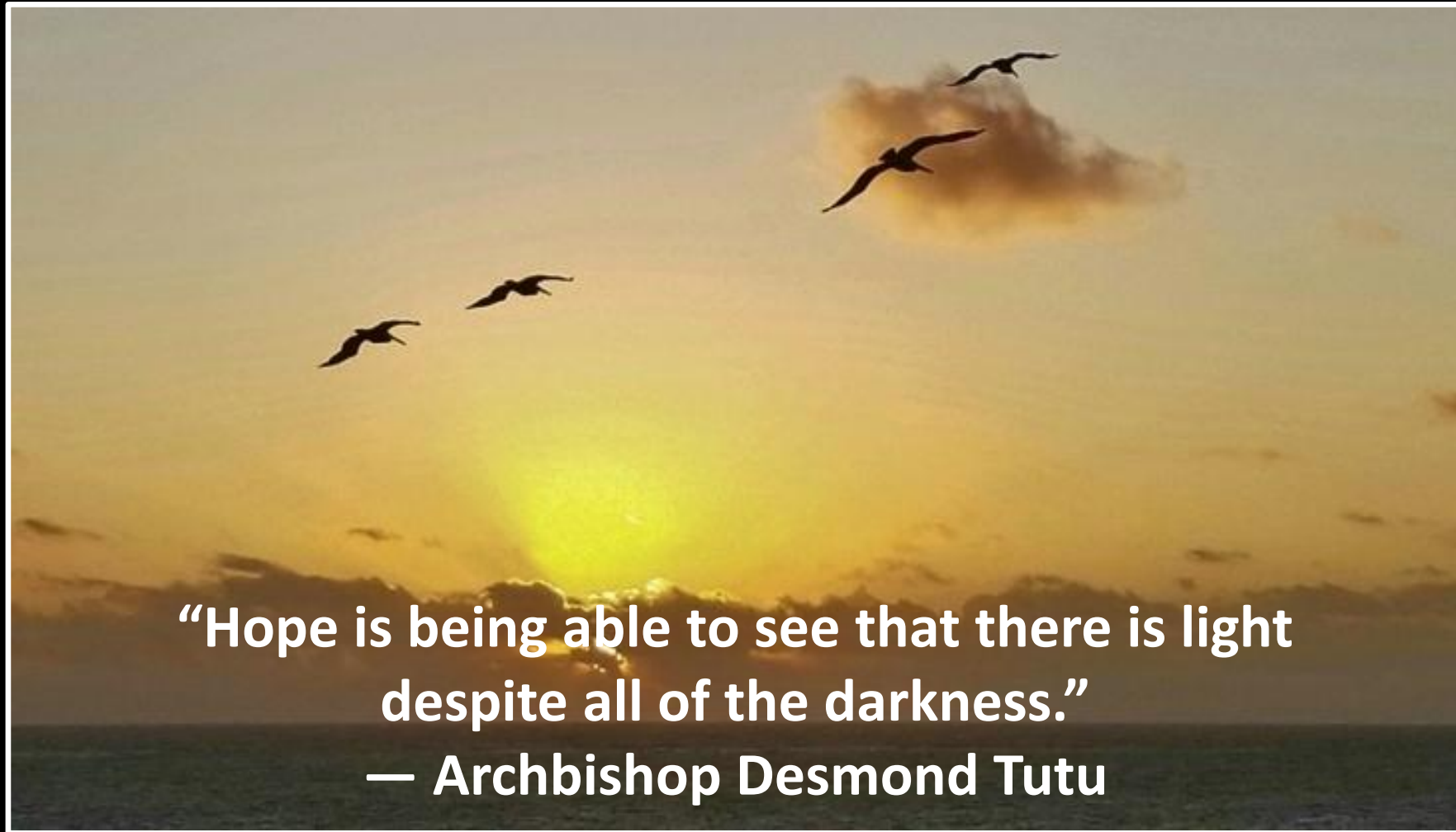
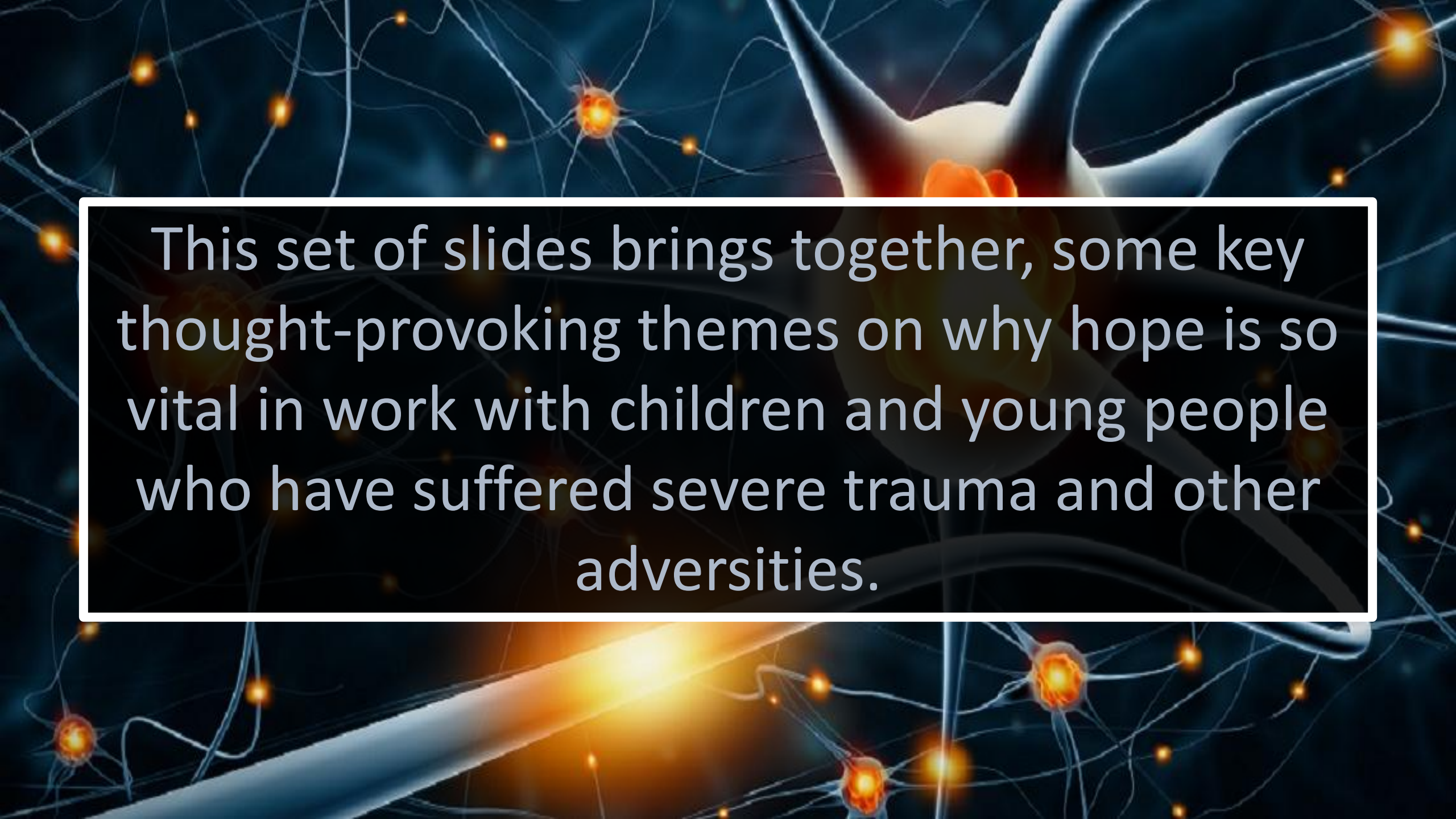


# **The Importance of Hope in Work with Children who have Suffered Trauma and other Adversities - Patrick Tomlinson (2025)**



**“Hope is being able to see that there is light  
despite all of the darkness.”  
— Archbishop Desmond Tutu**



This set of slides brings together, some key thought-provoking themes on why hope is so vital in work with children and young people who have suffered severe trauma and other adversities.





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## **1. INTRODUCTION**

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## **5. HOPE & THE NEED FOR EMOTIONAL INVOLVEMENT**

## **6. HOPEFUL SIGNS**

## **7. MAINTAINING A SENSE OF HOPE**



# INTRODUCTION

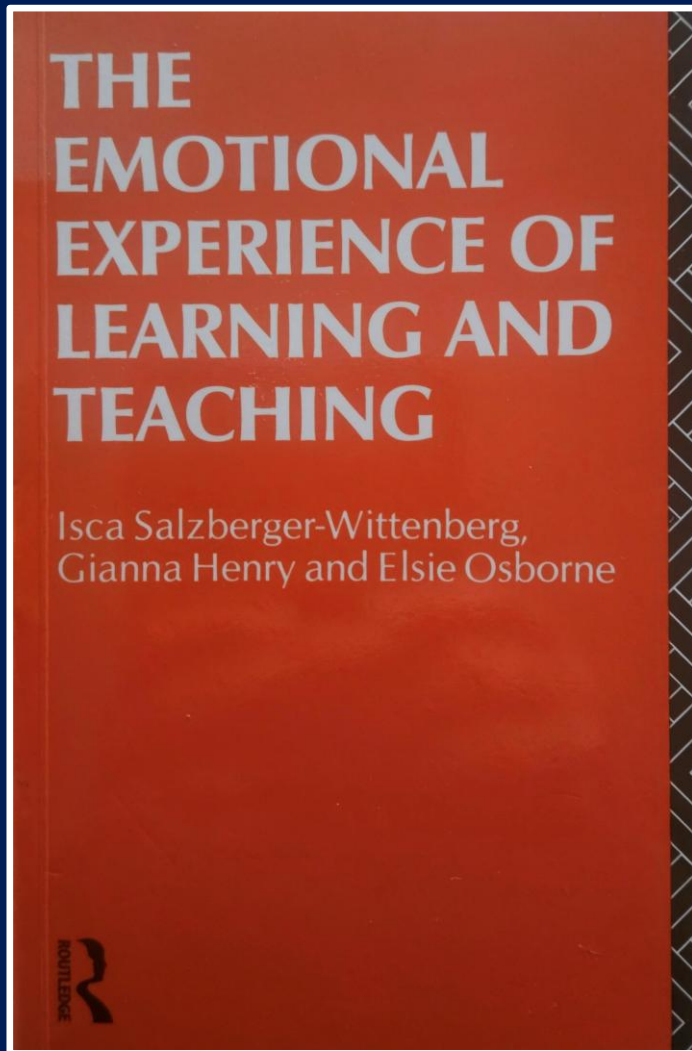


# Baby in a Rage and Hope



“A baby in a rage is very much a person. He knows what he wants, he knows how he might get it, and he refuses to give up hope’.” (Donald Winnicott, 1964, p.63)

# Foundations of Hope



“It is helpful if the mother goes on introducing the world into the baby’s life ‘in small doses’, as Dr Winnicott put it. While good experiences lay the foundation to hope that we will be helped in the process of facing painful transitions, extreme anxiety states do remain as memory traces within all of us. For any new situation involves loss of the old, known one.”

