

Self-Boundary Awareness & Psychotherapy: Embarking on a Mental Journey with a Wooden Figure (original titel: Blaser K. (2023). Ich-Grenzbewusstsein und Psychotherapie: Mit einer Holzfigur auf eine mentale Reise gehen. Bewusstseinswissenschaften, Transpersonale Psychologie und Psychotherapie, 1/2023, 38-45)

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Summary

How can various states of consciousness be spatially represented, consciously induced, and experienced? For instance, through the use of the 3-dimensional boundary visualization method, where the psychological self-boundary is primarily depicted using wood planks. Experiences in clinical practice have shown that this can often be successful.

The following will explain the representation of boundaries and the interpersonal attention model, outlining the difference between horizontal and vertical attentional movements. It describes what therapists need to pay particular attention to during the guidance of boundary visualization and highlights the role of attention flexibility in mental well-being.

Keywords: attention, inner world, self-boundary, dissociation, spirituality, psychotherapy

Introduction

This article describes various states of consciousness using the 3-dimensional boundary visualization (3-DBV) method, which makes these states of consciousness visible and consciously experienceable during visualization sessions for patients. This therapy method was developed approximately 15 years ago and is based on an interpersonal spatial understanding of attention (Blaser, 2012). In this model, one's own and others' psychological self-boundary play a significant role as they define individual mental spaces and enable diverse perspectives. The spectrum of mental states that can be captured with this method ranges from various forms of mindfulness, cognitive modes such as reflective self-awareness, "Theory of Mind," dissociation, empathy, to transcendent experiences. This range of diverse mental states can be made understandable, tangible, and physically experienced in a simple way through 3-DBV (Blaser, 2014). We will then discuss the healing effects of this multiperspective application. Psychotherapeutic indications include DSM diagnoses such as Post-Traumatic Stress Disorder, anxiety disorders, ADHD, personality disorders, or more generally, the loss of access to one's own inner world. Additionally, in couple and family therapy, the method can lead to new insights, greater clarity, and balance within the family system. Old interpersonal patterns are recognized, and recurring unwanted, mostly unconscious boundary violations can be avoided (Blaser, 2023b). Reconciliation between children and parents can be facilitated, for example, through rituals of returning transgenerational burdens. All of this also relates to the delineation of the inner world and its permeability. The method is taught in Germany, Switzerland, and the Netherlands to various professionals including doctors, psychologists, body therapists, teachers, social educators, and pastors. What is a 3-dimensional Boundary Visualization (3-DBV)?

With the guidance of a therapist, the patient, or client, intuitively represents their previously unconscious image of their own psychological self-boundary using "Kapla" wood planks. First, they choose a 10-centimeter wooden figure representing themselves. The therapist says,

"You are the wooden figure, or the wooden figure symbolizes you." The wooden figure is provided with two painted eyes that determine the direction of gaze or attentional focus (see Figure 1).

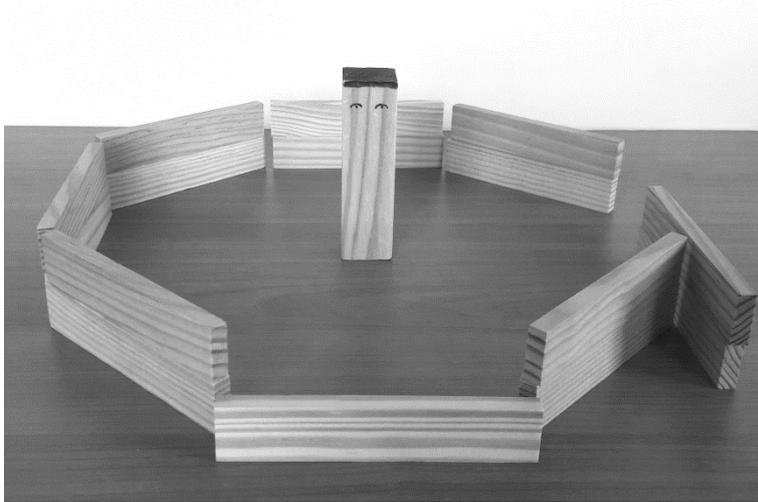


Figure 1: Psychological self-boundary depicted with wood planks

The self-boundary built with wood planks defines the psychological inner space in relation to the external world and depicts a diagnostic image of "being-in-the-world." Additionally, the depicted self-boundary shows the possibilities of exchange or protection with respect to the direct environment. The representation of the "fence of the inner garden" should be carried out without deliberation, from the gut, i.e., without explanations or justifications. The therapist guides, "Just as your self-boundary looks in this present moment". The resulting depiction of the self-boundary exhibits a dynamic that is difficult to describe or capture in words. This dynamic enables the process to take a non-rational direction, following the intrinsic logic of the patient's inner world.

