Group Analysis

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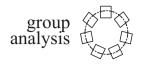
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What is This?

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Group Cohesion and Coherency and a Threat of Loss in the Analytic Group

Branka Begovac and Ivan Begovac

We discuss the dynamics of an analytic group when a female member spoke about her three-year-old child suffering from a malignant disease. The group was slow-open and consisted of six members and the female therapist (the first author). The group held sessions one and a half hours a week for approximately five years. The therapist conducted the group in accordance with the theoretical background of Foulkes. During the period described in this article (10 months), the group went through hard times; they moved from an initial fear of disintegration to gradual recovery by working through the previous separation anxiety of individual members and of the group as a whole. We believe that the threatening loss (i.e., facing the fear of death) led to more profound interactions. In our opinion, the well-developed coherency very much contributed to the gradual recovery.

Key words: analytic group, cohesion, coherency, loss, disintegration, separation

Introduction

In contrast to Yalom (2005) who admits only the concept of group cohesion and does not use the concept of group coherency—according to Pines (2000) in the group-analytic group conception of the 'group-as-a-whole' includes distinction of group cohesion from group coherency. Just as Yalom (2005) considers group cohesion as a fundamental

therapeutic factor to group psychotherapy, Pines (2000) argues that group coherency is fundamental to group analysis.

Both terms come from the Latin word 'cohaerere' meaning 'to be bound' or 'to adhere'. The term cohesion refers to the physical, internal force that binds molecules together. The term coherency is more evocative of connectedness, or mutual connection. In other words, coherent is one who is mutually connected to others (Begovac and Begovac, 2011).

Pines (1985; 2000) considers that cohesion is a passive concept. It serves to hold the members together with the purpose of resistance rather than development. However, *coherency* is an active process relevant to the development of group dynamics over time; it is the primary factor in the evaluation of the 'group-as-a-whole'. Pines (2000) relates this concept to Foulkes' (1984) concept of the *dynamic matrix*, arguing that the development of coherency in the unconscious group matrix manifests as a growing understanding that is able to offer answers to the problems of the group. In this way, Pines advances a concept of group coherency as distinct from group cohesion (Pines, 2000; Ezquerro, 2010). He examines the concept of coherency in psychoanalysis and group analysis as a key element in healthy human development, and as an organizing principle that enables higher levels of functioning in contrast to the more primitive and undifferentiated group formations that are based on cohesion (Ezquerro, 2010).

Coherency can also be viewed as a higher, non-material grade of cohesion, which can substantially stimulate individualization, possible separation of members from the group and living in primary groups in a more adjusted way (Brown, 1985). The concept of coherency (Ezquerro, 2010) applied to analytic groups denotes an organizational process at work and this should be part of the group analyst's mind.

An association between cohesion and *loss/trauma* can be found in the literature. MacDonald (2004) reported the effect on group cohesion when one patient developed severe carcinoma.

The outpatient group presented here was slow-open and consisted of six members who attended weekly 90 minute sessions. The group had been working for five years when one member spoke about her three-year-old child who was suffering from a malignant disease.

A period of approximately 10 months is presented from the time of the threatening loss to a gradual recovery that involved facing the fears of death and of potential group disintegration. In this clinical illustration we will try to distinguish group cohesion from group

coherency according to Pines (1985; 2000) and to connect this with the dynamic matrix of Foulkes (1984). We will also try to follow the fluctuation between cohesion and coherency in the connection with working through the actual threat of loss.

Clinical Material and Discussion

A Short History of the Group and the Group Setting

The group was slow-open and consisted of six members and the female therapist (the first author). The therapist conducted the group in accordance with the theoretical background of Foulkes (1984). The sessions were held one and a half hours a week for approximately five years.