(Salzberger-Wittenberg, et al., 1983, p.7)

# Hope and Resilience



“It is remarkable that in troubled parent-child relationships where these difficulties have often gone on for years, the need to be understood and to relate to others seems to be such a basic human need, that the hope that there may yet be someone who can receive and listen to significant communications is not entirely lost.”  
(Monica Lanyado, 2012, p.33)

# Where there's Hope, there's Life

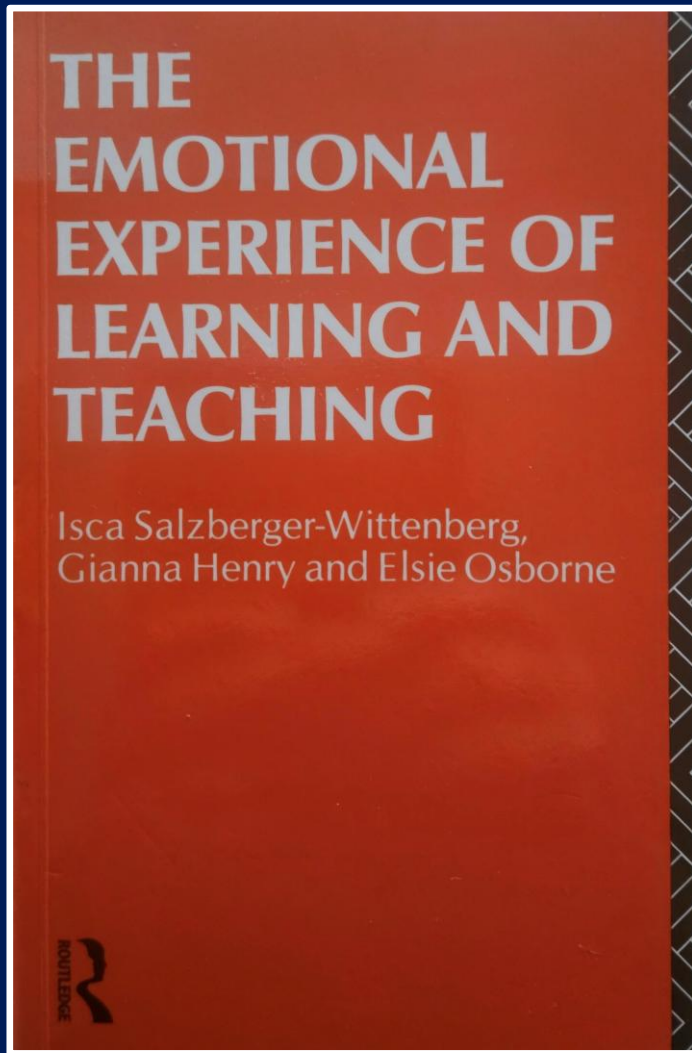


“In clinical practice we have a mantra, “where there’s life, there’s hope”. But I would propose that this is incomplete because as I will show – “where there’s hope, there’s life”.

A wise man once made the observation that hope sustains life while states of hopelessness give rise to illness and death. His name was Viktor Frankl.” (Ian Weinberg, 2024)

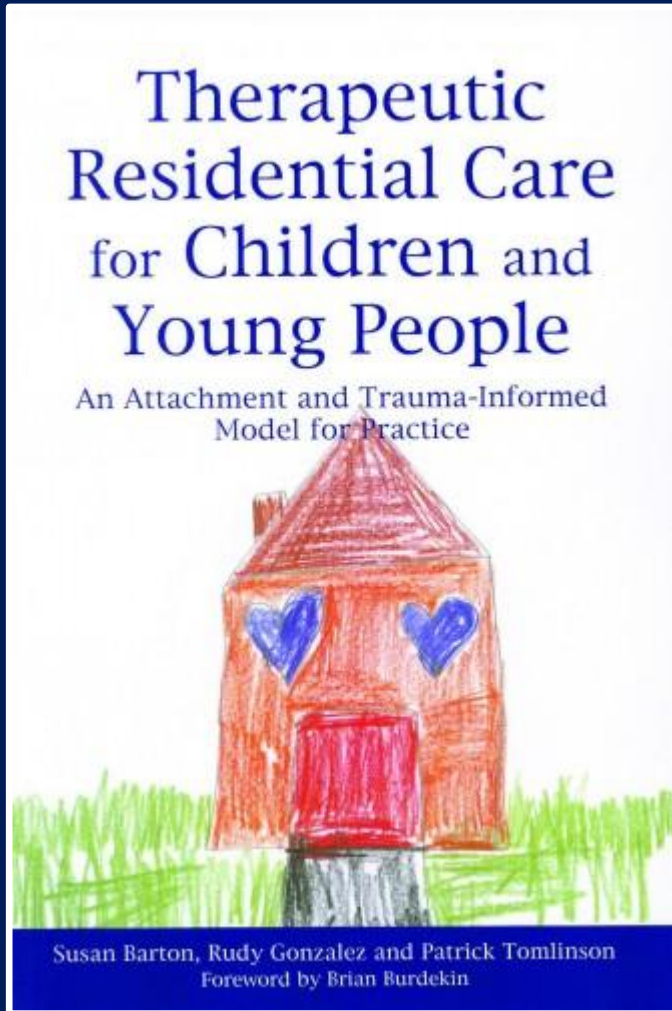


# Learning and Hopefulness



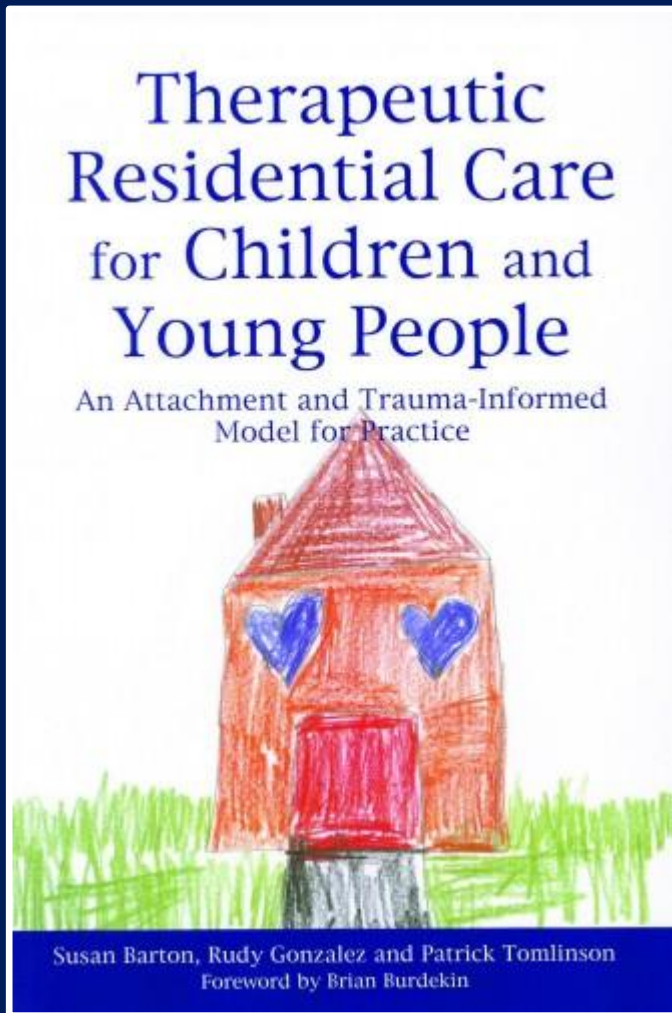
“Our learning, in infancy and for a considerable period, takes place within a dependent relationship to another human being. It is the quality of this relationship which deeply influences the hopefulness required to remain curious and open to new experiences, the capacity to perceive connections and to discover their meaning.” (Wittenberg, et al., 1983, p.xiii)

# Hope, Assertiveness, and Coming Alive



“Traumatized children who have become withdrawn and passive as a way of protecting themselves, as they begin to feel safe, may begin to express themselves assertively. Whilst this might feel challenging it might be a sign that the child is coming alive emotionally...

