

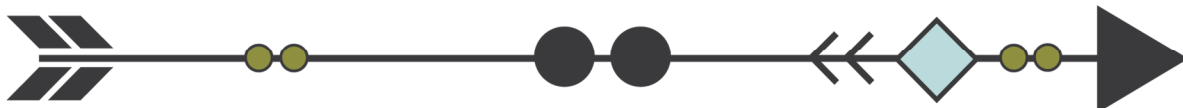
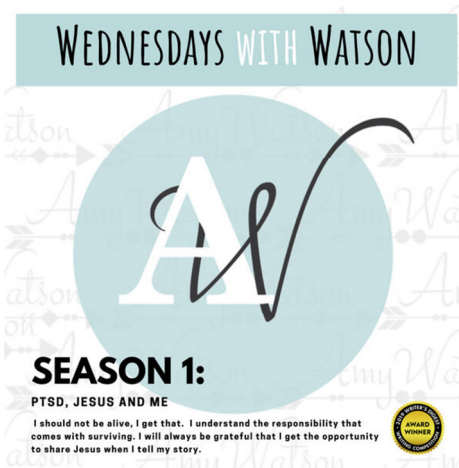
# WEDNESDAYS WITH WATSON

The first episode with Dr. Thomas Petit talking trauma and healing. It is streaming on my website and at your podcast place, I will post the transcription of the second one in a couple of days. These interviews are essentially free counseling sessions for the listener. Here are his words so you can have them!

(Music plays)

Amy: Hey everybody, and welcome back to Wednesdays with Watson. If you have been following this journey, by now you know that my name is Amy Watson, and I am your host. I am so excited about today because today is the culmination of a promise that I made you on the very first podcast, "Healing that does not make sense". As you know we have dubbed this first season of Wednesdays with Watson, "PTSD, Jesus, and Me". And it started as what I dub as my Pandemic Podcast, a little bit of time on my hands and a lot to say. But it has really morphed into not only my journey, but also helping those of you who are walking this road of trauma or are walking the road with trauma with somebody that you love. And truthfully, as you will hear today, 2020 has introduced all kinds of trauma for all of us, and Dr. Petit will absolutely address some of those. And so for all of you listening, about a hundred percent of the population can be helped by what he has to say. Dr. Thomas Petit is a Licensed Mental Health Counselor out of St. Petersburg, Florida. He has about 30 years of experience in this field. He is also a nationally Board Certified Clinical Mental Health Counselor. He is a Board Certified Life Coach. He earned his Ph.D. in Counselor Education. He is certified in three trauma therapies, all of which he will talk about, EMDR, RRT, and TIH. Most of all, Dr. Petit also loves the "Star of the story" and so, as we drop into this conversation with him, know that my help with him over the past little over a decade has been nothing short of miraculous, and I am so excited that he agreed to come on and share some of the ways that he has helped me over the years and even now.

(background music begins)



So sit back and let's drop into this conversation with him!

Amy: So now we are at this point where I promised all of you guys that we would get and we are welcoming Dr. Thomas Petit to our show today. I've already given all of his credentials but if you listen to my podcast, you don't need to know about his credentials. Before I bring him into the show, I'd like to share with you one of his quotes that has been one of my favorite quotes that I read in his office very early on. And this is a quote by him, and it addresses so many reasons why we're doing this today:

"It has been said that time heals all wounds. Yet, for the untreated or poorly treated wound, time will infect, then scar. For the unset or improperly set bone, time will knit then lame. Treat the wound properly, set the bone aright, then time becomes the servant of healing and ceases to be the enemy. As it is with the body, so it is with the soul. The interaction, the conversation, and the relationship."

And with that, it is my great honor to welcome Dr. Thomas Petit to our podcast. Welcome!

