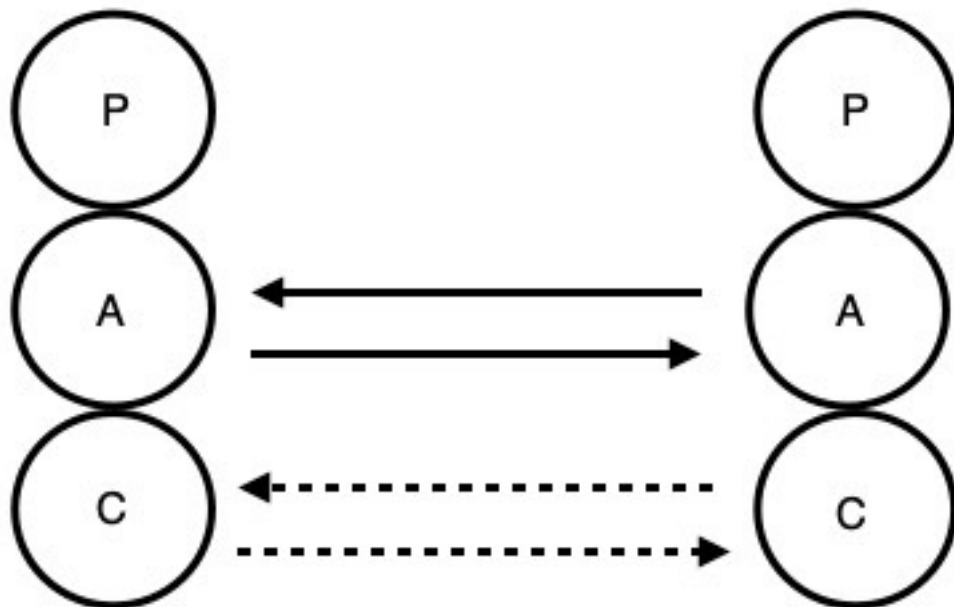


The Book of Transactions:

Part one

The Monograph Series:
Monograph One



Tony White

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The silence transaction

What is silence

As we know in transactional analysis there are two different ways of communicating - verbal and non verbal language and this is often diagrammed as an ulterior transaction, figure 1.

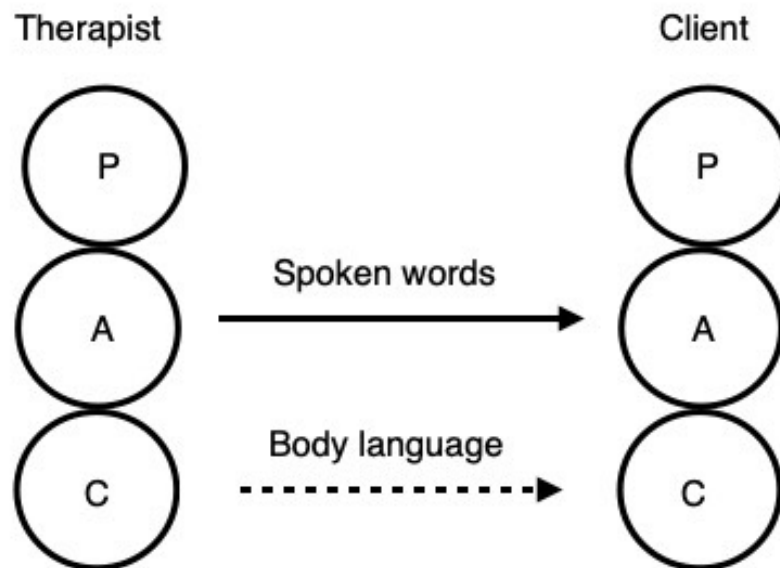
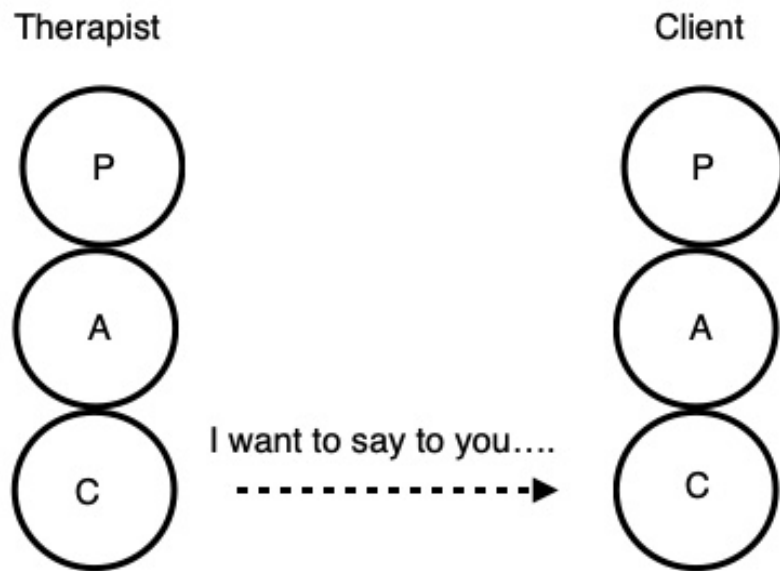


Figure 1

In the literature there has been a good deal written about silence in psychotherapy. For example you have articles titled, Silence in group psychotherapy: A powerful communication (Gans and Counselman (1999)) or Silence as communication in psychodynamic psychotherapy (Lane et al (2002)). These are strange titles as they both say that silence is a way of communicating. However if there is communication then there cannot be silence. What most of these articles are suggesting is that silence means no talking, but as figure 1 shows there can be verbal silence at the same time as having non verbal communication which means there is not really silence. Figure 2 shows the two different types of silence and most of the literature on silence refers to silence as the absence of speech but not the absence of communication. In this book I will mainly be referring to silence as the absence of communication

Silence as the absence of speech



Silence as the absence of communication

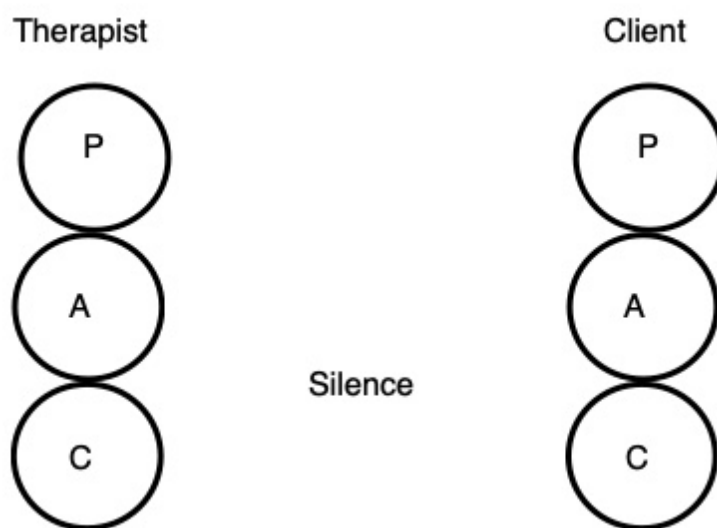


Figure 2

Silence and ego states

When a therapist talks to the client it requires the client to:

1. Process and comprehend the information
2. Process and create a response (usually)

This means the client has to move their energy from the Parent and Child into the Adult ego state as shown in figure 3.

