
Dream For A Time Of War

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Abstract

Perhaps one of the most profound relationships we have is to war and peace. Yet until war is upon us we give it little thought. Once it is upon us we often slip into feelings of impotence and lethargy. Yet our capacity to sustain peace in the external world is crucially dependent on the ebb and flow of our capacities, both as individuals and as a collective, to sustain a particular mind state.

Through case material, this paper explores the difficulties in sustaining a peace mentality in a time of war. It looks at the importance of connection to 'the music, not the words', when therapist and client may speak different languages (not only metaphorically but literally). Within this, the paper stresses the importance of dreams as expressed in the analyst's reverie and the analysand's visions.

Freud's (1920) notion of the repetition compulsion points to the abiding tendency of that which is problematic and/or traumatic to repeat. As the world once more hovers on the brink of global conflict, it would seem that this repetition compulsion applies not only to the personal, but also the political.

In thinking through the resolution of the psychic conflict Freud (1901) strongly implicated the role of dreams. This paper builds on these notions and asks 'what is a dream?' Is it only an individual phenomenon or can a dream be dreamed collectively? It asks further whether there are dreams for a time of war. Finally it explores whether working with dreams can alleviate the psychological trauma of war.

Within this general framework the paper considers two dreams. The first was reported to have been dreamed collectively by a group of adolescents following the death of a community leader in South Africa's tumultuous liberation war. The second dream was more of a daydream, a reverie entered into by myself in an attempt to understand the collective dream, beyond words.

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Attempts to understand the dream involved the flowing together of Western and African healing practices and of their respective understandings of existential dilemmas. It is also involved a flowing together of issues pertaining to early childhood, with issues of death and notions of rebirth.

The collective dream itself concerned death and followed on death. The reverie drew on the structure of discourse beyond language, the music, not the words. This was a necessity as the dream was reported in a black language, which I did not understand, although I had the benefits of translation. In this circumstance I found myself somewhat like the child whose forms of feeling develop from the rhythm, tempo and intensity of the flow of the maternal discourse in which the child is immersed. As this notion of 'forms of feeling' is so central to this paper it is elaborated below before describing the dream.

Forms of feeling

Daniel Stern (1985) has written most eloquently of how forms of feeling develop in the young child. He describes this in his work on the vitality affects. Stern (1985) speaks not only about how the child experiences the categorical affects of the parent, their anger, their distress, their fear, their joy, their happiness. He speaks, too, of how the child experiences the tempo, the intensity and the speed at which these categorical affects are expressed. In addition the child experiences tempo, intensity and speed in regard to physical handling, moment by moment, hour by hour, day in and out. This speed, tempo and intensity come to constitute the vitality affects.

The child may experience and feel the parent's anger fleetingly or enduringly, similarly he may feel or experience his own bodily sensations of anger as building slowly or erupting quickly. He may feel happiness as a flow or as a burst of joy. This quickness, slowness, explosiveness and flow constitute the vitality affects (Stern: 1985).

Vitality affects affect every aspect of our lives, including the categorical affects such as joy, anger, sadness, but also the way we walk, the way we reach for things, the way we talk and the way we locate ourselves in time and space. These vitality affects are communicated by the rhythm of our own bodies but also the rhythm of other bodies interacting with us. This includes how we are handled and how we are related to by our parents, by our siblings and others in our environment from the beginning of life.

Researchers like Tomkins (1962) believe that our neural systems are hard wired both to receive and to produce certain affects. Thus Tomkins (1962) believes that we experience our affects from our bodily feedback. Therapists such as Marsha Linehan (1993) and many philosophers and theologians before her have intuitively known this. The whole notion of the smile of the Buddha is based on this idea. So too are Linehan's (1993) notions that the production of a smile upon the face will generate an inner state of happiness, commensurate with this smile. In addition one's own smile will elicit a smile from others which will add to its beneficial effects. However, the initial notion that one's own smile will generate happiness is primary and is based on the hypothesis that our emotions are hard wired and that our neural systems interpret our *bodily* feedback in order to make sense of what we feel and indeed to make sense of what others feel. Given this, Tomkins (1962) for example believes that at some very basic level it is possible for us to read affect cross-culturally, and indeed my own experience working across the language divide confirms this.

