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The Origins of Transference¹

Melanie Klein 

In his *Fragment of an Analysis of a Case of Hysteria* Freud defines the transference situation in the following way:—

What are transferences? They are new editions or facsimiles of the tendencies and phantasies which are aroused and made conscious during the progress of the analysis; but they have this peculiarity, which is characteristic for their species, that they replace some earlier person by the person of the physician. To put it another way: a whole series of psychological experiences are revived, not as belonging to the past, but as applying to the physician at the present moment.

In some form or other transference operates throughout life and influences all human relations, but here I am only concerned with the manifestations of transference in psycho-analysis. It is characteristic of psycho-analytic procedure that, as it begins to open up roads into the patient's unconscious, his past (in its conscious and unconscious aspects) is gradually being revived. Thereby his urge to transfer his early experiences, object-relations and emotions, is reinforced and they come to focus on the psycho-analyst; this implies that the patient deals with the conflicts and anxieties which have been reactivated, by making use of the same mechanisms and defences as in earlier situations.

It follows that the deeper we are able to penetrate into the unconscious and the further back we can take the analysis, the greater will be our understanding of the transference. Therefore a brief summary of my conclusions about the earliest stages of development is relevant to my topic.

The first form of anxiety is of a persecutory nature. The working of the death instinct within—which according to Freud is directed against the organism—gives rise to the fear of annihilation, and this is the primordial cause of persecutory anxiety. Furthermore, from the beginning of post-natal life (I am not concerned here with pre-natal processes) destructive impulses against the object stir up fear of retaliation. These persecutory feelings from inner sources are intensified by painful external experiences, for, from the earliest days onwards, frustration and discomfort arouse in the infant the feeling that he is being attacked by hostile forces. Therefore the sensations experienced by the infant at birth and the difficulties of adapting himself to entirely new conditions give rise to persecutory anxiety. The comfort and care given after birth, particularly the first feeding experiences, are felt to come from good forces. In speaking of 'forces' I am using a rather adult word for what the young infant dimly conceives of as objects, either good or bad. The infant directs his feelings of gratification and love towards the 'good' breast, and his destructive impulses and feelings of persecution towards what he feels to be frustrating, i.e. the 'bad' breast. At this stage splitting processes are at their height, and love and hatred as well as the good and bad aspects of the breast are largely kept apart from one another. The infant's relative security is based on turning the good object into an ideal one as a protection against the dangerous and persecuting object. These processes—that is to say splitting, denial, omnipotence and idealization—are prevalent during the first three or four months of life (which I termed the 'paranoid-schizoid position' (1946)). In these ways at a very early stage persecutory anxiety and its corollary, idealization, fundamentally influence object relations.

The primal processes of projection and introjection, being inextricably linked with the infant's emotions and anxieties, initiate object-relations; by projecting, i.e. deflecting libido and aggression on to the mother's breast, the basis for object-relations is established; by introjecting the object, first of all the breast, relations to internal objects come into being. My use of the term 'object-relations' is based on my contention that the infant has from the beginning of

¹ Read at the 17th International Psycho-Analytical Congress, Amsterdam, August, 1951.

³ It is an essential feature of this earliest of all object-relations that it is the prototype of a relation between *two* people into which no other object enters. This is of vital importance for later object-relations, though in that exclusive form it possibly does not last longer than a very few months, for the phantasies relating to the father and his penis—phantasies which initiate the early stages of the Oedipus complex—introduce the relation to more than one object. In the analysis of adults and children the patient sometimes comes to experience feelings of blissful happiness through the revival of this early exclusive relation with the mother and her breast. Such experiences often follow the analysis of jealousy and rivalry situations in which a third object, ultimately the father, is involved.