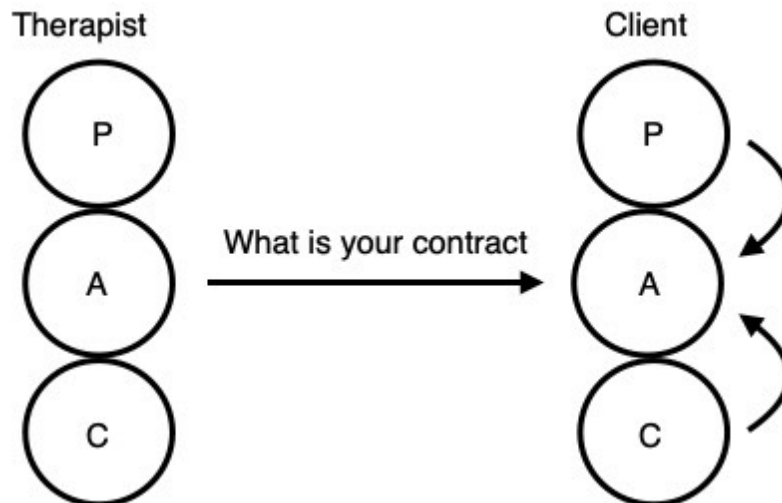


Figure 3

When there is silence the opposite can happen as shown in figure 4.

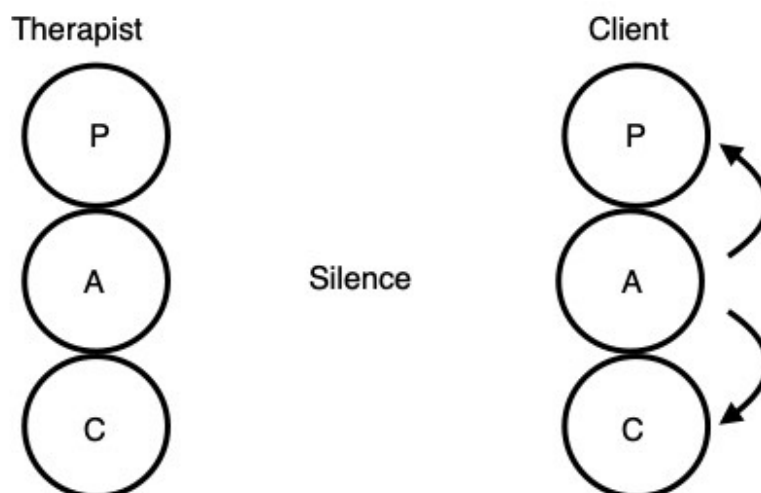


Figure 4

The client's energy can move back into the Child (and Parent). With the Adult ego state not being stimulated by the therapist talking to the client, the most important transaction is the regression into the Child ego state. This will tend to happen in the

therapy situation because it encourages the client to go into the Child. Psychotherapy is set up so that the Child ego state will be stimulated and the energy goes into it. Most therapies want this to happen at some point in their process. When the therapist stops talking or communicating with the client then this is more likely to happen.

However it does not necessarily always happen and this is where the therapist needs to make a judgement call. See figure 5.

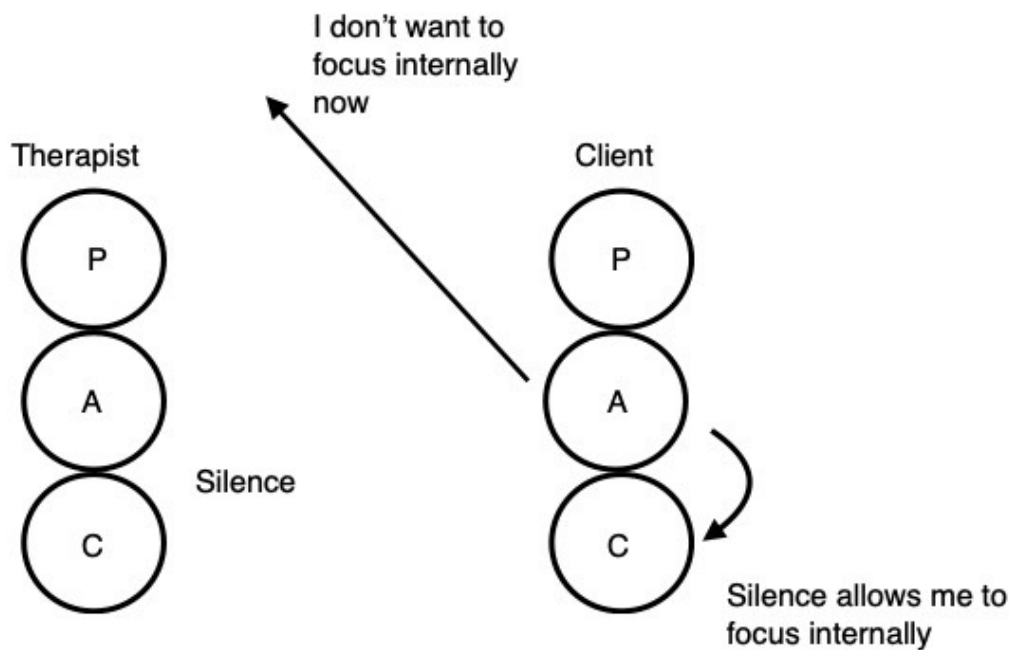


Figure 5

With silence the client may not feel the need to focus internally and instead they maintain an external focus from their Adult ego state. They look at a painting on the wall, or listen to two people talking outside or watch the rain fall on the window outside. When this happens the client is saying, 'I don't want to look inside myself at this time'. Silence gives the client the option to turn their focus inward but that will only happen if they feel the need to at that time.

Silence and the 100 yard stare

When they do focus inward in the silence they tend to get what is known as the 100 yard stare. This is a facial expression that one sees in men who have been in war situations. They get a look where it feels like they are looking right through you. There are so many terrified feelings inside they are focussed on, that even when they are looking at someone in their environment they are kind of not being seen.

The observer gets the feeling they are not really being seen by the combat veteran, as they aren't being seen in the usual way.

Clients can also get this 100 yard stare when they are processing a lot in their Child which can happen after they have shown some feelings or had a discussion with the therapist and so on. It is important that the therapist remains silent at this point so as to allow that processing to occur and not bring the client back into their Adult by talking to them. When the client finally stops that processing the therapist needs to ask what was happening for them so as to get an idea of what their Child was processing.

This allows the client to take the lead and show the therapist what is important to them at that time. It may be quite a different topic than what the therapist wants to discuss at that time. Silence, which is both verbal and non verbal silence, gives the client time to assess self and begin to articulate what is important for them at that time.

Silence and regression

Following on from figure 4 which showed how silence allows the client to move into the Child this also allows the client to move into a state of regression which they are doing when they have the 100 yard stare. Most therapies want a client to move into a state of regression at some point in their process because when regressed the client is in a state where psychological change is more likely to occur, than if they are in the Adult. See figure 6. In transactional analysis terms a state of regression is where the Child is highly cathected and the Adult and Parent are much less so cathected.

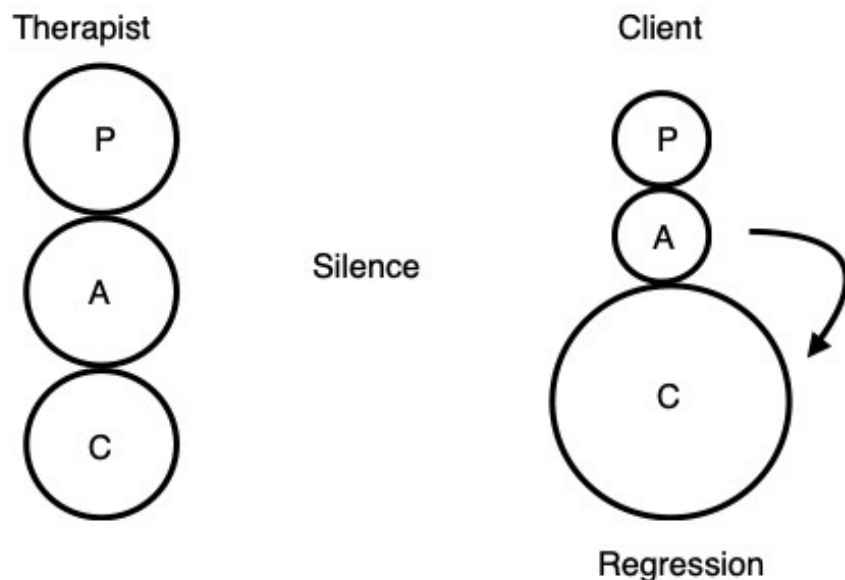


Figure 6

At these times therapist's should use as little communication as possible. Body language and verbal communications are kept to a minimum. This allows the Child to be more cathected. Common examples of this are when a client is moving into feelings or they are doing empty chair work. The therapist needs to keep their communications to a minimum. When the therapist wants the client to move out of the regression they simply stop the silence and ask questions. As we know this pressures the client to move out of Child and into Adult as they have to comprehend what the therapist is saying and then formulate a response.