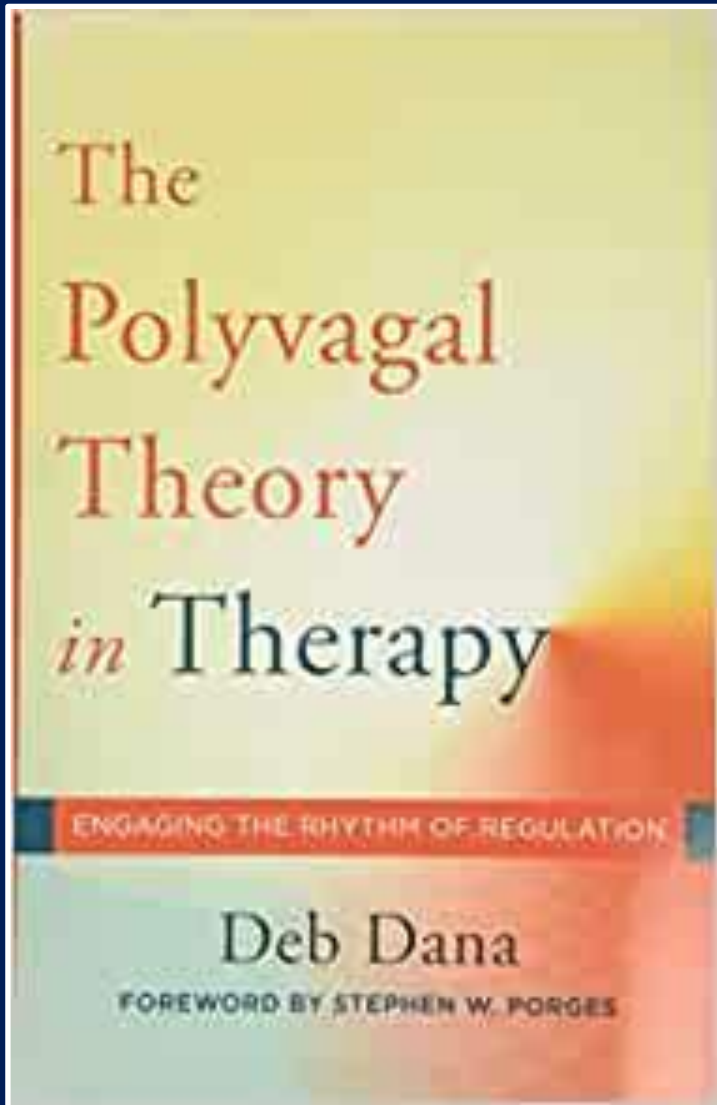
# Hope, Assertiveness, and Coming Alive



... As Winnicott (1964) said in 'The Child, the Family and the Outside World', "A baby in a rage is very much a person". For some of our children, one of the few times they feel like a person with real feelings may be when they experience a feeling like rage." (Barton et al., 2012, p.93)



# Hope and Plasticity



“Hopefulness lies in knowing that while early experiences shape the nervous system, ongoing experiences can reshape it. Just as the brain is continually changing in response to experiences and the environment, our autonomic nervous system is likewise engaged and can be intentionally influenced.” (Dana, 2018, p.5)



**CHANGE. HOPE.  
AND FEAR**

# Change, Hope, and Fear



Salzberger-Wittenberg (1988, p.11) explained that beginnings, including new relationships, can be a time of both hopeful and fearful expectations. These expectations may be unconscious as well as conscious.



## Change, Hope, and Fear



She refers to the following hopes for the therapist: to be helpful; to be tolerant and to be understanding; and for the child: to rid himself of pain; to find someone to help carry the burden and to be loved.

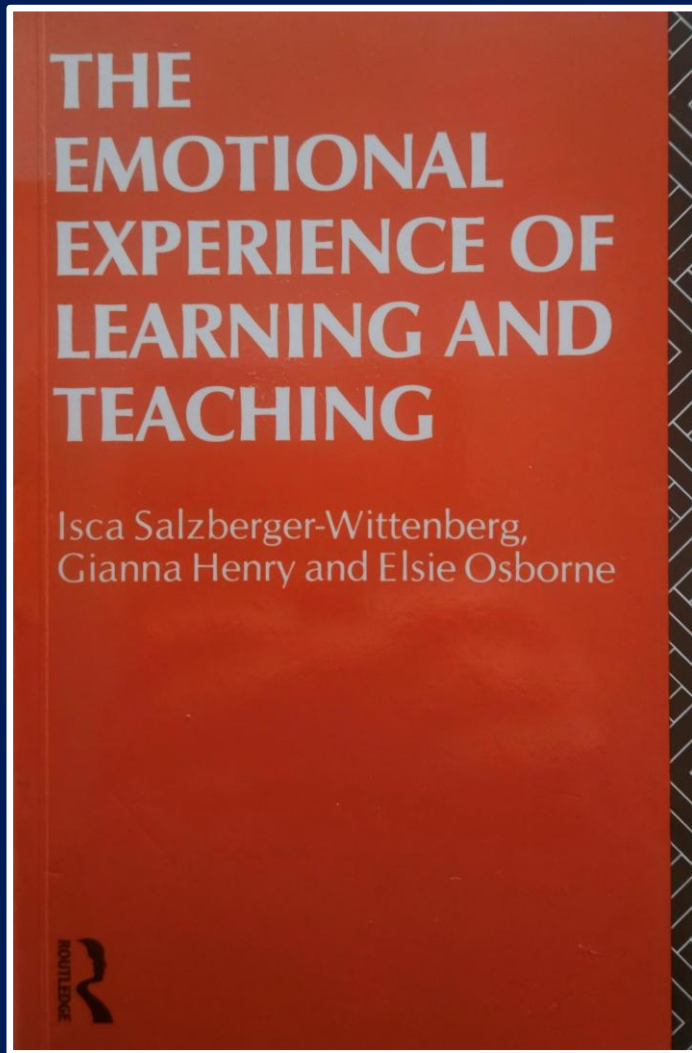
# Change, Hope, and Fear



Among the fears she mentions, for the worker - probing and digging into the past and doing harm. For the child - to be blamed, to be punished and to be abandoned.

Whilst Salzberger-Wittenberg is talking about a new therapist-child relationship, the mixture of hopes and fears are common in beginning and change.

## Change, Hope, and Fear



But, however hopeful our anticipation, we also harbour fears about the future. 'Aller Anfang ist schwer' (every beginning is hard) says the wise German proverb, pointing to the uncertainty and doubts which tend to beset us. (Salzberger-Wittenberg, et al., 1983, p.2)



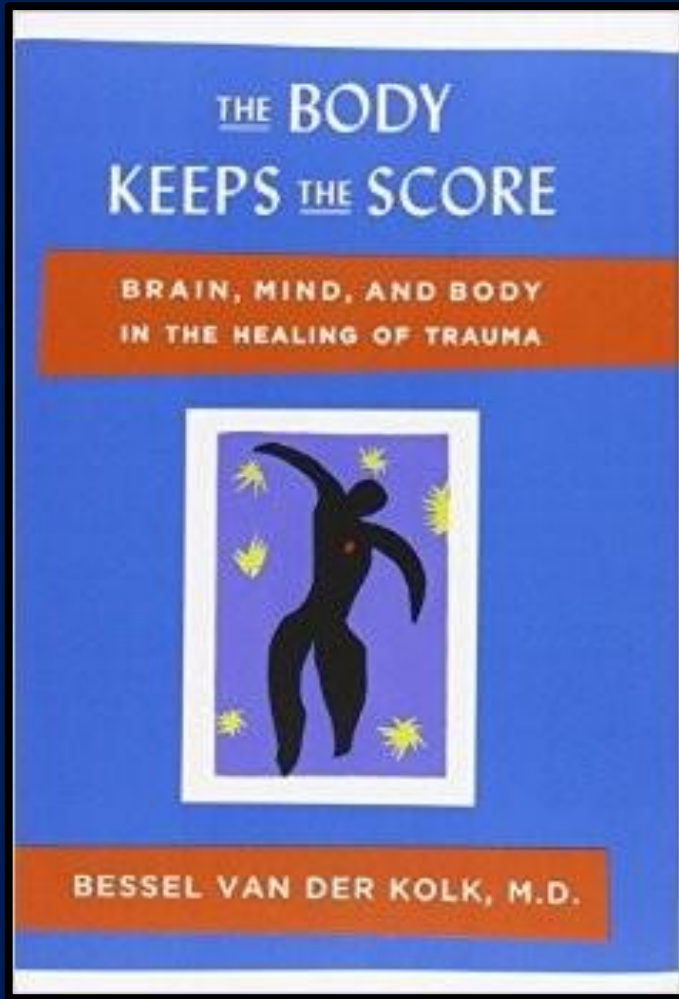
# Imagination and Hope



“Imagination gives us the opportunity to envision new possibilities - it is an essential launchpad for making our hopes come true. It fires our creativity, relieves our boredom, alleviates our pain, enhances our pleasure, and enriches our most intimate relationships...

# Imagination and Hope

... Without imagination there is no hope, no chance to envision a better future, no place to go, no goal to reach.” (Van der Kolk, 2014, p.17)

