Presentation Abstract

Surname
Katharina

Name
Dr. Gnirke

Field of Expertise
Counselling

Name of National Association
DGTA

Modality of Participation
in-person

Type of Presentation
Structured Discussion

Presentation Title

Boundary Organisation in Transactional Analysis: Toward an Integrative Framework for Clinical Understanding and Research

Abstract

Background and Objectives Transactional analysis offers multiple concepts for understanding psychological boundaries, yet these contributions remain theoretically fragmented and clinically difficult to integrate. From Berne's (1961) ego state boundaries to relational formulations of contact (Gurowitz, 1975; Kaplan et al., 1984; Joines, 1988) and developmental perspectives (Hay, 2018), TA has addressed boundary phenomena at different levels without a shared theoretical architecture. This structured discussion introduces a four-level model of boundary organisation aimed at providing clinicians and researchers with greater conceptual precision in locating and addressing boundary difficulties.

Methods or Approach The model was developed through clinical practice and theoretical synthesis within a contemporary integrative TA framework informed by relational, attachment-based, and neurobiological perspectives. The four interconnected levels are: (1) the somatic boundary, drawing on polyvagal theory (Porges), affect regulation research (e.g. Schore), and Erskine's body script; (2) the contact and relational boundary, grounded in Gestalt tradition and Hargaden & Sills' (2002) relational perspective; (3) the self-coherence boundary, grounded in Berne's (1961) functional ego boundary pathology, Bion's containing function, and mentalisation theory (Fonagy & Target); (4) the psychological-narrative boundary, grounded in Berne's structural analysis and script theory.

Key Findings or Expected Outcomes The model conceptualises boundary organisation as a layered regulatory architecture linking somatic regulation, relational contact, self-coherence, and narrative identity. Clinically, it differentiates characteristic relational boundary organisations that show affinities with Kernberg's structural diagnostic levels, with implications for clinical assessment, intervention planning, and future empirical investigation. The session invites participants to engage with the model through guided reflection and moderated discussion.

Conclusions and Implications The model opens several research directions: empirical validation of level-specific boundary configurations, development of clinical assessment instruments, and integration of neuroscientific findings into TA theory. The contribution is positioned as a conceptual foundation for future theoretical and empirical work within contemporary transactional analytic theory.

Professional Picture