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post-natal life a relation to the mother (although focusing primarily on her breast) which is imbued with the fundamental elements of an object-relation, i.e. love, hatred, phantasies, anxieties, and defences.³

In my view—as I have explained in detail on other occasions—the introjection of the breast is the beginning of superego formation which extends over years. We have grounds for assuming that from the first feeding experience onwards the infant introjects the breast in its various aspects. The core of the superego is thus the mother's breast, both good and bad. Owing to the simultaneous operation of introjection and projection, relations to external and internal objects interact. The father too, who soon plays a role in the child's life, early on becomes part of the infant's internal world. It is characteristic of the infant's emotional life that there are rapid fluctuations between love and hate; between external and internal situations; between perception of reality and the phantasies relating to it; and, accordingly, an interplay between persecutory anxiety and idealization—both referring to internal and external objects; the idealized object being a corollary of the persecutory, extremely bad one.

The ego's growing capacity for integration and synthesis leads more and more, even during these first few months, to states in which love and hatred, and correspondingly the good and bad aspects of objects, are being synthesized; and this gives rise to the second form of anxiety—depressive anxiety—for the infant's aggressive impulses and desires towards the bad breast (mother) are now felt to be a danger to the good breast (mother) as well. In the second quarter of the first year these emotions are reinforced, because at this stage the infant increasingly perceives and introjects the mother as a person. Depressive anxiety is intensified, for the infant feels he has destroyed or is destroying a whole object by his greed and uncontrollable aggression. Moreover, owing to the growing synthesis of his emotions, he now feels that these destructive impulses are directed against a *loved person*. Similar processes operate in relation to the father and other members of the family. These anxieties and corresponding defences constitute the 'depressive position', which comes to a head about the middle of the first year and whose essence is the anxiety and guilt relating to the destruction and loss of the loved internal and external objects.

It is at this stage, and bound up with the depressive position, that the Oedipus complex sets in. Anxiety and guilt add a powerful impetus towards the beginning of the Oedipus complex. For anxiety and guilt increase the need to externalize (project) bad figures and to internalize (introject) good ones; to attach desires, love, feelings of guilt, and reparative tendencies to some objects, and hate and anxiety to others; to find representatives for internal figures in the external world. It is, however, not only the search for new objects which dominates the infant's needs, but also the drive towards new aims: away from the breast towards the penis, i.e. from oral desires towards genital ones. Many factors contribute to these developments: the forward drive of the libido, the growing integration of the ego, physical and mental skills and progressive adaptation to the external world. These trends are bound up with the process of symbol formation, which enables the infant to transfer not only interest, but also emotions and phantasies, anxiety and guilt, from one object to another.

The processes I have described are linked with another fundamental phenomenon governing mental life. I believe that the pressure exerted by the earliest anxiety situations is one of the factors which bring about the repetition compulsion. I shall return to this hypothesis at a later point.

Some of my conclusions about the earliest stages of infancy are a continuation of Freud's discoveries; on certain points, however, divergencies have arisen, one of which is very relevant to my present topic. I am referring to my contention that object-relations are operative from the beginning of post-natal life.

For many years I have held the view that auto-erotism and narcissism are in the young infant contemporaneous with the first relation to objects—external and internalized. I shall

⁴ 'Psycho-Analysis', 1922. Contained in *Collected Papers*, 5, p. 119.

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briefly restate my hypothesis: auto-erotism and narcissism include the love for and relation with the internalized good object which in phantasy forms part of the loved body and self. It is to this internalized object that in auto-erotic gratification and narcissistic *states* a withdrawal takes place. Concurrently, from birth onwards, a relation to objects, primarily the mother (her breast) is present. This hypothesis contradicts Freud's concept of auto-erotic and narcissistic *stages* which preclude an object-relation. However, the difference between Freud's view and my own is less wide than appears at first sight, since Freud's statements on this issue are not unequivocal. In various contexts he explicitly and implicitly expressed opinions which suggested a relation to an object, the mother's breast, *preceding* auto-erotism and narcissism. One reference must suffice; in the first of two Encyclopaedia articles,⁴ Freud said;

In the first instance the oral component instinct finds satisfaction by attaching itself to the sating of the desire for nourishment; and its object is the mother's breast. It then detaches itself, becomes independent and at the same time *auto-erotic*, that is, it finds an object in the child's own body.