During the session preceding the 3-DBV, the patient is introduced to the fundamental concept of the spatial model for the human psyche through the Inner Garden analogy. This explanation helps the patient to spatially visualize their inner psychological world. It is easy for anyone to understand that with our attention, we can occupy three different locations: we can be 1) in our own intrapersonal space, 2) outside our self-boundary, or 3) empathetically enter the psychological inner space of another person. In the preparatory conversation, it also becomes clear that the psychological self-boundary not only provides protection but also holds together our own inner world ("Containment"). Furthermore, the self-boundary has an important filtering function from outside to inside, as well as in the reverse direction from inside to outside, and it determines the size of the mental inner space (which is usually smaller during a depressive episode than before and is manifested, among other things, by social withdrawal). The self-boundary thereby gives our self a face. Somehow, humans possess a sensory organ through which we can perceive the self-boundary of others. We can see whether the other's boundary is permeable or whether the gate to the other's internal world is currently open or closed. Within this intrapersonal psychological space reside our Emotions, Experience, Tasks, Images, Responsibility, Opinions (Value) (EETIRO) (Blaser 2012).. These elements can be current, old, personal, or from someone else. Using the spatial metaphor for our inner space, for instance, transgenerational experiences, including associated images and emotions, can be recognized more quickly. Also, the unwanted placement of unpleasant feelings or destructive images in others' intrapersonal spaces within romantic relationships or workplaces can be

easily visualized (Blaser, 2023b). In family therapies, collectively learning the "garden language" can enhance communication within families and notably make it more respectful. Children already grasp the metaphor of the "Inner Garden" by the age of 5-6 years.

Representation of the Self-Boundary and the Inner World

The guidance of a 3-DBV is only possible when the therapist is in a mindful mode. In other words, the most important contraindication for a 3-DBV is a non-mindful therapist. The therapist guides the session from their own inner space, therefore avoiding rational considerations and interpretations.

The vast majority of patients build their self-boundary around their wooden figure using wood planks. They thus represent themselves in a mindful state. For a few individuals, at the end of visualizing their previously unconscious self-boundary image, the wooden figure is positioned outside their own inner space. This often symbolically represents their current mental state. Through a brief guided meditation, patients can be assisted in finding their way to their inner world more easily. Establishing a connection with the psychological inner space is crucial for being able to identify with the wooden figure. The process of "placing oneself into the wooden figure" is crucial to initiate the therapeutic process. Questions such as "Where are you looking right now, or where is your figure looking at?" are then understood. For example, the client responds, "I'm looking beyond the fence and seeing a beautiful landscape". If the identification with the wooden figure has not yet been completed, he may respond, for example, "I see you sitting across from me in the chair". If the patient can imagine standing in their inner world, the therapeutic process can begin.

The symbol itself (in this case, the wooden figure and also the self-boundary depicted with the wood planks) is based on the pairing of meaning with a chosen form, which may not initially appear similar (Peirce, 1986). The symbol is something composite, and only when it is composed, is it a symbol and then becomes a symbol of something (Kast, 2012). Jung writes, "Movements of the psyche can be experienced through symbols, but they can also be perceived from the outside thanks to the symbol" (Jung, 2011). The movements of the psyche can be observed during the 3-DBV in the present moment by both the patient and the therapist. Thus, a small turn of the wooden figure's gaze, for example, can be directed towards a gap in the self-boundary (see Figure 2).