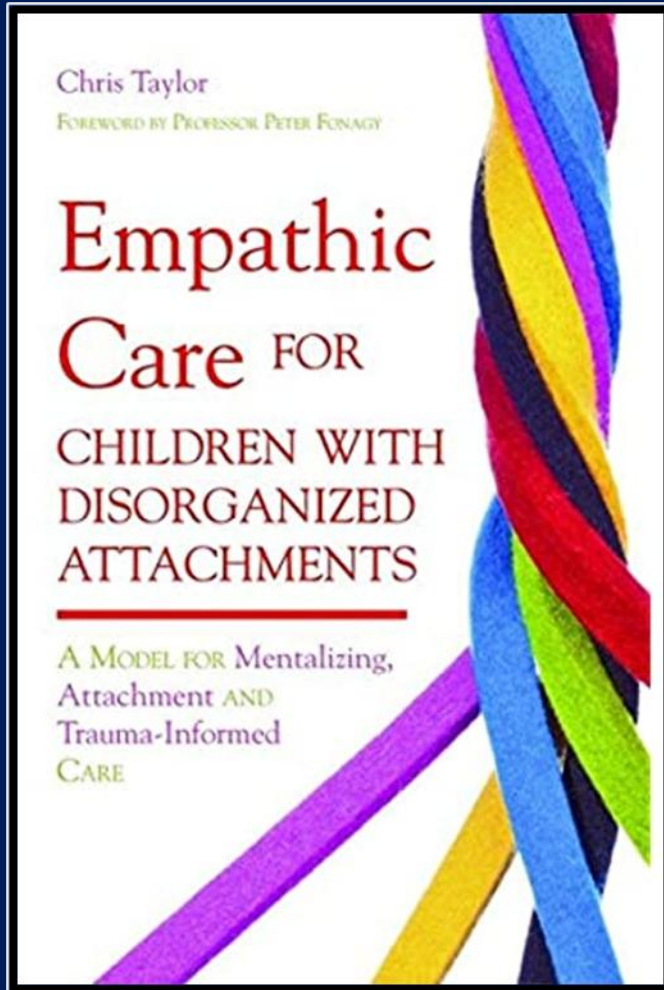




# **HOPE & STRENGTHS BASED PRACTICE**

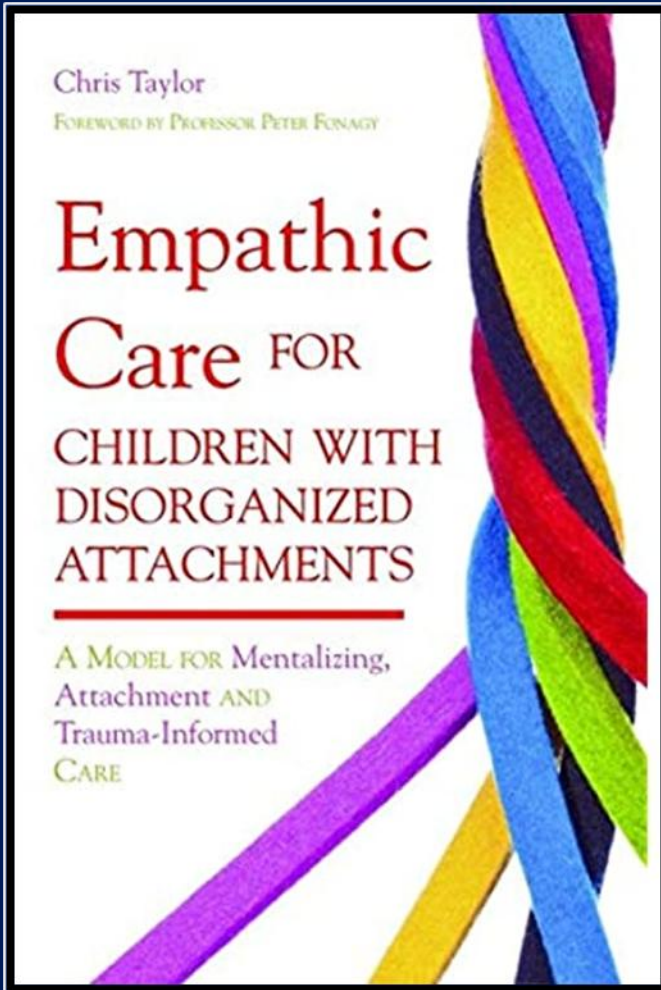


# Hope & Strengths-Based Practice



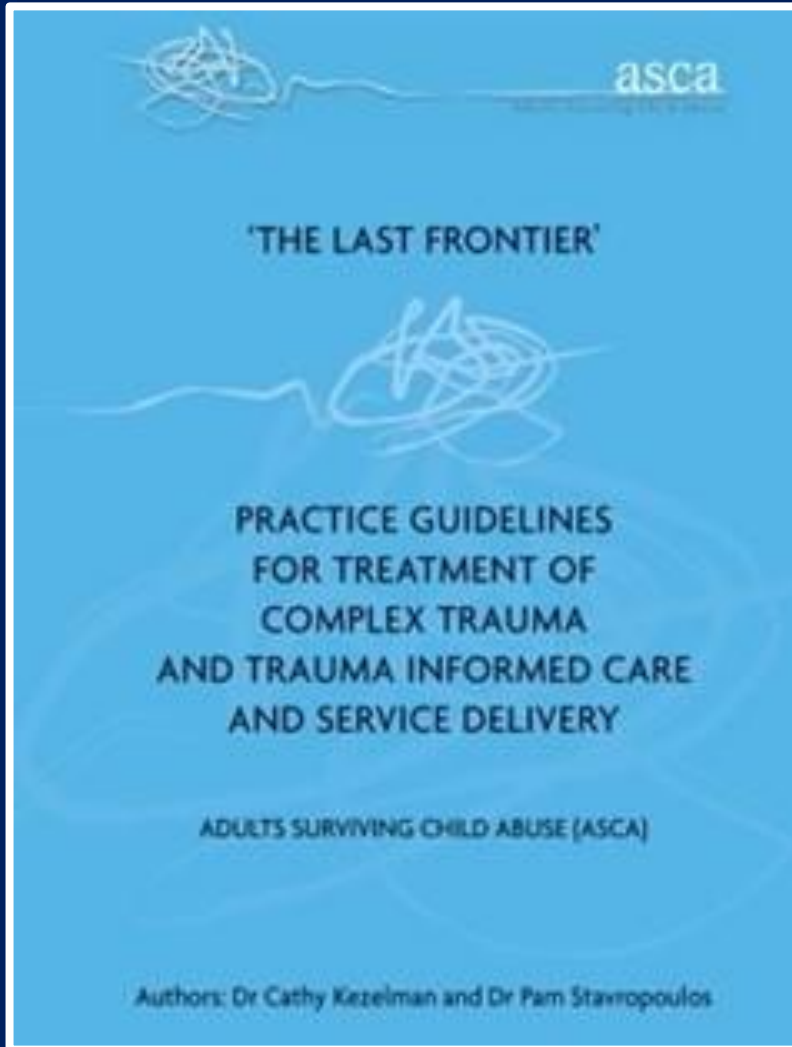
“Strengths-based practice conveys hope and avoids pathologizing a child’s response to trauma. It keeps the child’s strengths and experiences central, acknowledging that the child is doing the best they can and that they want to do well.” (Taylor, 2012)

# Hope & Strengths-Based Practice



“Talking about and planning for future events is the essence of hopefulness. Although a reduced sense of a future is widespread for these young people, we should not lose sight of the restorative effect of showing optimism for the child’s future, putting into words our belief that they have opportunities and possibilities before them and helping them to think about and plan for the future by utilizing what they know about familiar events.” (Taylor, 2012)

# Incorporate Hope into all Interactions



“Incorporate a message of optimism and hope into all interactions between service providers and clients.”

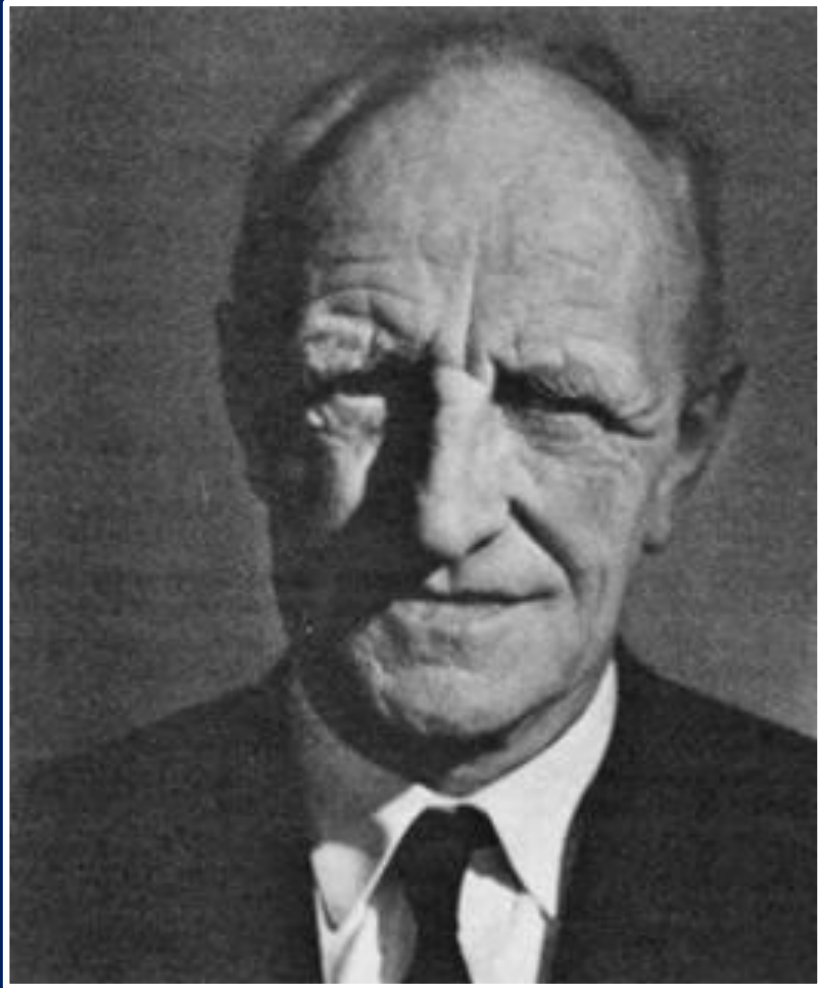
(Kezelman and Stavropoulos, 2012)





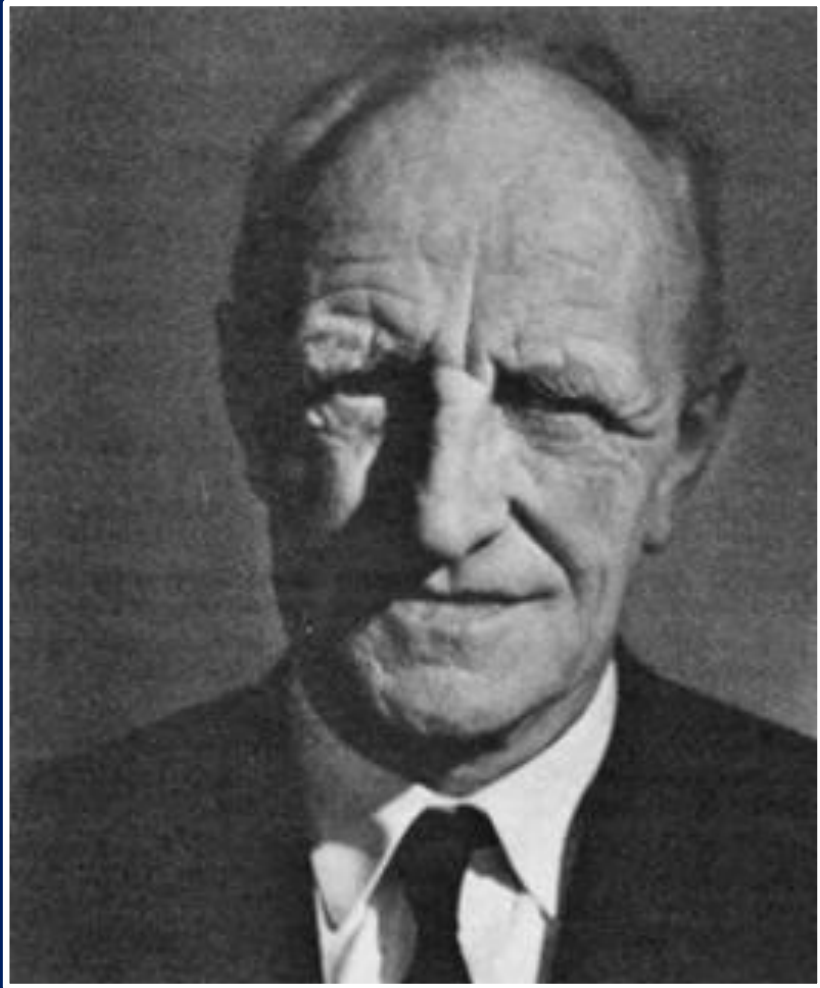
# **HOPE & THE ANTI- SOCIAL TENDENCY**

# The Anti-Social Tendency as a Sign of Hope



“Delinquency indicates that some hope remains. You will see that it is not necessarily an illness of the child when he behaves antisocially, and antisocial behaviour is at times no more than an S.O.S. for control by strong, loving, confident people.”  
(Winnicott, 1946, p.100)