Chapter four

Silence and the unconscious

The silence and the ego states diagrams previously shown illustrate how communication from the therapist can drag the client into the Adult ego state. The same happens with the conscious and unconscious. When there are transactions from the therapist the client's psychological energy is taken away from the unconscious and moves into the conscious

This is a diagram of how Freud conceived of the conscious and unconscious. In the past it has been referred to as the iceberg as we only see a little of the conscious above the water line and underneath there is a large area of the unconscious. See figure 7.

When a therapist talks to the client the person's energy or attention is being taken away from the unconscious and is forced into the conscious at the top. With silence this distraction stop and the person has the opportunity to be influenced by their unconscious urges and needs to a larger degree.

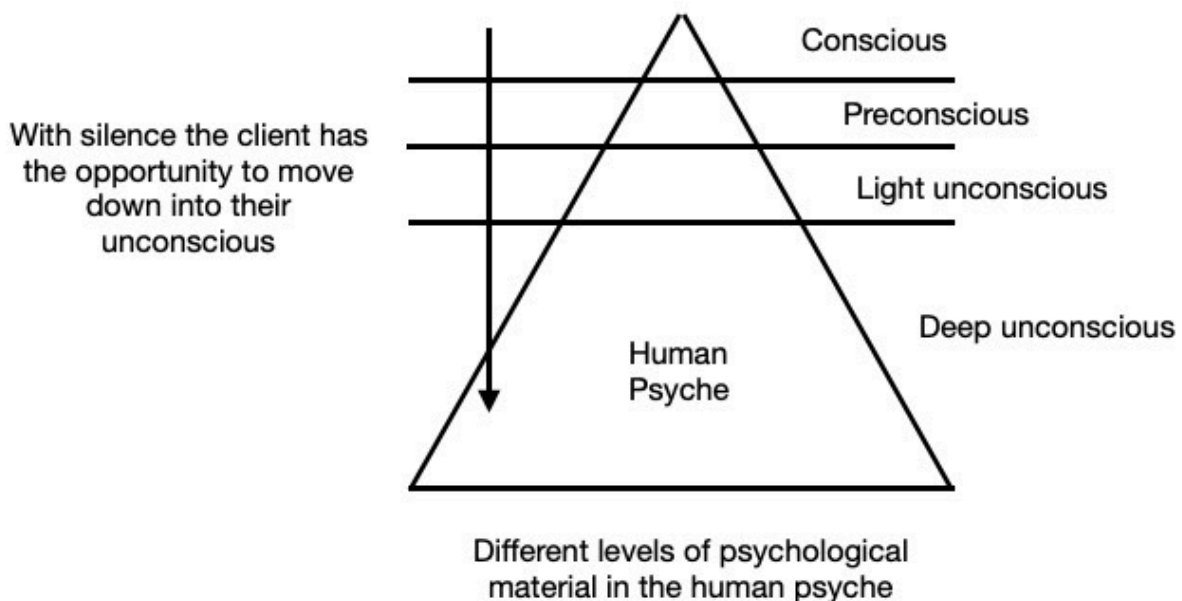


Figure 7

One advantage of this is that it allows the client to reset the focus of therapy. The client can tell the therapist what is important for them at this point of time. If they change the subject, it may be the client telling the therapist what is important for them now. If after a period of silence the client starts to talk about a new topic it can

be because they have been allowed to be more influenced by their unconscious in the silence.

However unfortunately that is not always the case. Sometimes a client can change the topic because what they are currently discussing is anxiety producing for them and they are seeking to avoid it. This comes down to clinical judgement by the therapist to make a decision about which one it is

Transaction 1 - non relational and the unconscious

Silence allows for the space and time to do inward reflection particularly in relation to the unconscious aspect of self. In this instance there is no acknowledgement of anything external (the therapist). It is simply 100% inward reflection and contemplation. The client is saying to self, 'I do not see you, but I am simply looking at myself and the meaning that has for me'. See figure 8

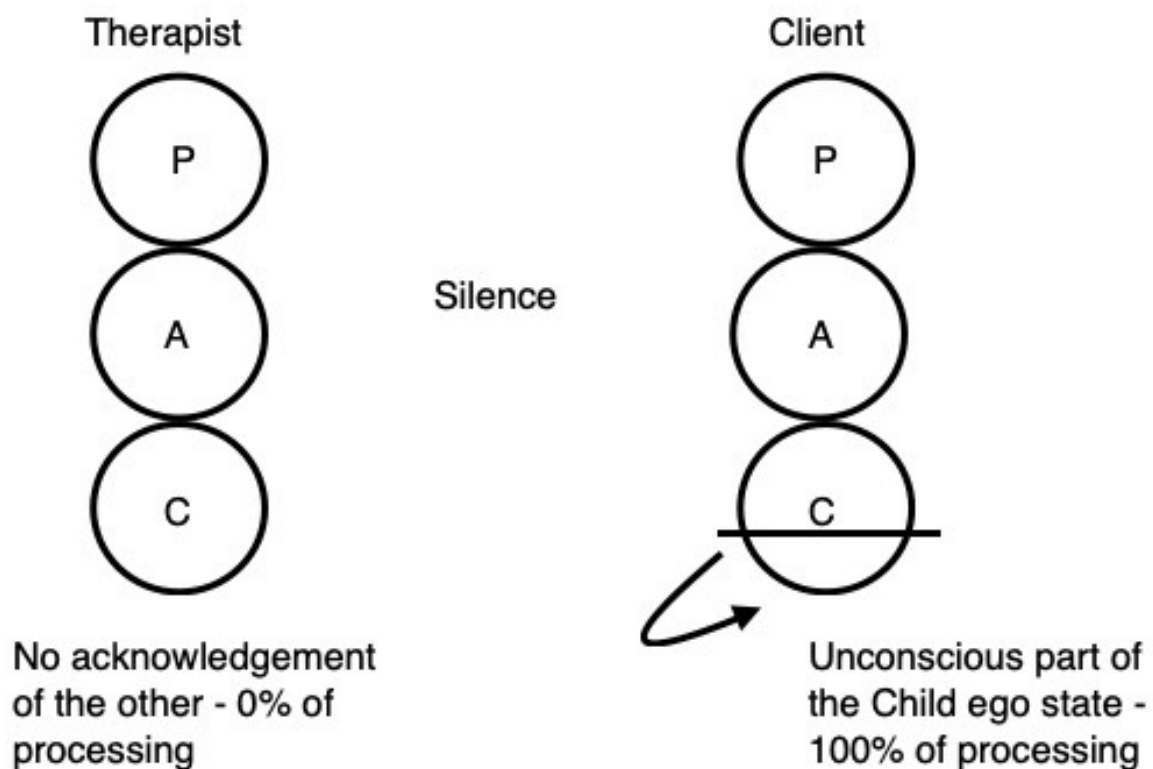


Figure 8

Transaction 2 - relational and the unconscious

In this transaction silence allows for the space and time to do inward reflection particularly in relation to the unconscious aspect of self whilst acknowledging some other person. It is simply inward reflection and contemplation on what the other person means for me at a deeper unconscious level. This can explain how two

people can sit together, saying nothing and develop a profound and deeper sense of connection.

