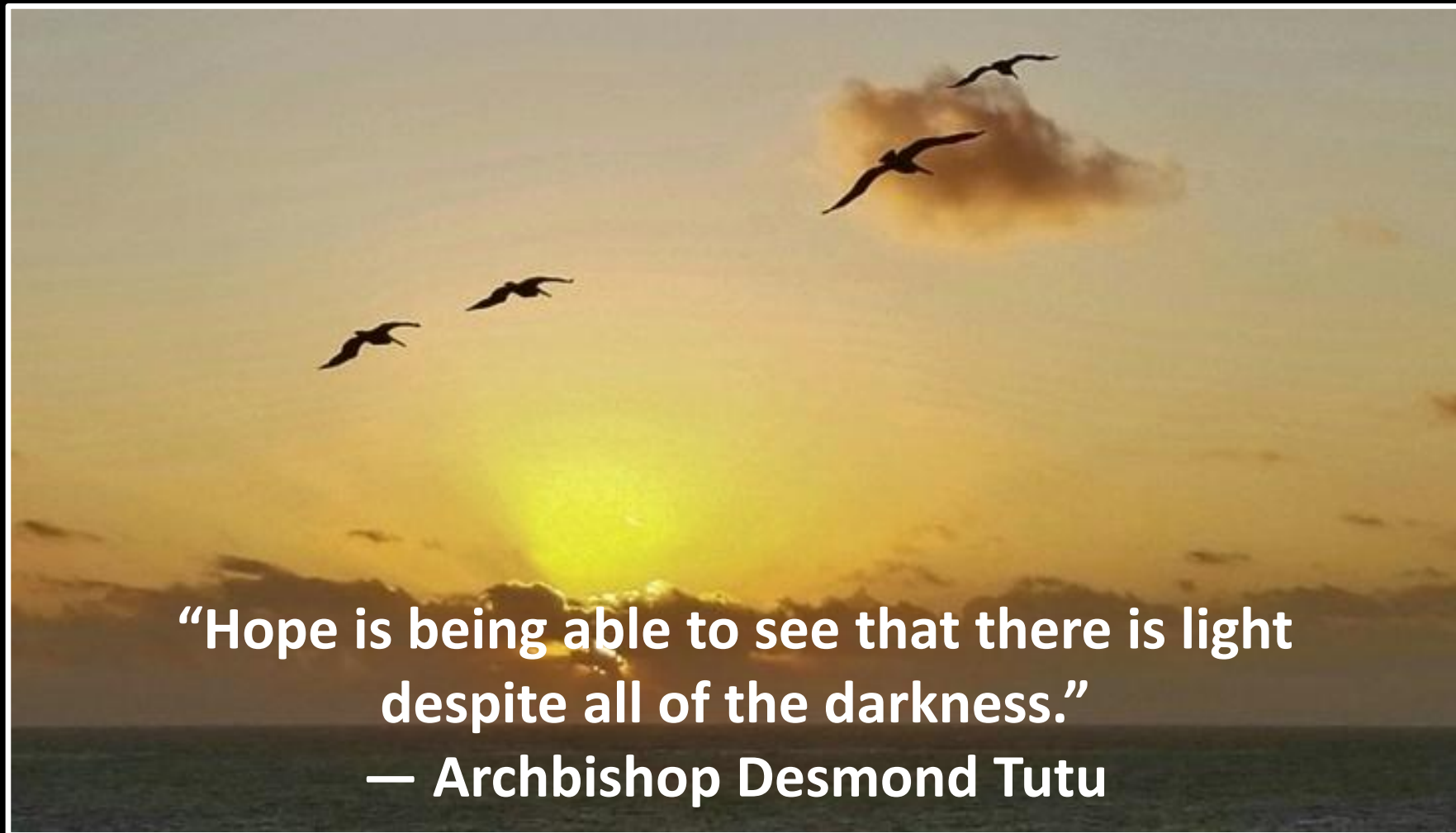


# The Importance of Hope in Work with Children who have Suffered Trauma and other Adversities



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

# Winnicott on 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)

# 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)

# Maintaining a Sense of Hope

## ASSESSMENT IN CHILD PSYCHOTHERAPY



Edited by  
MARGARET RUSTIN &  
EMANUELA GUAGUATA

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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**.