# The Anti-Social Tendency as a Sign of Hope

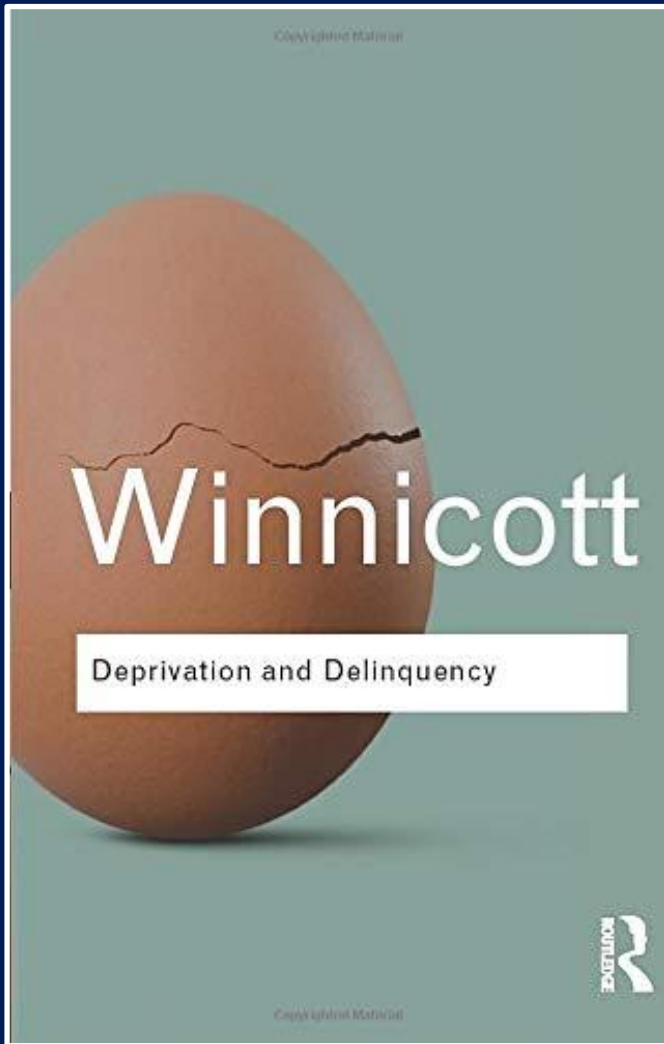


“The antisocial tendency implies hope. Lack of hope is the basic feature of the deprived child who, of course, is not all the time being antisocial. In the period of hope, the child manifests an antisocial tendency... The understanding that the antisocial tendency is an expression of hope is vital in the treatment of children who show the antisocial tendency.”

(Winnicott, 1956, p.106)



# The Anti-Social Tendency as a Sign of Hope



“Over and over again one sees the moment wasted, or withered, because of mismanagement or intolerance. This is another way of saying that the treatment of the antisocial tendency is not psychoanalysis but management, a going to meet and match the moment of hope.”

(Winnicott, 1956, p.106)

# Adam Phillips on the Anti-social Tendency



“The child is not interested, at this stage, in stealing things for their own sake, but stealing, ‘in symbolic form only what once belonged to him by right’ and which has been lost. He is also ‘alerting the environment to this fact’ and testing the environment’s tolerance towards the nuisance value of such behavior.”

(1988, p.17)

# Challenging Boundaries and Hope



Adam Phillips (2009, p.1) in his paper 'In Praise of Difficult Children' talked about the need for boundaries to be set and also be broken,

“The upshot of all this is that adults who look after adolescents have both to want them to behave badly, and to try and stop them.”

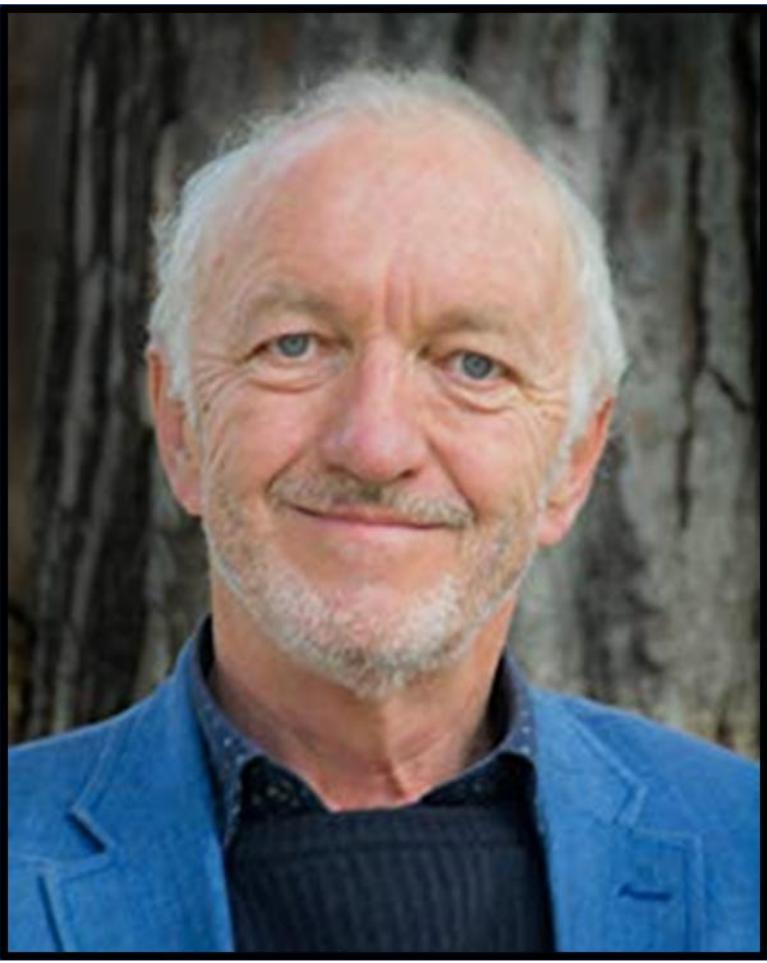


# The Emergence of the True Self



Phillips (p.2) says that the adult provides something to truant from, and the adolescent discovers something to truant for. In therapeutic work as well as in ordinary development, there is often hope when boundaries are challenged. When a true sense of self starts to emerge in a previously compliant child, for instance. We start to see the 'true' rather than 'false' self (Winnicott, 1960).

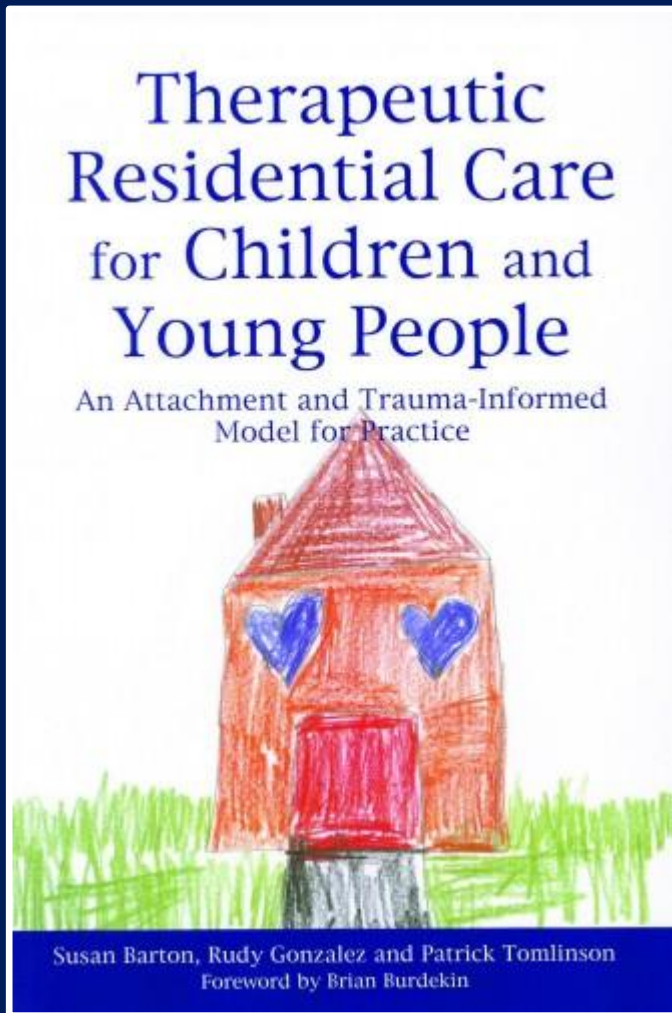
# Adrian Ward on the Anti-social Tendency



Adrian Ward (2011, p.7) concludes that the concept of the 'Antisocial Tendency' and 'Delinquency as a Sign of Hope',

... was and still remains one of Winnicott's most remarkable and profound insights ...

# The Anti-Social Tendency as a Sign of Hope



“We feel hopeful when we start to see the challenging aspects of a child’s behaviour, as it is part of the recovery process. We start to see the ‘true’ rather than ‘false’ self (Winnicott 1960).

It is also an opportunity to start to do the real work that is necessary, and for the carer to be the ‘good enough’ parent.” (Barton, Tomlinson, and Gonzalez, 2012, p.20)



The background of the image is a complex, artistic representation of a neural network. It features numerous blue, thread-like lines representing axons and dendrites, which are interconnected at various points. These connection points are highlighted with bright, glowing orange and yellow spheres, resembling cell bodies or synapses. The overall color palette is dark blue, with the glowing nodes providing a strong contrast. The text is centered within a white rectangular frame that has a thin black border.

