

I Know I'm Safe — So Why Does It Still Feel Dangerous? *Working with Implicit Traumatic Memory and the Living Legacy of Trauma*

Video Course
Dr Janina Fisher

Video Course
CPD hours: 6



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When Insight Isn't Enough

She understands what happened. She knows — intellectually — that the danger is over.

And yet something in her internal world continues to organise around threat, as though the past has slipped quietly into the present.

She looks at you and says:

I know I'm safe. So why does it still feel dangerous?

This is not resistance. It is not avoidance. It is not a failure of insight.

It is the clinical reality of implicit traumatic memory — memory that does not behave like memory at all.

The Memory That Doesn't Know It's Over

When therapists think about trauma memory, they often think about narrative — the account the client gives of what happened. Much of trauma therapy has evolved around helping clients process that story, reshape it, or place it within a coherent timeline.

But contemporary neuroscience has been quietly reshaping this picture. Increasingly, research suggests that **the most enduring effects of trauma are encoded not as narrative recollection but as patterns of sensation, emotional activation, and the nervous system's learned anticipation of danger** (Perl et al., 2023; Gentsch & Kuehn, 2022).



Implicit traumatic memory is not retrieved like an episode from the past.

It is stimulated — by relational cues, internal states, or emotional atmospheres that echo the unfinished past.

When it activates, clients do not experience themselves as remembering.

They experience themselves as responding to something happening now.

The experience feels immediate — not historical.

Consider the client who becomes suddenly withdrawn in session — triggered by some word or topic that seems benign. Or the client whose body prepares defensively in moments of closeness or care. These are not psychological puzzles. They are implicit memories in motion: sensory and emotional residue from earlier experiences, firing in a present that bears only the faintest resemblance to the original context. The trigger need not be obvious. The encoding was made at a time when the nervous system was learning, above all else, what danger felt like.

Neuroimaging research suggests that traumatic memory often lacks the contextual integration typical of autobiographical recall, leaving it partially disconnected from time and narrative continuity. The nervous system reacts not to history but to a present that feels perilously alive.

The nervous system remains on watch — long after cognition has moved on.

What makes implicit memory particularly challenging in clinical work is that it does not arrive as information — it arrives as feelings and sensations. It shapes perception, expectation, and relational meaning before the client has time to think about what is happening. In this sense, implicit memory is less like a remembered event and more like a lens through which present experience is filtered. The therapist is not simply working with the residue of the past. They are working with an organising principle that continues to shape how safety and threat are perceived. Recognising this shifts the clinical task. The aim is no longer only to help clients understand, but to help them notice their emotional responses as memory rather than a warning of danger.

The Therapist's Dilemma

Every experienced clinician recognises this clinical impasse.

The client has insight. The alliance is strong. They can name their patterns and reflect thoughtfully on their reactions.

And yet traumatic activation persists. Relationships remain charged. Sleep fragments. The sense of danger does not lift.

Standard therapeutic approaches — cognitive reframing, narrative processing, psychoeducation — were designed, implicitly, for explicit memory. When the core difficulty lies in implicit encoding — somatic, emotional, outside language — these approaches may address the surface while leaving the deeper organising system unchanged.

At times, even careful exploration of trauma material can intensify implicit activation, leaving clients feeling flooded rather than supported.

Therapy slows. Both therapist and client begin to move cautiously, unsure what will truly help.

What is required is not a more sophisticated narrative technique — but a fundamentally different clinical lens.

A Different Clinical Lens



Janina Fisher's clinical work, grounded in Trauma-Informed Stabilization Treatment (TIST), integrates neuroscience, attachment theory, somatic awareness, and parts-informed practice into a deeply practical framework.

At its core lies a simple but transformative reframe:

The client is not overreacting.

The client is responding to an implicit nonverbal memory that has never been recognised as memory.

Activation becomes something to understand rather than something to eliminate.

Rather than focusing on recovering events, therapy helps clients develop an observing relationship to their own activation — recognising urgency, shame, withdrawal, or vigilance as echoes of survival rather than signals of present danger.

From a TIST perspective, these reactions are understood not as pathology but as adaptive survival responses carried by dissociated or younger self-states. The work, therefore, is neither suppressive nor interpretive; it is relational and integrative. By addressing the parts of the self that still organise around threat, therapy restores an internal environment in which implicit memory can be held rather than enacted. Internal collaboration allows activation to become information rather than evidence of danger.

