



(1983). International Journal of Psycho-Analysis, **64**:413-425

The 'Second Censorship', the 'Three Box Model' and Some Technical Implications

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In this paper we put forward some theoretical propositions aimed at providing bridges between topographical and structural concepts as they apply to clinical psychoanalytic work. They are a product of the interaction between theory and practice, and reflect attempts to deal with some of the problems which arise in connexion with mental topography, and with the central theoretical and clinical concept of censorship. Following this, a theoretical schema (the 'three box model') will be presented, intended to reflect a clinically relevant aspect of the interface between the topographical and structural theories.

From the beginning of Freud's thinking about the psychoanalytic model of the mind he struggled to find formulations which would allow his theoretical constructions to fit the data of clinical experience. But as one part of his theory came to fit these data better, so discrepancies in other areas increased. This contributed to the organic growth of psychoanalytic theory, which occurred partly in the form of minor revisions, but from time to time as major reformulations, notably with the introduction of the structural theory in 1923. Inevitably the way psychoanalytic theory has grown has left us with a formidable and useful set of ideas which are, nevertheless, to some degree incomplete, unintegrated and even contradictory. While it is true that these latter qualities provide strong motivation for improving and developing psychoanalytic theory, at the same time the practising analyst is left with gaps and contradictions in his models of mental functioning, and has to deal with these in his own particular way. At the conscious level he may not give much thought to the problem of fitting the different parts of his theory together, nor formally fitting theory to clinical experience, and 'will learn to move from one part of his theory to another without being aware that he has stepped over a number of spots in this theory that are conceptually weak' (J. Sandler, 1983). On the other hand, with experience, the analyst will preconsciously (descriptively speaking, unconsciously)

construct a whole variety of theoretical segments which relate directly to his clinical work. They are the products of unconscious thinking, are very much partial theories, models or schemata ... Such partial structures may in fact represent better (i.e. more useful and appropriate) theories than the official ones ... (J. Sandler, 1983p. 38).

The transition from the topographical to the structural theory of the mind has left us with theoretical problems which Freud was unable to solve and with which a number of psychoanalytic authors have subsequently grappled. For some a solution has been to discard the topographical model in its entirety (e.g. Arlow & Brenner, 1964). Others (e.g. Kris, 1950); (Eissler, 1962) have been acutely aware that the topographical theory cannot simply be replaced by the structural, and that the two cannot readily be dovetailed into each other. Ernst Kris has commented that 'The introduction of these new [structural] concepts has never been fully integrated with the broad set of propositions developed earlier' (1950). It is clear that terms and concepts from the topographical theory are still important for many analysts (see Abrams, 1971), and it is equally clear that such concepts must have a significant function to fulfil in psychoanalytic thinking. Eissler has found it appropriate to say (1962),

It is my contention that ego, id and superego do not suffice to outline the whole area of psychoanalytic topography and that on clinical and theoretical grounds it is necessary to assume the existence of something that comes close to, without being identical with, what Freud meant by Cs. [the system Conscious], Pcs. [the system Preconscious], and Ucs. [the system Unconscious] in the seventh chapter of his *Interpretation of Dreams* (1900). The present topographical division of ego, superego and id to a certain

(MS. received July 1983)

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extent leaves unaccounted for a fundamental question, namely, what the pathways of communication are among the three provinces of the personality (p. 13).

The structural theory represented a substantial step forward in psychoanalytic thinking but only went some way towards solving the conceptual difficulties and contradictions with which the topographical theory had become burdened (see Gill, 1963); (Sandler, Dare & Holder, 1982). Some of these difficulties, arising in particular from the different meanings ascribed to 'unconscious' and 'preconscious' had been there almost from the very beginning. Anna Freud was well aware of the need to change her theoretical standpoint from time to time. She said (1972):

I definitely belong with those people who feel free to fall back on the topographical aspects whenever convenient and to leave them aside and to speak purely structurally when that is convenient ... this bad habit of mine of living between the two frames of reference—topographical and structural—is much to be recommended because it simplifies thinking enormously, and simplifies description when necessary ... I try to keep what has been lost [with the structural theory] by reverting to the former whenever I feel it necessary ... It is very interesting to look at the losses in psychoanalytic theory that occur under the name of progress. It is important to see that with every step forward we lose some very useful things (p. 10).

It is the purpose of this paper to put forward some ideas that represent attempts to fill gaps and to remedy some of the inconsistencies which occur when we try to fit together in the clinical context what we have absorbed from the topographical model and the structural. A number of these ideas have been formulated and presented elsewhere (Sandler, 1974); (Sandler & Nagera, 1963); (Sandler, Dare & Holder, 1972a), (1972b), (1972c), (1974), (1978), (1982); (Sandler, Holder & Dare 1972), (1973a), (1973b), (1973c), (1975), (1976). Others have crystallized as a consequence of discussions between the authors over many years, particularly in relation to material derived from child analysis at the Hampstead Clinic, from our own analytic cases and from our experiences in clinical psychoanalytic teaching and supervision.