It does seem that there is truth in the notion of universals in the expression of affect and that these expressions are hard wired. However, by adulthood, most of us have learnt to disguise our affects via the many cultural codes. These codes then govern the expression of affect and it becomes much more difficult to read affect in others, and perhaps even in ourselves. However, in severe crises and in extreme circumstances, cultural codes may be dropped. In these circumstances basic affects, below the words and beyond the cultural codes that have been superimposed upon us, may once more be experienced.

The degree to which language (which itself is a cultural code) shapes how we experience ourselves in regard to both affect and all else, has once again been described very eloquently by Daniel Stern (1985). He talks of the advent of language and how this makes us less and less attuned to the somatic and to the physical as we become more and more reliant on the verbal. He also speaks of how we begin to privilege certain sense modalities, such as vision, above all others.

Stern (1985) indicates that as children we process information across all our sense modalities or amodally. This changes however as we get older. Thus in the beginning we do not privilege sight only or sound only or olfactory cues only, but tend to use all the modalities together and to cross-reference them. Thus an infant who has sucked on a nipple is able to visually recognise that nipple and differentiate it from others. The information automatically gets crossed over from the tactile, i.e. the feel of the nipple, to an encoded visual map.

However, as we use language more and more, our capacity to process information across all our modalities recedes.

It is my contention, however, that in its ideal, analytic reverie is to some extent a return to amodality. That is, analytic reverie, or the open state of the mind of the therapist, is seen as a return to a more holistic, crossmodal mode of information processing. This mode of information processing prioritises the lived experience of affect beyond words, indeed the music beyond words, of which we as therapists all speak. Certainly this is how it felt listening to the collective dream which is the subject matter of this paper, but first a brief word about the context of this dream.

Context of the dream

As already mentioned, the dream occurred after the death of a community leader. This community leader was attacked in his home and fled. He was attacked at a time at which the South African government was fostering so called 'black on black violence'. This was a strategy which deliberately sowed dissent in black communities so that the State could divide and rule. The chief was killed by a rival group in the community. He was holding a group meeting in his house which was fire bombed. The young people who dreamed this dream were at this meeting. They fled out of the back door, while the chief went out of the front door where he was brutally attacked and hacked to death and his genitals cut off. The group itself fled to a church community centre where it was pursued. The police, using army helicopters and guns, invaded the centre. One person was shot and wounded, two escaped and the rest of the group was arrested. On their release they reported that they had been taken to several jails, beaten and denied food.

After a number of days, following urgent submissions to the Supreme Court, they were released. Soon after this the group began to complain collectively of insomnia and a common nightmare. It was at this point that I was approached and requested to form a team of therapists who might offer help to the group.

At first contact, the young people presented as very agitated. They said they were afraid to sleep and reported a dream in which the chief's spirit appeared to them and told them that he could not rest and would not allow them to rest until his severed genitals had been returned to his body. After further exploration it emerged that while most of the group complained about being troubled by the chief's spirit, it was his daughters who had first reported the chief's appearance in a dream. They were also the individuals who were most disturbed

by the dream and the most afraid. Nevertheless, all the other members of the group reported that they too had had the dream and that they had profound anxiety in relation to it. This of course raises many interesting questions. What is a dream? Was this dream in fact dreamed collectively or only reported collectively?

To move too quickly to the conclusion that the dream was only reported collectively would, I believe, be a mistake. It also would be against the spirit of the psychoanalytic endeavour. This endeavour is based on retaining an unsaturated frame of mind, open to all possibilities.

However, returning to our work with this group, we were presented with a dilemma. Although all members of this group were highly traumatised, the idea of a talking cure was foreign to them. This was particularly so, given that this was a time when spies were ubiquitous and informers were everywhere. To be asked to speak in this climate was itself suspect. It was thus crucially important to our work that we were introduced to the group by community leaders and by individuals trusted on the street. Our mental health qualifications meant nothing to this group. We therefore had to find an indirect mode of approach.