The group members varied in age from 28 to 42. Danijela, Sanja and Predrag participated in the group from the beginning. Mladen joined the group four months later, Marina, as the youngest member, entered the group a year before the current events and Irena joined four months before Marina. Danijela and Irena grew up with alcoholic fathers and left their primary families early by 'escaping' to marriage. Mladen also grew up with an alcoholic father and his childhood was burdened by frequent hospitalizations due to a congenital disease. During the hospitalizations, his parents rarely visited him. Sanja was born from an extramarital relationship. She had never met her father and had a disharmonious relationship with her mother and stepfather. She used to be very protective towards Predrag, as he was the most severely traumatized member. During the war, when Predrag was nine, his father murdered his mother with a gun. Predrag continuously brought up this event to the group, frequently saying: 'My father killed my mother.' Marina, the youngest group member, was forced to leave her native home due to war during the vulnerable period of adolescence.

The most significant dropout within the history of the group was the premature termination of therapy for one female member (Goranka) because of her affair with Mladen about two years before the current group events. The therapist's sudden decision that Goranka must leave the group, without sufficient working through, significantly influenced the dynamics of the group. After Goranka left, two significant scenarios took place within the group.

Mladen was very angry because he was not asked to leave the group instead of Goranka, and after several months he suddenly announced that he was going to attend an educational establishment, which would

last for three months. It was doubtful whether he would eventually return to the group. When he actually returned he was much more ready for the group therapeutic work, i.e. for intimacy and sharing. Predrag understood Goranka's sudden departure as a 'murder', and the cognition that the group had survived reflected in the significant lowering of aggressive impulses. This lowering of the aggressive potential of the group also occurred due to the simultaneous thera-pist's supervisory work on the counter-transference problems.

The group as a whole reacted in a regressive way to the sudden departure of one member. Mladen left the group for a specified period, Predrag saw the departure of one member as a 'murder'. Through unconscious communication, using the phenomena of con-densation, resonance and translation, the group-analytic group, through 'the free-floating discussion', gradually moved to the trans-ference oedipal level of communication (Foulkes, 1984) i.e. the coherency of the group became stronger. In short, it can be argued that during this period the group fluctuated from the expressed cohe-sion to restored coherency. Predrag contributed greatly to this issue by bringing images of his 'living mother' and reducing the level of aggressiveness by modifying his perception of the loss, saying: 'My mother died by accident.' The group gradually experienced deeper intimacy and became ready to develop new, more profound content. In our opinion group coherency (Pines, 2000) was developing.

From Cohesion to Coherency
Partial reports of the sessions (four vignettes) are presented below, with explanations in brackets and a commentary at the end of each vignette.

Vignette 1: Irena Reveals her Traumatic Situation
All of the members are present except Marina. Irena arrives last. At the beginning, while weeping, Irena describes recent traumatic experiences. She talks about her child falling ill and being admit-ted to the hospital, where an oncologist was on duty. She describes having comforted herself with the belief that her child would go home and explains that the oncology ward where the oncologist usually works is 'a real hell'. The whole group seems paralysed. Irena weeps interminably throughout the session. The group fre-quently falls into silence. However, in the middle of the session, the members begin to participate.

Irena:	Mladen, maybe you could help me, as you were frequently hospitalized in childhood. What might be important now?
Mladen:	I think that it must be very difficult for you, but I also think that it's good that you have come today to share your pain with somebody. I had no such opportunity. (He describes how his parents could not visit him when he was ill as a child.)
Irena:	And, what was wrong with you? (She can see that he feels embarrassed.) Never mind! You needn't talk about it!
Mladen:	No, it's okay! I was born with a congenital disease, which causes infertility. (He describes unsuccessful treatment.) I feel angry about it! . . . I think it's awful for you now! You must feel as if you have a tumor yourself. But don't give up!

(Danijela is restless as she is also a mother. She supplies Irena with the tissues that she always brings along. The therapist has noticed that Predrag freezes, holding one leg bent and the other stretched out. The therapist can presume why and calls him quietly.)

Predrag:	I don't know. I'm feeling empty . . . terrible.
Therapist:	As if everything that is difficult comes abruptly? (The therapist assumes an association of Predrag's abrupt loss of his mum.)
Predrag:	Sort of!
Irena:	But, why am I so weak? I mean, I fly like a bullet to visit him. But, why am I not as strong as a rock?
Sanja:	Oh, he needs you! (Her mother was her whole world during her childhood. However, the therapist feels how painful this sentence must be for Predrag because he did not have his mum when he needed her. She got a bullet from his father.)
Mladen:	Who cares whether or not you will be strong enough!

