

Katharina: sexual trauma in the “après-coup” temporality

Abstract

This paper aims to read Katharina’s clinical case illustrated by Freud within the “après-coup” perspective elaborated by Lacan. From this perspective, it is possible to offer a new interpretive framework to the notion of “psychic trauma,” which can be read as a trauma that is structured in two times. Two times that the author details through the introduction of the so-called “double-shot mechanism”.

1. The connection between psychic trauma and hysterical phenomenon

Katharina’s clinical case, subject of this article, is contained in *Studies on Hysteria* (1892-1895)¹, a work from which emerges the hypothesis that there exists a causal connection between the so-called “original fact”, i.e. the “psychic trauma”, and the hysterical phenomenon.

It is of both introductory and essential value, therefore, to understand what Breuer and Freud mean by “trauma”. According to the authors, it can “act as trauma any experience that causes the painful affections of terror, anguish, shame, psychic pain, and depends obviously on the sensitivity of the person affected” (Breuer & Freud, 1893, p. 177).

It should be emphasized, however, that for Breuer and Freud, the causal connection between psychic trauma and the hysterical phenomenon should not be understood in the sense that the trauma, acting as an inducing agent, causes the symptom and the symptom, having found its location, continues to exist in isolation.

The “original fact”, or rather the “memory” of the psychic trauma, “acts in the manner of a foreign body, which must be considered as a currently efficient agent even long after its intrusion” (ibidem, p. 178).

This observation draws attention to the role of “memory” in manifest illness. The hysterical patient, in fact, “would seem to suffer from reminiscence” (ibid., p. 179), since the traumatic event to which he has been exposed or which he has undergone insists on being operative, not indirectly, but as a direct cause, even after a long time.

In other terms, the memory related to the “original fact” would seem to retain an affective robustness that escapes the normal process of usury. Specifically, Breuer and Freud note how in traumatic neurosis² this failed mnemonic attrition underlies two conditions.

The first condition characterizes sufferers who have not reacted to psychic traumas, as the nature of the latter does not allow for the elicitation of a reactive response, e.g., the loss of a loved one; events that the sufferer wants to forget, i.e., “remove”³ (ibidem, p. 181) intentionally from his or her own conscious thought; events related to social conditions that preclude a reaction.

The second condition characterizes the psychic states of the sufferer with which the events that occurred intersect, for example, “severely paralyzing” emotions (ibidem, p. 182), such as terror; twilight state; self-hypnosis. The nature of these psychic states prevents a reaction to the traumatic event.

¹ The *Studien über Hysterie*, published in May 1895, as a collective work by Josef Breuer and Sigmund Freud, edited by Deuticke (Leipzig and Vienna), consists of: a first chapter, co-written by the two authors, “On the psychic mechanism of hysterical phenomena: preliminary communication”; five “Clinical Cases”, of which the first (Miss Anna O.) written by Breuer, and the other four by Freud; a chapter of “Theoretical Considerations” written by Breuer; and a final chapter, “For the Psychotherapy of Hysteria”, by Freud.

² Neurosis in the strictest sense of the term is hysteria. Hysteria, Freud specifies represents “a clearly circumscribed and well-defined syndrome, recognizable in the clearest way in the extreme cases, those of the so-called “grande hystérie” (or hysteroepilepsy). Hysteria also covers a range of milder and more rudimentary forms which from the extreme type of the grande hystérie gradually progress toward normality” (1888, p. 44).

³ This is the first appearance of the term “remove” (verdrängen) in psychoanalytic acceptance.

The conditions just described can occur simultaneously. Breuer and Freud further explain how psychic traumas that have not been resolved by reaction also evade associative processing.

In summary, the so-called “representations that have become pathogenic”, that is, the memories of psychic traumas which, even after a long time, cause hysterical symptoms, “are kept so fresh and robust as affects because they are denied normal wear and tear through abreaction and through reproduction in states of uninhibited association” (ibidem, p. 182).

2. Katharina’s clinical case

One day Freud, vacationing in the Alpine Tauern, reaches a lodge where he meets a girl about eighteen years old, who is aware that he is a doctor Freud, in fact, has registered himself in the guest book of the lodge at which the girl is employed.