With hindsight it is evident that what will follow can be traced theoretically to a specific concept that appeared and reappeared in Freud's thinking as he worked on the problems presented by the topographical theory. This idea was that in addition to the usual notion of a censorship operating between the systems Unconscious (*Ucs.*) and Preconscious (*Pcs.*), there is a *second censorship* between the Preconscious and Conscious systems. This proposition was never properly integrated into the topographical model, and disappeared from view after the structural theory was introduced, when the metaphor of censorship was more completely absorbed into the pre-existing ideas of resistance and defence. *It is our contention that there is a strong case for the reintroduction of the idea of the second censorship into psychoanalytic thinking in some form, and that this permits a closer fit between psychoanalytic theory and clinical experience.*

A particular view of the topographical model, with its three systems, is given in **Figure 1**, with the censorship operating only between the Unconscious and the Preconscious. The Preconscious is usually regarded as functioning according to the same rules that govern the Conscious, with the exception that its contents are, descriptively speaking, unconscious. It is seen as involving secondary process functioning, and forms a storehouse for material that can relatively easily be summoned into consciousness. **Figure 2** shows the place of the second censorship, between the Preconscious and Conscious systems.

In order to trace the evolution of the idea of the second censorship, it is convenient to take the concept of 'the unconscious' as a starting point. The latter term defies precise definition, for among its many meanings it refers to the system Unconscious as well as to all that is, descriptively speaking, unconscious (Sandler & Nagera, 1963). What

seems to have happened over the course of time is that the term 'the unconscious' has come to represent a broadening of the notion of the Unconscious system as described by Freud (1900), (1915a). In addition, with the introduction of the structural theory it was a natural step for the term to continue to be used for all content that is, in a descriptive or adjectival sense, unconscious, i.e. the id and the unconscious parts of the ego and the superego. Freud occasionally slipped into this usage himself, as in *The Ego and the Id*.

Figure 1

A view of the topographical model, as described by Freud (1900), with only one censorship, between the Unconscious and the Preconscious systems. The arrows show the path of content from the Unconscious through the Preconscious to the Conscious.

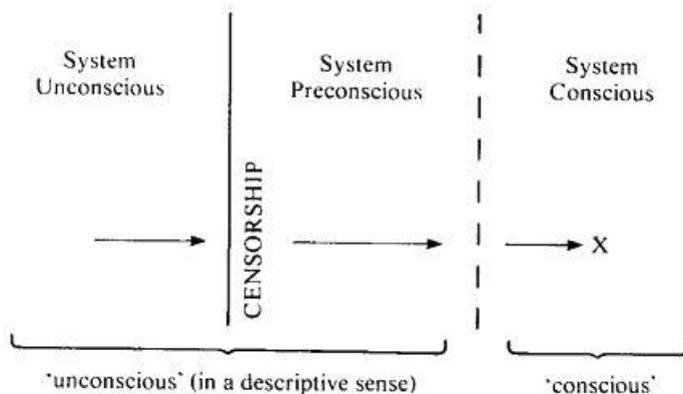
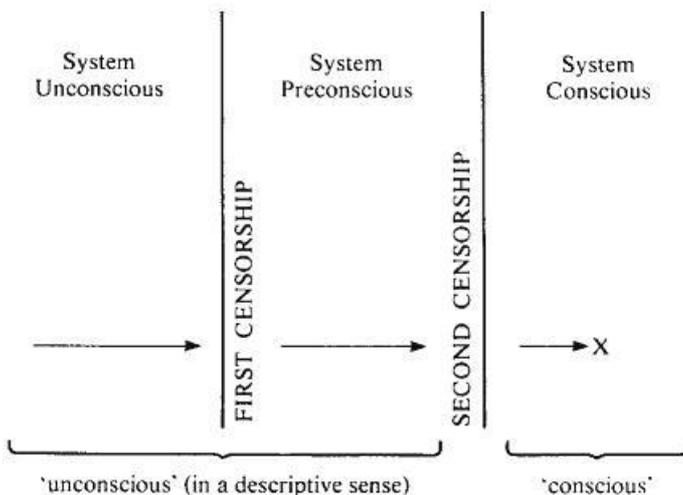


Figure 2

A view of the topographical model with two censorships.



We recognize that the Ucs. does not coincide with the repressed; it is still true that all is repressed is Ucs., but not all that is Ucs. is repressed. A part of the ego, too—and Heaven knows how important a part—may be Ucs., undoubtedly is Ucs. And this Ucs. belonging to the ego is not latent like the Pcs.; for if it were, it could not be activated without becoming Cs., and the process of making it conscious would not encounter such great difficulties (1923p. 18).

The elastic quality of the concept, which allows for change of meaning in different contexts (J. Sandler, 1983) is clear when we hear the same analyst say at one moment 'The unconscious is characterized by primary process functioning' and at another 'He is not in touch with his unconscious', meaning that the person concerned is unaware of his own current feelings, fantasies and thoughts, including those that can be located, in a topographical sense, in the Preconscious system, and in a structural sense, in the unconscious ego. A great many analysts refer to 'the unconscious' in this elastic way, and it is unlikely that they will change their habits. Yet it is profitable to examine the matter further. It soon emerges that one of the sources of difficulty in pinning down the precise meaning of the term is the concept of *preconscious*, itself a rather flexible concept, used in different ways by Freud, just as 'the unconscious' was (see Gill, 1963). It is well known that, following Freud, the term 'preconscious' is still used by psychoanalysts in several senses, including reference both to a system and to everything that has the quality of 'preconsciousness', i.e. the quality of being unconscious in a descriptive sense, of being relatively easily capable of entering consciousness.