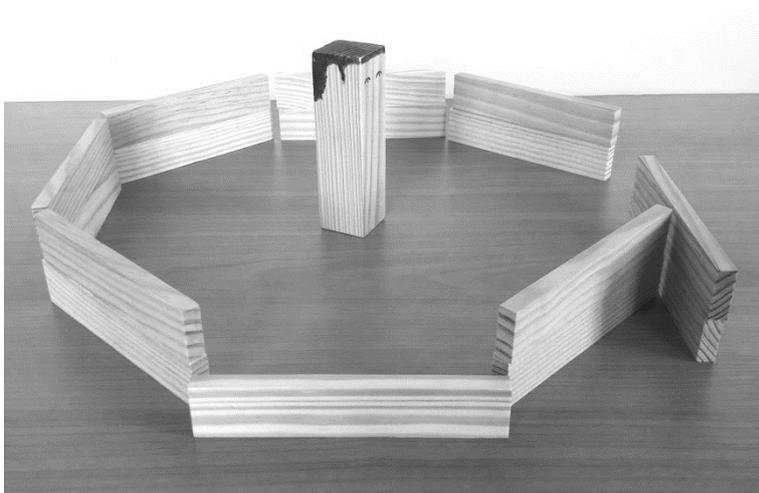


Figure 2: The wooden figure gazes at the gap in the self-boundary.

At that moment, the patient simultaneously looks from within at the same spot and sees, for example, an old experience that led to this gap in his self-boundary many years ago. The movement of the wooden figure leads to a change in the patient's focus of attention. We encounter this phenomenon particularly often in trauma therapy. The patient experiences the act of looking physically and can now anticipate the gap in a new and healthy way. At the same time, while looking from within at the old experience, he is also aware that it is only the wooden figure looking at a boundary depicted with wooden sticks. He can oscillate between the past and the present, between his old experience and the symbolic representation on the table. Subsequently, during the 3-DBV, he can close the gap and symbolically keep unwanted intruders at bay. The image of the past is transformed into a place of healing through the intervention in the present. In the mode of mindful introspection, old elements can be shifted, adjusted, or even removed. This allows foreign introjections to be returned and one's own old experiences to be actively given a better place within the inner world. As the process unfolds, it often becomes evident that the figure or the patient learns to move more freely within their own psychological inner world. Threatening places no longer need to be repressed or ignored. The inner world is once again available as a safe place and can be redesigned according to the patient's imagination and desires using the garden metaphor. For patients who, for example, have suffered for years under intrusive, boundary-crossing parents, this can become a powerful experience. The traumatic event receives a new narrative through the 3-DBV. In this therapeutic process, the experience is integrated into a continuum of events and no longer leads a random existence (van Der Kolk, 2015). During the 3-DBV session, the Therapist is situated in their own psychological inner world, attentively and with loving-kindness observing the patient and the proceedings on the table. In this mode, they resonate with the patient, fostering a continuous connection. This mode of compassion allows for a constant attunement with the patient. The therapist resonates not only with the patient's feelings but also with their images and experiences. These "co-images" may manifest when the therapist experiences their own images that correspond to those of the patient. In this "compassion mode," for instance, the patient describes an inner image that the therapist simultaneously perceives within himself. The presence of a compassionate witness holds significant healing power. The patient feels perceived and respected by another person on a soul-to-soul level. During boundary visualization work, the therapist pays attention to the location or spot in the boundary image that exhibits the strongest dynamics. This could be a releasing or liberating energy. However, it could also be a detail that hints at something threatening or indicates an injury. The art of accompanying the process also lies in the ability to do nothing and wait. Here, doing nothing can be understood in the Taoist sense of Wu Wei (Watts, 1983). It's about waiting for the momentum, in which something happens, in which a force manifests itself, leading to a coherent next step for both the patient and the therapist. Another crucial aspect is for the therapist to approach the session with the wood planks without any preconceived goals. They must set aside their own desire for the patient to develop a strong sense of self-boundary or to construct a suitable gateway to the outside world during the process. Waiting without any goal for the next signal turns each 3-DBV session into a unique emotional journey for both the patient and the therapist.