Freud's use of the term object is here somewhat different from my use of this term, for he is referring to the object of an

instinctual aim, while I mean, in addition to this, an object-relation involving the infant's emotions, phantasies, anxieties, and defences. Nevertheless, in the sentence referred to, Freud clearly speaks of a libidinal attachment to an object, the mother's breast, which precedes auto-erotism and narcissism.

In this context I wish to remind you also of Freud's findings about early identifications. In *The Ego and the Id*,⁵ speaking of abandoned object cathexes, he said; '... the effects of the first identification in earliest childhood will be profound and lasting. This leads us back to the origin of the ego-ideal; ...' Freud then defines the first and most important identifications which lie hidden behind the ego-ideal as the identification with the father, or with the parents, and places them, as he expresses it, in the 'pre-history of every person'. These formulations come close to what I described as the first introjected objects, for by definition identifications are the result of introjection. From the statement I have just discussed and the passage quoted from the Encyclopaedia article it can be deduced that Freud, although he did not pursue this line of thought further, did assume that in earliest infancy both an object and introjective processes play a part.

That is to say, as regards auto-erotism and narcissism we meet with an inconsistency in Freud's views. Such inconsistencies which exist on a number of points of theory clearly show, I think, that on these particular issues Freud had not yet arrived at a final decision. In respect of the theory of anxiety he stated this explicitly in *Inhibitions, Symptoms and Anxiety*.⁶ His realization that much about the early stages of development was still unknown or obscure to him is also exemplified by his speaking of the first years of the girl's life as '... lost in a past so dim and shadowy ...'⁷

I do not know Anna Freud's view about this aspect of Freud's work. But, as regards the question of auto-erotism and narcissism, she seems only to have taken into account Freud's conclusion that an auto-erotic and a narcissistic stage precede object-relations, and not to have allowed for the other possibilities implied in some of Freud's statements such as the ones I referred to above. This is one of the reasons why the divergence between Anna Freud's conception and my conception of early infancy is far greater than that between Freud's views, taken as a whole, and my views. I am stating this because I believe it is essential to clarify the extent and nature of the differences between the two schools of psycho-analytic thought represented by Anna Freud and myself. Such clarification is required in the interests of psycho-analytic training and also because it could help to open up fruitful discussions between psycho-analysts and thereby contribute to a greater general understanding of the fundamental problems of early infancy.

The hypothesis that a stage extending over several months precedes object-relations implies that—except for the libido attached to the infant's own body—impulses, phantasies, anxieties, and defences either are not present in him, or are not related to an object, that is to say they would operate *in vacuo*. The analysis

⁵ P. 39. On the same page Freud suggests—still referring to these first identifications—that they are a direct and immediate identification which takes place earlier than any object cathexis. This suggestion seems to imply that introjection even precedes object-relations.

⁶ 1926. Chapter 8, p. 96.

⁷ 1931. 'Female Sexuality'; contained in *Collected Papers*, 5, p. 254.

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of very young children has taught me that there is no instinctual urge, no anxiety situation, no mental process which does not involve objects, external or internal; in other words, object-relations are at the *centre* of emotional life. Furthermore, love and hatred, phantasies, anxieties, and defences are also operative from the beginning and are *ab initio* indivisibly linked with object-relations. This insight showed me many phenomena in a new light.

