to buy some sweets, and the shopkeeper had grabbed at her genitals through her clothes. In spite of the first experience she had gone there a second time; after the second time she stopped away. (Freud, 1895/1975a, p. 354)

The production of the second memory is anticipated by the first through various associations, which Freud discusses extensively. He concludes that the laughing of the shop-assistants had unconsciously activated the older scene through the evocation of the grin with which the shopkeeper had accompanied his assault. Importantly, this reviving of the older scene "aroused what it was certainly not able at the time, a *sexual release*, which was transformed into anxiety" (Freud, 1895/1975a, p. 354). Curiously, the only element of the older scene that reached Emma's consciousness was the least significant one: her clothing. The one that actually mattered (i.e., the assault), in the sense of potentially producing an adverse effect on the girl, was thus replaced by a symbol. Freud saw as the cause of this pathological process (the repression of the important element and its replacement by a symbol) the release of sexual excitation, which somehow reached consciousness but was falsely attributed to one of the shop-assistants. For Freud, it is clear that this sexual excitation is linked

> to the memory of the assault; but it is highly noteworthy that it was not linked to the assault when this was experienced. Here we have the case of a memory arousing an affect which it did not arouse as an experience, because in the meantime the change [brought about] in puberty had made possible a different understanding of what was remembered. (Freud, 1895/1975a, p. 356)

The astonishing idea that Freud puts forward here is that "a memory is repressed which has only become a trauma by *deferred action* [*nachträglich*]"[4] (Freud, 1895/1975a, p. 356). Freud assumes that the cause of this state of things is the retardation of puberty as compared with the rest of the individual's development, because the changes of puberty bring with them a different understanding of the scene.

This clinical case represents one of the earliest formulations of the concept of *Nachträglichkeit*. Freud argued that the girl's suffering was the result of a psychic trauma—the real novelty being the mechanism he developed as to how this trauma was constituted. He stressed that the immediately preceding event could not possibly account for the enormous distress that followed it and should be given the status of mere "*agent provocateur*".[5] It is precisely the observation that "less severe stressors" can cause intense long-term psychological distress that urged Freud to infer the mechanism of *Nachträglichkeit*. The case of Emma illustrates that this concept entails the necessity of

(a) two distinct etiological moments in time, (b) separated by a delay or time lag, (c) in which the first scene initially remains without consequence, (d) but is transformed by the subsequent one, and (e) becoming traumatic in a retroactive fashion. Schematically, this theory of psychic trauma can be depicted as follows in Figure 1:

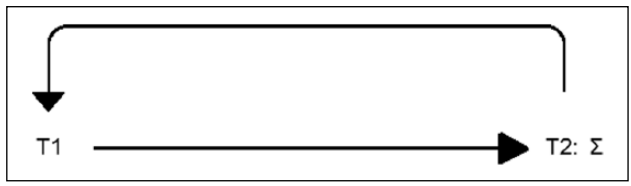

Figure 1. The logic of *Nachträglichkeit*.

T1 and T2 denote two distinct moments in time, separated by a chronological gap (symbolized by →). T2 is the moment of the traumatic event as classically understood, i.e., the scene that directly precedes the onset of traumatic symptoms, designated by Σ in Figure 1. This particular event can only be identified retroactively since there is no way of predicting which experience will be traumatogenic to whom. In the case of Emma, T2 refers to the "laughing of the shop-assistants," an experience that is directly followed by the emergence of her "compulsion." Freud's capital discovery here is that the pathological power of the second scene at T2 is derived from an earlier experience at T1. However, this first event remained without consequence for many years, indicating that it did not become "traumatic" until after its revival at T2. Freud emphasized that it was *the memory* that *became* traumatic, whereas the experience originally was not, and it did so precisely at the moment of T2. *Nachträglichkeit* thus refers to a mechanism that literally alters the subjective interpretation of the past, in such a way that this altered memory causes new and unexpected effects in the present. This is precisely the point that is missed when *Nachträglichkeit* is translated as "deferred action," since the latter suggests a commonsense, chronological, and deterministic view of subjective time. Deferred action suggests that something is deposited in the individual at T1 that suddenly detonates, like a time bomb, at T2. This is how we ordinarily understand the notion of time, in terms of *duration* with only one dimension, that of succession or diachrony (Chatel, 1995). With its conception of logical time, *Nachträglichkeit* opposes this intuitive notion of linear time. Freud's concept dictates that what is deposited at T1 only becomes "explosive" through a retroactive investment at T2. We suggest that this mechanism can be logically related to both delayed traumatic pathology and traumatic reactions following non-Criterion A events.