This shift — from fusion with activation to observation of it — reflects a profound change in how the nervous system relates to experience. When clients can hold their experience with enough distance to ask *what part of me is responding right now?* rather than simply being consumed by the response, something neurobiological changes. The observing stance re-engages the medial prefrontal cortex, restoring the integrative capacity that threat states suppress. What has always felt like the present begins, gradually, to acquire the felt quality of the past — something that happened, rather than something that is happening.

Research on mindful observation and attachment security suggests that cultivating dual awareness can re-engage integrative cortical networks, allowing implicit memory to lose its immediacy (Goldberg et al., 2022; Rowe et al., 2020).

Curiosity becomes possible where there was only reaction.

Self-compassion begins to replace shame.

The events may be over. But the implicit legacy — the body memories, emotional anticipations, and learned vigilance — transforms only when it is recognised for what it is: not the present, but the unresolved residue of the past.

What This Training Covers

Across two evenings, Janina Fisher will guide clinicians through a clinically precise framework for recognising and working with implicit traumatic memory — helping therapists move beyond processing trauma narratives toward working directly with the living legacy of trauma as it appears in real time.

Evening One — What Traumatic Memory Actually Is

When the body lives in a timeline the mind has already left behind

- Why traumatic memory is encoded as sensation, affect, and relational expectation rather than narrative
- How implicit memory is stimulated — not retrieved — and why activation feels immediate
- The neurobiology of prefrontal inhibition and fragmented contextual encoding
- Recognising subtle clinical indicators of implicit activation
- Why cognitive insight alone does not resolve nervous system threat responses



- Introducing dual awareness in ways that feel stabilising rather than overwhelming
- Participants will develop a refined perceptual lens — learning to recognise activation not as resistance but as memory unfolding outside words.

Evening Two — Transforming the Implicit Legacy

Helping the nervous system learn to adjust to a safe world

- TIST-informed stabilisation strategies that help clients observe activation safely
- Mindful dual awareness practices that strengthen the observing self
- Internal attachment interventions that transform the client's relationship to implicit memory
- Somatic tracking and relational attunement to differentiate then from now
- Developing a "healing story" as a new felt relationship to survival
- Avoiding clinical missteps that unintentionally intensify implicit activation
- The emphasis throughout is on supporting the gradual shift from re-living toward the embodied recognition:

I survived. And I am finally safe.

What Makes This Training Distinctive

This is not a general trauma workshop.

It is not an introduction to PTSD.

It does not centre on trauma processing, exposure, or memory reconstruction.

It is a specialist clinical training for therapists who already understand trauma — and who recognise the clients for whom traditional approaches do not reach far enough.

Through the TIST framework, Janina Fisher offers a way of working with trauma as a living process in the present moment rather than as a story confined to the past — combining scientific rigour with profound clinical sensitivity.

You'll Leave Able To

- ✓ Distinguish implicit from explicit memory with greater clinical precision
- ✓ Recognise activation as memory rather than present threat
- ✓ Apply TIST-informed dual awareness interventions
- ✓ Integrate somatic and attachment-based approaches seamlessly into practice
- ✓ Help clients move from vigilance toward a felt sense of safety grounded in the present

Implicit traumatic memory challenges one of psychotherapy's most enduring assumptions — that insight naturally leads to change. For many trauma survivors, understanding deepens while the nervous system remains unchanged.

This training addresses that gap directly.

If you have worked with clients who know they are safe but cannot feel it...

If you have sensed that something deeper than narrative continues to organise their world...

If you are ready to refine how you recognise and work with the living legacy of trauma —

we invite you to join Janina Fisher for two evenings of clinically rich exploration and practical insight.

Join us — and refine how you recognise and work with the living legacy of trauma in the therapy room.



About Janina Fisher, PhD

Janina Fisher is a licensed clinical psychologist, former instructor at Harvard Medical School, and one of the world's leading authorities on trauma, dissociation, and parts-informed approaches to healing. A Board member of the Trauma Research Foundation and Patron of the John Bowlby Centre, she is widely recognised for translating complex neuroscience into clinically precise, deeply compassionate therapeutic practice.

She is the author of *Healing the Fragmented Selves of Trauma Survivors* (2017), *Transforming the Living Legacy of Trauma* (2021), *The Living Legacy Instructional Flip Chart* (2022), and her most recent work, *Embracing Our Fragmented Selves* (2026).

Known for her rare capacity to hold scientific rigour and human depth in equal measure, Janina has shaped an entire generation's understanding of how trauma persists — not only in memory, but in the body, in the nervous system, and in the implicit anticipation of danger that endures long after the danger itself has passed.

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