Outside the inner world: The horizontal and vertical planes

The patient can exit their inner space with their figure. There are two ways to do this: either they leave their inner space on the horizontal plane, or they ascend vertically with the wooden figure. When they horizontally exit their intrapersonal space, the bodily connection to their feelings, inner images, and experiences is severed. The sensation of the "felt sense" (Gendlin, 1998) is no longer achievable in the non-mindful mode. If they move their attention to their

immediate surroundings, they enter a cognitive mode in which the executive functions of the brain are activated. They shift from the state of simply existing to one of thinking and acting, thereby disconnecting from the present moment. When the wooden figure is situated beyond the depicted self-boundary of the self, this shift is noticeable in the patient's actions. They initiate a process of reflection and analysis of their inner world from an external viewpoint. These thoughts and external observations can later be incorporated into the inner world and integrated internally. During the day, most of us primarily operate in a mode detached from emotions. Society demands rational and logical actions from us, preferably quick and efficient ones. As described by the Belgian psychiatrist De Wachter in his book "Borderline Times," we are almost seduced into this state (De Wachter, 2012). Scheidler, in a societal context, longs for the resurgence of inner worlds, which, as he writes, are devalued as irrational "subjective remnants" in the technocratic worldview (Scheidler, 2021). Despite efforts to counteract societal dissociation, such as mindfulness programs and offerings like MBSR training or the myriad of mindfulness apps, the centrifugal tendency of attention appears to be spreading further (Blaser, 2017).

When we shift our focus away from our inner world, for example, when we go to work to secure our financial existence, we usually maintain a healthy distance from our inner space. However, it's different when a person can no longer tolerate their inner world because it contains too many burdensome, painful, or even threatening EETIRO elements (BEGAAV elements). The stay within one's own realm of emotions, images, and experiences can become unbearable, and mentally venturing outward becomes a form of escape. For many traumatized individuals, there's no choice but to distance themselves far from their inner core, from their bodily presence. In the eight-week Self-Boundary Awareness Training, participants learn to consciously perceive and control the distance to their own inner world (Blaser, 2020). It is evident that substances like alcohol, nicotine, drugs, stress, multitasking, fast-paced living, social media, and noise have a centrifugal effect in relation to the inner world. In contrast, practices such as slowing down, silence, nature, yoga, meditation, single-tasking, and manual activities have a centripetal effect. This awareness of distance from the inner world can be therapeutically beneficial in various ways.

The second option, as mentioned earlier, to leave the inner space with the focus of attention is the mental upward movement. In the "vertical 3-DBV" after depicting the self-boundary, identifying with the wooden figure, and exploring the inner space, the wooden figure is slowly moved upward (see Figure 3).



Figure: Ascending with the wooden figure from the psychological inner space

In an initial study, the sensations triggered by this process were explored. In the phase following the ascent with the wooden figure, participants reported significantly more frequently experiencing bliss, expansion, and feelings of timelessness. Bliss served as an overarching factor for emotions such as love, insight, inner openness, transcendence, and meaningfulness. Participants also mentioned increased clarity and distance from their own emotions (Sohst 2023). In the book "Vom Loslassen und Aufsteigen: Eine spirituelle Therapieform." (Letting Go and Ascending: A Spiritual Therapy Approach - Blaser, 2023a) nine vertical 3-DBV sessions are precisely described. Even the slow upward movement of the wooden figure alone can induce changes in consciousness similar to a near-death experience, out-of-body experience, or shamanic journey. The described spiritual experiences can also be compared to experiences after ingesting psychedelics. The method of the "wooden figure ascending from the inner world" could offer an alternative to psychotherapies with psychedelics (Hassler, 2022). The advantage would be that no substances need to be used, and through direct contact between the patient and therapist, the psychedelic experiences can be guided in the present moment. Additionally, the duration of the mental journey can be controlled, and the session can be terminated at any time. In therapeutic practice, it is often observed that individuals who have experienced traumatic events in early childhood tend to dissociate upwards. When the upward movement is examined more closely through a vertical 3-DBV, unlike the horizontal flight movement, it becomes apparent that there is usually a source of strength at the top. The dissolution of physical heaviness experienced at the top, merging with something greater, healing silence, and the comforting distance from earthly existence can open powerful new perspectives in everyday life below.

Mental health could be broadly defined as conscious flexibility of attention. With the 3-DBV, mental agility can be made conscious, developed, and trained.

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