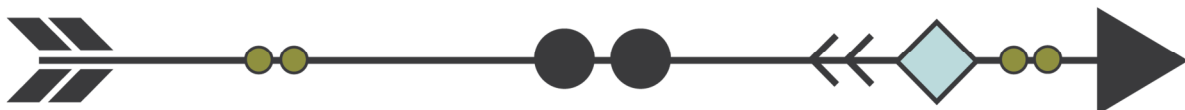
Dr. Petit: Thank you. It is always a privilege and a joy to get to be with Him with you, and I've been so looking forward to this time. Thank you for having me.

Amy: Oh you're welcome, and you know I thought this morning, I don't think that until this morning it hit me what a cool moment this is. We are almost 12 years into some just redemptive work together, and in some ways I'm on the other side of the desk today. And to use one of your favorite terms, "that should not be able to happen." And so we have a lot to unpack so we're just going to run headstrong into it. These listeners have heard a lot about me. So this is only a little bit about me and a lot about why there's such hope in what we've done over the past 12 years. And so one of the first things that I mentioned to the listeners as I told them my story is my first visit to your office. And so what I always like, and this has been really fun with Crissy, is to get the other perspective. And so my perspective of that first visit in your office and your perspective of my first visit in your office is very different. And so, what is your memory of September 12, 2008?

Dr. Petit: So, and it's interesting about memory, isn't it?

Amy: Yeah

Dr. Petit: Because I don't know if this is actually what I saw or just the impression that I had. So my picture of you is, I can see you sitting on the couch and if I'm not mistaken, your left arm was on the back of the couch. You were calm, cool, collected, and you just told me all that you had been through in a lifetime. Very matter-of-fact, even a little bit gleefully, almost. And I



remember thinking one of two things: “Wow, either she has worked through everything that is there to work through, which would be wonderful.”

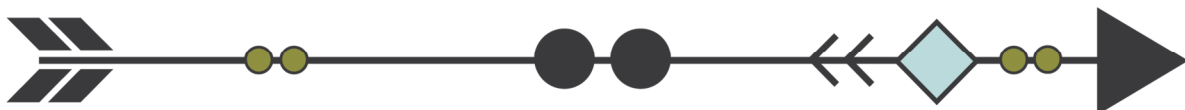
Amy: (laughing) For sure!

Dr. Petit: Or, “There’s a little bit of work ahead.” But more than that, I saw so much more. I saw a very strong human being. A very strong woman. I saw someone who is incredibly resourceful and possesses ingenuity, who had somehow found a way through all that. She was a survivor and beyond. I also, I didn’t realize I was seeing this until later, but I also saw 7-year-old you who had lost her voice. And I saw 4-year-old you who had absorbed things that no human being should have absorbed. So, I knew that there was some stuff ahead that we would go through together.

Amy: Yeah, it’s interesting that you say it that way because one of the things that we’ve talked about, and Crissy has been on the podcast a few times because I remember things differently. And I do remember what I’m getting ready to say a little bit differently than she did. She tells the story of she and I, shortly after that appointment, on a road trip and I said to her, “Dr. Petit said that it would get worse before it got better.” And I remember her just kind of like a deer-in-headlights moment. And it did, absolutely, by a factor of 10, get worse before it got better. Can you help the listeners understand why that’s true? Why that phenomenon is true? Why it was going to get worse before it got better?

Dr. Petit: In a sentence, because you were in the process of transitioning from surviving to thriving. And so one way to look at it is the experience. I mean, this is just a small little understatement but kind of paints a picture, but is this experience that we’ve all had when we’ve sat on our leg for a long time, and it’s fallen asleep. When we get up and move and the circulation starts to be restored, we go through that intense, prickly, uncomfortable and it’s unpleasant but we know why it’s happening and where it’s heading. So, it’s a bit of a thaw where you are actually going to experience and then process and then reprocess what you had been through.