One or both of them are asking, 'I see you and what do you mean for me?', but this is not at an Adult level. Instead the person is allowing their unconscious to simply comprehend and resonate with the other person. As said before this allows for a more profound understanding of the other person, their meaning for me and the sense of connection to that person. See figure 9

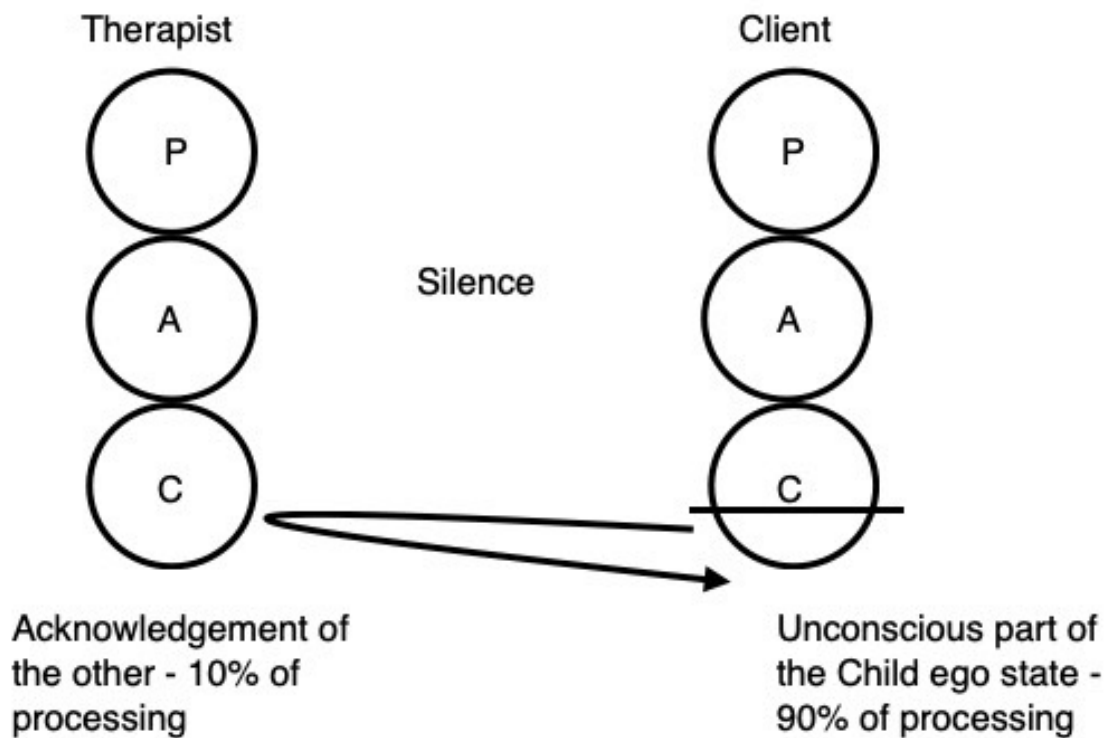


Figure 9

Unconscious processing by members in group therapy

One also sees this in group therapy where one person works and the other group members simply observe. In this sense the other group members are in silence in that they hear what it is being said but they do not have to respond or do anything except allow their own unconscious to react to what is happening. They do not need to use their Adult to formulate a response and they only need to comprehend those things being said that are directly relevant to what their unconscious is considering at that time.

If they are in the frame of mind where their unconscious is ready to do so, they can also be impacted at a profound level. One often hears this by some of the observing group members when they are asked to provide any feedback to the client after their work. There are usually two different types of feedback given. First the group member simply reports some Adult observation of the work. Second they can report more profound responses to the work and the impact it had on them.

When this happens the process in figure 9 is likely to have occurred. The client who is observing the other group member has allowed that person to impact and resonate with their own unconscious processes at that time. As a result they usually report that their reaction was quite deep to what transpired with the work of the other group member. This of course tells the therapist what is currently important for the unconscious of the observing group member.

Attunement, involvement and inquiry transactions

These three techniques were originally presented by Erskine (1997) as he developed the approach of integrative transactional analysis. This section will explain these using transactions to show how the client and therapist relate, or how their ego states interact when each of these processes are occurring in therapy.

The involvement transaction

Therapeutic involvement that includes acknowledgment, validation, normalization, and presence diminishes internal defensive processes in the client. They become less defensive. Involvement is about the therapist being with the client. Willing to be impacted by the client and a commitment to do the utmost to help the client. The first three parts of the expression of involvement in therapeutic strategies includes

1. Acknowledgement of the client, their experience of them as a person. "I understand your feelings and what that must be like."
2. Validation of the client and their emotions. "Your feelings are valid"
3. Normalization - "That sounds normal in that traumatic situation".

These all include Adult to Adult interaction between therapist and client. They are primarily Adult functions but obviously they have a nurturing quality as well. They are being done from a nurturing position so a Nurturing Parent transaction is also included drawn as the psychological level transaction. In figure 10 these are shown as transactions 1, 2 & 3.

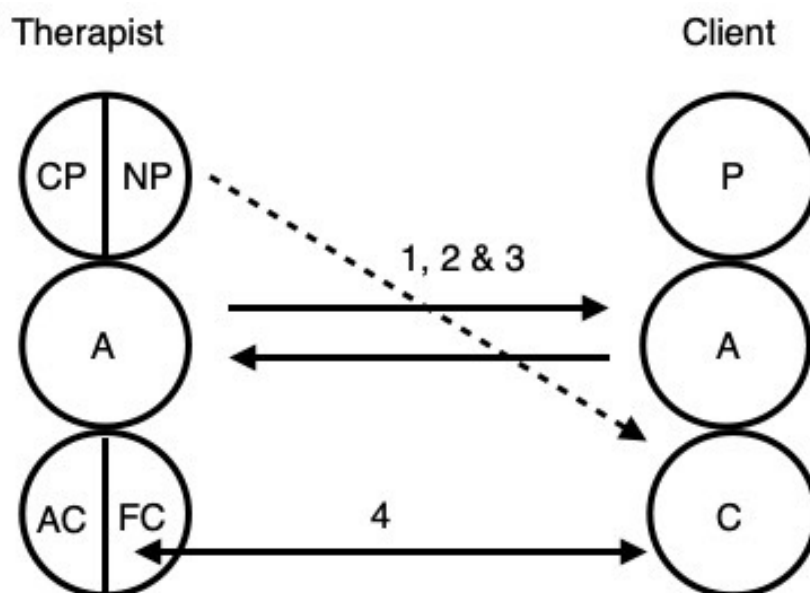


Figure 10

Transaction 4 involves presence and this is the hard part. The therapist has to present self so the client can feel their presence. Presence is a communion between client and therapist, much more than just communication. In essence the therapist is bringing their own Free Child into therapy. If this happens then the client will really feel the therapist being with them and feel a true sense of connection. This is the hard part because it can not be faked. Furthermore the therapist will also be personally impacted by this and the client. So it is an emotionally taxing thing for a therapist to do and shows why integrative therapy is not a one person psychology but a one and a half person psychology as described by Martha Stark (1999).

This transaction is number 4 in figure 10. It is also noted that it is drawn so that the arrow the transaction crosses the boundary of the therapist's Free Child. This is meant to indicate the degree of personal involvement by the therapist in this therapy technique. It is more than average as the therapist is putting part of their own Child into the therapy.

This degree of involvement is seen as crucial in meeting the client's relational needs which of course is a central part of integrative transactional analysis. This could probably be said of all relationship based therapies and therefore it is less important in rededication which is not primarily a relationship focussed therapy. Therefore such personal involvement by the therapist is not as important, as the change is seen to come from the client rededicating for self rather than something that occurs in the relationship with the therapist.