In the context of this discussion it can be seen that the theoretical situation was never straight-forward. Freud was always aware that what is preconscious in one sense may not be preconscious in another, because not all the content located in the Preconscious system is freely admissible to consciousness. This is a difficulty which Freud tried to deal with from time to time, and one of the recurring ways in which he attempted to solve the difficulty was by extending the concept of censorship to the border between the Preconscious and the Conscious systems.

In *The Interpretation of Dreams* (1900) Freud wrote of the excitations of the *Preconscious* being able to reach consciousness after 'observing certain rules ... and perhaps only after passing a fresh censorship' (p. 615). Earlier in the same work Freud had commented on 'the privilege enjoyed by the second agency [the

Preconscious] ... of permitting thoughts to enter consciousness'. He said

Nothing, it would seem, can reach consciousness from the first system without passing the second agency; and the second agency allows nothing to pass without exercising its rights and making such modifications as it thinks fit in the thought which is seeking admission to consciousness **(1900p. 144)**.

Fifteen years later, in his paper on 'The unconscious', Freud remarked

it devolves upon the system *Pcs.* to make communication possible between the different ideational contents so that they can influence one another, to give them an order in time, and to set up a censorship or several censorships; 'reality-testing' too, and the reality-principle, are in its province **(1915ap. 188)**.

He goes on to make a number of highly significant statements in regard to the censorships. He

writes, for example, of impulses that derive from the Unconscious, have been elaborated in the Preconscious, but 'are unconscious and are incapable of becoming conscious. Thus *qualitatively* they belong to the system *Pcs.*, but factually to the *Ucs.*' (pp. 190–1). He adds,

We may compare them with individuals of mixed race who, taken all round, resemble white men, but who betray their coloured descent by some striking feature or other, and on that account are excluded from society and enjoy none of the privileges of white people. Of such a nature are those phantasies of normal people as well as of neurotics which we have recognized as preliminary stages in the formation both of dreams and of symptoms and which, in spite of their high degree of organization, remain repressed and therefore cannot become conscious (p. 191).

Freud then comments

In discussing the subject of repression we were obliged to place the censorship which is decisive for becoming conscious between the systems *Ucs.* and *Pcs.* Now it becomes probable that there is a censorship between the *Pcs.* and the *Cs.* (p. 191).

A little later he says 'much that shares the characteristics of the system *Pcs.* does not become conscious ...' (p. 192). He speaks later of 'a new frontier of censorship' (p. 193), going on to say that

the first of these censorships is exercised against the *Ucs.* itself, and the second against its *Pcs.* derivatives. One might suppose that in the course of individual development the censorship had taken a step forward ... In psycho-analytic treatment the existence of the second censorship, located between the systems *Pcs.* and *Cs.*, is proved beyond question. We require the patient to form numerous derivatives of the *Ucs.*, we make him pledge himself to overcome the objections of the censorship to these preconscious formations becoming conscious, and by overthrowing *this* censorship, we open up the way to abrogating the repression accomplished by the *earlier* one (pp. 193–4).

In another paper written in 1915 (Freud, 1917), Freud remarked 'we shall place reality-testing among the major *institutions of the ego*, alongside the *censorships* which we have come to recognize between the psychical systems ...' (p. 233).

With the development of the structural theory the function of censorship was attributed to the unconscious ego or at times to the superego. Thus in *The Ego and the Id* (1923) Freud speaks of 'the moral censorship' of the superego (p. 37). In 1930 he comments on the function of the superego 'in keeping a watch over the actions and intentions of the ego and judging them, in exercising a censorship' (p. 136). But it is the ego that has 'the perception ... of being watched over in this way, ... [and assessing] the tension between its own strivings and the demands of the superego' (p. 136). In 1933, censorship (in dreams) is said to be a function of the superego (p. 28).

In 1924, writing in regard to distortion in dreams, Freud refers to 'the work of restrictive, censoring forces in the dreamer's ego' (p. 199). Again, in 1925, commenting on dream censorship, he demonstrates the connexion between censorship and the ego. He says

But the repressive resistance of the ego is not abolished in sleep but merely reduced. Some of it remains in the shape of a *censorship of dreams* and forbids the unconscious impulse to express itself in the forms which it would properly assume (p. 44).

In 1932 he refers to 'the inhibitory forces' of the dream censorship, going on to say that we should not forget 'that the same process, the same interplay of forces, which explains the dreams of the normal sleeper, gives us the key to understanding all the phenomena of neurosis and psychosis' (p. 222).

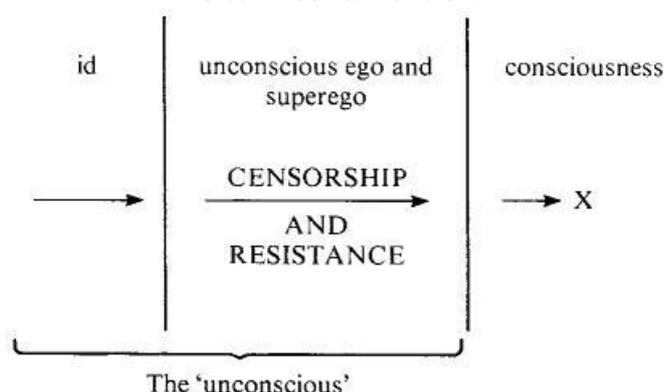
In 1937 the process of censorship is quite clearly linked by Freud with the defence mechanisms of the ego. These mechanisms 'are condemned to falsify one's internal perception ...' (p. 237). A little further on he remarks 'The crux of the matter is that the defensive mechanisms directed against former danger recur in the treatment as *resistances* against recovery' (p. 238).