“Within this context program staff must also have competence to assist in generation of hope, belief in, creation of, and realisation of opportunities.”

(Department of Communities, Australia, 2010, p.12)

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

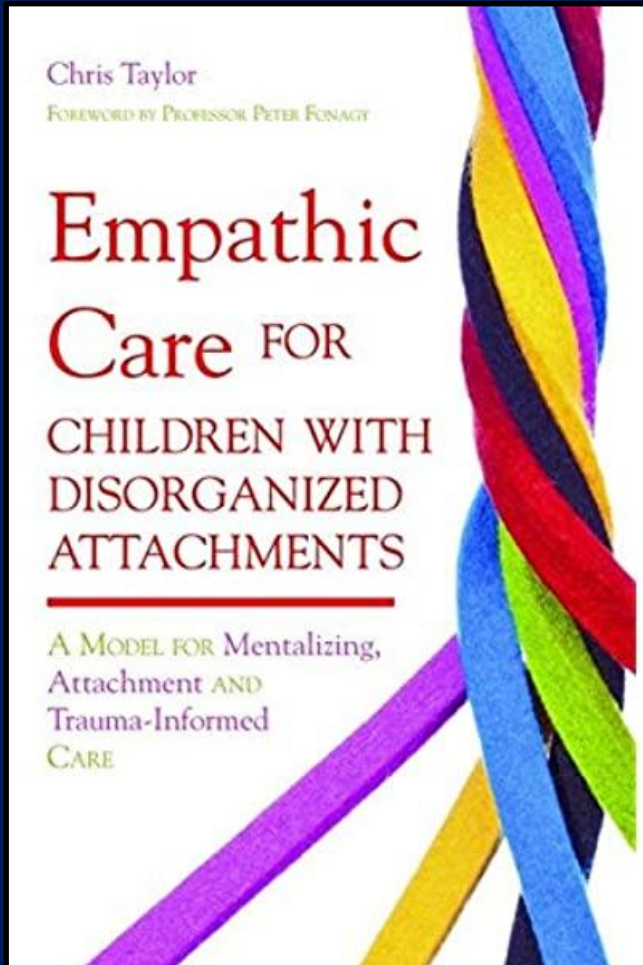
# Hope and Resilience



“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)