Of course the therapeutic relationship is important in rededication therapy but not as important as in integrative or relational TA. Also in rededication relational TA involvement is important when the therapist is primarily focussing on the relational aspect of therapy with the client rather than the rededication of the client, White(2021).

Chapter six

The attunement transaction

Attunement is a two-part process: It begins with empathy, that is being sensitive to and identifying with the other's sensations, needs, or feelings. Then the communication of the sensitivity and understanding to the other person.

Attunement is like an exaggerated type of empathy. It is described as a kinaesthetic and emotional sensing of the other where there is reciprocal affect and resonating response between client and therapist. Furthermore it is a process of communion and unity of interpersonal contact between the two people. As with the involvement transaction we see that it is about deep intense contact, however it is also noted that at the same time the therapist is aware of the boundary between client and therapist

Thus we can see this profound deep level of contact between the therapist and client is one of the main parts of integrative transactional analysis and can be explained by the involvement and attunement transactions. This explains why it is based on the theory of the integrated Adult being in the here and now as opposed to the Child and the Parent ego states that are seen as being in the past. To get that deep contact you need to be in the present and here and now, so they highlight how that occurs in the personality or ego states. The attunement transaction is shown in figure 11.

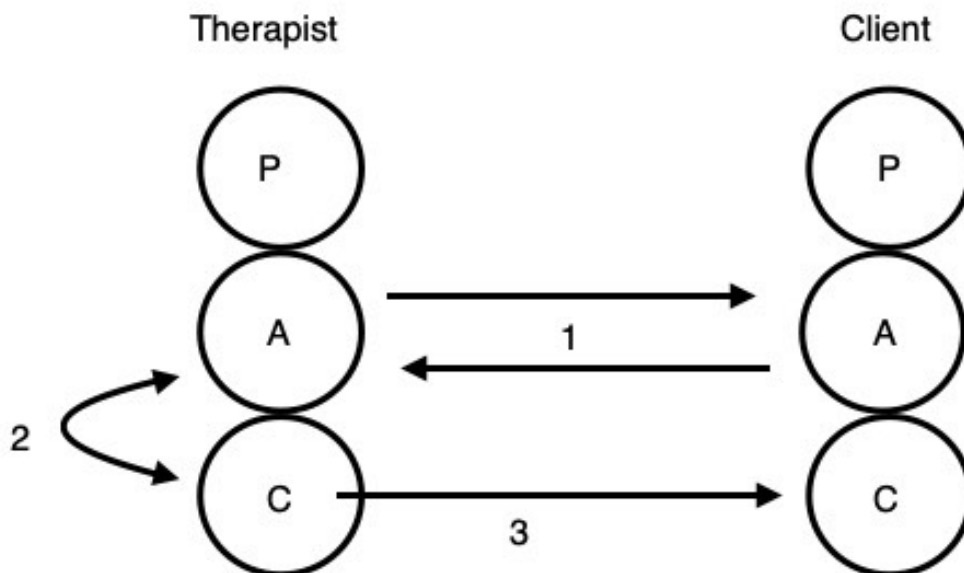


Figure 11

The attunement transaction

Empathy

1. The first transactions occur as the therapist listens to what the client reports, observes the client's body language and cues that indicate what they might be thinking, experiencing and feeling .

2. Based on this observation, the therapist's Adult and Child ego states communicate about how it would feel if they were in the same circumstances. The Child ego state imagines that feeling and experiences it to some degree.

3. In integrative transactional analysis they call this identification, Erskine(1997). This is shown as the dotted transaction from the therapist to the client and back. In identification the first person (therapist) confuses their sense of identity with the other person (client), Tilney(1998). Momentarily the therapist believes their identity is the same as the client's and this allows for a deeper sense of empathy, in the sense that the therapist believes they can 'feel' the feelings of the client.

Based on transactions 2 and 3 the therapist's Child ego state gets information of the client's feelings and that is how they get some understanding of what the client may be feeling - empathy.

Attunement.

4. This is the communication of the Child experience to the client at Child ego state level. Words with feelings at the same time and the therapist's own Child ego state is heavily involved. As with the involvement transaction this is why transaction 4 is shown as crossing the ego state boundary of the therapist. To indicate how this is a profound and deep connection by the therapist with the client. Attunement is said to occur when the therapist has a personal investment in the communication, the therapist cares at a Child level about the welfare of the client.

As with the involvement transaction, attunement is especially important in relationship based therapies and therefore is less important in redecision therapy. When using a redecision relational approach (White(2021)), attunement is important when one focusses on the therapeutic relationship rather than redecision work.

The inquiry transaction

One of the main tasks of the psychotherapist is to gain information about the client's life script, thoughts, feelings and behaviours. The more the therapist is informed the better their interventions will be. There are in fact two parts to this. First the therapist gathers information about the client by asking questions and observing the client. Second, as the client talks and answers questions she is also learning information about self which then can be passed onto the therapist. The therapist is open to discovering the client's perspective as the client simultaneously makes discoveries about self.

However it is more than just this, as the therapist must also be empathetic with the client's experience and the therapist must have a genuine interest in the client. It is not just a clinical approach of asking questions. So again, as with attunement and involvement the therapist's own Child is involved in the process and contact with the client. This then, it is asserted, sets the space for the client to discover repressed fantasies and other unconscious material. The inquiry transaction is shown in figure 12.

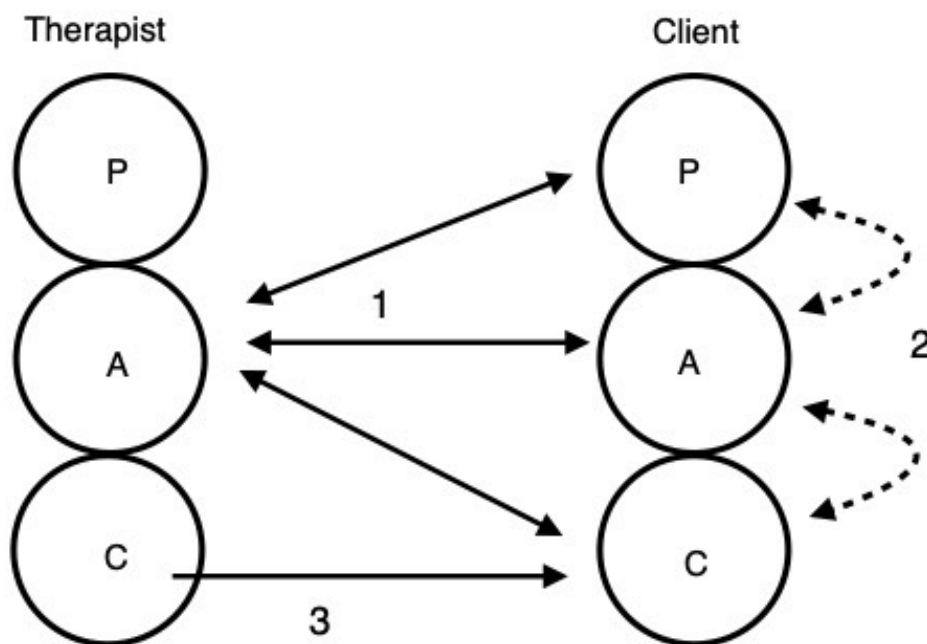


Figure 12

1. Therapist open to discovering the client's perspective and asks questions and observes all the client's ego states
2. With each inquiry by the therapist the client discovers more about self. The Adult of the client is shown to be also discovering information from their own Child and

Parent that they were not aware of before. This is happening in reaction to the therapist's inquiries.

3. Again the Child transaction from the therapist is included as this is more than just a fact finding exercise for the therapist but also an ongoing process of contact with the client. This is why the transaction is drawn as crossing the boundary of the therapist's Child to indicate that extra level of personal involvement by the therapist.