After a team consultation we decided to ask the group whether or not any of them were interested in creating an oral history of the events in their community. We asked whether they thought this might be helpful for posterity, and indeed we did subsequently write a book recording the events in this community as a way of fulfilling this obligation. Most of the group expressed interest in this idea and through this process of oral history taking, a therapeutic climate was created. The group told its story through narrative, through praise songs, stories, prayers, laments, dances and chants. This facilitated both an outline of the facts and the expression of a great deal of emotion and catharsis. It represented the group's own natural healing processes.

This process took place over two to three days. Following this the team decided that it could be helpful to offer the three daughters of the chief personal time with us in order to further elaborate their story and to discuss their dream. We offered this to the three girls who agreed that they would indeed find this helpful. It was then decided by the team that Thandeka Mgodusa, one of my black colleagues, and I were best suited to work with the girls. My colleague was a student at the time. The question was thus whether I should be the therapist and she should translate or whether she should be the therapist and I should sit by in the group and act as a consultant to the process. We decided on the latter course of action.

This meant that I would sit in the group and while they spoke in a language foreign to me, I would try to penetrate beneath the discourse, and serve as a resource whenever my colleague wished to consult with me.

Understanding the dream

As a team we had already heard the dream because we had met with the larger group over the oral history project. As indicated this process took several days. We had also spent time mixing informally with the group over lunch and tea. In the oral history project we had used the structure and energy of the group to introduce therapeutic issues by discussing notions of psychological woundedness and speaking in terms that might be acceptable to self-defined warriors. Within the team we had discussed our understanding of the group and its members both from an African and a Western perspective.

From a Western perspective the group members' symptoms were conceptualised in terms of Post Traumatic Stress Disorder, given their insomnia, nightmares, vigilance, and flashbacks. Their symptoms were also thought of in terms of trauma's capacity to breach the stimulus boundary. Following on the breaching of this boundary there is often impairment in the ability to regulate affect. Furthermore, individuals may experience themselves to be overwhelmed, both at the boundary of themselves and the external world and at the boundary between the conscious and unconscious processes.

From an African perspective the group members' symptoms were thought of in terms of contamination by death and how this contamination creates emotional and physical problems. This contamination was linked to the fact that the required rituals of purification had not been performed.

The psychological functions of the dream were also examined from an African and a Western perspective. From a Western perspective the reparative function of dreams was stressed. The tendency in dreams for healthy aspects of the self to express concern for ailing aspects of the self was emphasised. In this regard Kohut's (1977) work was particularly helpful. We spoke too of how dreams of restoring bodily integrity are very common in those of us who have been traumatised. However, what was striking about the dream of this group was the fact that their reparative needs were coupled with an injunction that was impossible to follow. It was not feasible in reality to restore the chief's genitals. Thus the dream injunction acted to reinforce guilt and to perpetuate feelings of badness.

Certainly the group had expressed guilt concerning their survival in the face of the chief's death. Thus the dream was seen as giving expression to survivor guilt. However, the dream also allowed group members to avoid of a full confrontation with the loss that they had suffered, especially the finality of this loss. Remaining stuck in a sense of persecution was facilitated by the chief demanding the impossible. Being stuck in the impossible in this way seemed furthermore to serve the function of freezing the mourning process. In this way the chief could be entombed and memorialised in a static way and thereby preserved. Through this process the group could retain the fantasy that he was not actually lost. However, because of this failure to face loss the group remained in melancholia rather than mourning.

Of course we were aware at the time that it was early days and that the group's frozen mourning was time appropriate and served a protective function. However, their sleeplessness and agitation was quite extreme and did seem to require some sort of address.

This seemed equally true when the dream was conceptualised from an African healing perspective. Within an African healing perspective there are many diagnoses which may be given to the symptoms of this group. In brief, within mainstream traditional African views on illness, there are three major possibilities in regard to causation. These are mystical causation, animistic causation and magical causation. Mystical causation involves pollution via mysterious processes involved in, for example, birth, death and menstruation. Animistic causation refers to disturbances created via loss of protection of the ancestors. Magical causation involves witchcraft and sorcery and is illness caused by another human being. The context in which the symptoms of the group occurred indicated that they were characteristic of an illness of animistic causation, although issues pertaining to the mystical were also implicated.