Nachträglichkeit, delayed-onset PTSD, and non-Criterion A events

Nachträglichkeit presupposes that the effects of a potentially traumatic experience can be delayed by several years and require a second constituent moment in order to arise. Ergo,

the belated onset of traumatic pathology does not occur at a random moment in time but is logically determined. Recent studies point in the same direction as they emphasize the importance of life events in precipitating delayed-onset PTSD (Horesh, Solomon, & Zerach, 2011). In particular, life events that are reminiscent of an original stressful experience might "activate and unmask latent psychopathology" (Horesh et al., 2011, p. 864).

> Some trauma casualties experience a long latency period during which they preserve good functioning and present little or no PTSD symptoms. However, following this period they may encounter an event (e.g. accident, death of a loved one, terror attack) that is actually or symbolically reminiscent of their traumatic event, and therefore bring it to the forefront again. (p. 864)

Likewise, Friedman et al. (2011) suggest that traumatic reactions occurring after non-Criterion A events might be due to a reviving or triggering of an earlier traumatic event. A common yet distressing life event, such as breaking up with one's best friend (Solomon & Canino, 1990), might then result in full-blown PTSD only because of its associations with a former trauma that is revived and brought to the fore again. Although the principle of *Nachträglichkeit* indeed posits that trauma is constituted in two events, in our view it is not entirely correct to say that the non-Criterion A event at T2 triggers or revives an earlier (latent) *trauma* that has already been suffered. The event at T2 does not revive dormant old wounds. Rather, it is essential to *Nachträglichkeit* that *the wound is only afflicted at T2 and not at T1*. That is to say, the wounding has not already occurred and somehow been isolated from the rest of the psychic life, as the notion of "latent psychopathology" would suggest. It is only at T2 that the original event is *rendered* traumatic, wounding the subject for the very first time. Thus, we agree that in some instances traumatic reactions following non-Criterion A events are due to an association with an older event. However, the notion of *Nachträglichkeit* suggests that in these cases the non-Criterion A event elicits the formation of a traumatic memory, rather than the reviving of an old wound that was already constituted.

Acknowledging that delayed onset is precipitated by a second event that is reminiscent of the prior one is important, but it leaves a most intriguing question unanswered: why is it that the reviving of the *memory* of the original scene causes traumatic pathology, whereas the *experience itself* did not? How can the surfacing memory produce such massive effects, while the experience itself could not? As Freud phrased it with respect to Emma: "Here we have the case of a memory arousing an affect which it did not arouse as an experience, *because in the meantime the change* [*brought about*] *by puberty had made possible a different understanding of what was remembered* [emphasis added]" (Freud, 1895/1975a, p. 356).

Thus, Freud provides us with two pointers to make sense of the retroactive reworking inherent to *Nachträglichkeit*: (a) that the first experience was somehow "missed" by the subject[6] and (b) that it is experienced belatedly by a subject that has undergone significant alterations since the time of the initial scene. Cathy Caruth (1995, 1996) strongly argues the case that an event can only evoke traumatic after-effects due to this particular characteristic: that it "is not assimilated or experienced fully at the time, but only belatedly" (Caruth, 1995, p. 4). She contends that the traumatogenic potential cannot be

situated in either the first or the second event, but is to be located precisely in the gap that separates them. More generally, trauma is understood as "the violent intrusion of something radically unexpected, something the subject was absolutely not ready for, something the subject cannot integrate in any way" (Žižek, 2008, p. 10). Ergo, the impossibility to fully grasp or signify the distressing experience at the time of its occurrence is associated with trauma. What typifies delayed traumatic reactions—and this contradicts current views of traumatic etiology—is that this initial absence of signification does not directly lead to pathology. Rather, it is the belated *understanding* that initiates traumatic symptomatology. In the next section, we turn to Lacanian theory to shed more light on this peculiar mechanism.