The girl, Katharina, reports to Freud that she is sick with nerves, has taken medication, but has not recovered. She asks, therefore, for help from Freud, who reports the conversation that developed as it “stuck in his memory” (1895, p. 280), identifying, immediately, the symptom of neurosis.

Freud starts the conversation by asking the girl what she is suffering from and deduces from the description of the symptoms the absence of a nervous symptom. For Freud it is, rather, a complex of sensations of distress of which Katharina seems “arbitrarily” to detect only one element: dyspnea. Indeed, she states, “I have breathlessness, not always, but sometimes it seizes me that I think I am suffocating” (ibid., p. 281).

Freud urges Katharina to describe the state of “shortness of breath”. The girl explains: “I get suddenly. Then it comes on my eyes like a pressure, my head gets so heavy and I feel a buzzing that I can’t stand it, and I get dizzy that I feel like I’m falling, and then I feel like crushing my chest and I can’t breathe [...] my throat tightens [...] I feel hammering in my head that I feel like I’m going to burst [...] I always think that now I have to die” (ibidem).

Freud is convinced that he is dealing with a real “access of anguish”, preceded by the symptom of the so-called “hysterical aura”, in other terms, a hysterical attack whose content is anguish. However, he thinks there may be an additional content, and so he seeks “a way to penetrate quickly to the core of the matter”, asking, “Do you think of any thing, still the same, or do you see any thing in front of you when you have the attack?” (ibidem).

Katharina answers: “Yes, I always see such a horrible face looking at me as to be frightening, and of that then I am afraid” (ibidem).

Freud further asks whether the face can be associated with a face really seen. Obtained a negative answer, he asks where the first attacks are coming from.

The girl replies: “For the first time two years ago, when I was still with my aunt on the other mountain, she had there the first refuge, now we are here for a year and a half; but it always comes back again” (ibidem).

Freud attempts an analytic approach using the conversation already started, anchoring himself in his own clinical experience: in young girls, anguish is often “the consequence of the horror that seizes the virginal soul the first time it faces the world of sexuality”⁴ (ibidem, p. 282).

Freud, summarizes thus, “[...] I want to tell her from what I think her attacks came. She once, that one time, two years ago, saw or heard something which embarrassed her very much, and which she would rather not have seen” (ibidem).

Katharina, in response, replies, “Jesus, yes it’s true, I caught my uncle with that girl, with Franziska, my cousin!”. Freud intends to understand why the girl had been frightened at the sight of the two together and, thus, asks Katharina to try to remember what happened inside her when she first had the attack.

⁴ Causal relationship between entry into the world of sexuality and bouts of anguish.

Katharina replies that she has forgotten everything. This answer means the followings for Freud: “The affect itself creates the hypnoid state, the products of which are then excluded from associative connection with ego-consciousness” (Breuer & Freud, 1893, p. 182)⁵.

Therefore, since this path is blocked, Freud asks if something else happened, hoping to find some additional element in the rest of the story.

Katharina replies: “I felt bad all the time. I had to keep thinking about it, then two days later it was Sunday and there was a lot to do, I worked all day and on Monday morning I felt dizzy again and vomited and I stayed in bed and for three days I kept vomiting” (ibidem).

This response pushes Freud to recover a consideration developed together with Breuer by observing patients suffering from hysterical symptoms; the latter is comparable to a “pictography that became intelligible after the discovery of some bilingual inscriptions” (ibidem, p. 284).

Inscribed in the frame just described, the vomit it means nausea. According to Freud, if Katharina vomited three days after the events narrated, it means that on the day she looked into the room she felt nausea, that is, the day of the traumatic event.

Katharina, urged to continue telling, “drops” (ibidem) the thread of that story, to Freud’s surprise, to narrate two series of older stories, dating back two or three years before the traumatic event.