In explaining this diagnosis it is important to understand the cosmology underpinning African healing practices. In most African cosmologies there is no split between the natural and the supernatural world, mind and body, individual and community. These beliefs modify feelings, thoughts and behaviours concerning illness and health.

In regard to the current group, their illness would be primarily be seen in terms of withdrawal of the ancestors' protection. This would in turn make them more susceptible to pollution via contact with death. i.e. mystical factors. In regard to this group, their dream would be seen as a direct message from the ancestors indicating their involvement in the group's current state.

Thus within both the Western framework and within the African framework, the dream could be seen as representing the crossing of a boundary. However, in the African framework it is not the boundary between conscious and unconscious or between the individual and the external world that is crossed. It is the boundary between the natural and the supernatural world that has been crossed. The dead have come to visit in order to be in direct communication with the living.

In these terms then, the group's dream represented a real conversation with the chief. His request indicated to them that he felt that they had a duty to perform in relation to him and that their failure to do so was the cause of their illness. The dream also contained suggestions concerning the way in which the illness might be cured. The cause of the illness was a neglect of duty and its cure would lie in following his instructions.

In many African traditions the appropriate response to a dream of the departed is to slaughter a beast. The ritual slaughter of the beast is similarly appropriate following the burial of the dead. The purpose of this is to provide purification from the pollution of death as well as to facilitate communication with and respect for the ancestors. In discussing both Western and African views on dreams, at least as my colleague and myself understood them, we felt that we should let both frameworks inform our work. We thus worked, at least for the daughters of the chief, to create a circumstance in which ideas derived from both African and Western frameworks might be explored without foreclosing on either, nor foreclosing on what might emerge from the group itself. The creation of this circumstance and the dream work are described below.

Dream work

Despite careful planning, the initial stages of our work with the daughters of the chief went extremely badly. We foreclosed on the group's exploration of these issues by offering our own solution too quickly. Having invited the girls to discuss the dream and to discuss again what had happened to them, we rather too quickly suggested a traditional solution to such problems. The idea was offered of the ritual slaughter of a beast to appease the chief's spirit and to show him respect. This idea was immediately rejected by the girls. They felt that the chief was indeed calling for remembrance and respect, but because of the particular circumstances, slaughtering a beast would not suffice to appease him.

As we reflected on their response it was clear to us that we had prematurely offered this solution to assuage our own anxieties. In retrospect I think we were

informed by our own notions of political correctness and cultural sensitivity. It certainly was an example of the road to hell being paved with good intentions. We thus determined to contain our own anxiety better and to encourage a very much fuller elaboration of the difficulties as expressed by the girls themselves. We thus began again and asked the girls to once again tell us their story as they personally had experienced it.

At this point then, I sat back and allowed myself to be immersed in waves of speech which rolled over me, without any understanding of the words. In this space I attempted to help my colleague with what I experienced as the rhythm, the flow and the tempo of the group, and I made myself fully available to her and to them. From this perspective of immersion in the group process, I felt as though it went through three different stages. I then conceptualised my experience of these three different stages within a framework with which I was familiar. I drew on the work of Judith Herman (1992) on trauma.

Within Herman's framework, the first stage felt like a pre-narrative – when the trauma story is told flatly without infusion of emotion. The second stage felt like the narrative – when the story is retold with great emotion but the emotion is so great that it cannot be contained. The third phase felt like resolution – with story and emotion more integrated. However, my experience of these three phases clearly did not come from any understanding of the words that were spoken, given the foreignness of the language.

I will try then to describe my experience from a phenomenological perspective. I would begin by saying that from a phenomenological perspective, the experience for me was not one of affect contagion; I did not feel swept up in the emotion of the group as has happened when I have understood the language. I have worked with groups that have been survivors of atrocities of this kind and have also worked extensively with survivors of torture. In these circumstances, when I have understood the words and the true horror of what is said, I have often found myself infected by the affect, the emotion, the horror and the terror.

In my experience of the current group, perhaps because I did not understand the content of what was said, I did not experience myself as swept up in affect contagion. It was more a conscious sense of some sort of absorption into a process, perhaps some sort of subtle entrainment. Entrainment, which is akin to mimetic communication, is a process which Trevarthen (1993) has outlined. Trevarthen is a very important observer of infant behaviour. Entrainment refers to the synchrony which develops at a micro level between mother and infant as mother and infant mimic one another's body movements at the level of temporality, intensity, tempo.