At this point, it is important to remark that although one instance of the "missed encounter" can indeed be the "precocious sexual experience" (Freud, 1896/1975d, p. 154)—i.e., a sexual experience that occurs when the individual does not yet have the means to understand it—it is not the only one. For example, Freud himself for some time supported the idea that hysterical traumata could be caused by experiences that impinged on the person while in a "hypnoid state." This state is characterized by the fact that the ideas which emerge in it are very intense but are cut off from associative communication with the rest of consciousness (Freud & Breuer, 1893/1975a, pp. 12–17). The idea of a "missed encounter" is also corroborated by the finding that dissociation *during* the traumatic event (so-called peri-traumatic dissociation) is one of the most powerful predictors of clinical outcome (Brewin & Holmes, 2003). In sum, *Nachträglichkeit* presupposes that at the time of its occurrence, certain aspects of the initial event could not be grasped by the person and were missed, for various reasons (precociousness, being overwhelmed, dissociation, etc.). As a result, the person cannot define or position him- or herself with regard to these unclaimed aspects of the distressing experience.

A Lacanian perspective on the precocious sexual experience

Let us now proceed by sketching the structure of the process of *Nachträglichkeit* as deducted from the example of Emma. First, there is a distressing event at T1 that cannot be fully understood at the time of its occurrence because the subject lacks the necessary symbolic means for it. Despite the fact that the subject cannot make sense of what is happening and becomes overwhelmed, the event leaves behind some sort of a "mnemic trace." From within a Lacanian framework, this first episode is engraved in memory by the promotion of a single signifier or representation that comes to signal and cover up the original lack of understanding (Verhaeghe, 2008). This single signifier, which is metonymically chosen by the subject, hems in or borders the hole of the nonsensical experience. In Emma's case, this could be the linguistic element "clothing" or the visual trace of the shopkeeper's grin, something that simultaneously points to and obscures the original mystifying scene.[7] It is crucial to grasp that this single signifier or representation remains "mute," as it does not become associated with other elements that would confer meaning upon it. Lacanian theory teaches that by itself, any element of the psychic system is senseless (Fink, 1995; Vanheule, 2011). Only in the concatenation of a signifying

chain can an element receive a temporarily fixed signification (Lacan, 1957/2006c, 1957–1958). Thus, the first experience is retained in a very specific way: as a single signifier that borders the nonsensical event and that is unable to articulate itself with the rest of the psychic material. It is not accessible for conscious recollection, as it cannot be brought into articulation with the group of signifiers (or representations) that constitutes the Ego. Importantly, the effect of a signifier being unable to associate itself with other elements is not restricted to the impossibility of understanding the scene it designates. In Lacan's logic of signification, the subject as such is an effect of the concatenation of signifiers (Lacan, 1957–1958; 1960/2006e). Hence, as long as the scene at T1 cannot be signified through association with subsequent elements, it cannot be "lived" or experienced, subjectively speaking; it remains asubjective.

Due to the failure to bestow meaning on the event, to understand it, to *realize* what has happened, the subject (as an effect of the concatenation of signifiers) is excluded from it. Ultimately, the event can be said *not to be subjectively experienced at the time of its occurrence*. It is a missed encounter, or an "unclaimed experience," as Caruth (1996) calls it. Hence, the experience initially remains without long-term consequence. Nevertheless, the person who underwent the event is obviously deeply troubled by it, which is evidenced by the acute reaction of distress and fright and by the fact that the scene leaves a mnemic trace. The initial experience opens up an enigma; it raises a question. This question is pending and awaits an answer—sometimes for years. All of this is reminiscent of Jean Laplanche's notion of the "enigmatic signifier" (Laplanche, 1999).

