

When Joy Feels Dangerous: *Clinical Strategies for Affect Expansion*

A Two-Evening Online Training with
Dr Janina Fisher

Zoom Webinar

28 & 29 October 2025, Tuesday & Wednesday

Times on both days:

6:00 pm – 9:00 pm, London UK

2:00 pm – 5:00 pm, New York, USA

CPD hours: 6



Location: Online streaming only

(all our webinar tickets now include complimentary access to a video recorded version for 1 year)

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She had just bought her house. She had a stable job. For the first time in years, she felt safe. That night, she didn't sleep.

Her chest tightened. Her thoughts spun with disaster. "*It's too much*," she said.

She couldn't understand why she was not happy and excited. . .

- Success that triggers panic attacks
- Breakthroughs followed by therapeutic ruptures
- Intimacy that precipitates dissociation, fear, or feelings of being exploited
- Progress that evokes existential threats

What appears to be *joy aversion* is actually protection—a traumatised nervous system executing precisely what it was conditioned to do: safeguard the client from the very emotions they most desperately seek to reclaim. **For trauma survivors, positive emotions don't signal safety—they signal imminent danger.** In an unsafe world, it is dangerous to be happy, positive, relaxed or proud. The ventral vagal state of social engagement (Porges, 2011) is only available when the body feels safe, foreign to systems calibrated for chronic threat detection. Hope activates the same limbic pathways as harm. Joy and pleasure become harbingers of inevitable loss; love, a neurobiological prelude to betrayal.



When Joy Becomes the Neural Enemy

Traditional interventions—celebrating progress, encouraging positive affect, reinforcing therapeutic gains—can inadvertently dysregulate the very system we're attempting to heal.

Unless we recognise fear of joy as an adaptive survival strategy, therapy risks becoming another source of affective overwhelm for clients whose autonomic nervous systems have learned to perceive positive arousal as danger.

The Hidden Architecture of Joy Aversion

Contemporary neuroscience reveals the sophisticated mechanisms by which positive emotions can trigger survival responses:

- **Attachment neurobiology:** Early relational trauma creates implicit procedural memories (Schoore, 2003) of environments in which children are abused when they are relaxed, joyful, excited or happy. Connection predicts abandonment and pleasure forecasts punishment. The right brain's emotional centres retain these somatically-held traumatic memories long after conscious recall fades.
- **Neurobiological dysregulation:** Trauma fundamentally alters the brain's reward circuitry (Blum et al., 2012), conditioning the nervous system to interpret positive arousal as threat. The same neural networks that process reward also process danger, creating a tragic conflation of joy and jeopardy.
- **Cultural and intergenerational transmission:** Inherited beliefs across traditions encode warnings against excessive happiness—and warn against 'getting a swelled head' or being 'naughty.' These cultural schemas are reinforced by abusive family environments, making automatic joy suppression a personal protection as well as a cultural expectation.
- **Internal dynamics:** What appears as self-sabotage often reveals protective parts (Schwartz, 2001) working with exquisite precision to prevent the system from falling too far into hope, vulnerability, or connection—states that once proved catastrophically unsafe.

A Revolutionary Clinical Framework

In this rare two-evening intensive online workshop, internationally acclaimed trauma specialist Dr Janina Fisher provides a comprehensive roadmap to this complex, often-overlooked clinical phenomenon.

Drawing on decades of experience integrating neuroscience, somatic awareness, and parts-based interventions, Janina will demonstrate how to work therapeutically with internal protective dynamics that reject joy—while helping clients cultivate the safety necessary to tolerate positive emotions without being triggered by them.

You'll learn to identify when joy and pleasure have become a conditioned trigger, how to respond to clients' paradoxical reactions with clinical precision, and how to support the gradual expansion of their emotional capacity.

What You'll Learn

This training offers a systematic, neurobiologically informed approach to **joy aversion**:

Core Clinical Skills



◆ **Understanding the Neurobiology of Joy Aversion**

Explore how trauma disrupts the brain's reward and emotional regulation systems—explaining why seemingly irrational responses to joy are grounded in adaptive survival responses.

◆ **Tracking Protective Parts in Real Time**

Recognise subtle somatic and relational cues that signal joy aversion in action—and learn how to respond with stabilising interventions rather than inadvertently triggering defence.

◆ **Differentiating Joy Aversion from Anhedonic Depression**

Learn how to distinguish survival-based suppression of positive emotion from mood disorders—so that interventions are tailored with greater accuracy.

Advanced Interventions

◆ **Building Internal Safety Through Parts Work**

Use dialogue and compassionate inquiry to help clients identify and engage with protective parts, fostering collaboration around emotional expansion.

◆ **Interrupting Joy-Panic Cycles Through Somatic Anchoring**

Implement techniques that intercept dysregulation in the body as it emerges—using breathwork, grounding, and co-regulation to expand tolerance for positive affect.