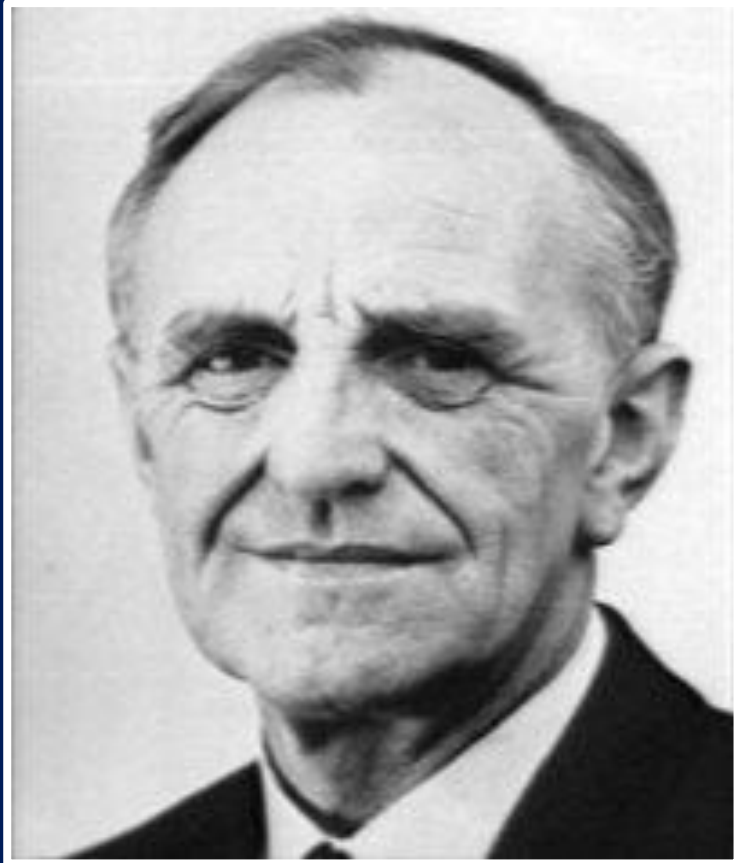
# **HOPE & THE NEED FOR EMOTIONAL INVOLVEMENT**

# Hope & the Need for Emotional Involvement



Winnicott's view on the importance of relationship and emotional involvement has been reaffirmed by neuroscience research. However, the nature of involvement with traumatized children can be extremely difficult. Therefore, there must be good quality support for those who are involved with such difficult work.

# Hope & the Need for Emotional Involvement

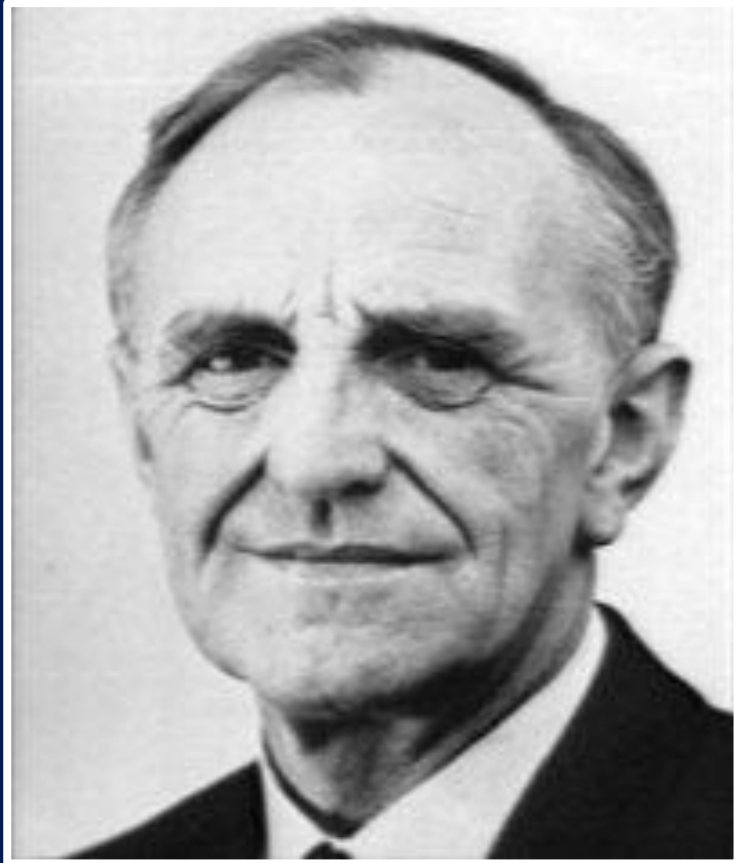


In a paper, "Residential Management of Difficult Children" (1947, pp.63-64), Winnicott wrote,

"It might be asked why ... get emotionally involved? The answer is that these children ... do not get anywhere unless someone does, in fact, get emotionally involved with them. To get under someone's skin is the first thing these children do, when they begin to get hope.."



# The Risk and Pain in Hope

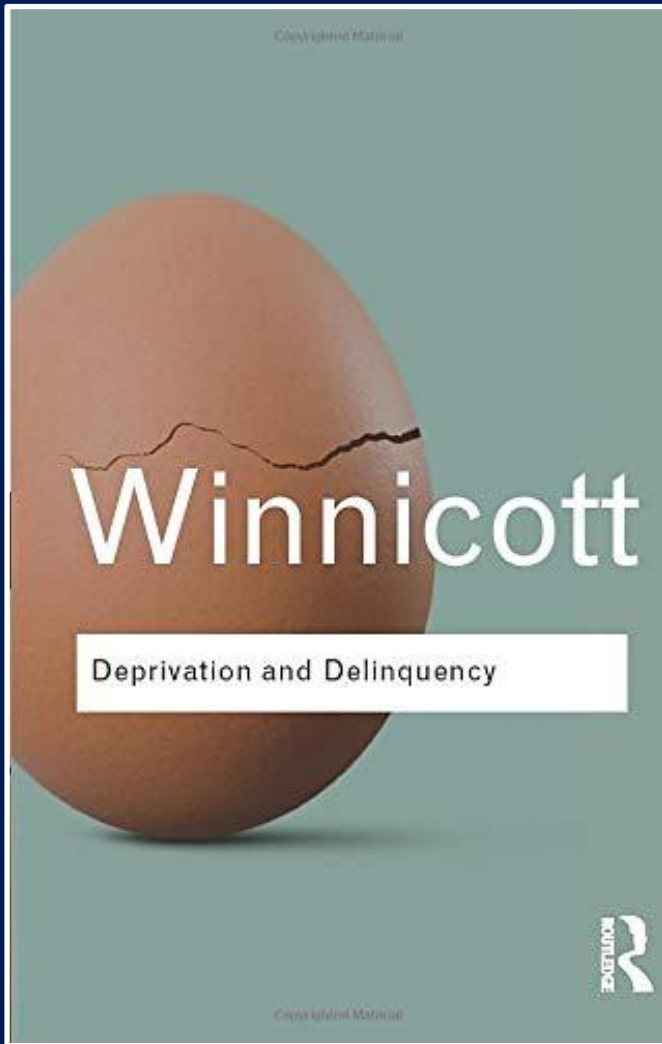


... and also the child has to gain great confidence in the new environment, in its stability and its capacity for objectivity, before the defences can be given up – defences against intolerable anxiety that is always liable to be reactivated by new deprivation.” (Winnicott, 1961, p.176)



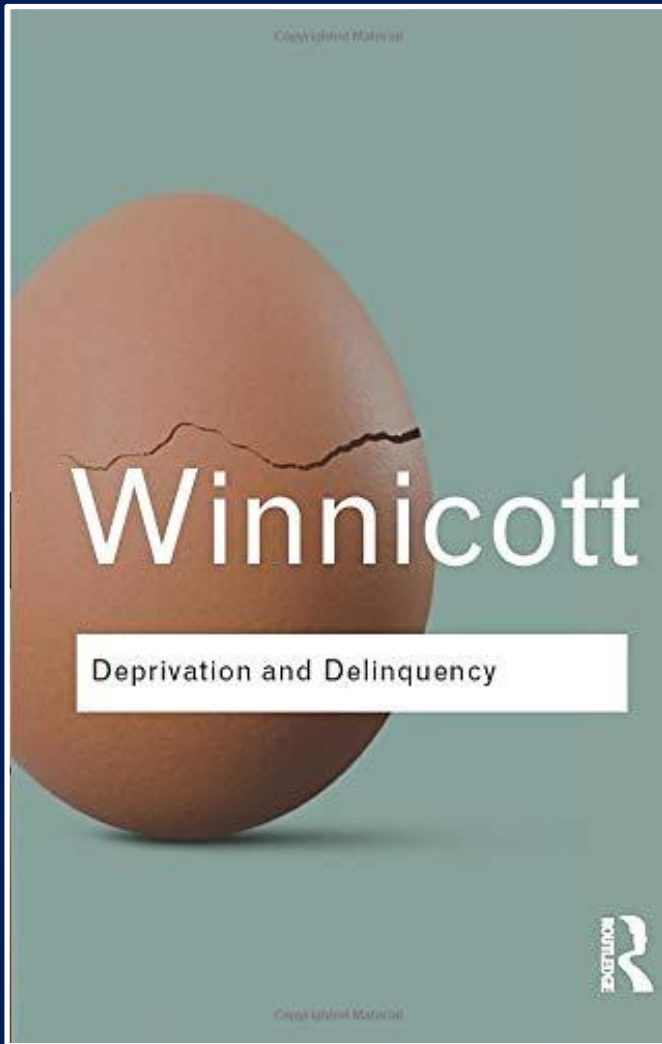
**HOPEFUL SIGNS**

# Hopeful Signs



“If a child can play, this is a very favourable sign. If constructive effort is enjoyed and persevered in without undue supervision and encouragement there is even greater hope of useful work being done... The ability to make a friend is a further valuable sign.” (Winnicott, 1947, p.58)