As time passes, the affected person acquires the keys to unlock the mystery of the original scene. In the example of Emma, it is a coincidence, a contingent meeting, which results in the *realization* of the first scene—realization, in the sense that the new experience gives birth to an understanding of what the subject had missed in the first experience. But more essentially: through this understanding, it is as if the potentially traumatic aspects of the scene that were not experienced at T1 are now fully experienced at T2. The subject, through T2, receives access to the traumatic truth of the T1 event *for the very first time*. The T1 experience starts to be lived as a new subjective event. Therefore, at T2, both T1 and T2 *happen* simultaneously. Only through the association with a second event at T2 can the subject draw a conclusion as to the signification-value of the first scene, and only then can this scene produce a traumatic impact. Precisely at that moment, the moment of *realization*, the memory of T1 becomes traumatic. Up to that point, the memory of T1 was opaque and subjectively inaccessible. Therefore, T2 is the moment where the past, which had been anticipated, is finally signified. Thus considered, it becomes clear that the person does not carry a dormant old wound after the experience at T1. He or she is only psychically wounded at the moment of *realization*, where the wound is materialized through signification. The traumatic past, although spoken of by analytic discourse in a suggestive manner as "repressed," "doesn't have any substantial existence outside of the immanence of the present in which it achieves actualization" (Johnston, 2005, p. 54). The first event does not lie dormant in the preconscious, waiting like a time bomb to pathologically detonate. What matters in delayed traumatic reactions is not the past "as such," in its factual purity, but the way past events are included in the present, synchronous field of meaning. Consequently, it can be said that the former event does

determine the present (and therefore can be called virtually or latently traumatic) but only insofar as

> the very mode of this determining is *overdetermined* by the present synchronous symbolic network. If the trace of an old encounter all of a sudden begins to exert an impact, it is because the *present* symbolic universe of the subject is structured in a way that is susceptible to it. (Žižek, 1991, p. 202)

In contrast with current theories, we therefore conclude that the initial absence of meaning, the event as not-fully-understood, is distressing but not traumatic in itself. It is only when it is comprehended at T2 that it becomes so. This distinction is of capital importance. The experiences at T1 set the stage for a subjective event that has not yet come to pass. Only at T2 does this subjective event commence—and trauma may then indeed be conceptualized as a failure to "close" or to finish this event. Hence, the traumatic event is both belated and unfinished. In the moment of realization a traumatic truth is revealed which threatens to shatter the subjective feeling of consistency. The truth about T1 which is constituted at T2 is irreconcilable with the views of the self and the world that were previously formed. It is an "unbearable truth," something that cannot be supported. This unbearable Real launches the subject in a prolonged "time of comprehension" (Lacan, 1945/2006b), awaiting a conclusion. The Real that is opened up in the traumatic truth demands a subjective response, which, as Žižek points out, ultimately boils down to the birth of a new subject (Žižek, 2008).

Limiting example

In one of their papers Bessel van der Kolk and Alexander McFarlane (2007, pp. 6–7) briefly discuss the case of a woman who had been raped (a Criterion A event at T1) but who did not develop long-term psychological distress in the immediate aftermath of the ordeal. Yet, many months later, she received news that the same violator had made another casualty; only this time, he had not only raped but subsequently also murdered his victim. It was not until after this second constituent moment (T2) that the woman developed the full clinical syndrome of PTSD, several months after the actual assault. Whereas the horrible experience at T1 was initially not traumatic when judged by its clinical consequences, the *memory* of the experience became traumatic but only at T2 as it was re-signified. The subjective past was literally altered, which produced new and unexpected effects in the present. The woman's traumatic reaction was thus not the direct result of her experience at T1, but rather of the subjective rewriting of this experience at T2. Importantly, this case suggests that it is not always the physical impact or the particularities of the situation that somehow "cause" the traumatic consequences in an unmediated fashion. Rather, it is the manner in which this situation affects the person that is of prime importance. And this subjective impact can be modified as the memory of the event itself is subject to influences from the present.