Finally it should be noted in the discussion of involvement, attunement and inquiry, Erskine(1997) highlights repeatedly that the process of doing these is just as, if not more important, than the goals they are meant to achieve with the client. He highlights time and again that there is meant to be a deeper level of contact than simply a therapist inquiring with the client. These three transactions are as much about establishing and maintained a high level of 'personal' contact with the client. Hence in each transactional diagram I have drawn the boundary of the therapist's Child is being crossed by the transactional vector to illustrate the level of personal involvement, by the therapist, that is required for these transactions to be correctly achieved.

Chapter eight

Extractive introjection and inquiry transaction

Extractive introjection is an action by which the therapist can disrupt the process of inquiry by the client. Christopher Bollas(2017) talks about projective identification and extractive introjection as being opposite processes that can occur between two people including therapist and client. In projective identification the therapist places part of self into the client, the client then takes it on and identifies with it. Extractive introjection is the opposite process where the therapist takes away part of the client's psychic life for a period of time. In essence it is the theft of mental content of the client, by the therapist. Consider this interaction between a mother and child.

Mother and child are in a park where the child is learning to ride his new bicycle. Mother is sitting on the park bench watching the child as he learns this new skill. She notices that there is an area of sand near where the child is struggling to keep control of his bike. She knows that if he mistakenly rides into the soft sand he will lose control of his bike and fall off. She then has two options:

1. She can tell the child to be careful to avoid the soft sand as he will fall off.
2. She can say nothing, let the child ride into the soft sand and he falls off his bicycle.

Of course most mothers would speak up and advise the child to avoid the sand. However by doing that she has stolen a part of the child's psychic life by the process of extractive introjection. After being told the child knows to avoid the sand as it will cause him to fall off his bike. If the child had ridden his bike into the sand and fallen off he would have acquired ten times more information. He would have been allowed to have so much more first hand experience which the mother has now taken away from him or as Bollas says, 'stolen' from him. The mother has literally stolen part of the mind and personality of the child. All that information, experience and first hand learning the child could have acquired can now not be part of his psychic life and personality.

The same can happen in psychotherapy. Inquiry is used so the therapist can make diagnoses of the client. As the therapist gets more information he can make more accurate diagnosis of the client. This allows him to make more accurate judgements about the client and better treatment choices. The point at hand here however is, what does the therapist do once they have made a diagnosis of the client?

A client and therapist are in discussion and the therapist is making inquiries from the client about what they are thinking and feeling. As the therapist gets more information he realises that what the client is describing about self is a happy racket. The client is describing how when ever she gets sad or scared she suppresses those feelings and feels happy instead. When she did this as a child

mother would give her lots of attention but if she complained of problem feelings then mother would largely ignore her. The therapist has made a diagnosis of the client, he now has two options that are shown in Figure 13.

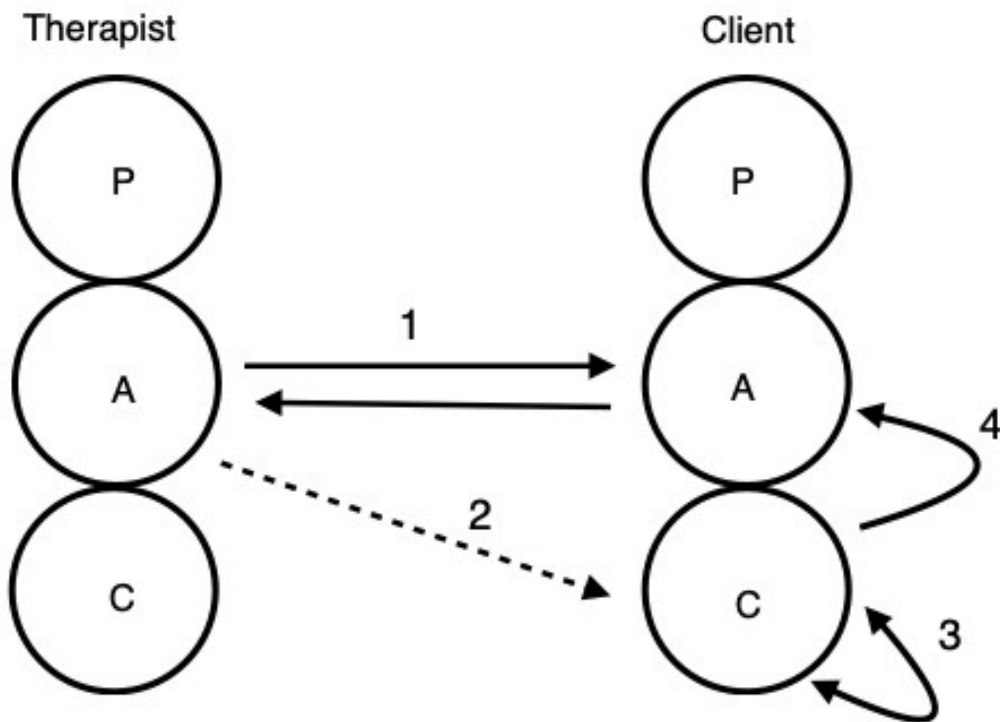


Figure 13

Option 1. (Extractive introjection)

Transaction 1. Therapist makes inquiries about the client and comes to realise that the client is describing a happy racket. At this point the client is unaware of this assessment by the therapist. The therapist then informs the client of their diagnosis and the client gains more self awareness and insight. A common scenario one would find in psychotherapy. This however is extractive introjection. The therapist has 'stolen' important information from the client about them self.

Option 2

Transaction 1. Therapist makes inquiries about the client and comes to realise that the client is describing a happy racket. At this point the client is unaware of this assessment by the therapist. The therapist does not tell the client of his insights.

The therapist instead asks a series of questions that allows the client to gain more self insight.

“Do you think you sometimes layer your feelings?”

“Was there a feeling your mother didn't like you having?”

“What would happen if you showed your mother that you were scared or sad?”

“When was mother most happy with you?”

Transaction 2 (the questions just stated) from the therapist is drawn as a psychological level transaction because it is secretly engaging the client’s Child in the process.

These questions allow the client’s Child to do:

self examination

experiential learning

self discovery learning

This is transaction 3 where the client does the process of self discovery as a consequence of the therapist’s questions. They discover through their own insights that they have a happy racket.

Then the client’s Child communicates those insights to their Adult in transaction 4. The client is allowed to bring Child ego state first hand, experiential, self insight learning into the process. This makes the new information far more powerful and impactful for the client. Instead of just getting Adult information from the therapist the client is given the opportunity have an “aha’ moment or even an epiphany to some extent at this new insight about self. The client has gained self understanding at a much deeper and more profound level. This is what the therapist has ‘stolen’ from the client when they do extractive introjection.

However there is a trade off. Avoiding extractive introjection and allowing the client the process of self discovery and learning may be ten times more powerful for the client but it also takes ten times longer.

Chapter nine

The gallows transaction and the gallows laugh

Berne(1972) discusses this transaction and laugh. He says the gallows laugh results from the gallows transaction. It occurs when someone recounts their own misfortune and then laughs, this reinforces their negative script payoff and prevents them from getting well. When others laugh along with them this further reinforces the misfortune and their final negative payoff. Berne says this is often connected to the demon sub personality and its destructive qualities. If the therapist smiles in response to the client then he is encouraging self destructive and possibly suicidal behaviour in the client.

This can be diagrammed a number of ways, see figure 14. The essential feature is a laugh (gallows laugh) and the laugh serves to tighten the noose, and the destructive behaviour is reinforced. As Eric Berne said about strokes, "What you stroke is what you get". This is basic reinforcement theory. If a piece of behaviour is reinforced (stroked by laughter) then that behaviour is more likely to occur again in the future. Usually the gallows laugh and transaction are out of awareness of the individual.