Figure 3 reflects a transposition of an aspect of the structural model, and indicates how the censorship has been absorbed into a system consisting of unconscious ego and superego. In the structural theory there is in effect one censorship again, stretching from the id to the sense-organ of consciousness.

The relevant situation as it was at the end of Freud's writings is stated very clearly in *An Outline of Psychoanalysis* (1940).

Figure 3

A (distorted) view of an aspect of the structural model, with the censorship absorbed into a system consisting of unconscious ego and superego. The arrows can be taken to show the hypothetical path taken by content from the id towards consciousness. In this diagram the model has been provided with a 'depths to surface' dimension.



Freud says:

There is no need to characterize what we call 'conscious': it is the same as the consciousness of philosophers and of everyday opinion. Everything else psychical is in our view 'the unconscious' (p. 159).

In the unconscious there is 'an important division'.

Some processes become conscious easily; they may then cease to be conscious, but can become conscious once more without any trouble ... [they can] therefore preferably be described as 'capable of becoming conscious' or as preconscious (pp. 159–60).

In contrast

There are other psychical processes and psychical material which have no such easy access to becoming conscious but must be inferred, recognized and translated into conscious form in the manner described. For such material we reserve the name of the unconscious proper (p. 160).

We have found that processes in the unconscious or in the id obey different laws from those in the preconscious ego. We name these laws in their totality the primary process, in contrast to the *secondary process* which governs the course of events in the preconscious, in the ego (p. 164).

It is certain that Freud was very aware of the difficulties and anomalies which still persisted in regard to the concept of 'the unconscious'. No wonder then, that in the chapter in the *Outline*, from which the above quotations are taken, he says

The theory of the three qualities of what is psychical, as described in this generalized and simplified manner, seems likely to be a source of limitless confusion rather than a help towards clarification (p. 161).

In proposing that the concept of the second censorship be restored we are aware that this cannot be done precisely in terms of either the topographical theory or the structural theory alone. We are also aware of the fruitlessness of trying to integrate both theories of the mind in any sort of comprehensive and exact way. What we put forward in this section of the paper can be regarded as a precipitate of ideas that have their origin in preconscious theoretical organizations developed in the course of our work, and which have found overt expression, through discussion, in the form of a relatively primitive schema of what we have referred to earlier as a clinically relevant aspect of the interface between the topographical and structural theories. In some way it belongs to both, as can be seen when **Figure 4** is compared with **Figure 1** **Figure 2** **Figure 3**. In other ways it belongs to neither. There are many loose ends, many incompletely described areas, and we have not striven for conceptual precision.¹

In the 'three box' model, as we shall call it, we can regard the first system as being the 'deepest' in a topographical sense, and the third system, consciousness, as the most superficial, in that it represents a relative end-stage of processes which begin in, or are stimulated to be active in the first system.² This is not incompatible with the idea that sensory impressions arising from the outside

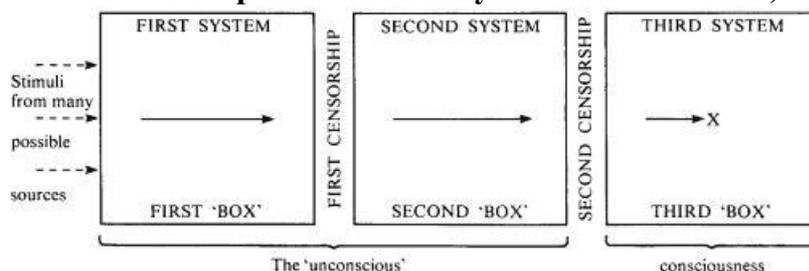
¹ While it is neat and tidy to put things into boxes, we are well aware that we are dealing with continua rather than separate, sharply-differentiated systems. In the same way, we are aware that the 'censoring' process cannot be sharply divided into parts, as we have depicted it. Rather, the boundaries in the schema presented here serve the same purposes as the contour lines on a map (**Sandler, Holder & Dare, 1973a**).

² From a clinical point of view conscious awareness is, of course, not the end-stage, because we expect our patients to verbalize whatever comes into their consciousness. Naturally, this can be done with partial success, because (to varying degree) there exists a further censorship, a third one, between what the patient is consciously aware of and what he tells the analyst. It is worth distinguishing here between material that is consciously suppressed and conscious experiences that occur outside the centre of attention, and are repressed as attention is turned towards them.

world have to be processed outside consciousness before giving rise to perceptual experience.

Figure 4

The 'three box model'. The first two boxes constitute 'the unconscious' and there are two distinct censorships, with a space between them. The arrows show the path of infantile impulses, wishes, fantasies and other tendencies from the 'depths' of the first system to the 'surface', i.e. to consciousness.