(The session finished with feelings of hardness.)

After the initial disbelief and the feeling of helplessness, the developed group climate and the coherency of the group came to the fore in the above session. This could be seen through the capability of the members to empathize, contain, and give interpretations through mirroring and feedback. Irena, recalling 'here and now' the group content about Mladen's helplessness in his childhood ('there and then'), mirrored herself and asked for help. Mladen, who had been traumatized in his childhood and who, hence, had felt helplessness sometime in the past, 'here and now' contained Irena's helplessness and made interpretations. The importance of the containment (Bion, 1967) came to fore in the group, where almost each member of the group became both the patient and the therapist in alternating cycles of regression and recovery (Garland, 2002). In our opinion, looking at group-analytic group at

the moment of a new traumatic situation, members showed capacity for empathic exchange of emotional contents which they had not demonstrated before.

The group begins to use symbols (i.e. symbolic words and phrases) that become the 'language of the group' in the following sessions. Thus, in our opinion, intensification of the dynamic matrix leads to the development of group coherency (Foulkes, 1984; Pines, 2000).

The spontaneous interaction and communication develop on various levels (Foulkes, 1984; Klain, 2008). The traumatic experience stimulates other members (Mladen) to talk about their own early traumatic experiences with a greater level of emotional engagement. Predrag, as the most severely traumatized member shows signs of re-traumatization. The symbolic activity in the group is also emphasized, i.e. playing with words. The word 'bullet' is especially painful to him, as he shares at subsequent sessions. The word 'hell' assumes an especially symbolic meaning for the whole group, as the members repeat it at subsequent sessions when discussing their own traumatic situations. The present and the past of the members of the group are multidimensionally intertwined, without having the sense of losing limits. In the group matrix, by way of working through, the identity of each member is modelled again, depending on his/her personal development in the group.

The following day, Irena informed the therapist that there was a definitive diagnosis of advanced malignant disease. The therapist tried to give her support, but she felt intensive anxiety. The next day, while presenting the session during supervision, the therapist felt physical restlessness. She shared with the supervision group the burden of 'death' re-entering her group at the moment when it seemed to have just been left behind.

The first author was simultaneously conducting another homogenous, analytically oriented group of mothers in bereavement of their deceased children (Begovac and Begovac, 2012). In our opinion, the group experience of working with bereaved mothers had the significant influence on the way and the success of coping with the threat of loss in the presented analytic group. Through countertransference, the therapist faced her own motherhood and the fear of possible loss as well as the sense of helplessness. She asked herself: 'Who will help me, if I happen to be in the similar situation?' Occasionally, the 'mother–child' relationship dominated in the group, when the whole group seemed as a 'helpless child'.

In the following session, group members try to build a sense of safety by bonding with each other, and they share their own traumatic experiences from childhood. All of the members ignore Marina, who was not present at the previous session, and no one tells her anything about Irena's situation.

Vignette 2: Group Response to the New Situation

All of the members are present except Irena. Danijela finds herself to be the only female member because the other women are late. Predrag makes a joke that the group could get a male therapist to lead it, and it occurs to the therapist that the group might need a stronger therapist. Mladen explains why he will not go away for a job in a distant country.

Mladen: It's because of my blood pressure. There, we would go to very distant areas, where the nearest doctor is 400–500 kilometres away. There would be seven people there and they would not know what to do.

(To the therapist, this sentence is important because it echoes many other numbers in this session. Seven of us are here and together with the therapist, we do not know what to do.)

Mladen: I cannot cope with the panic that I feel when something happens to somebody who is important to me.

(Predrag recalls the sense of insecurity in his childhood. The female members empathize with him. Afterwards, Mladen returns to the sense of insecurity.)

Mladen: As a child, I felt like I was confined to the hospital. One is placed in a crib that is like a birth-cage. I kept quiet, even if death came. I just stayed where they put me, without resistance.