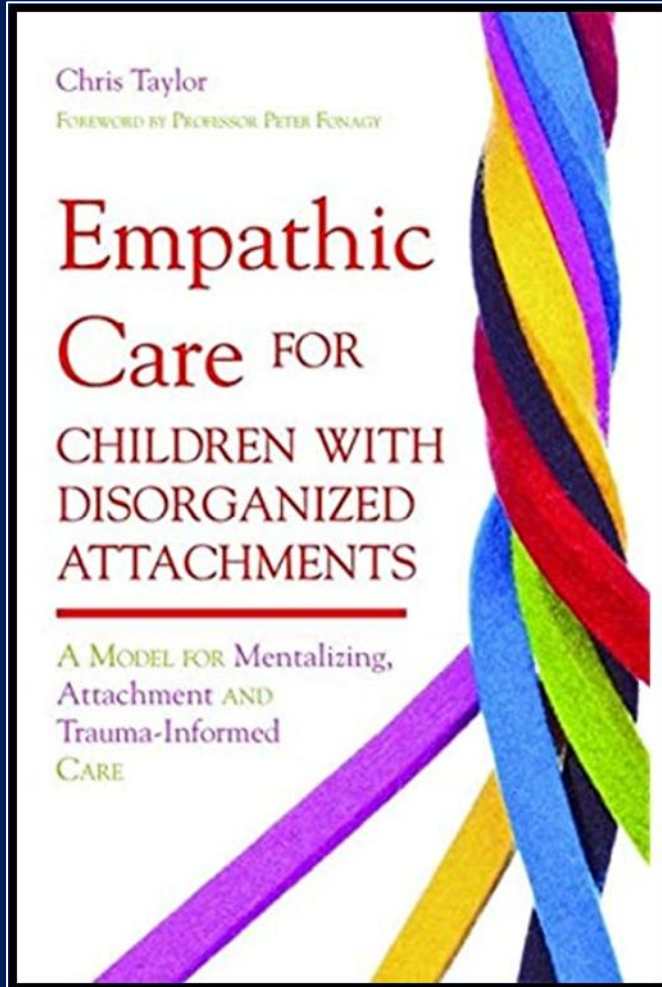


# Hope & Strengths-Based Practice



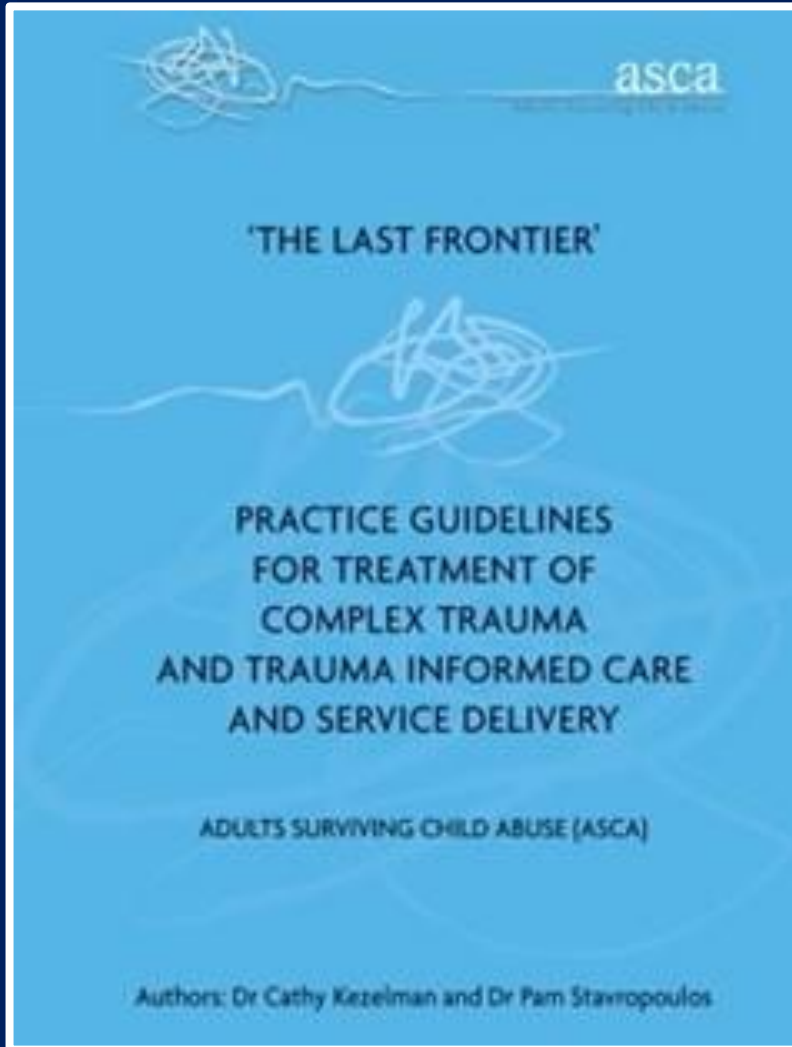
“Strengths-based practice conveys hope and avoids pathologizing a child’s response to trauma. It keeps the child’s strengths and experiences central, acknowledging that the child is doing the best they can and that they want to do well.” (Taylor, 2012)

# Imagining & Planning a Hopeful Future



“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 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.