THE FIRST SYSTEM AND THE FIRST CENSORSHIP

While **Figure 4** may suggest, at first glance, that the first system is the equivalent of the id or the system Unconscious, it is much more than that. It represents, in any particular internal psychological situation, in any situation of 'demand' from any source, the wishes that are aroused as *immediate* reactions and responses of the individual. While these may be, and often are, instinctual wishes or versions of them, they need not be. Essentially they are those *infantile reactions, infantile wishes or wishful fantasies that have developed early in life and are the outcome of all the transformations that defensive activities and other modifying processes have brought about during that period*. These *peremptory urges* (**Sandler, 1974**) may be evoked by anything which creates a disruption of internal psychic equilibrium, whether the point of origin is instinctual or not. And here the avoidance of feelings of unpleasure from any source is central. Anna Freud (**1936**) has referred to motives for defence such as anxiety arising from internal conflict, fear of the external world, guilt feelings ('superego anxiety') and fear of threats to the integrity of the ego. It is not difficult to extend her view that unpleasure of any sort is a motive for defence to the more general statement, in line with Freud's pleasure principle, that the gaining of pleasure and the avoidance of unpleasure provide powerful motives for all sorts of activities. To this we can add the need to preserve a feeling of safety (**Sandler, 1960**). Moreover, if the motive is strong, the urge to respond in some particular way can be seen as having an insistent, demanding quality previously only attributed to drives.

These immediate, peremptory impulses, which may include urges to actualize (**see Sandler, 1976a**), (**1976b**) quite complicated wishful fantasies, are therefore the contents of our first system. What then of the first censorship? Again, we can approach it developmentally, linking it unequivocally with the substantial changes that occur with the massive repression that brings about the 'infantile amnesia', the 'repression barrier', normally occurring at about the age of 5.³ We have no doubt in our minds that this phenomenon is very real and observable, and that the entry into the latency period (whether or not it is associated with the relative de-instinctualization of relationships to external objects) represents a profound and significant developmental step, one which has perhaps been relatively neglected in

³ The conscious wishes and fantasies of the child just before the infantile amnesia occurs can be assumed to have been consciousness-syntonic, but have become, with relative suddenness, consciousness-dystonic, and are subject to repression. We use these latter terms in preference to ego-syntonic and ego-dystonic, because the latter are pre-structural (**ego-syntonic was introduced by Freud 1911b**), (**ego-dystonic in 1914**) and 'ego' referred much more at that time to consciousness than it did after 1923. Many analysts wrongly consider these two terms to relate to the tolerance or intolerance of wishes and thoughts in the ego of the structural theory, and the terms may be a source of confusion. Many factors, some of which are not entirely clear, must enter at this point into making dystonic what was previously acceptable.

⁴ The relation of this to Freud's theory of repression (**1915b**) and to the concept of primal repression (**1911a**), (**1915b**) will not be discussed here.

recent years. It is this point at which major areas of the personality have crystallized and at which the main conflict-solving personality tendencies have formed.⁴ These may reflect themselves in what has been for so long referred to as the infantile neurosis, even though we know that this constellation need not necessarily be viewed as pathogenic, and not necessarily as a neurosis at all. Anna Freud (1970) has remarked

we also know that it [the infantile neurosis] has a regular place in the childhood of many individuals whose future adaptation to life is successful, and that the conflicts underlying it are normal ones. Looked at from the developmental point of view, the infantile neurosis doubtless represents a positive sign of personality growth; a progression from primitive to more sophisticated reaction patterns and as such the consequence and, perhaps, the price which has to be paid for higher human development.

Anna Freud's reference here to the 'progression from primitive to more sophisticated reaction patterns' is of significance for us. In the first system we can place the relatively 'primitive' reaction patterns of childhood that antedate a demarcation line normally marked by the infantile neurosis, the infantile amnesia, and the entry into latency. The first censorship only allows these 'primitive' tendencies to proceed in the shape of the more sophisticated (and intrapsychically acceptable) reactions which may take the form of symptoms but more generally do not. The demarcation line in development is, of course, not a straight one—it zigzags in time, being established relatively early in some areas and later in others, but for present purposes it will suffice to link the first censorship with it.⁵

As we use so many metaphors in our theoretical thinking, it seems to us to be perfectly legitimate to speak of the tendencies, peremptory impulses and wishful fantasies of the first system as belonging to '*the child within the adult*', as long as we remember that the child concerned is of pre-latency age. Moreover, this child does not simply manifest sexual and aggressive instinctual impulses. He has a history of conflict resolution, he has shown a marked degree of ego development, has acquired complex speech, has elaborated fantasies, some of which are extremely threatening but which are nevertheless the product of defensive activity and play a continuing role in his mental life.⁶ He has struggled with conflicts at all phases of development. He has in particular grappled with the conflicts of the Oedipus complex and has introjected and identified with his objects, developing his superego and his universe of ideals. His motivations, (which may or may not be linked with drive tension) are concerned with avoiding unpleasure and preserving well-being; *and they evoke wishes* that are highly object-related.

From the side of the ego, the period of development which we relate to the first system ends more or less simultaneously with the end of what Piaget has called the *preoperational* stage of cognitive development, and the beginning of *operational* thinking. For reasons which will become clearer later, the type of thinking characteristic of the first system is of critical importance in comprehending it, and for differentiating it from the second. Piaget's view of preoperational thinking has been described as follows (A.-M. Sandler, 1975):

The advent of the preoperational stage does not mean that the development of sensori-motor intelligence comes to a halt but in addition the child is now capable of the mental operations which constitutes thought, which Piaget, like Freud, saw as 'internalized action'. The child can now visualize *alternatives*, without having to put each into *effect*. The child can imagine his environment as it is or as it *would be* if he acted on it to alter it, his world having become independent of direct perceptual cues. However, the child of this stage operates with images of reality which are relatively static and concrete. His thoughts are much closer to overt action than are the thoughts of older children and adults.