I shall now draw the conclusion on which the present paper rests: I hold that transference originates in the same processes which in the earliest stages determine object-relations. Therefore we have to go back again and again in analysis to the fluctuations between objects, loved and hated, external and internal, which dominate early infancy. We can fully appreciate the interconnection between positive and negative transferences only if we explore the early interplay between love and hate, and the vicious circle of aggression, anxieties, feelings of guilt and increased aggression, as well as the various aspects of objects towards whom these conflicting emotions and anxieties are directed. On the other hand, through exploring these early processes I became convinced that the analysis of the negative transference, which had received relatively little attention⁸ in psycho-analytic technique, is a precondition for analysing the deeper layers of the mind. The analysis of the negative as well as of the positive transference and of their interconnection is, as I have held for many years, an indispensable principle for the treatment of all types of patients, children and adults alike. I have substantiated this view in most of my writings from 1927 onwards.

This approach, which in the past made possible the psycho-analysis of very young children, has in recent years proved extremely fruitful for the analysis of schizophrenic patients. Until about 1920 it was assumed that schizophrenic patients were incapable of forming a transference and therefore could not be psycho-analysed. Since then the psycho-analysis of

schizophrenics has been attempted by various techniques. The most radical change of view in this respect, however, has occurred more recently and is closely connected with the greater knowledge of the mechanisms, anxieties, and defences operative in earliest infancy. Since some of these defences, evolved in primal object-relations against both love and hatred, have been discovered, the fact that schizophrenic patients are capable of developing both a positive and a negative transference has been fully understood; this finding is confirmed if we consistently apply in the treatment of schizophrenic patients⁹ the principle that it is as necessary to analyse the negative as the positive transference—that in fact the one cannot be analysed without the other.

Retrospectively it can be seen that these considerable advances in technique are supported in psycho-analytic theory by Freud's discovery of the Life and Death instincts, which has fundamentally added to the understanding of the origin of ambivalence. Because the Life and Death instincts, and therefore love and hatred, are at bottom in the closest interaction, negative and positive transference are basically interlinked.

The understanding of earliest object-relations and the processes they imply has essentially influenced technique from various angles. It has long been known that the psycho-analyst in the transference situation may stand for mother, father, or other people, that he is also at times playing in the patient's mind the part of the superego, at other times that of the id or the ego. Our present knowledge enables us to penetrate to the specific details of the various roles allotted by the patient to the analyst. There are in fact very few people in the young infant's life, but he feels them to be a multitude of objects because they appear to him in different aspects. Accordingly, the analyst may at a given moment represent a part of the self, of the superego or any one of a wide range of internalized figures. Similarly it does not carry us far enough if we realize that the analyst stands for the actual father or mother, unless we understand which aspect of the parents has been revived. The picture of the parents in the patient's mind has in varying degrees undergone distortion through the infantile processes of projection and idealization, and has often retained much of its phantastic nature. Altogether, in the young infant's mind every external experience is interwoven with his phantasies and on the other

⁸ This was largely due to the undervaluation of the importance of aggression.

⁹ This technique is illustrated by H. Segal's paper, 'Some Aspects of the Analysis of a Schizophrenic' (*Int. J. Psycho-Anal.*, 31, 1950), and H. Rosenfeld's papers, 'Notes on the Psycho-Analysis of the Super-ego Conflict of an Acute Schizophrenic Patient' (*Int. J. Psycho-Anal.*, 33, 1952) and 'Transference Phenomena and Transference Analysis in an Acute Catatonic Schizophrenic Patient' (see this volume, 457–464).

¹⁰ See *Psycho-Analysis of Children*, particularly Chapters 8 and 11.