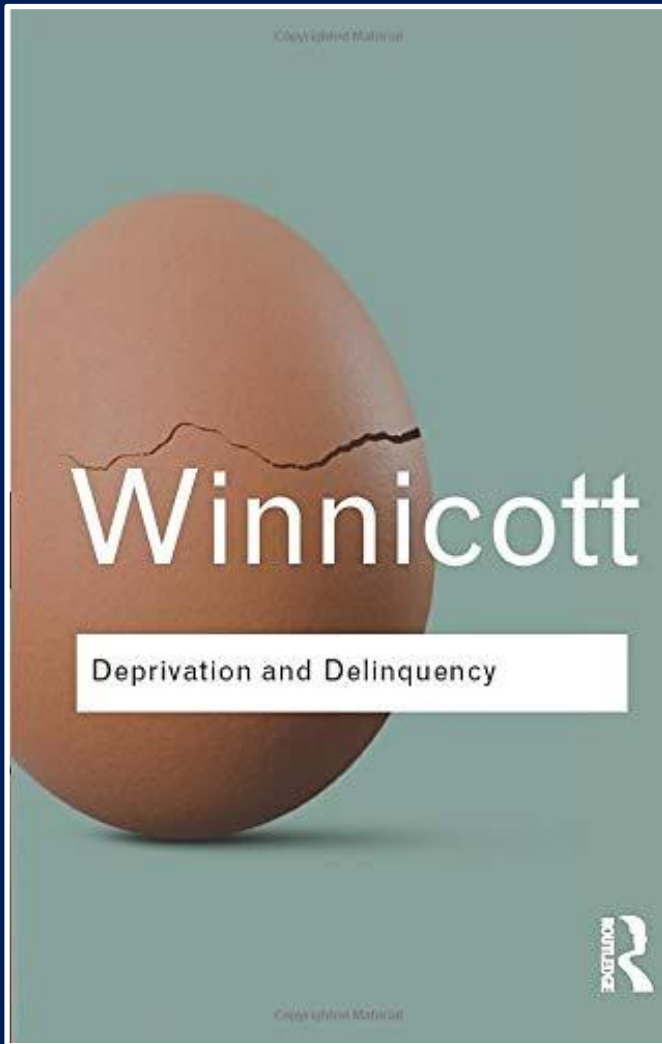
# Hopeful Signs



Also, antisocial acts, such as bed-wetting and stealing, indicate that at any rate momentarily there can be hope – hope of rediscovering a good-enough mother, a good-enough home, a good-enough inter-parental relationship. Even anger may indicate that there is hope... (Winnicott, 1950, p.152)

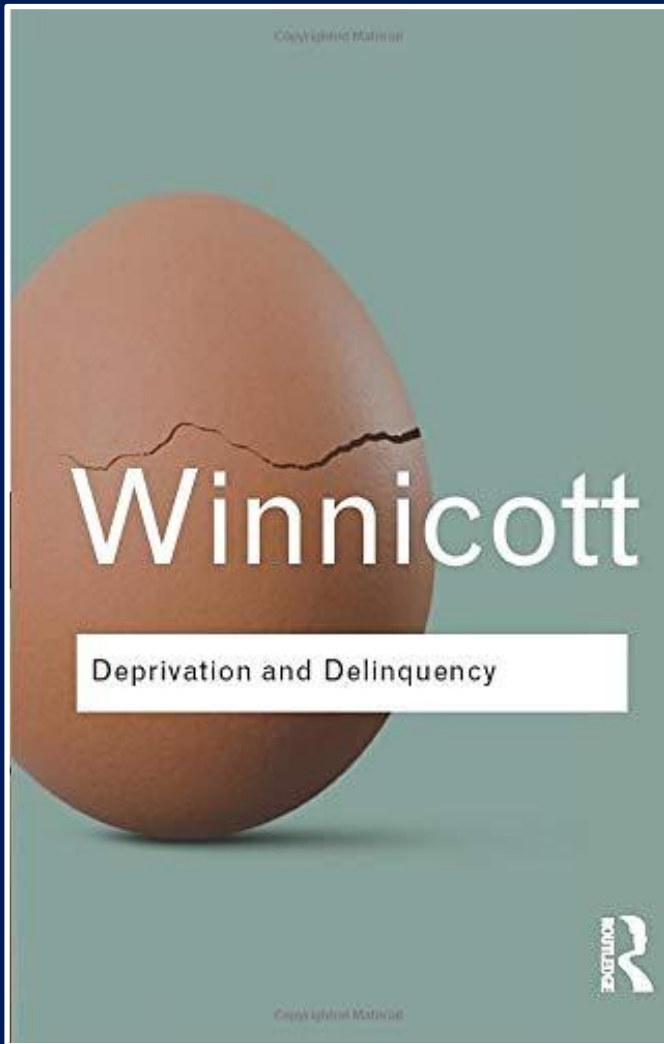


# Hopeful Signs and the Need for Time



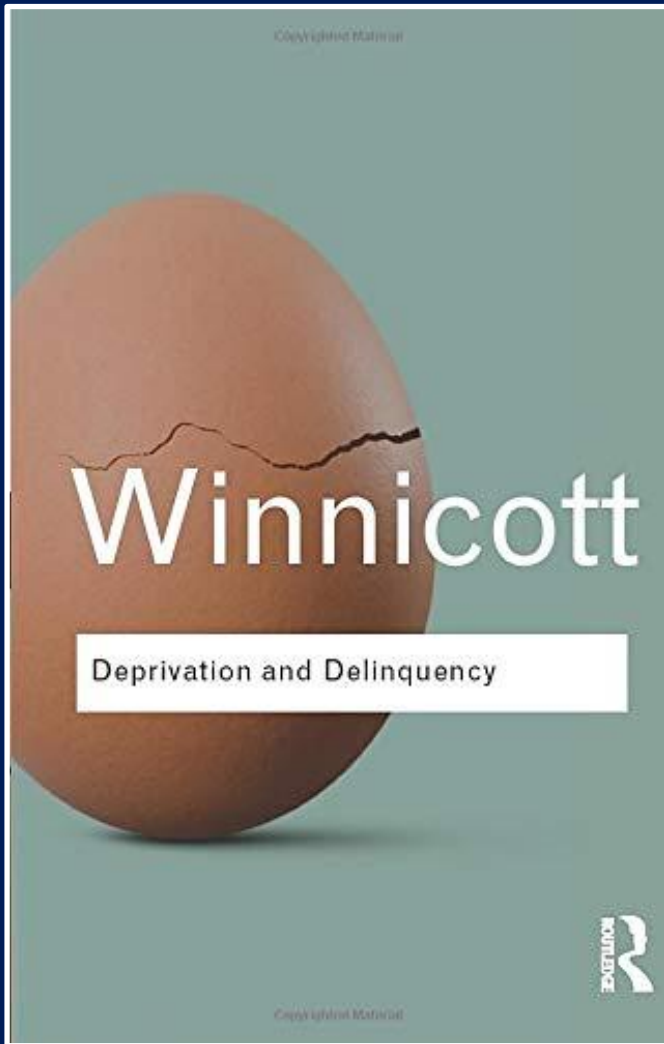
“The antisocial symptoms are gropings for environmental recovery, and indicate hope. They fail not because they are wrongly directed, but because the child is unconscious of what is going on...

# Hopeful Signs and the Need for Time



... The antisocial child needs therefore a specialized environment that has a therapeutic aim, and that can give a reality response to the hope that is expressed in the symptoms. This has to be spread over a long period, however, to become effectual as a therapeutic...

# Hopeful Signs and the Need for Time



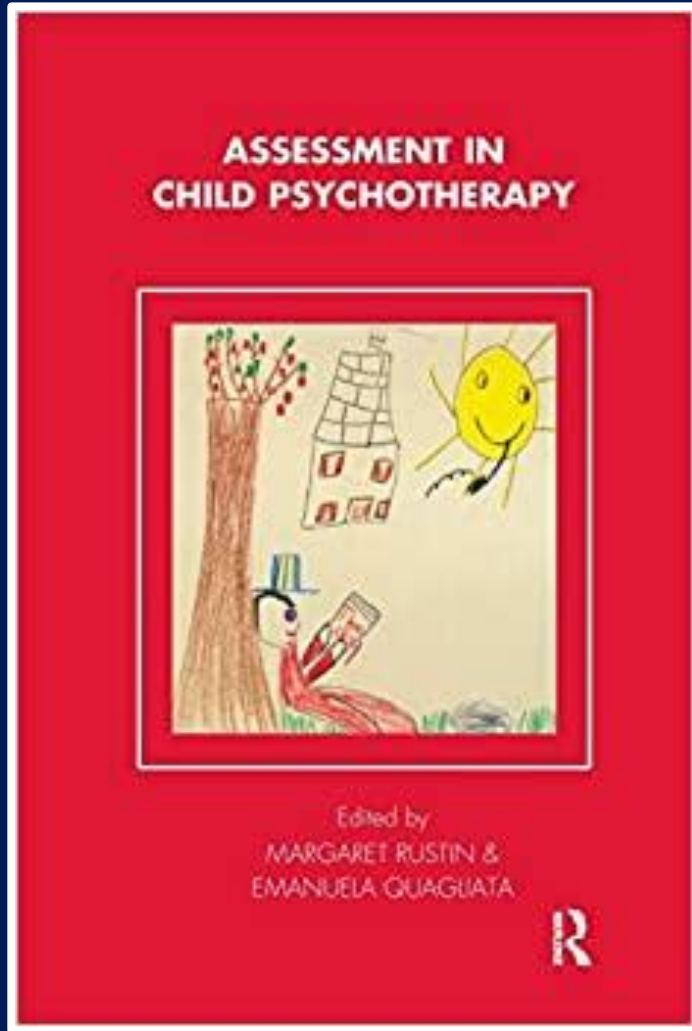
... and also the child has to gain great confidence in the new environment, in its stability and its capacity for objectivity, before the defences can be given up – defences against intolerable anxiety that is always liable to be reactivated by new deprivation.” (1950, p.152)