The preoperational child cannot proceed from the 'particular' to the 'general' (induction), nor from the 'general' to the 'particular' (deduction). Instead, he proceeds from one particular to another. The notions

⁵ We are deliberately simplifying here, and we could construct a whole set of boxes to take the place of the first system in our model. But more than three 'boxes' in the model would be complicated to handle, and perhaps detract from the points we wish to emphasize.

⁶ Fantasies of this sort have a function for the child in that they enable him (a) to retain his (ambivalent) relationship to his introjects and (b) to allow him to externalize the unacceptable (particularly the aggressive) aspects of himself and to contain them in his objects as external to his self-representation.

he uses fluctuate incessantly between the two extremes of generality and individuality ... The young child, at the preoperational level of cognitive functioning, has thoughts which are neither the logical, socialized ones with which we are familiar, but nor are they completely autistic ones ... the preoperational child is self-centred ... with respect to thoughts. At this stage the child repeatedly demonstrates a relative inability to put himself in another person's place. His vision of the world, his vision of other people, is falsified by the fact that his personal point of view is dominant. The inability to consider another person's point of view shows itself in its use of language and communication ... The child acts as if he assumes that other people will, of course, understand him and will agree with him, that his world revolves around him only to serve him and resemble him (pp. 368–9).

The impulses and fantasies in the first system reflect, we can assume, the type of cognition characteristics of the early years. In addition to this, the fantasies elaborated in the first system can be thought of as showing the stamp imposed by the childhood *theories* of the preoperational phase on the sexual and other preoccupations of the child at that point in his development.

In the construction of childhood theories, especially (but not exclusively) childhood sexual theories, we are dealing with perfectly reasonable conclusions reached by the child, using the facts at his disposal. We should take into account the fact that what is 'reasonable' for a young child is not necessarily 'reasonable' for an adult. The child who believes that babies are born through the anus is thinking rationally for a child of, say, 3 years of age, because he has had the experience that what appears to be part of his body (his faeces) can be separated from the body through defecation. Similarly, the child who believes in oral conception may have perfectly valid grounds at the time for believing in the reality of his theory (J. Sandler, 1975p. 161).

What we have called for present purposes the first system is obviously tangential to the structural concepts of id, ego and superego, yet it relates in some way to all of these. It should be regarded as complementing or supplementing them, but in no way replacing them.

THE SECOND SYSTEM AND THE SECOND CENSORSHIP

Our second system can be regarded as consisting of an organized part of the personality that includes parts of the unconscious (structural) ego as we usually conceive of it, as well as unconscious parts of the superego; and it embraces the Preconscious system of the topographical model. It thus includes the Preconscious that is 'uncensored', which has content that can enter consciousness without hindrance, for the decision to hinder, modify or reject can be said to lie with the second censor. Most of all, however, it resembles the unconscious ego but with a space contained between the two censorships. It should be regarded as having *depth*, in that certain contents can be thought of as being more readily tolerated in its deeper layers than in those closest to consciousness. This topographical point of view is, in our opinion, a very necessary additional dimension to the structural theory for clinical purposes, one that has been relatively neglected when the structural theory has been applied (even though Freud assigned topographical properties to the major structures of his new theory). The concept of 'depth' within the unconscious ego has tended to be lost as it came to replace the topographical concept of the Preconscious system. The 'second box' has, then, a deeper and a shallower end, and content can be admitted (after censorship) into the deep end, tolerated within the system, but be further defended against or resisted as it moves in the direction of conscious awareness, towards the third system. We shall refer to the representatives of the first system, once they have been modified by the first censor, and admitted past the 'repression barrier' into the second system, as *derivatives* of the repressed childhood wishes, impulses and fantasies arising in the first system. (It might be convenient to refer to these derivatives as 'preconscious' derivatives, as long as we keep in mind the existence of the second censorship.)

It has been pointed out that the peremptory impulses, wishes and fantasies in the first system can be stimulated from any source. Such sources include current preoccupations and experiences which we can locate in the first and second systems. Whatever the source, external or internal, that has prompted the wish in the first system, once it has entered the second *it continues to be worked on*, for it now threatens to cause an imbalance, to disturb mental equilibrium, to arouse *conflict* and associated painful feelings. This 'working on' involves the use of the secondary processes and all the defence mechanisms

with which we are familiar. It represents the functioning of a highly organized psychological system, attuned to reality but working outside consciousness. In it the wishful impulses entering from the direction of the first system are modified and integrated with content in the second 'box' (possibly but not necessarily with content that stimulated the infantile response in the first place).

There are certain characteristics of the second system that are of major importance in this context. It is oriented, *not to the past, but to the present*. In order to prevent the individual from being overwhelmed by painful and uncontrollable experiences it constantly creates conflict-solving compromises and adaptations that help to keep a balance within the individual, and foremost among these is the creation of *current unconscious fantasies and thoughts*. These have a function in the present, are constantly being modified and oriented to the present, although they will, of course, indirectly reflect the past. In the clinical situation the prime example of such fantasies are the unconscious transference fantasies that arise in analysis, which do not express themselves directly. The constant balancing process involves modifications of self and object representations in the second system, particularly modifications which make use of externalizations of one sort or another. This activity can be referred to as *the gyroscopic function of fantasy*, but it should be remembered that these are 'fantasies of the second kind'. They are 'here-and-now' adaptive solutions, and differ markedly from what we call fantasies of the first kind, fantasies in the first box of our schema, which are infantile, peremptory, immediate, and potentially disruptive, as they are pushed in the direction of direct fulfilment or actualization. These peremptory wishful fantasies may have involved quite sophisticated adaptive and defensive processes in their formation, but now, while existing in the second system, their peremptory thrust towards actualization renders them threatening.