1. Client: (Social) I got drunk and hurt myself last night (Laugh)
2. Client: (Psychological) Ha, ha, ha. Laugh with me. Give me strokes to support my self destructiveness
3. Therapist: (Social) Laughs
4. Therapist: (Psychological) I support and encourage your self destructiveness

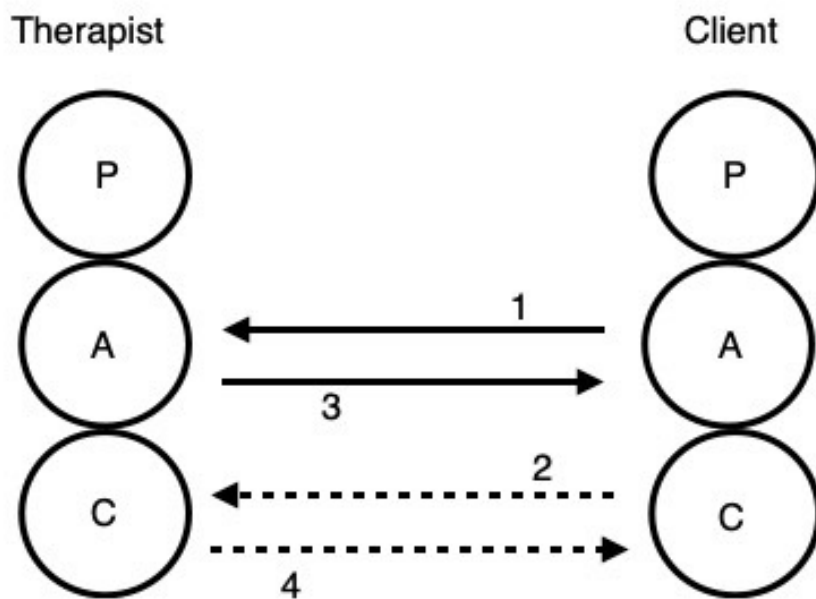


Figure 14

This is a difficult situation for the therapist because in normal human communication when one person smiles or laughs it is natural for the other person to smile in reaction to that. This is a natural out of awareness response to give when one person sees another person smile or laugh. Thus the therapist needs to be particularly alert to the gallows smile (laugh) and not respond in the natural unconscious way that he normally would.

The gallows transaction and permission

This is essentially the gallows transaction as described by Berne. There are however a number of other factors to consider in this transaction. Firstly there is the idea that in the gallows transaction there can also be a permission by the therapist to the client. In the gallows transaction the therapist is stroking the client by giving a Child to Child transaction, (a laugh). At the same time there can also be a permission given from the Parent ego state of the therapist to the Child ego state of the client and could be stated as such in figure 15, "I give you permission to hurt yourself", (Transaction 5). As the client has transference feelings about the therapist then she may also see this permission from the therapist. Therefore it can be said that in the gallows transaction there can also be a permission transaction.

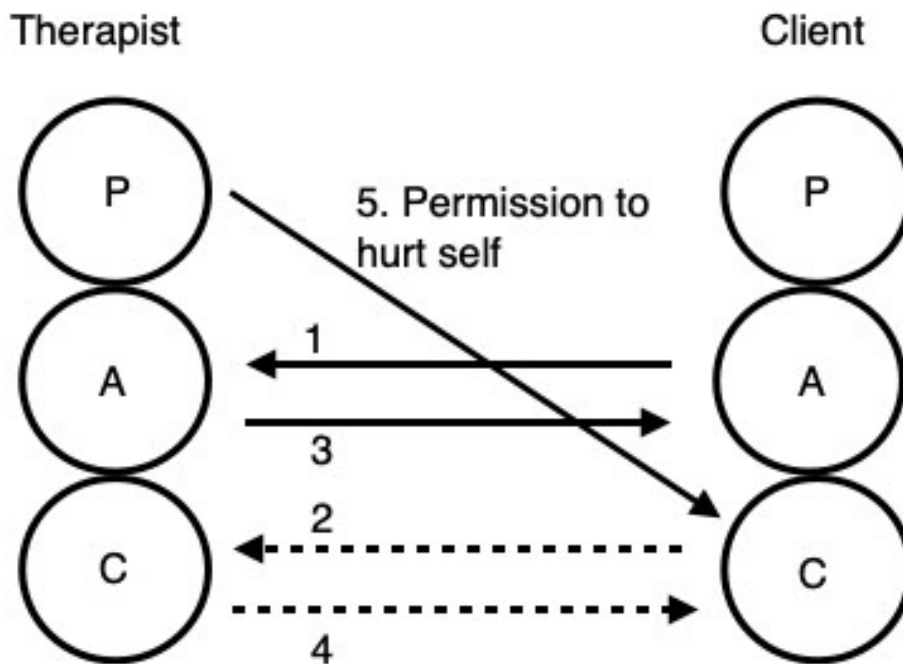


Figure 15

The gallows transaction and introjection

Secondly, as a result of the transference feelings for the therapist the process of introjection can also occur in the gallows transaction. When the therapist laughs with the client the client may introject that laughter into their own Parent ego state. When this happens the client is internalising the therapist's support for their destructiveness as shown in figure 16.

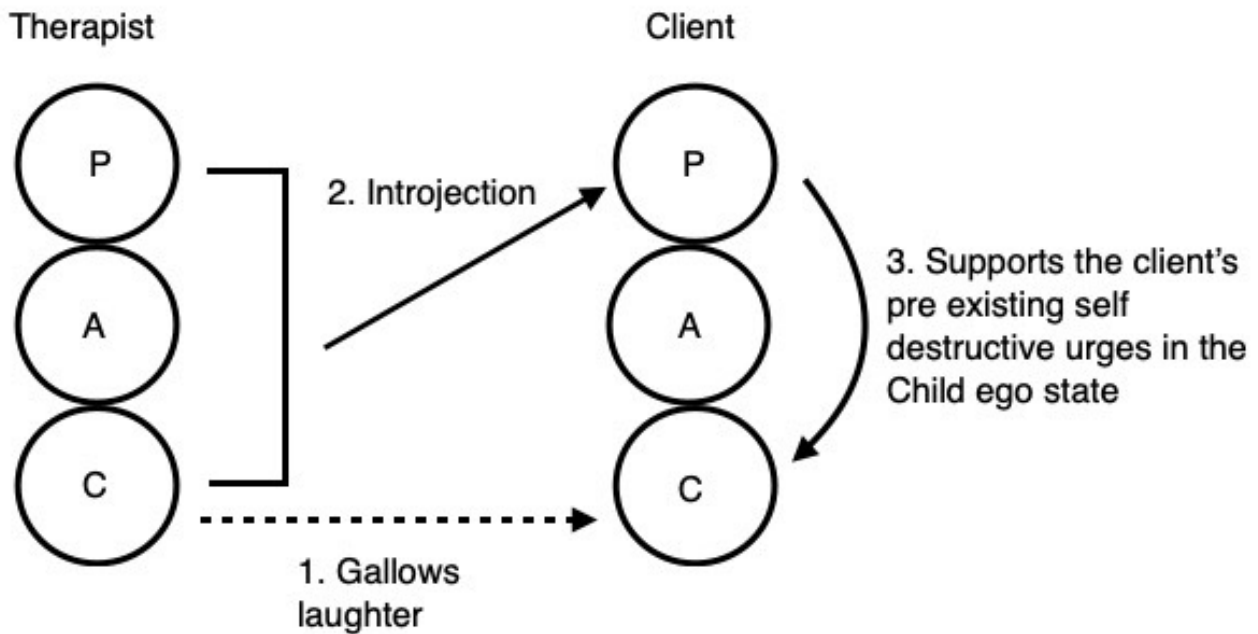


Figure 16

Berne(1972) talks about this when he discusses the demon and how it can be experienced as the parent's voice implanted in the son or daughter. White(2021) discusses this further noting that this can be achieved by the process of introjection of the mother or father. The gallows laugh by mother could be the demon and the child will introject this. The client in the transference could see the therapist's gallows laugh the same way and introject that into their Parent ego state. In figure 16 the therapist first laughs in the gallows transaction. The client observes this laughter and in transaction 2 they introject it. This leaves the client with an introject from the therapist which is supporting their self destructive urges from their own Child ego state (transaction 3).