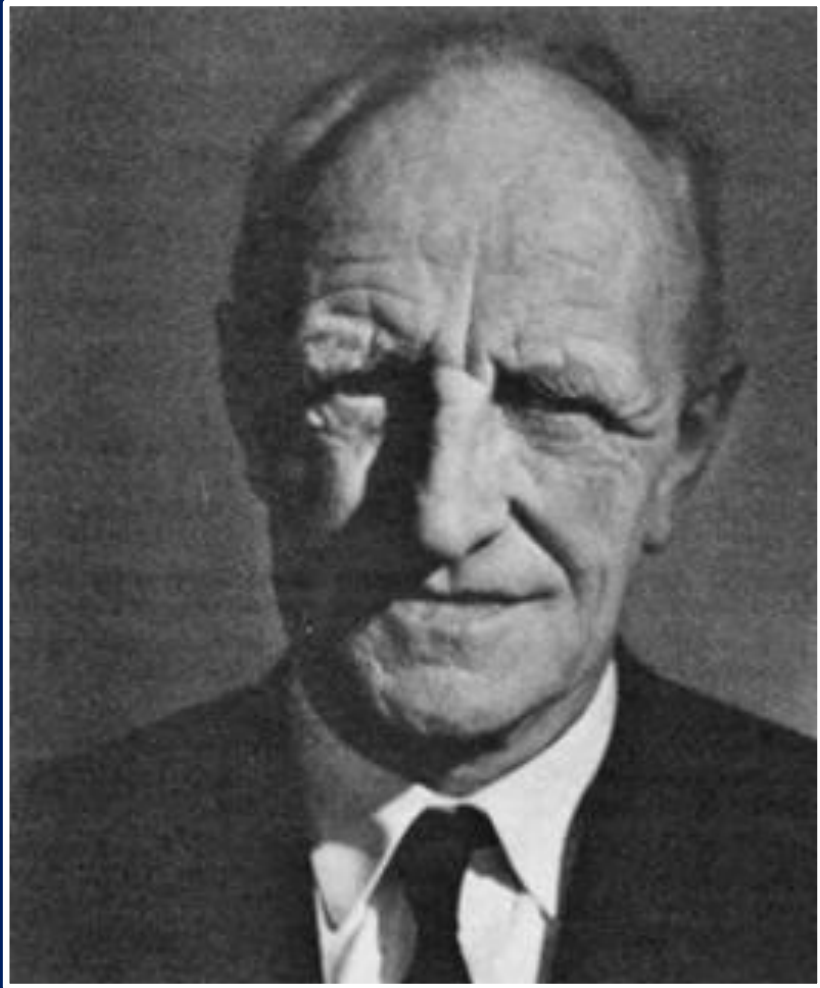
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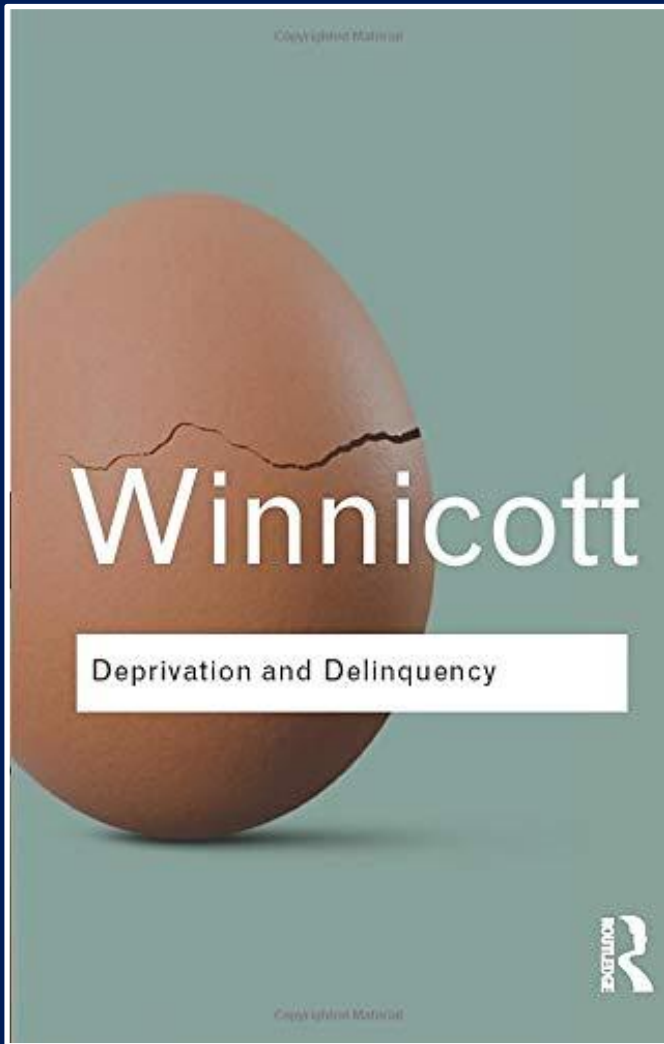
# The Anti-Social Tendency as a Sign of Hope