And indeed I felt entrained by the group, I felt caught in its pulse and vibration. It was a sense of absorption into its alimentary process, an absorption which allowed me to work with my co-therapist not so much on the content of interventions but on the timing and the nature of them, when to move and when not to.

While working with this group, I was not, of course, thinking at the time in these categories; I was more in the mode of reverie. These categories were applied retrospectively in my own subsequent processing of the experience. At the time it was enough to intuitively use my knowledge of how trauma narratives unfold in general and to feel my way into this story in particular. It was a movement into my own reverie and out of it, into the forms of feeling of the group but not into overwhelmment by the categorical affects of the group.

This was perhaps akin to movement between an observing and an experiencing ego. In this process, as in the mother's engagement with the child, clarity is retained about what belongs to self and what belongs to the other. This clarity is often difficult to retain and is especially difficult in circumstances of trauma. It was being free of words in this situation that seemed to help me retain this clarity. It might therefore be useful to elaborate this experience more fully.

Sitting with the group, outside of verbal language, but with an awareness of the story, my phenomenological experience of the group ethos and its evolution was informed less by its categorical affects and more by its vitality affects, which manifested as follows. In the initial stages, i.e. the pre-narrative, the group's mode of expression was staccato, stilted, the phrases short and flat. There was little resonance in the voices, each voice seemed distilled from its overall context, little overlap or interruption as if each person waited in isolation for the other to finish. There was a chilling and freezing of syllables in mid air, gazes collectively fixed on the middle distance with no meeting point, body movements attenuated, gestures cut off before completion, myself feeling frozen, blocked out, somewhat numbed. But nevertheless at a deeper level, still feeling a sense of engagement in the tide of what was happening.

Then as the process shifted from pre-narrative to narrative, the story became infused with emotion, as yet raw emotion. The tempo and intensity of speaking increased, pitch higher, intervals between words shorter, words running into each other. First the riveting of attention on the speech of each of the members of the group by the others, no longer a gazing into the middle distance, as each began to entwine their own story with that of the others. Each contributed to the other, not in a harmonious, blended way but in a

crisscrossing which left some amputation of the other's speech in its wake, mirroring perhaps the feeling and amputation of the trauma event.

In my own experience I found both the pre-narrative and the narrative left me outside of the circle. In the first experience it was a feeling of being frozen out, a certain deadliness of atmosphere. In the second it felt as though I was held outside by some invisible barrier, an experience of the currents coming off others, keeping me somehow outside of myself, simultaneous with a sense of internal disruption. It was almost an experience of being electrically shocked in the sense in which an electric charge pushes one outward, yet at the same time holds one enthralled in the same spot. I felt suspended, yet in an animated state, at the end of this second phase of the group.

Healing nausea

At the end of this second phase in the group an amazing event took place. For all three girls there occurred what seemed to be a literal evacuation of psychic emotion, an ejection in action of something lodged inside. Within a few minutes of each other, each of the three girls had a nausea attack and retched. However, this was more than a simple evacuation into a void, it was an evacuation made possible by my co-therapist's intuitive resonance and holding of the entire process.

In African healing practices retching is seen as a literal evacuation of that which has illegitimately invaded the being of the self. This foreign invader which has been placed there by another, or has inadvertently been invited in by the self by being in the state of pollution, is thus expelled. This notion of having been illegitimately invaded by the being of the other is highly reminiscent of Winnicott's (1965) notion of the traumatised baby who looks for himself in the mother's eye but finds only the mother, and is invaded by her presence and a false self takes up residence.

In this sense then from a meta perspective, there is tremendous overlap between certain African and Western existential knowledge. Both bodies of knowledge point to the potential of invasion by the other, but use different metaphoric terms. In particular Western frameworks we may speak of communication by impact, projective identification, and enactment. In particular African frames we may speak of pollution and possession.