When we compare this example of delayed-onset PTSD with the mechanism we sketched in relation to Emma's case, some discrepancies catch the eye. Emma's original scene happened under very specific circumstances: it was what Freud called a

"precocious sexual experience," which means that at that particular age she did not have the symbolic tools at her disposal to comprehend what was happening. During the second encounter, with the shop assistants, she did possess these tools, which made a belated understanding possible. According to Freud, the delayed traumatic effect is contingent on the crossing over of a mythical point in the structuring of the subject: pre- and post-puberty (Freud, 1896/1975d, p. 152). This clearly cannot be extrapolated to van der Kolk and McFarlane's example. Here, the T1 incident occurs when the person is mature, and still a "missed encounter" or a belated understanding is possible—as her delayed traumatic reaction shows. It seems plausible that, in contrast with Emma's case, the woman initially succeeded in signifying and coping with the incident at T1. However, the additional information at T2 called into question her initial appraisal of the situation and revealed that she too had "missed" certain horrific aspects of the situation as it occurred. The realization of this unclaimed side of her experience altered its entire significance, rendering it traumatic. Thus, the main differences between Emma and van der Kolk and McFarlane's example are that in the latter case (a) the T1 event happened after the so-called definite Oedipal structuring of the subject and (b) a subjective memory had already been formed, whereas with Emma the experience had only been rudimentarily held onto by a single, un-subjectifiable signifier. That a memory had already been formed does not prevent the victim from developing delayed-onset PTSD through a re-signification of the event. Signifiers can always be added to the signifying chain, and the latest elements will retroactively determine the impact of the formerly produced signifiers (Vanheule, 2011).

Discussion

Our analysis of the Freudian concept of *Nachträglichkeit* led to the conclusion that in some instances delayed-onset PTSD and traumatic reactions following non-Criterion A events are logically related to each other. The case of Emma illustrates that the pathological weight of an apparently trivial situation can derive from an association with an earlier distressing experience that remained without consequence for many years. In such instances, the non-Criterion A event causes traumatic pathology by instigating the formation of a traumatic memory of a formerly distressing event. When the diagnostician only focuses on the incident that immediately precedes the emergence of the symptoms, this can result in the "agent provocateur" erroneously being taken for the sole etiological event. And if this immediately preceding event has no "traumatic face validity" (i.e., satisfying Criterion A), then the distress might go unrecognized as being an instance of traumatic pathology.

Secondly, a focus on the surface manifestation of the symptoms can exacerbate underdetection of psychological trauma even further. For example, Emma's "compulsion" would hardly appear as an instance of traumatic pathology to a contemporary eye. Perhaps she would be diagnosed with "Specific Social Phobia (Anxiety Disorder)." This illustrates that the clinical picture that develops after a traumatic experience can be very diverse. Van der Kolk and McFarlane (2007) make a similar point as they consider the rather marked differences in symptomatic expressions among Vietnam combat soldiers belonging to different ethnic groups. More generally, the impact of cultural differences on trauma and recovery has been firmly established by a vast body of research (for an

overview, see Stamm & Friedman, 2000). Taking these two remarks together, it appears safe to assume that many cases of delayed traumatic reactions go undetected and are rather classified as Adjustment Disorder, depression, other anxiety disorders, or conduct and developmental disorders in children and adolescents. Therefore, the clinician is required to invest in highly individual case formulation in order to recognize and make sense of the traumatic impact of various experiences—beyond a restricted focus on the immediately preceding event and the surface manifestation of the symptoms.

As discussed, charting the objective particularities of the event and/or the person cannot predict clinical outcome. Subjective dimensions surface as paramount in understanding who becomes symptomatic and who does not. *Nachträglichkeit* offers one way to imagine how the impact of a situation on a person cannot be predicted by a priori parameters and is highly particular to their unique combination. Moreover, it clarifies that the subjective impact of an event is not given once and for all, but is always open to subsequent alterations through the ascription of a new signification-value. This opens up perspectives for therapeutic considerations, but these fall beyond the scope of the current study. Suffice to say that the traumatic signification induced at the second constituent moment is not the ultimate (and hence, as Chatel, 1995 would say, "eternalized") signification, but is itself amenable to modification through the addition of new elements to the signifying network in which it is enmeshed. Nevertheless, these therapeutic avenues might only reveal themselves through a focus on individual case formulation, staying inaccessible for diagnostic approaches that aim primarily at classification.