Therapist: Yes, and in the group you always take the same chair! You alone!

(Marina enters and sits in the chair where Irena sat during the previous session. Nobody looks towards her. She begins to speak towards the end of the session, expressing anger.)

In our opinion the connections between group members described in the previous vignette are congruent with the concept of group cohesion (Pines, 2000) for the purpose of resistance. It seems that the group as a whole oscillates between schizo-paranoid and depressive position (Bion, 1983; Klein, 1946). During the session, the female members of the group strive towards reparation, and the male members seem to project the parts of themselves, i.e. the basic sense of insecurity/distrust, to the group as a whole and to the therapist.

Towards the end of the session, when Marina enters the group, the group as a whole perceives Marina as a bad object and using projective identification (Bion, 1983; Klein, 1946) projects in her the sense of helplessness and fear of disintegration due to insufficiently strong therapist (mother). The group expresses their need for a stronger therapist, along with feelings of loneliness, fear and a sense that doctors do not know what they are doing. The other members isolate Marina and deprive her of information on the new situation. For the therapist, a feeling of *helplessness* prevails (Beck and Buchele, 2005; Bernstein and Klein 1995; Schneider, 2005). This feeling is accompanied by the therapist's associations related to the symbolic meaning of the numbers frequently encountered in this session.

The previous session (vignette 2) is followed by a period that the therapist characterizes as dominant group cohesion (Pines, 1985; 2000) (i.e., passive adherence for the purpose of resistance) as well as a stagnation of the group's dynamic development.

After the previous sessions, the new balance of power in the group was being worked out. Irena and Marina failed to attend the next few sessions. Marina, as 'the youngest child', experienced the actual event with a delay of four sessions. It was only this 'unveiling of the secret' that enabled Marina, by mirroring Predrag's traumatic story from his childhood (i.e., 'hell'), to talk about her own memories of war time. After these two difficult sessions, the next two were not held due to the inadequate number of members present. This was the first time that two consecutive sessions had to be cancelled. On one hand, the therapist perceived the need for a break; on the other hand, the lack of attendance might have been due to an intensification of fear and a pronounced weakening of the group coherency. During this period, Irena attended the group meetings irregularly due to needing to care about her child; she would send messages to the therapist by mobile phone. To Irena, the mobile phone substituted for the group (Yalom, 2003) when the group itself was physically unavailable and the pain of her circumstances was too severe. In her messages, she frequently underlined the importance of the group (e.g., 'The group gives me strength to endure all of this.'). The therapist informed the group of Irena's messages, which, along with respecting the group rules, contributed Irena's 'presence' to an extent.

We argue that after these sessions, in which fears of death and disintegration were dominant, together with passive adherence (i.e., group cohesion), the group gradually reached dynamic growth as it developed coherency (Pines, 2000).

Group members are still inclined toward adherence; however, they now seek it through the formation of pairs, which serves as a defence against their fear of disintegration.

Vignette 3: Irena Explains her View of the Role of the Group

Marina and Mladen are absent. At the beginning, Irena describes changes in her emotional state, a reduction in her panic, an onset of depression, and some moments of calm. Then she makes inquiries about each of the other members of the group. Intensive interaction takes place. Sanja describes her dream of an ideal family.

Therapist: How does the group hear Irena? (The therapist's slip.)
Danijela: (Laughing) You mean Sanja?
Therapist: Yes, I mean Sanja. We also make a 'family'!

(Sanja's eyes fill with tears.)

(Long silence)

Sanja: Predrag, how was the fitness club?
Predrag: Oh no! How did it occur to you now? (Pause) I've just been thinking of Irena's child and of a new method of treatment that was on TV. I've also been thinking that I haven't been to the grave in quite a while. My mum, grandpa and grandma are buried in the same grave.
Danijela: But, what do you feel?
Predrag: (Smiling with pain) There was a scene on TV. (He describes how somebody shot someone in the head with a gun.) My mum was shot!