“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.309)

# 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.309)

# 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,

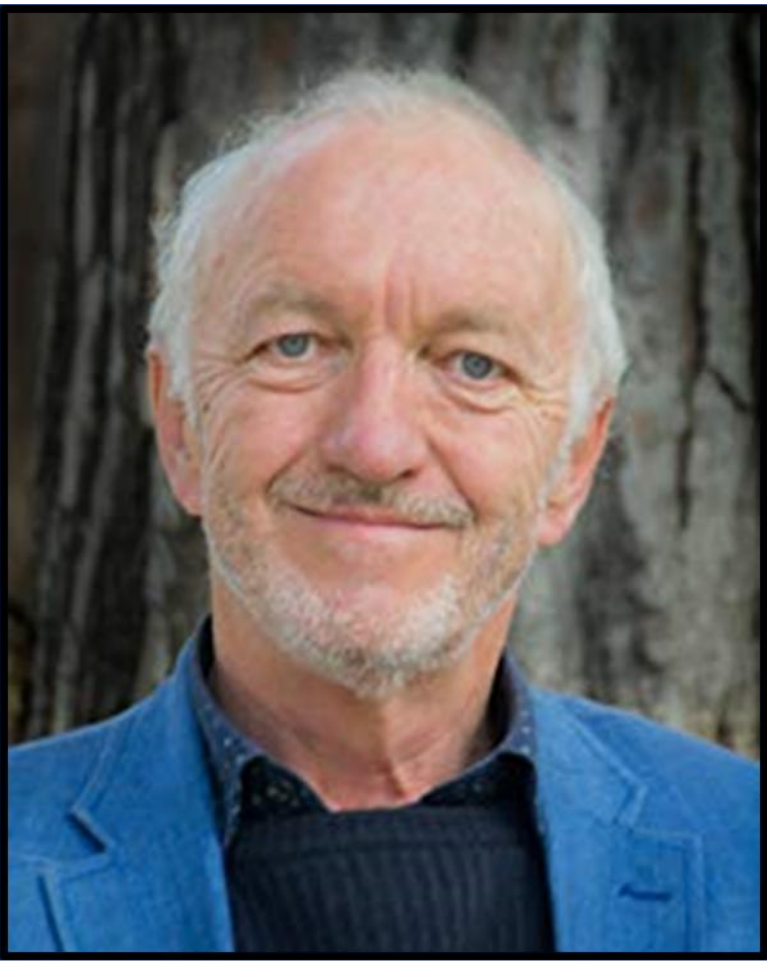
“The upshot of all this is that adults who look after adolescents have both to want them to behave badly, and to try and stop them.”