◆ **Graduated Exposure to Life-Affirming Experiences**

Help clients rebuild trust in joy through titrated doses of positive emotion—restoring their ability to connect, succeed, and feel alive without triggering shutdown.

A Clinical Illustration

Consider Dan (not his real name):

After months of grief work following parental loss, Dan began to experience what he described as “coming alive again.” He reconnected with estranged friends, rediscovered joy in music, tentatively entered the dating world. Then he vanished from therapy.

When he returned weeks later, he appeared visibly dysregulated. “I thought I was doing great, but then everything inside me went into panic mode. Like I was being punished for feeling better.”

What initially appeared as treatment resistance revealed a more complex dynamic: a younger internal part that had learned, through repeated relational trauma, to associate happiness with impending abandonment.

Rather than pushing Dan toward positive experiences, the therapeutic stance shifted. Through careful tracking of his internal responses and compassionate inquiry, Dan began to understand his fear of joy as a protective signal from a part of himself that was trying to keep him safe.

Over time, Dan learned to experience moments of joy without his system defaulting to panic—not by forcing positivity, but by building internal safety.



By the End of This Training, You Will Be Able To:

- ✓ **Articulate how trauma, attachment injury, and cultural beliefs contribute to joy aversion** through specific neurobiological mechanisms documented in contemporary research
- ✓ **Identify signs of positive affect intolerance**—including dissociation during intimacy, somatic collapse following success, guilt spirals after moments of joy, and subtle self-sabotage that emerges precisely when life improves
- ✓ Work with protective internal dynamics that suppress joy—using parts-based strategies and emotional tracking to build internal collaboration without triggering overwhelm
- ✓ **Implement somatic interventions to expand the window of tolerance for positive emotions**—including breathwork, grounding, and mindfulness approaches that support clients in staying present with joy
- ✓ Help clients gradually increase exposure to life-affirming experiences—through titration, relational pacing, and repeated positive encounters that don't end in punishment
- ✓ Reinforce internal safety through co-regulation, titrated emotional exposure, and affective pacing—so that clients begin to trust that joy, connection, and success can be safe
- ✓ Support clients in developing an embodied understanding that **it is safe to feel good**—transforming joy from a neural threat into a healing resource

Who Should Attend

This training is designed for:

- Psychotherapists, psychologists, and counsellors working with clients who demonstrate paradoxical responses to progress or positive emotion
- Clinicians seeking a neurobiologically grounded, trauma-informed approach to emotional expansion and recovery
- Mental health professionals who use EMDR, IFS, somatic, or mindfulness-based modalities and want more tools for clients whose systems fear joy

Why This Training Is Essential

These are the clients who need us most—not because they resist healing, but because their nervous systems were sculpted to perceive joy as dangerous.

At long last, Dr Janina Fisher addresses one of psychotherapy's most paradoxical clinical challenges: *clients who flee from the very emotions they entered therapy to reclaim.*

As a globally recognised trauma expert, former Harvard Medical School instructor, and developer of a pioneering trauma framework, Janina Fisher integrates neuroscience (van der Kolk, 2014; Porges, 2011; Schore, 2003), parts theory, and somatic awareness into practical and clinically sophisticated methods for treating trauma.



This training goes beyond theoretical understanding—it delivers the tools, clarity, and therapeutic depth needed to transform how we support clients on the threshold of joy.

Spaces are limited for this two-evening online format. Early registration is strongly recommended.

“The clients who fear joy the most are often the ones who need it most urgently. This training will give you the roadmap to help them find their way there safely.”

— Dr Janina Fisher

Selected References

Blum, K., Gardner, E., Oscar-Berman, M., & Gold, M. (2012). "Liking" and "wanting" linked to reward deficiency syndrome (RDS): Hypothesizing differential responsivity in brain reward circuitry. *Current Pharmaceutical Design*, 18(1), 113-118.

Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. W. W. Norton & Company.

Schore, A. N. (2003). *Affect regulation and the repair of the self*. W. W. Norton & Company.

Schwartz, R. C. (2001). *Introduction to the Internal Family Systems Model*. Trailheads Publications.

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

About the speaker

Janina Fisher, Ph.D. is a licensed clinical psychologist and a former instructor, Harvard Medical School. An international expert on the treatment of trauma, she is an Executive Board member of the Trauma Research Foundation and a Patron of the John Bowlby Centre. Dr. Fisher is the author of *Healing the Fragmented Selves of Trauma Survivors: Overcoming Self-Alienation* (2017), *Transforming the Living Legacy of Trauma: a Workbook for Survivors and Therapists* (2021), and *The Living Legacy Instructional Flip Chart* (2022), as well as numerous peer-reviewed journal articles. She is best known for her work on integrating mindfulness-based and somatic interventions into trauma treatment. Her treatment model, Trauma-Informed Stabilization Treatment (TIST), is now being taught around the world. More information can be found on her website: www.janinafisher.com

There is no known commercial support for this program

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