Returning to the group, however, it is significant for our purposes that retching is a sign of purification which allows a return to normal processes of mourning

and thinking. Indeed this retching marked a punctuation point in the therapy. It both signalled and created a clearing of an internal space, within the girls and within ourselves. This allowed for the emergence of an understanding of the meaning and experience of the trauma and the dream in a different way.

At this point in the therapy we all took a break. The girls were nurtured and cared for, and all given hot water to literally calm and sooth them while my colleague and I discussed how to proceed. At this point, we decided to make a suggestion to the group, which we later placed in a more universal framework of the myth of Isis and Osiris and the mutilation of Osiris's body.

Isis was a pre-eminent Egyptian goddess, Osiris her brother and the father of her child. Seth was a sibling of both Isis and Osiris and was envious of Osiris who he subsequently killed. He tore Osiris's body into 14 pieces. Isis, on hearing this, sought and found Osiris's body parts, all except the penis, of which she made a replica. She then ceremoniously placed this replica with the body of Osiris. This served to revive Osiris who became ruler of eternity and king of the underworld where he restored order and ended chaos.

However, the essential point of the myth is that Osiris became ruler on the basis of his being refused revenge against Seth. Seth, having been spared, was in turn required to participate constructively in the new order. It was thus both the refusal of revenge for Osiris, as well as Seth's participation in the new order, that was finally responsible for the triumph of justice and harmony between the material and spiritual world, and for the restoration of order.

This myth seemed very germane and important in regard to the dream of the girls and of the group, and was consistent with the suggestion we inserted into the group once we reconvened. The suggestion we made to the group was that they consider the possibility that there was a hidden message in the chief's communication to them and we asked them to think very carefully about this. We suggested the possibility of an encoded message in his request that his penis be replaced with his body. We indicated that given the circumstances of war, a shrouding of the meaning of the dream might be appropriate. We asked them furthermore whether they could imagine what beyond his literal body could the chief wish to have restored to its wholeness and integrity? What could the penis mean in this context and how could power be restored to the chief in another way?

The girls accepted this task with interest and did begin to think through the possibility that there was a hidden, coded message in the chief's communication, and that it was their task to decipher it. After a long discussion they

eventually agreed that the chief's body was a symbol of the community body and that they themselves, as his descendants, were a source of power. They now heard his message as a call urging them to become empowered themselves and thereby to restore the integrity of the severed body of the community. This body through fragmentation had become disempowered.

They became animated and excited about this notion. As they spoke more and more about the empowerment of the community and a possible return to the community, they also began to think through the slaughtering of a beast and the ritual laying to rest of the chief's spirit. They therefore linked returning to the community with the carrying out of this ritual and they began to plan accordingly.

We took this to be an enormously positive sign. We felt their ability to embrace this ritual meant a step toward a deeper grieving, a move from melancholia to mourning. We felt that something had been achieved in the group's ability to reinterpret what the chief had said in a more metaphoric way.

Once the girls had come to their own conclusions they were very keen to rejoin the larger group and to communicate to them their thoughts and their resolutions. We facilitated this process, after which the group did indeed return to their community and attempted to continue the work of the chief.

Postscript

Continuing the work of the chief was a long hard haul as the group was attacked when they first returned. One person was stabbed but fortunately there were no casualties. However, the group persisted in their pledge to the chief and eventually liberation came. These events occurred in the late 1980s and as we know, liberation was achieved only in the early 1990s. However the war was won and the spirit of the chief did indeed triumph.

I followed this group's progress into the mid 90s and indeed they carried their scars each in their own individual ways. I have no illusions that our intervention healed the deep wounds that they sustained. Nevertheless I believe that we contributed to an undamming of the psychic tide of this group in regard to their relationship to person, place and meaning, a relationship that had become stuck and frozen in a particular moment of trauma.

On a more sober note though, as we look to the future and to the return of the spectre of war, we may end by asking what it is we may learn from the ancient wisdom of the myth of Isis and Osiris and from the historical experience of the

chief's daughters and his followers. For myself, I learned how great is the difficulty and pain involved in giving up the gratification of revenge and the impulse toward exclusion of the other in order to embrace the much harder task of inclusion. Yet this task must be embraced in the building of a body of many parts, which in its integrity can function as a whole, harmoniously and constructively for the good of all.

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