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world class training for therapists

"It Wasn't My Fault"

So Why Do I Still Feel Ashamed?

Transforming Self-Blame, Self-Loathing and the Living Legacy of Trauma

An online webinar over two evenings with
Janina Fisher, PhD

Zoom Webinar
3 & 4 March 2027, Wednesday & Thursday
Times:
6:00 pm – 9:00 pm, London UK
1:00 pm – 4:00 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 or 3 years, depending on the ticket type)

"I know I was only a child."

"I know I could not have stopped it."

"I know the responsibility belonged to them."

The client understands what happened. They can recognise the imbalance of power and agree—sometimes with complete intellectual conviction—that they were not responsible.

And yet the shame remains.

They may feel contaminated by the abuse, humiliated by how they survived, or ashamed that they froze, submitted, stayed silent, returned to an unsafe relationship, or experienced involuntary bodily or sexual responses they now read as consent. They know these were automatic survival responses. They still experience them as evidence of weakness, complicity or defectiveness.

The adult mind says:

It was not my fault.

But somewhere else—in the body, in implicit memory, or in younger parts still organised around danger—the conclusion remains:

If it happened to me, something must be wrong with me.

This is one of trauma therapy's most persistent contradictions: clients may spend years understanding their histories and extending compassion to other survivors, while remaining unable to offer themselves the same. Why does factual knowledge so often fail to transform shame? And what can therapists offer when the client already understands everything we might try to explain?

Dr Janina Fisher has spent decades helping therapists understand precisely this divide: the distance between what the adult mind knows and what traumatised parts of the self continue to fear, expect and believe. Her work has been especially influential in showing how trauma is preserved not only as memory, but as an ongoing organisation of identity, relationship and threat—kept emotionally present by dissociation, implicit memory and body-based survival responses even when the client consciously knows the danger is over.

In this clinically rich two-evening training, Janina brings that framework to one of trauma therapy's most stubborn problems: shame that survives insight.

Rather than treating self-blame as an irrational belief to be corrected, she will explore it as a living legacy of trauma—an embodied adaptation to danger and powerlessness that may once have helped make survival possible.

For a child who depends on frightening or abusive caregivers, recognising the adults as dangerous may be psychologically intolerable. If the child is bad instead, the attachment figure can remain good—or at least necessary. Shame can also support automatic compliance: being good, quiet, undemanding and "seen but not heard" may feel like the safest route to preserving attachment.

Self-blame can also preserve an illusion of control. The belief "I caused this" contains a more hopeful possibility:

If I change, I can prevent it from happening again.

From an adult perspective, this looks irrational and cruel. Within a child's world, believing that changing their own behaviour might change a parent's behaviour can sustain hope for safety and attachment.

The shame that troubles the adult client may therefore represent the continuing loyalty of younger parts that still carry responsibility for what happened—interpreting submission as weakness, freezing as failure, attachment as complicity—because the emotional conditions of the trauma have not yet become fully past.

This helps explain why reassurance so often has limited effect: it speaks to the adult mind, not to the part still bound by the original logic.

When the therapist says, "You were not responsible," the adult client may agree while another part becomes silent, sceptical or more ashamed. Knowing the client was innocent, the therapist may feel compelled to persuade—yet the more insistently the shame is challenged, the more the ashamed part may retreat, comply or conclude that even its way of surviving is unacceptable.

The therapy can become caught in a painful loop: the therapist tries harder to establish the client's innocence, while the client feels increasingly defective for being unable to believe it.

Janina offers another way forward, drawing on her integration of parts-oriented trauma therapy, dissociation, attachment and body-based approaches. Shame can be approached not as an enemy to defeat, but as communication from parts of the self still living within the emotional logic of the trauma.

Instead of asking why the client cannot relinquish blame, therapists can become curious about the self-blaming part and its continued suffering:

- How did shame help the client survive?
- What attachment, hope or sense of control did it preserve?
- What danger does the part still anticipate if it stops carrying the blame?

Curiosity allows shame to be understood in context—and enables therapists to work with the parts that still feel responsible without endorsing their conclusions or attempting to overpower them with adult logic. Participants will learn to recognise shame not only in what clients say, but in changes of posture, gaze, voice, breath, age-state and relational position. An apparently adult statement—"I should have stopped it"—may be driven by a much younger state of consciousness; a sudden collapse in posture or an inability to meet the therapist's gaze may signal that a shame-bearing part has become present.
Janina will demonstrate how therapists can respond without arguing with, reassuring or inadvertently humiliating that part further.

Evening One: Why Shame Outlives Understanding

The first evening examines why insight, psychoeducation and cognitive restructuring may not be enough to transform trauma-related shame. Explicit memory allows the adult client to know what happened and evaluate it from the present; implicit memory communicates differently—through collapse, nausea, shrinking, numbness, disgust, submission or the immediate conviction that one is bad, exposed or unsafe.
The client may not consciously think, "It was my fault." They may experience responsibility as an unquestioned bodily fact—linked not only to what happened, but to the survival responses that made enduring it possible. Clients may feel humiliated because they froze instead of fighting, submitted, complied or appeased, did not disclose what was happening, remained emotionally attached to the person who harmed them, returned to unsafe relationships, experienced involuntary bodily or sexual responses, became numb, dissociated or self-destructive afterwards, or needed care from the very person they feared.
These responses are often judged retrospectively from the position of an adult who now has choices that were unavailable at the time. What was once an automatic survival response is reinterpreted as evidence of weakness, desire, consent or moral failure.