**MAINTAINING A  
SENSE OF HOPE**



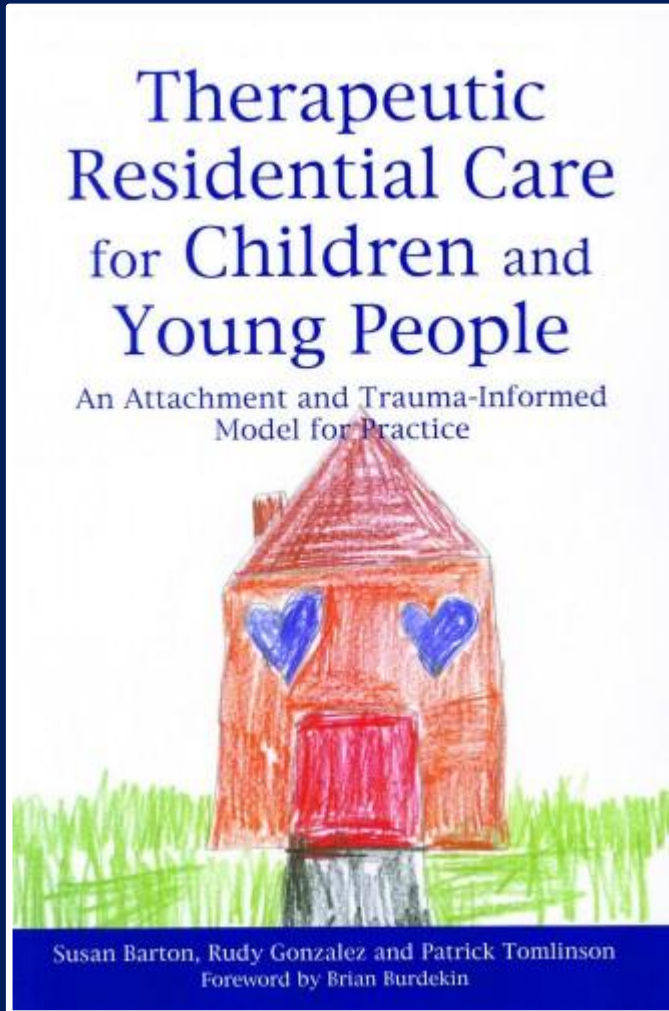
# Maintaining a Sense of Hope



The commitment of a team of people, working together with a belief in what they are doing, provides the necessary support to sustain the therapeutic task and above all maintain a **sense of hope**.

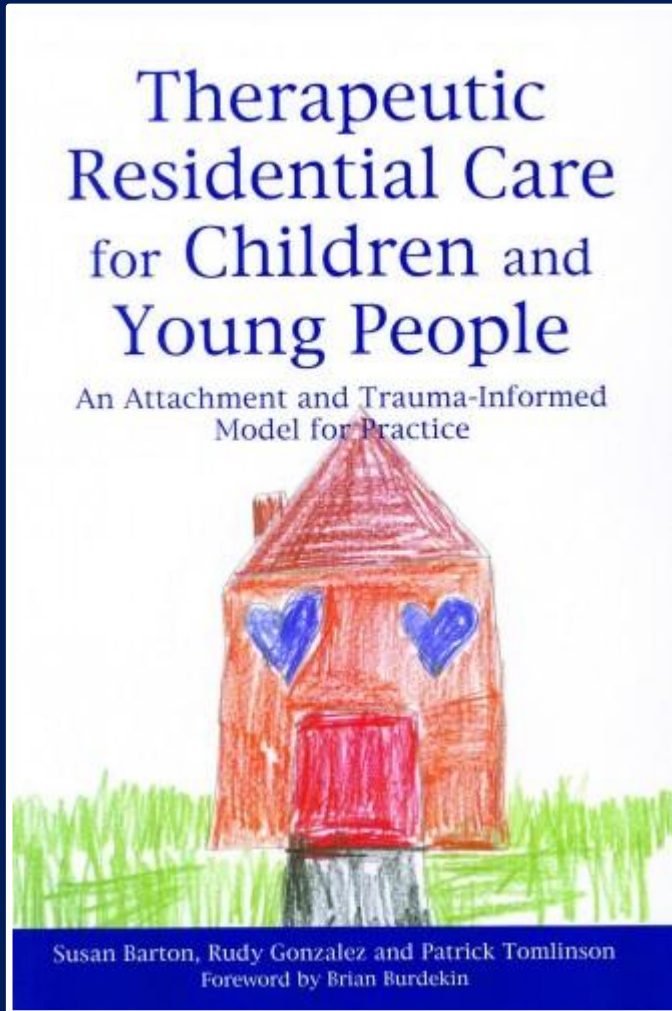
“The importance of sustaining hope in the child, the family and the therapist should not be underestimated.” (Judith Trowell, Child Psychiatrist, 1994)

# The Difficulty in Sustaining Hope



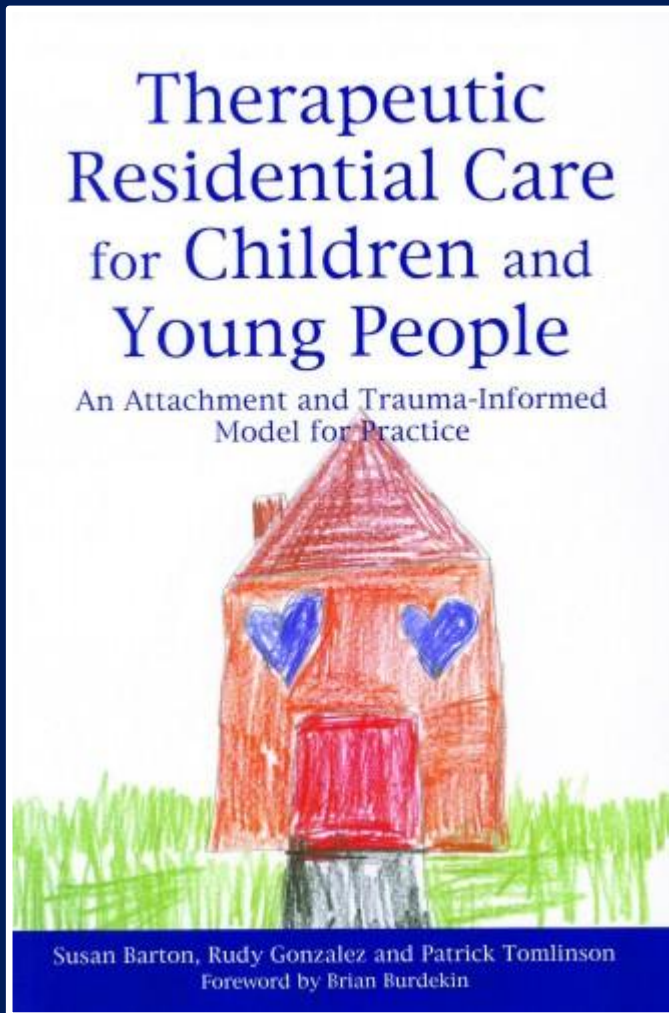
“Whilst the child’s anti-social behaviour may be a sign of hope, it can be very difficult for us to feel hopeful. As well as being faced with very challenging behaviour, it is also likely that a traumatized child may need us to feel and contain some of their own feelings of hopelessness.” (Barton et al., 2012, p.95)

# The Difficulty in Sustaining Hope



“It is possible that just when our hopes are raised the child will violently dash them to let us experience what has happened to him. We reach a state of hopelessness similar to that he may have felt. If we can experience this, survive it and somehow muster up a belief that things can get better, maybe the child can begin to feel a ‘better time’ is possible.” (Barton et al., 2012, p.95)

# The Difficulty in Sustaining Hope



“The leader of the organization is often between a rock and a hard place. Like Janus, the Roman God of gateways, sitting on the boundary of the organization with one eye looking out and one looking in – both views can seem equally challenging and hopeless.” (Barton et al., 2012, p.185)



# The Difficulty in Sustaining Hope



“It is this facing of emotional pain and staying with one’s feelings without losing hope which enables all of us at every stage of life to gather strength from being slowly able to overcome the despair at loss.” (Salzberger-Wittenberg, 2013, pp.44-45)

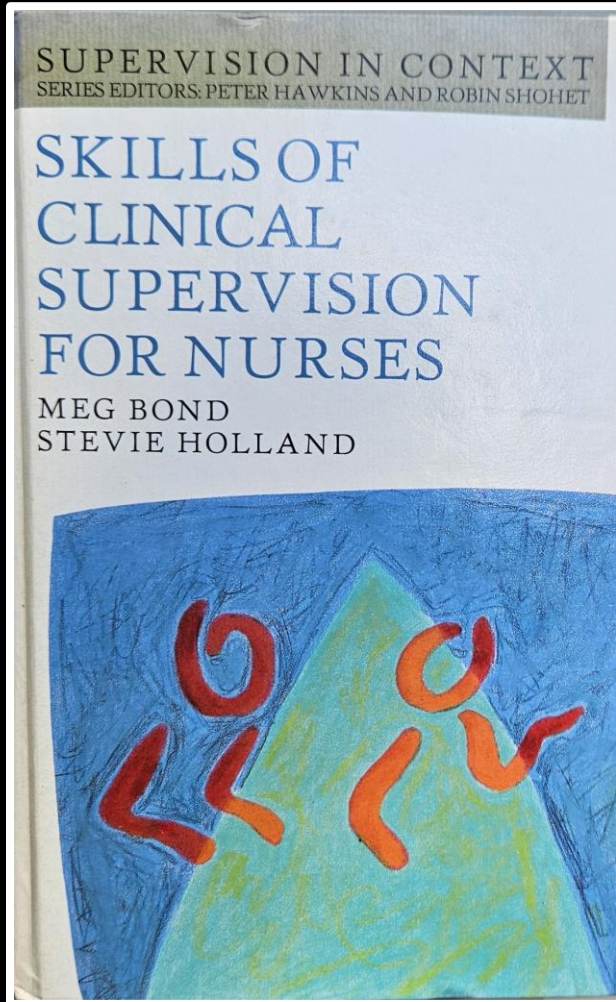
# Processing our Feelings and Reflective Practice



In such a difficult field of work, making sense of our experiences, reflecting upon our feelings, and processing them is essential. This is central to how we maintain hope and prevent ourselves by being overwhelmed by distressing and painful feelings.

We can do some of this work on our own by thinking things through, keeping a reflective journal, etc. However, having a regular, reliable. And safe space with a an experienced professional is essential.

# Reflection and Processing in Supervision



... [it is] a way of supporting workers who are affected by the distress, pain and fragmentation of the client and how they need time to become aware how this has affected them and to deal with reactions. This is essential if workers are not to become over full of emotions, or alternatively heavily defended against the distress of the client, therefore lacking empathy and good-enough care.”

(Proctor, 1986, p. 24, in, Bond and Holland, p.17)

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