The gallows transaction as projective identification

Furthermore the gallows transaction can be viewed as a form of projective identification. In projective identification the initiator projects part of self onto the other person (the recipient). The initiator then sets about to manipulate the recipient so they do identify with the projection. Eventually the recipient identifies with the projection, takes it on and the process is completed. This is illustrated in figure 17 where the client is the initiator and the therapist is the recipient.

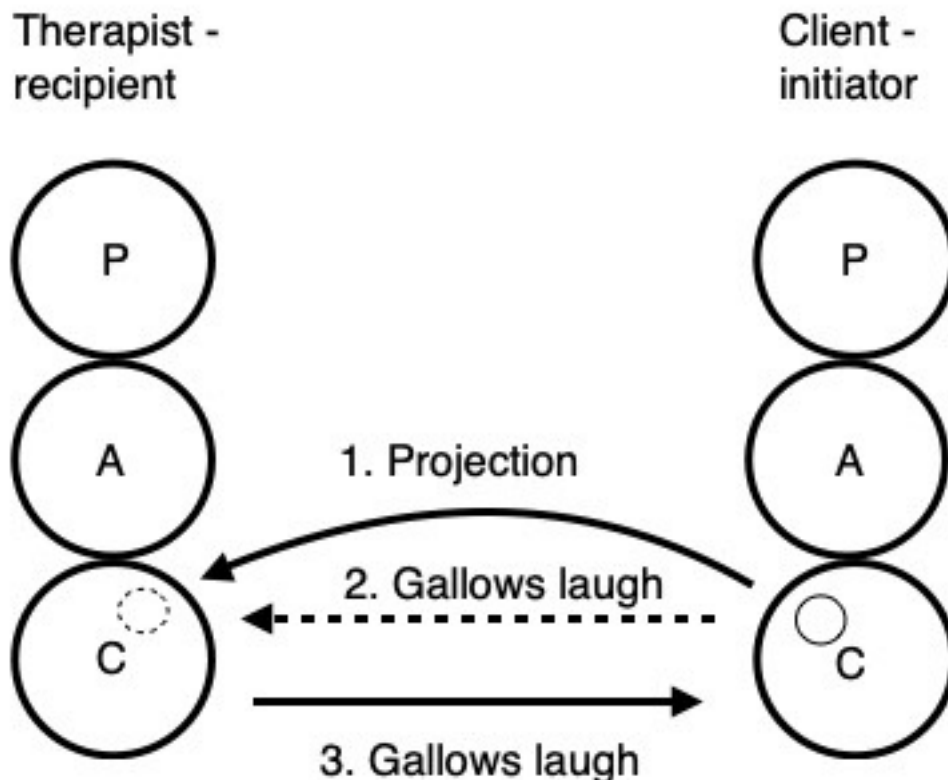


Figure 17

1. The client projects the image of mother who was pleased with the self-destructiveness of the client onto the therapist (recipient).
2. The client then acts in such a way to influence the recipient to identify with the projection. The client laughs in an attempt to manipulate the therapist to identify with the projection of the destructive mother.
3. The therapist then laughs and identifies with the projection supporting the destructiveness in the client.

The gallows transaction and minimisation

Of course not all gallows transactions are projective identification, that must occur with a projection first. The thing about laughter and humour is its ability to minimise for the person laughing. Laughter can be used for the defence mechanism of minimisation. Minimisation is an attempt by the Child to reduce the importance of something to the individual. As with all defence mechanisms it is an attempt at self-deception to avoid painful feelings or anxiety. Black humour is also an example. When ambulance personnel or firemen are required to attend a bad car accident where people are seriously hurt afterwards they can engage in what is called 'black humour'. They will make jokes or some kind of funny comment about the situation or the people involved in the accident. This is not done because they are cruel and cold people instead they are attempting to use humour to reduce their own traumatic feelings at seeing the horrible things they just saw. The Child ego state thinks, "If people laugh and find this funny then it can't be as bad as I thought it was". The laughter allows the Child of the person to minimise the significance of what they just saw, thus the defence mechanism allows for self-deception and a reduction of painful feelings. The same can apply sometimes in the gallows transaction as shown in figure 18.

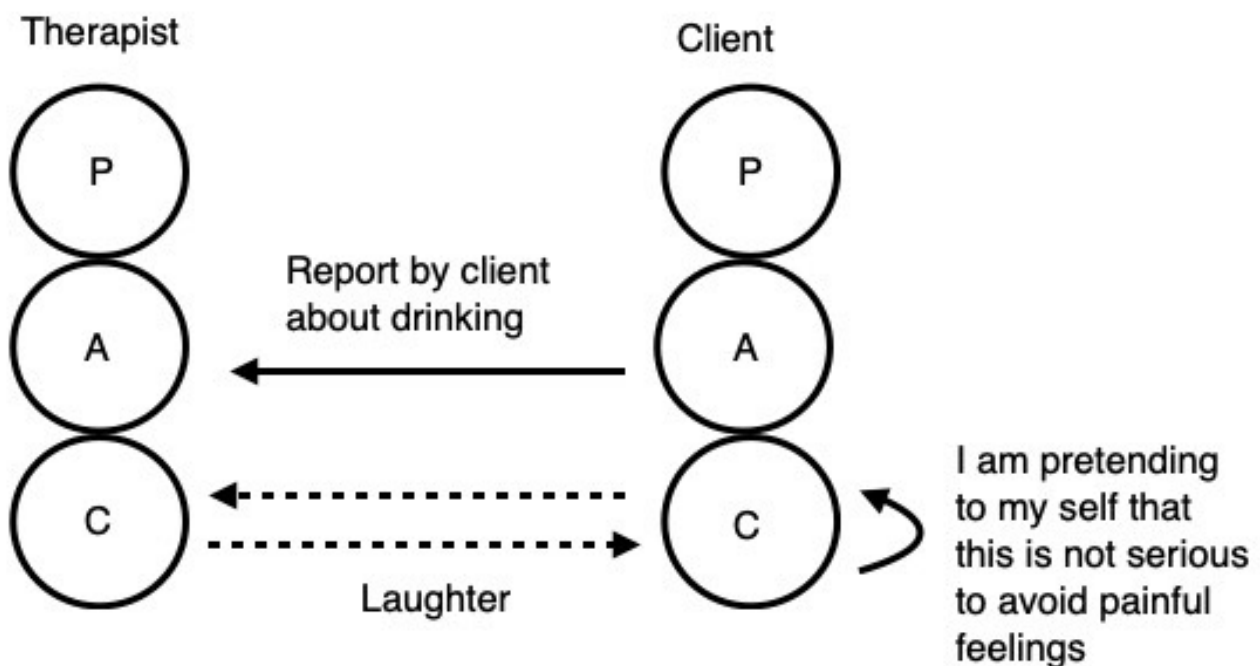


Figure 18

The alcoholic who has not had a drink for six months reports that last week he went on a two day bender. He then laughs about that. This allows his Child ego state to try and convince himself that this was not as bad or serious as he thought it might be. If the therapist responds by laughing back this significantly improves his attempt

at minimisation. When the client sees the therapist laugh that further can be used as proof that the bender was not a serious matter. The therapist's gallows laugh increases the strength of the minimisation in the client's mind.

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