# 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).

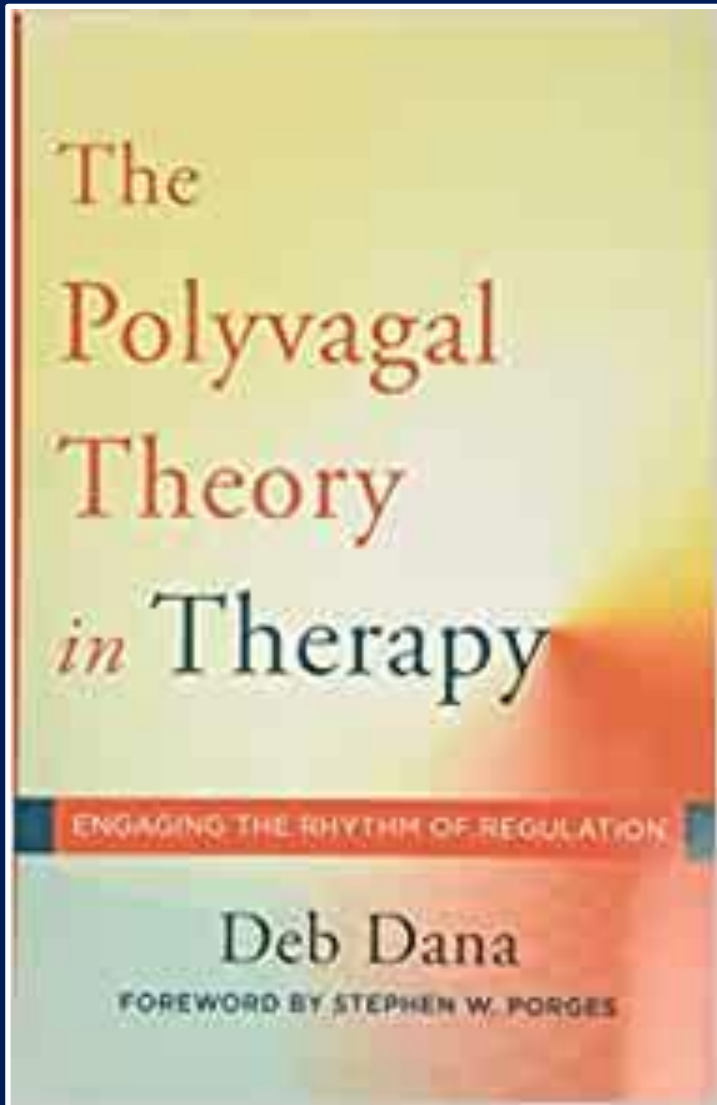
# Adrian Ward on the Anti-social Tendency



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 ...

# 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)

# References

Dana, D. (2018) *The Polyvagal Theory in Therapy: Engaging the Rhythm of Regulation*, New York and London: W.W. Norton and Company

Department of Communities (Child Safety) (2010) *Service Model for Therapeutic Residential Services*, Queensland

Kezelman, C. and Stavropoulos, P. (2012) *The Last Frontier: Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, Australia: Adults Surviving Child Abuse (ASCA)

Lanyado, M. (2012) What is therapeutic About Communication, in Horne, A. and Lanyado, M. *Winnicott's Children*, London and New York: Routledge

Phillips, A. (1988) *Winnicott* London: Frontier Press

Phillips, A. (2009) In Praise of Difficult Children, *LRB Vol. 31 No. 3* London: London Review of Books



# References

Taylor, C. (2012) *Empathic Care for Children with Disorganized Attachments: A Model for Mentalizing, Attachment and Trauma-Informed Care*, London and Philadelphia: Jessica Kingsley Publishers

Trowell, J. (1994) – Assessing Sexually Abused Children, in Rustin, M. and Quagliata, E. (2004) – *Assessment in Child Psychotherapy*, London: H. Karnac Ltd

Ward, A. (2011) The English Riots as a Communication. Winnicott, the Anti-social Tendency and Public Disorder

<http://cfswp.org/perch/resources/papers/theenglishriotsasacommunication.pdf>

Weinberg, I. (2024) Where There's Hope There's Life

<https://shorturl.at/Ro3Fr>

## References

Winnicott, D.W. (1947) Residential Management and Treatment for Delinquent Children, in *Deprivation and Delinquency (1984)* London and New York: Tavistock Publications

Winnicott, D.W. (1956) The Anti-Social Tendency, in *Deprivation and Delinquency (1984)* London and New York: Tavistock Publications

Winnicott, D.W. (1960) Ego Distortion in Terms of True and False Self, in *The Maturational Process and the Facilitating Environment (1972)* London: Hogarth Press and the Institute of Psychoanalysis

Winnicott, D.W. (1964) Why do Babies Cry? in, D. W. Winnicott (1987) *The Child, The Family and The Outside World* Cambridge, Massachusetts: Perseus Publishing