The gyroscope of unconscious (we could say 'preconscious') fantasy is like a spinning-wheel in more senses than one. It weaves the raw materials available into formations that may be quite complicated, and sometimes appear very different from the materials from which they were constructed. And, like the spinning wheel of the gyroscope, they have an adaptive, balancing function for the individual, who is constantly threatened with being pushed off balance.⁷

A further characteristic of the second system needs to be remarked on. Although it can make use of the most complicated secondary processes, it has a high tolerance for contradictions. One fantasy can coexist alongside a contrary one with the greatest of ease, contradictory theories and thoughts can be tolerated without embarrassment, for all these constructions exist in the dark. This phenomenon has been described in relation to the creation of unconscious (preconscious) theories which may be contradictory but are tolerated outside consciousness. It was noted that the absence of contradiction was *not* that which is ascribed to contents of the system Unconscious or to the id (**J. Sandler, 1983**). What applies to such preconscious theories applies generally to the preconscious thoughts and fantasies that lie behind the second censorship.

The second censorship, lying between the second and third boxes of our schema, has different developmental origins from the first. While it certainly contains other elements, *its fundamental orientation is towards the avoidance of shame, embarrassment and humiliation*. In its origins it certainly begins relatively early in life, when the child can experience such emotions and begins to substitute conscious fantasizing for play that meets with social disapproval. It reflects primarily the difference that existed in childhood between that which can be carried on in secret and that which can be allowed to be seen by others (**Freud, 1911a**). Psychoanalytic thinkers have perhaps tended to underestimate the powerful role in the child's psychic life of the feelings of being shamed and humiliated (as opposed to feelings of guilt) aroused by the criticism of others in his social environment. The comment 'Don't be silly' is one of the most powerful of the social prohibitions of childhood, and the fear of being 'silly' or stupid is profound.

As the child develops the increasing capacity to anticipate the shaming reactions of others (with all the additions he has made to his expectations arising from his own projections), so he will become *his own* disapproving audience and will

⁷ Stierlin (**1970**) has written of the gyroscopic function of 'inner objects'.

⁸ Some individuals more than others will allow 'silly' or 'ridiculous' thoughts to enter consciousness and will have some formula which permits this. In analysis we see this occurring in the form of 'I know it's silly, but ...' or 'I just had the most stupid thought, but ...'.

internalize the social situation in the form of the second censorship. The differentiation between the second and third boxes will have increased, and only content that is acceptable to the internalized social judgment of the second censorship will be permitted through to consciousness. It must be *plausible* and not ridiculous or 'silly'.⁸ In a way the second censorship is much more of a *narcissistic* censorship than the first, but the narcissism involved tends to centre around fears of being laughed at, being thought to be 'silly', 'crazy', ridiculous or childish, essentially fears of being humiliated.

The second censorship reflects the progressive socialization of the child who, at the beginning of latency, enters school and is expected by his teachers and peers to conform to what these groups consider to be more adult models of behaviour. It also reflects the anxiety of the child whose operational thinking is not fully established and whose preoperational cognition may break through, causing him to fear being ridiculed or laughed at. He makes strenuous attempts 'to put childish things behind him' and to identify with the new ideals of behaviour that are held up to him by external authority or by his peer group.

THE THIRD SYSTEM

The contents of this 'box' are the surface expressions of second system thoughts, impulses, wishes and fantasies. They can be considered, for our present purposes, to be derivatives of contents of the *second* system, and take the form of conscious thoughts and feelings that can be verbalized. Equally, however, second system fantasies may find expression in action. We are familiar with the latter in the shape of acting out, but also as the subtle manipulations of the analyst by the patient in the transference, in the patient's attempts to actualize, in a concealed way, unconscious 'second box' wishful fantasies through evoking some particular role in the analyst, one which may show itself to the analyst by way of the countertransference (**J. Sandler, 1976a**), (**1976b**). As far as the person himself is concerned, the contents of the third system must be plausible and rational, and irrationality has to be licensed by appropriate external or internalized social sanction (thus 'ridiculous' dreams are permitted, or even, occasionally, 'silly' daydreams).

The previous sections of this paper would be no more than a pointless exercise were it not for their clinical and technical implications. It is our aim to touch very briefly on some of these, using the 'three box' schema as a facilitating frame of reference.