Next, Freud inferred *Nachträglichkeit* in the very specific context of the precocious sexual experience. By emphasizing the reality of the traumatic scene in early infancy, before the structuring of the subject in the Oedipal phase, he sought to ground the difference between normality and psychopathology in whether or not such an infantile trauma had occurred. This is known as Freud's "seduction theory" of psychoneuroses. In it, the primordial trauma functions as the point of origin for all subsequent pathology—phobia, obsessive neurosis, hysteria, etc. (Freud, 1896/1975d, pp. 151–156). At that time, Freud suggested that the potentially traumatogenic nature of such an experience was primarily due to its precociousness, suggesting that sexuality is only traumatic when it is encountered too soon. In other words, the missed encounter that caused subsequent pathology was the effect of an unpreparedness of the subject due to its prematurity at the time of the occurrence. As psychoanalytical theory developed, the structural nature of psychological trauma became emphasized, blurring the boundaries between normality and pathology. Lacan theorized that the sexual is *always* potentially traumatic—not only for the infant who lacks the necessary symbolic means to deal with it (Lacan, 1972–1973). Rather, it is the Symbolic system in its entirety that structurally lacks the elements to adequately deal with certain aspects of our existential predicament, i.e., sexual identity, the sexual relation, and death (Lacan, 1957/2006d, pp. 459–461). As such, the possibility of an "unclaimed experience" or missed encounter is not limited to a specific time frame in the life of a person: the symbolic means to protect the speaking being against all intrusions of the Real simply do not exist and thus cannot be acquired through development. It follows that the mechanism described in Emma's case functions beyond the Oedipal point of discontinuity.

Surprisingly, then, Lacan's identification of the points at which the Symbolic is structurally lacking dovetails with the restrictions on the traumatic stressor specified in the Criterion A definition: both suggest that psychological trauma is always tied to the registers of sexuality and/or death. Consequently, it can be surmised that non-Criterion A events that result in traumatic pathology are (unconsciously) associated with these fields of existence, even when these connections are remote and not easily traceable. As is well-known, the question remains whether the aforementioned association should be limited to "real" events in the past that have left a mnemic trace (as was the case with Emma), or whether another type of mechanism is possible. More specifically: can a non-Criterion A event (such as losing your job or getting divorced) be traumatic simply because of its place in the logic of the affected person's drive economy or fantasy life, without referring to a "real" incident? This is precisely what Freud suggested after the abandonment of his seduction theory, and it constitutes the exact mirror-image of the contemporary view of trauma. Put aphoristically: trauma without an event on the one hand, trauma without a subject on the other. In any case, the possibility that a non-Criterion A event is traumatic without reference to a "real" prior event cannot be excluded. The traumatic capacity of such a life event must then derive from the fact that it suddenly and unexpectedly traverses the strict determination inherent to the unconscious. Lacan argued that while the contingent experiences of the real seem perfectly arbitrary at the phenomenal level of the conscious ego, the timeless unconscious cannot but assign significance to them. As soon as chance encounters are taken up in the psychic system and brought into connection with other unconscious materials, an order is bestowed on them—in that the logic of the unconscious prescribes what elements can follow in light of what went before.[8] In a similar vein, the prescriptive determination of the unconscious can be envisaged through the conceptualization of the fundamental fantasy, which is understood as a window through which we perceive reality. This framework is a highly particular construction that protects the subject from a confrontation with the traumatic Real (Fink, 1995; Jonckheere, 2003). As such, the specificities of the fantasma strictly determine the possibilities of what can and cannot arise in the subjectively constituted field of reality. The fundamental fantasy stipulates what *cannot* be grasped and made sense of. Trauma, in this case, can be understood as the emergence of an element that shatters the framework that allows us to make sense of the world and to position ourselves and the other within it. It is the confrontation with the "impossible" that disrupts the logic of the unconscious and that resists any form of reintegration into this system. The traumatic can thus be seen as an unfair ethical injunction to subjectivize the chance phenomena that have proven to be incommensurable with the former structuring of the subject (i.e., the automatic logic of the primary processes at work in the unconscious): it is that which requires the precipitation of a new subject(ive structuring). Given the specificity of each person's psychic build-up (i.e., fundamental fantasy and signifying chain), it can be surmised that similar events affect different persons in varying and unpredictable ways.