The first evening will examine:

- the distinction between explicit knowledge and implicit emotional knowing
- shame as a trauma adaptation rather than merely a symptom
- how self-blame preserves attachment, hope and an illusion of control
- why children take responsibility for adult behaviour
- how freeze, submit and appease responses become sources of self-loathing, and why reassurance rarely reaches the parts organised around them
- how state-dependent shame can override adult understanding, and how correcting it too quickly can intensify it

Participants will learn to listen beneath the content of self-critical statements.

"I should have fought back" may reflect a part too young, frightened or powerless to fight.

"I let it happen" may reflect a younger part's belief that it had choices that did not, in reality, exist.

"I went back" may express the attachment needs of a younger part for whom separation once threatened survival.

Locating these conclusions within the conditions that produced them lets therapy separate what the client did to survive from who they believe themselves to be.

Evening Two: From Cognitive Exoneration to Embodied Knowing

The second evening focuses on therapeutic responses that help shame loosen its hold without demanding that the client simply think differently - working collaboratively with the conflict between the adult client who knows they were not responsible and younger parts that continue to feel culpable, contaminated or fundamentally bad.
Rather than correcting these parts, therapists can help clients approach them with curiosity:

- How old does this ashamed part feel, and what does it believe it did wrong?
- What danger does it anticipate if it stops carrying the blame?
- Whom has it been protecting?
- What might help it feel proud of how it survived rather than defective?

This allows responsibility to be reconsidered without humiliating the part that has carried it.

Participants will explore how to:

- recognise the somatic and relational signals of implicit shame, including abrupt shifts into younger states
- help clients distinguish involuntary survival responses from chosen actions, and separate the shame-bearing part from the whole adult self
- work with self-disgust and contamination without reinforcing them through avoidance
- notice when compassion, praise or reassurance increase shame
- validate the protective purpose of self-blame without validating its verdict
- use language that reduces internal conflict rather than provoking another argument within the client
- help adult parts become protective witnesses to younger selves
- support grief and anger as responsibility is relocated, and cultivate dignity and self-respect as embodied experiences

Particular attention will be paid to the therapeutic relationship. Shame often anticipates exposure, judgement, pity or disgust: the client may monitor the therapist's face or agree too quickly with interpretations they do not truly believe. Compassion may be experienced as patronising; reassurance may sound like contradiction; hope may feel like pressure. Janina will show how therapists can remain connected without demanding emotional agreement, allowing curiosity to replace persuasion when different parts hold different versions of responsibility and blame.
The deeper task is not merely to tell clients that they were innocent, but to help them recognise that freezing was not consent, submission was not desire, and survival was not a moral failure—without requiring premature forgiveness or demanding that every part agree before it is ready.

The goal is not simply for the client to repeat:

"It wasn't my fault."

It is for the adult client's empathy towards younger parts to create a new embodied reality—one in which those parts feel valued and welcomed, and the words "It wasn't my fault" no longer feel like an argument.

Learning Objectives

By attending this training, participants will be able to:

- Differentiate explicit cognitive understanding from implicit, somatic and parts-based experiences of shame.
- Explain how self-blame may preserve attachment, coherence and an illusion of control in childhood trauma.
- Recognise how automatic survival responses—including freezing, submission, appeasement and dissociation—may later be misread as weakness, consent or complicity.
- Identify signs of an activated shame-bearing part, and use parts-informed language to separate its responses from the client's identity as a whole.

- Understand why reassurance and repeated statements of innocence may fail to reach parts organised around implicit threat.
- Respond to self-blame with curiosity and respect for its protective function, without reinforcing the conclusion that the client was responsible.
- Work more effectively when compassion, praise or reassurance increase shame or internal conflict.
- Support clients in moving from intellectual exoneration towards an embodied experience of dignity and self-respect.

Who This Training Is For

This webinar is intended for psychotherapists, psychologists, counsellors and other practitioners working with trauma, dissociation, attachment wounds and persistent self-loathing—particularly those whose clients possess considerable insight but continue to feel ashamed, who repeatedly say, "I know it wasn't my fault, but…", or whose self-blame returns whenever they become vulnerable, dependent or emotionally exposed. Dr Janina Fisher is internationally recognised for transforming how therapists understand the fragmented, contradictory and seemingly self-defeating responses of trauma survivors. In this training, she brings that same precision to shame itself—helping therapists understand why blame persists, what it protects, and how it can begin to loosen without being forcibly challenged.

The client may already know the truth.
The therapeutic challenge is helping every part of them discover that it is safe enough to believe it.

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