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hand every phantasy contains elements of actual experience, and it is only by analysing the transference situation to its depth that we are able to discover the past both in its realistic and phantastic aspects. It is also the origin of these fluctuations in earliest infancy which accounts for their strength in the transference, and for the swift changes—sometimes even within one session—between father and mother, between omnipotently kind objects and dangerous persecutors, between internal and external figures. Sometimes the analyst appears simultaneously to represent both parents—in that case often in a hostile alliance against the patient, whereby the negative transference acquires great intensity. What has then been revived or has become manifest in the transference is the mixture in the patient's phantasy of the parents as one figure, the 'combined parent figure' as I described it elsewhere.¹⁰ This is one of the phantasy formations characteristic of the earliest stages of the Oedipus complex and which, if maintained in strength, is detrimental both to object-relations and sexual development. The phantasy of the combined parents draws its force from another element of early emotional life—i.e. from the powerful envy associated with frustrated oral desires. Through the analysis of such early situations we learn that in the baby's mind when he is frustrated (or dissatisfied from inner causes) his frustration is coupled with the feeling that another object (soon represented by the father) receives from the mother the coveted gratification and love denied to himself at that moment. Here is one root of the phantasy that the parents are combined in an everlasting mutual gratification of an oral, anal, and genital nature. And this is in my view the prototype of situations of both envy and jealousy.

There is another aspect of the analysis of transference which needs mentioning. We are accustomed to speak of the transference *situation*. But do we always keep in mind the fundamental importance of this concept? It is my experience that in unravelling the details of the transference it is essential to think in terms of *total situations* transferred from the past into the present, as well as of emotions, defences, and object-relations.

For many years—and this is up to a point still true today—transference was understood in terms of direct references to the analyst in the patient's material. My conception of transference as rooted in the earliest stages of development and in deep layers of the unconscious is much wider and entails a technique by which from the whole material presented the *unconscious elements* of the transference are deduced. For instance, reports of patients about their everyday life, relations,

and activities not only give an insight into the functioning of the ego, but also reveal—if we explore their unconscious content—the defences against the anxieties stirred up in the transference situation. For the patient is bound to deal with conflicts and anxieties re-experienced towards the analyst by the same methods he used in the past. That is to say, he turns away from the analyst as he attempted to turn away from his primal objects; he tries to split the relation to him, keeping him either as a good or as a bad figure; he deflects some of the feelings and attitudes experienced towards the analyst on to other people in his current life, and this is part of 'acting out'.¹¹

In keeping with my subject matter, I have predominantly discussed here the earliest experiences, situations, and emotions from which transference springs. On these foundations, however, are built the later object-relations and the emotional and intellectual developments which necessitate the analyst's attention no less than the earliest ones; that is to say, our field of investigation covers *all* that lies between the current situation and the earliest experiences. In fact it is not possible to find access to earliest emotions and object-relations except by examining their vicissitudes in the light of later developments. It is only by linking again and again (and that means hard and patient work) later experiences with earlier ones and *vice versa*, it is only by consistently exploring their interplay, that present and past can come together in the patient's mind. This is one aspect of the process of integration which, as the analysis progresses, encompasses the whole of the patient's mental life. When anxiety and guilt diminish and love and hate can be better synthesized, splitting processes—a fundamental defence against anxiety—as well as repressions

¹¹ The patient may at times try to escape from the present into the past rather than realize that his emotions, anxieties, and phantasies are at the time operative in full strength and focused on the analyst. At other times, as we know, the defences are mainly directed against re-experiencing the past in relation to the original objects.

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lessen while the ego gains in strength and coherence; the cleavage between idealized and persecutory objects diminishes; the phantastic aspects of objects lose in strength; all of which implies that unconscious phantasy life—less sharply divided off from the unconscious part of the mind—can be better utilized in ego activities, with a consequent general enrichment of the personality. I am touching here on the *differences*—as contrasted with the similarities—between transference and the first object-relations. These differences are a measure of the curative effect of the analytic procedure.

I suggested above that one of the factors which bring about the repetition compulsion is the pressure exerted by the earliest anxiety situations. When persecutory and depressive anxiety and guilt diminish, there is less urge to repeat fundamental experiences over and over again, and therefore early patterns and modes of feelings are maintained with less tenacity. These fundamental changes come about through the consistent analysis of the transference; they are bound up with a deep-reaching revision of the earliest object-relations and are reflected in the patient's current life as well as in the altered attitudes towards the analyst.

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² 1905. Contained in *Collected Papers*, 3, p. 139.

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