The first series: episodes in which Katharina was sexually abused by her uncle when she was fourteen — during a trip, one night, having fallen asleep in the room intended for her and her uncle, the young woman suddenly wakes up “feeling her body” in the bed (ibidem, p. 284). Katharina gets angry, her uncle turns out to be insistent. She remains standing near the door, ready to flee, until he stops bothering her. The girl then goes back to sleep in her own bed. According to Freud, from the type of defense emerging from the story, it seems that Katharina did not recognize the attack as one sexual assault. She resisted because her sleep was disturbed and because it was morally inappropriate. Katharina realizes much later that she has been sexually abused.

The second series: episodes in which Katharina pays attention to something that happens between her uncle and Franziska and, at the same time, her uncle and herself — once the young woman spends the night with the whole family, dressed, in a barn, and suddenly wakes up due to a noise. She sees her uncle between her and her cousin, the latter in a lying position; another time she spends the night with her uncle in an inn, and in the middle of the night she wakes up noticing her uncle in the act of lowering the door handle: “Jesus, uncle, is it you? What is he doing near the door?”. The uncle's response: “I was wrong” (ibid., p. 285). Since she Katharina points out to him that the exit is through the other door.

After these two sets of stories Katharina appears transformed: relieved and uplifted.

Freud interprets the case in the following way: on the day Katharina discovers her uncle and Franziska together, she carries within herself two sets of erotic experiences that she remembers but neither understands nor uses deductively. For it is only at the sight of the couple during intercourse that she immediately makes the connection between the new impression and the two sets of memories; she has begun to understand, but at the same time to defend herself against that understanding. There follows a brief period of processing, of “incubation” (ibidem, p. 286). Finally, the manifestation of conversion symptoms: vomiting as a substitute element for moral and physical revulsion. Katharina does not feel nausea at the sight of the couple, but at the memory that sight reawakens in her, that is, the memory of the nighttime assault.

Freud expresses himself as follows, “Now I know what She thought that time looking inside in the room. You thought: “Now he does with that one what he then at night and the other times he had wanted to do with me. It was of this that you felt revulsion, because you remembered the impression when you had awakened at night feeling his body” (ibidem, p. 286).

From the further course of the conversation Freud deduces which was the tactile sensation that only later would Katharina be able to interpret.

⁵ As anticipated in Preliminary communication. On the psychic mechanism of hysterical phenomena (Breuer & Freud, 1893, p. 182).

Katharina's story is the story of a very prematurely offended young girl in her own sexual sensitivity.

3. Epicrisis

By the feminine noun "epicrisis", from the Greek "ἐπίκρισις", derived from the verb "ἐπικρίνω", meaning "to judge, to decide, to distinguish", is meant the set of critical considerations that conclude the illustration of a clinical case.

The concluding remarks made by Freud on Katharina's clinical case can be summarized through the following points (ibid., pp. 287-289):

- Katharina represents a case of acquired hysteria;
- the two erotic experiences must be considered traumatic experiences;
- the breakthrough of the couple constitutes what Freud calls an "auxiliary moment";
- in the first two experiences a content of consciousness was produced which, excluded by the thinking activity of the ego, was preserved; while in the last scene a new impression triggers the associative connection of this isolated group with the ego;
 - the cause of the isolation operation is due to the ignorance of Katharina, who does not yet has the instruments to understand the sphere of sexual experiences;
 - this is hysteria based on sexual trauma, i.e., impressions received during the pre-sexual era, which acquire traumatic power through the retrieval of memories once the intelligence of sexual life is disclosed to the virgin or woman;
 - in adolescence the isolation of psychic groups is part of the normal process of evolution; the later incorporation of such groups into the ego is a decisive moment, sometimes, for the development of psychic disorders;
 - splitting of consciousness due to ignorance differs from splitting of consciousness due to conscious denial mechanism;
 - the breakthrough scene recollected by Katharina is definable as "auxiliary" and, at the same time, "traumatic". It operates because of its own content, not only as a result of retrieving mnestic of earlier traumatic events, bringing together, therefore, both aspects of an "auxiliary" episode and aspects of a "traumatic" episode;
 - conversion, that is, the production of hysterical phenomena, does not occur immediately after the trauma, but after an interval of incubation, referred to as the "period of the psychic".
 - the anguish from which Katharina suffers is hysterical, because it is a reproduction of the anguish experienced in each of the sexual traumas: "having an inkling of sexual intercourse causes in virgin individuals an affection of anguish".