(There is heavy silence. Irena's eyes fill with tears. Therapist looks at Irena, who is crying. There is silence as the group empathizes with Irena.)

Irena: I listen to Predrag and I think to myself how terrible it must be to lose a mum. (She pauses, weeping.) But it is more natural to lose a parent than a child.
Sanja: (Angrily) Oh, you look at it from your own position! Predrag was a child!

(The therapist perceives that certain pairs are more intensively formed [Sanja/Predrag and Irena/Danijela], in order to enhance their connections.)

Irena: I said it quite awkwardly (Pause). There's a child on the ward whose parents only rarely visit. It is so difficult for me to look at him.

(Silence)

Irena: When I'm on the ward, I frequently think of Mladen. I think of how often he was hospitalized and I remember his feelings of being rejected.

(The session ended soon after this point.)

Irena says 'she carries the group inside herself' as 'a holding' (Colin James, 2000) in difficult situations. At the same time, as the 'group's mum', she shows interest in the lives of each individual member, stimulating the other members to open up emotionally and gradually increasing the mutual trust, which is a basis for the development of group coherency according to Pines (2000) i.e. active exchange of emotional and painful contents. The therapist is still strongly focused on Irena, as manifested by frequent individual interventions and her slip. Because of this slip, the members of the group have shifted their aggressiveness from the therapist to Sanja, making Sanja the group *scapegoat*. The intensified linking of the members into pairs is a result of the fears of death and of possible group disintegration. There is also a desire for an ideal family in which difficulties and sense of helplessness would disappear through denial.

In our opinion, there is a gradual development of coherency (Pines, 2000) over the next few sessions. During the next sessions, some space opens for detachment from the traumatic issues by introducing libidinous issues.

Vignette 4: The Gentle Session
All members attend the session. The therapist has an impression of the gentle session, in particular of Predrag's warmth, after having elaborated on his early traumatic situation. At the beginning of the session Predrag describes how he felt poorly when a girl that he liked turned him down. He describes that he also called Marina. Marina is defending herself, smiling.

Therapist:	How has the group heard Predrag?
Irena:	(Readily) That he has accepted all of us new ones! (She means Marina and herself.)
Predrag:	How do you mean that? Even if I did not accept you at first, I wasn't aware of it.
Irena:	I didn't even think that, but you've brought it up now!

Sanja informs the group that she ended her emotional relationship a month ago, and Danijela is angry because she is only now talking about it. Danijela is both reproving and joking. The therapist is also joking and laughing aloud over Predrag's funny, sexually tinged gesture. The group accepts the laughter. By the end of the session, each member has begun to participate. Humour and gladness dominate the 'group-as-a-whole'. Predrag describes warm memories of his

childhood and Marina discusses inhibitions in describing her feelings. Predrag reminds the others of the group rules.

In the therapist's opinion, development of group coherency (Pines, 1985; 2000) was manifested through connections established between the 'old' and the 'new' members. The 'old' members repeated some of the previously discussed contents to help the 'new' ones understand the continuity. Irena's trauma, the early traumatic experiences of the individual members and the group traumatic experience (the abrupt drop out of one member—Goranka) have been elaborated on. The development of group coherency (Pines, 2000), which is the most important factor for the evaluation of the 'group-as-a-whole', allowed for the 'working through' of earlier (individual and group) conflicts, as well as a reduction in fears of disintegration.

It seems to the therapist that the members are now more ready to introduce some brightness in spite of the painful events. This session was followed by preparation for the summer separation. On the last session before the summer pause, the group helped Irena organize her summer, concluding that the group would meet again when the most critical point of treatment comes.

Conclusion

Coherency (Ezquerro, 2010) is not a permanent state, but it is a position of higher functioning and deeper understanding. A coherent group exposed to an overwhelming threat may temporarily retreat into a more defensive or cohesive position. Thus, cohesion and coherency can fluctuate reciprocally, in relation to the presence or absence of stressful circumstances and threats, as seen in the group discussed here.