On the other hand, the finding that some experiences are more frequently related to the development of PTSD than others (i.e., severity) is not incompatible with analytical theory. However, the latter provides an explanation for this finding by linking it with the

propensities of the Symbolic system. This move emphasizes that what is pathological in these types of events can be defined only in relation to the psychic system that encounters them. In a time when the causal emphasis of traumatic pathology rests heavily on the nature of the event, *Nachträglichkeit* underlines that a traumatic encounter is always constituted by two parties: the event but also the subject. No event is traumatic in and of itself; it is only traumatic in relation to a subject. This might seem trivial, but it is of prime importance. It implies that traumatic pathology cannot be accounted for by an a priori knowledge of the objective characteristics of any situation. Comprehending traumatic reactions necessitates the study of the place of the traumatic event in the course of a person's life, the manner in which it affects the whole of that person's knowledge about the self and the world. Since this is of a highly individual nature, it cannot be generalized in order to predict how a certain situation will impact on the next person. However, the mistaken idea that we can predict and limit what types of events are traumatic by charting their particularities—as evidenced by the existence of a Criterion A definition—has now become a self-evident truth (Fassin & Rechtman, 2009), with far-reaching implications. For instance, it justifies the massive efforts in humanitarian missions of psychologists and other mental health workers in the aftermath of natural disasters (Bracken, Giller, & Summerfield, 1995; Bracken & Petty, 1998; Summerfield, 1999, 2001; Watters, 2010).

Trauma confronts us with the unimaginable and the uncontrollable. Trying to predict traumatic pathology tends to go in the same direction: it opens up a register that is not accessible and even resists the knowledge of calculation. The Real is never where it is expected, and the place where it does arise is of a highly subjective and singular determination.

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Notes

1. For DSM-5, published in 2013, Criterion A has again received important revisions. It now reads as follows: the person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (1 required) (a) Direct exposure, (b) witnessing, in person, (c) indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental, (d) repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies, or pictures (National Center for PTSD, 2013).
2. Other researchers have attempted to define trauma severity more objectively, for example by measuring the duration of the trauma and the number of incidences (Maercker et al., 2000).
3. In the previous version of DSM (DSM-IV-TR), Criterion A1 was the component of the stressor criterion that described the *range of events* that justified the PTSD diagnosis. Criterion A2 described the *subjective reaction* of the person exposed that was a requirement for receiving the diagnosis. For DSM-5, Criterion A2 of the PTSD definition has been dropped.

4. In German, the passage reads as follows: "Überall findet sich, daß eine Erinnerung verdrängt wird, die nur nachträglich zum Trauma geworden ist" (Freud, 1895/1950, p. 435).
5. "All the events subsequent to puberty to which an influence must be attributed upon the development of the hysterical neurosis and upon the formation of its symptoms are in fact only concurrent causes—'agents provocateurs' as Charcot used to say, although for him nervous heredity occupied the place which I claim for the precocious sexual experience" (Freud, 1896/1975d, pp. 154–155).
6. This is equivalent to the Lacanian notion of "la rencontre manquée" (the missed encounter), which is a fundamental feature of the category of the Real.
7. Adrian Johnston (2005) convincingly argues that a psychical element is a signifier to the extent that its value/meaning is determined by a network of differential relations between it and other elements. Thus, a visual memory trace can function "as an unconscious signifier insofar as its significance in a psychical economy depends on its interactive ties with other traces; it doesn't have to be a word (or word-presentation) to operate in this capacity" (p. 345).
8. Lacan called this type of determination the automaton-function of the unconscious, beautifully schematized in his "logic of the signifying chain" (Lacan, 1954–1955, 1957/2006c).

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