We have seen that what is so often referred to as 'the unconscious' encompasses the first two compartments in our model. Clinically there is a world of difference between their contents, and we have regularly been surprised by the failure of many analysts and students to make any distinction even approximating that which we have tried to make here. In the first box of **Figure 4** we placed the infantile peremptory urges, impulses, wishes and fantasies, and these wishful action-fantasies, if we can call them that, represent the reactions of the child which were at one time acceptable to him, but later became unacceptable. They may be simple responses, such as the urge to hit out when faced with a threat. They may be more complicated—for example we might find a peremptory wish to exhibit to gain the attention of the parents as a response to a narcissistic hurt, or an urge to run away in a phobic-avoidance fashion when faced with, say, a threat of bodily harm or some sexual temptation. We might see an urge to retreat into illness, or to regress, or to obsess in the face of anxiety, and so on. Urges such as these are accompanied by and embedded in unconscious fantasies which may well have been highly modified during childhood development by defensive projections, displacements, identifications and other defensive processes. But what distinguishes all this content from content in the second system, in the second 'box', is that it belongs to the past, moves forward blindly without regard to the individual's well-being, and has become relatively autonomous. And it carries along with it the history of the

child's psychic life as he experienced it during the first few years of his existence. We are not referring here to simple instinctual urges, but rather to *infantile aspects of the child's self* (in relation, of course, to his objects).

In sharp contrast, the second compartment of the unconscious contains present-day, here-and-now fantasies and thoughts that are current adaptations to the conflicts and anxieties evoked by the contents of the first 'box' as they enter the second. Current defensive mechanisms are called into play, and wish-fulfilling and 'balancing' activity goes on through the formation of up-dated, here-and-now fantasies (the gyrosopic function of unconscious fantasy). These fantasies, of the 'second kind', include transference thoughts and fantasies, together with associated unconscious feelings.

If we take the view that the material lying behind the second censorship is the unconscious content which is closest to the surface, which is the most accessible to us, then it is *that* material which is the prime target for our interpretations. We believe that it is the analyst's task to dissect out and expose the *current* thoughts and fantasies of the patient, particularly those that involve the analyst's person, before the analyst proceeds to make reconstructions about the depths, about the contents of the first 'box'. But it is not enough to interpret in the sense of making a translation of unconscious content. The patient, in lying down and addressing himself to the analyst, inevitably transfers to him some of the social authority which he has previously internalized into the second censorship, and the analyst's use of this authority vested in him by the patient is crucial. While the analyst has it as his task to understand the conscious and unconscious meaning of the patient's communications, it is equally his role as analyst to formulate appropriate parts of his understanding in such a way that it can be conveyed in the most suitable form to the patient. By suitable in this context is meant that way which takes into account the level of development on which the patient functions, the organization of his resistances, his specific vulnerabilities and anxieties, particularly his susceptibility to feelings of guilt, shame and humiliation. The analyst aims to help the patient eventually to accept the infantile wishful aspects of himself which have aroused painful conflict and have become threatening during the course of his development. As a consequence he strives to get the patient to tolerate the (second system) *derivatives* of these parts of himself in his conscious thinking and fantasies. To put it another way: a major analytic goal is to get the patient to become friends with the previously unacceptable parts of himself, to get on good terms with previously threatening wishes and fantasies. To do this means that the analyst has to provide, through his interpretations and the way he gives them, an atmosphere of tolerance of the infantile, the perverse and the ridiculous, an atmosphere which the patient can make part of his own attitudes towards himself, which he can internalize along with the understanding he has reached in his joint work with the analyst (A.-M. Sandler, 1983).

From this it follows that the analyst must listen for the dominant current conflict or preoccupation that is being censored (i.e. being resisted) and interpret it in such a way that the patient experiences relief, and for this purpose he should make use of appropriate interpretations, preferably in the context of the transference, of the pain and discomfort the patient is suffering. So, for example, a patient who is struggling against the emergence of affectionate feelings should not be told 'You are fighting against loving or affectionate feelings towards me', but rather the motive for the conflict must be interpreted in the form, perhaps, of 'You must find it very difficult to let yourself feel your loving feelings towards me because you are afraid I will laugh at you'. What the patient should certainly *not* be given are interpretations of the sort 'I stand for your internal father or mother towards whom you have loving feelings', or 'You are repeating here the loving feelings you had as a child towards your mother or father'. These latter interpretations muddle the two unconscious and substantially dilute the affective impact of the interpretation. However, once the patient has been able to accept the reality of the here-and-now thoughts and feelings that occupy the second system, particularly the thoughts and fantasies that arise in the transference, and his (second censorship) resistance has fallen away in that particular context, it is appropriate to reconstruct what has happened in the past, to take a genetic perspective, in the knowledge that

⁹ Anna Freud has said that material should only be interpreted when it is 'hot', i.e. alive and felt by the patient to belong to the present (personal communication).

such reconstructions have as their main function the provision of a temporal dimension to the patient's image of himself in relation to his world, and help him to become more tolerant of the previously unacceptable aspects of the 'child within himself'.⁹

The implicit rule in this can be expressed as follows: work with the resistances due to the second censorship before anything else, and make your reconstructions later, when these resistances have been substantially diminished or resolved.

It is our firm conviction that so-called 'deep' interpretations can have a good analytic effect only because they provide metaphors that can contain the fantasies and feelings in the *second* system. The patient learns to understand and accept these metaphors, and if they provide a good fit, both cognitively and affectively, then they will be effective. This view gives us a way of understanding the interpretive approach of some of our colleagues, but we have always been impressed by the risk that the proponents of 'deep' interpretations run in possibly diluting the impact of their interpretations by confusing the contents of the 'past' and 'present' unconscious.

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Article Citation [\[Who Cited This?\]](#)

Sandler, J. and Sandler, A. (1983). The 'Second Censorship', the 'Three Box Model' and Some Technical Implications. *Int. J. Psycho-Anal.*, 64:413-425