Freud, in a note added in 1924, breaks the discretion he had adhered to in the exposition of the case, revealing that Katharina was not the niece but the daughter of the hostess: the young woman, therefore, had become ill as a result of the sexual assaults suffered by her own father, not her uncle.

4. The two stages of trauma: the "double-shot mechanism"

The sexual assaults experienced by Katharina, as emerged in the discussion, represent two sets of memories to which the young woman, following her conversation with Freud, seems to have conferred a re-signification.

Her ego became ready both to receive and to intellige the sexual contents encapsulated in the traumatic experiences she had undergone at the age of fourteen.

It has been pointed out that the so-called "auxiliary" scene, that is, the scene in which Katharina witnesses the amplexus between her uncle and her cousin Franziska, plays a decisive role in establishing the connection with the two sets of reminiscences connected with traumatic experiences of sexual content.

On this connection, on this associative connection, it is important to stand.

In particular, on the concept of “temporality” that results. In which manner of articulation does the connection between the “auxiliary scene” i.e., the “secondary scene”, and the two sets of traumatic reminiscences, i.e., the “primary scene” take place?

What is the order of operation governing the re-signification process of the “primary scene”?

It will be attempted to answer these questions using the construct of “après-coup” developed by Lacan (1966); a construct that derives from the translation of the term “Nachträglichkeit”, coined by Freud⁶.

According to Lacan (1966), the temporality characterizing the nexus between trauma and symptom cannot be reduced to the order of mere linear causality (ibidem, p. 842).

In *The Function and Field of Speech and Language in Psychoanalysis* Lacan reveals a temporality belonging to “a higher order”; a dimension marked by “the anterior future of the retrospective sense, which raises a swirling, problematic temporality, coinciding with the signs that the unconscious traces in the past, present and future of the subject, dissolving, however, at each of its passages precisely the boundaries between past, present and future, and muddying them in a higher order of time itself” (Vergine, 2017, pp. 174-175).

Lacan, in fact, points out that “what is realized in my history is not the remote past of what was because it is no longer, nor even the perfect of what has been in what I am, but the anterior future of what I will have been because of what I am about to become”.

The perspective of taking the “après-coup” staked out on the anterior future allows us to understand the meaning of the dynamic operating between “what happens in the time of the traumatic situation and the time in which the symptom manifests itself” (Vergine, 2017, p. 176).

Such a dynamic is marked by the coming into action of the concept of “re-signification” of the so-called “primary scene” — in Katharina’s clinical case, the “primary scene” combines two sets of memories. By applying the logic of “après-coup” to Katharina’s case it is possible to articulate the following steps:

- two series of erotic experiences “resembling traumatic moments” (Freud, 1895) occur when Katharina is fourteen years old — experiences devoid of meaning in the time of their fulfillment, in the time of the so-called “primary scene”:

- the “primary scene”, an “insignificant time 1” (Vergine, 2017, p. 176), encounters its signification “après-coup” in a serior time, “time 2” — in Katharina’s case, the so-called “secondary scene” or “auxiliary scene” acts retroactively on the “primary scene” or “time 1”, modifying its meaning in a radical way.

Considering the observations above, the comments made by Vergine turn out to be very impactful: the “après-coup” of “time 2”, “retroacting on the completely anodyne and shapeless scene of time 1, projects onto it its renewed meaning and conditions, thus, its interpretation in a traumatic key” (2017, pp. 176-177).

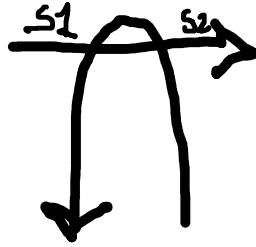
What has been described so far can be transferred into a graph representing what Focchi⁷, director of the Freudian Institute for Clinical Science Therapy, defines as the “double-shot mechanism”.

Such a mechanism accounts for the fact that the so-called “primary scene”, i.e., the original trauma, is not constituted as a traumatic event in its occurrence in “time 1”, but only a posteriori, in “time 2”,

⁶ The term appears in the adverbial form in *Project of a psychology*, in relation to Emma’s clinical case. It is to Lacan’s credit that he translated the Freudian term with “après-coup”, giving rise to the concept of “retroactive sense” or “posteriority”, as it is often translated into Italian (Benvenuto & Pontalis, 1989).