In our opinion, the dynamics of the group and the previous traumatic experiences, such as sudden Goranka's drop out from the group, could in a certain sense be related to the present working through the experience of the threatening death of Irena's sick child. Namely, deeper regression of the group (manifested by absences, formation of pairs and increase of aggressive tensions), which happened immediately after the news about Irena's child sickness, could be compared with the regression when Goranka left the group, mostly through the sense of the fear of abandonment and disintegration with intensification of projective trend. However, it seemed that sufficiently successful working through the previous experiences in the group, i.e. sufficiently well developed coherency, enabled also sufficiently successful working through the actual traumatic situation.

The work of this group was accompanied by various intensive feelings. The following questions were raised: Will the group disintegrate? Will the group (as well as Irena's child) survive? How will the group and the therapist deal with the intensive feelings? Is the therapist a sufficiently good therapist? During the work of the group the therapist frequently wondered who would help her if something similar happened to her, identifying herself with her own role of the mother. Through the countertransference feelings she thought about her own motherhood making the identification with Irena and other members of the group.

During the completion of this paper, Irena's child entered the therapy-resistant stage of disease, intensifying the countertransference feelings of helplessness in the therapist. The therapist encountered a dilemma of whether she should eliminate the group taboo over the fact that Irena's child may die, just as MacDonald (2004) did in his group work. MacDonald indicated that group work is prevented by the presence of a taboo. However, in our group, the feelings of uncertainty were more pronounced. As in many other situations, the group itself helped the therapist cope with her feelings of helplessness. After the session at which Irena described her concern and hope related to her child's treatment, the space opened for that. At the next session, Mladen responded most excitedly, revealing his feelings of anger with Irena for spending so much time worrying while her child was 'on the edge of the grave'. The little child who was hospitalized frequently without a caring mother such as Irena soothing him screamed out of Mladen's mouth. At the same time, there was anger at the 'group's mum' (the therapist) for her inability to do something for the child (Mladen) in the group, i.e., to relieve him of his feelings of frustration, loneliness and fear. So, Mladen re-experienced the traumatic events from his early childhood, *here and now* in the group. At this point, the therapist shared her feelings of helplessness and suggested that the possibility of a little child's death gives rise to the feelings of helplessness. The therapist pointed out to Mladen not only his anger towards the 'mum' Irena but also towards the therapist as an omnipotent mother who should be able to solve every problem. Then, the group continued by considering a *good enough mother* (Winnicot, 1971) and at the end of the session, Irena stated that she was more aware than ever before that she may lose her child but that she still had some hope.

Peculiarly, the root of the name of Irena's child is related to the verb *to see*, suggesting an association to 'insight' (in Croatian, the

words *sight* and *insight* have the same root) and the therapist thinks that in some period of the group life it has really contributed for each individual member and the group as a whole to reach deeper insights into particular events, especially their own fears of separation and death. We hope that the group also helps Irena's child in his struggle with disease through his mother's participation in the group. To Irena, the group was and has remained a holding in a new life situation (Colin James, 2000; Yogev, 2008), with its 'caring culture' (Foulkes, 1984). At the end, it seems that the group has survived and gradually recovered. In our opinion, this recovery was made possible by an increase in coherency (Pines, 2000), through which the group members gradually came to work at 'higher' levels of psychic organization, maturing as the group developed.

Acknowledgements

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Branka Begovac is a psychiatrist, psychotherapist and group analyst at the Department of Psychological Medicine, University Hospital Centre Zagreb. *Address:* Department of Psychological Medicine, University Hospital Centre Zagreb, Kišpatićeva 12, 10000 Zagreb, Croatia. *Email:* bbegovac@gmail.com

Ivan Begovac is a psychiatrist, child and adolescent psychiatrist and group analyst at the Department of Psychological Medicine, University Hospital Centre Zagreb, School of Medicine, University of Zagreb. He holds a Ph.D. in child and adolescent psychiatry. *Address:* Department of Psychological Medicine, University Hospital Centre Zagreb, School of Medicine, University of Zagreb, Kišpatićeva 12, 10000 Zagreb, Croatia. *Email:* ivan.begovac@mef.hr