⁷ Within the tutoring group for the academic year 2022/2023 in which the writer participated as psychotherapist in training in the first year of the School of Specialization in Psychotherapy with a Lacanian psychoanalytic orientation at the *Freudian Institute for Clinics, Therapy and Science*. Focchi, psychoanalyst and psychotherapist, in the role of tutor, commented and enriched, through multiple points of reflection and conceptual insights, the presentation of the clinical case carried out by this undersigned on 22 March 2023.

in what Vergine, precisely, calls the “anterior future that re-means and re-symbolizes a given subjective past as traumatic” (2017, p. 178).



The body of the graph reproduced above, developed by Focchi, can be read using the Lacanian concept of “signifier”.

The psychic trauma suffered by Katharina at the age of fourteen develops through a scan into two times, or rather, in two signifiers:

- **S1** represents the so-called “primary scene”, that is, the two series of sexually abusive experiences suffered by Katharina;
- **S2** represents the so-called “secondary scene”, that is, the sexual acts of copulation between the uncle and his cousin Franziska which Katharina witnesses from a window.

Keeping the logic of “après-coup” in the background, it can be argued that **S2** is the element that offers re-signification, symbolization, intervening after (après) the event has happened, i.e., at a time 2, at a later time. **S1**, by contrast, is the element pending delayed signification, symbolization, linked to a traumatic event, i.e., a blow (coup).

The violence embodied in **S1** remains suspended in a temporality yet to be delineated; it appeals to **S2** to find its symbolic location, to become “trauma”.

The after of the “après-coup”, i.e. **S2**, refers back to a before, i.e. **S1**, which always remains suspended, unknown, ultimately secret and inaccessible to the subject (Marino, 2022).

S1 can only represent the subject, i.e., Katharina, at **S2**, by virtue of the “double-shot mechanism” based on the retro-effectiveness of repetition.

The logic of “après-coup” indicates how two times are needed to determine a trauma: something becomes true, inserted into a conscious logic, only “after.” A repressed memory becomes “trauma” only nachträglich, belatedly (Campo, 2018).

5. Conclusions

In the preceding paragraphs, we have attempted to interpret Katharina’s clinical case within the perspective of the “après-coup”, a “complex notion” since it incorporates, as has been explained, two heterogeneous dimensions (André, 2011), the “before”, that is, the “coup” and the “after”, that is, the “après”.

In illustrating Katharina’s clinical case, Freud emphasizes the traumatic event, the traumatic moment, the so-called “coup”, in order to emphasize its “violence”.

From this perspective, therefore, psychic trauma can be read as a two-shot trauma, as if to say that “it takes two shots, two traumas, to make a psychic trauma” (André, 2011). The “double-shot mechanism”, it has been said, effectively encapsulates this observation.

Katharina’s clinical case tells the story of a girl suffering from acquired hysteria. Freud tries through conversation to reproduce her unconscious, because the après-coup movement is already accomplished. The goal is to help the young girl overcome removal.

The following sequence is deduced, in summary:

1. a first traumatic event is recorded, remains imprinted in Katharina on a mental level;
2. a second event occurs later and by associative liquidation (association) “awakens the old trace”, the original impression that effaced the ego, giving it traumatic power, causing its removal (in

the incubation period) and neurotic consequences (hysterical, in Katharina's case, the accesses of anguish).

Removal, in this view, is not only an act of rejection, of estrangement, of discarding, but also an act of transformation.

The first blow is not the object of removal, which is a defense mechanism, a protective device contrived by the ego; the first blow, on the contrary, remains deposited in its entirety, remains encysted.

The aftermath of the intercourse scene between the uncle and cousin Franziska re-signifies, in time 2, the stroke related to the traumatic event Katharina underwent at the time when she was fourteen years old.

Katharina's experience, in light of the above, can be considered an experience pending re-thinking, re-signifying only "après-coup", in a time 2, at a later time, by means of, precisely, a "double-shot".

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