Amy: Yeah, and it definitely was true. And that’s why I like that quote so much. Because, and we’re going to talk a little bit about some of this, but I like that quote so much because we’ve all been taught, “Time Heals All Wounds”. Just out-wit it, out-wait it, out-work it, which I had done most of my life. Which not even 14 days after that first appointment, for those of you who have listened to all of my story, was when I was admitted to the hospital with a complete nervous breakdown. But as we continue, one of the things that sticks in my mind, and I’m asking you this question because I know there are listeners out there that have been through trauma that are asking the same question. And it seems like a bit of a Captain Obvious question, but this a pretty precious memory that I have in your office, and I’ve got a lot of those. This one



of them. Do you remember, and I literally asked you, so this is several years now into our work together, I asked you the question, “Do you think I have Post Traumatic Stress Disorder?”. Do you remember that, and what’s your memory of that?

Dr. Petit: I remember that vividly. I was literally and physically taken aback. I remember sitting back in my chair, and yeah, and just simply... So several things went on inside of me. One was, you have had, you have dealt with, you have lived and now thriving through incredible PTSD. So it was, on the one hand almost staggering that you would even ask that. And yet, because of all that you’ve been through, it made sense that you would.

Amy: Right, right.

Dr. Petit: And so I remember saying to you, “In spades.”

Amy: And that has stuck with me, you know, because as, and again, we’ll talk a little more about the stigma of these things. But I didn’t want that to be true. But then to be validated by a professional who had been working with me and who I trusted was huge for me. And so, I wanted to tell that story because it is a precious story to me. I remember you just leaning back and saying those two words, “In spades” and it just made me feel a little less abnormal. Like I just took a breath. Like, “Oh!” And we’ll talk about the “Wait. What? Oh!” moments, but yeah, it was one of those “Wait. What? Oh!” moments.

Dr. Petit: Interesting

Amy: Yeah, it was interesting. And so, talking about PTSD then obviously the “T” in that acronym is Trauma. Can you help us understand what trauma is from a professional perspective? Because I think there are a lot of listeners out there who have experienced different types of trauma who may not even.. may have called it a bad day.

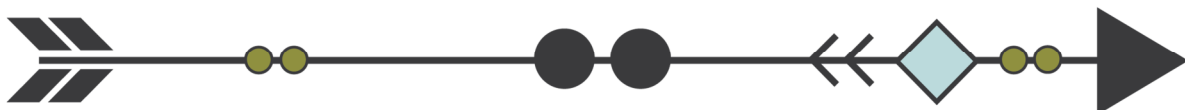
Dr. Petit: So, I just want to step back a second first, and because I know your three C’s.

Amy: Yes.

Dr. Petit: Christ, Community, and Counseling, did I get that right?

Amy: 100% yes you did. Yeah, Christ Community and Counseling, yes.

Dr. Petit: So, years ago, so this might actually be another original quote, but these words kind of came to me that when we’re in trouble, and certainly when we go through trauma, there’s four



things that we need: We need somewhere to go, somebody to go to, someOne (capital O) to know, and something to do.

Amy: Hmmm

Dr. Petit: Somewhere to go  
Somebody to go to  
SomeOne to know and  
Something to do

And so trauma, probably the best way to view it is it's any experience or experiences that we have that any activating experience that takes us out of our window of tolerance.

Amy: Mmmm.

Dr. Petit: "Window of tolerance" is a term that Dr. Daniel Siegel came up with. He's spearheaded a whole branch called Interpersonal Neurobiology. And he's done a lot of work with integration. And integration, you know, according to him is at the heart of health, mental health, emotional health. I would go so far as to say, personal, spiritual health. And so this window of tolerance is an imaginary window in which we experience things but we healthily process them or hope to process them. And so it's worked through or it's, you know, the needs are met, things are calmed and then we move on. But when we experience things that are too intense, that they take us out of that window of tolerance, and/or we're not helped to bring back in there, that's trauma.

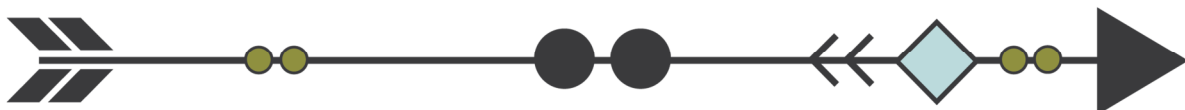
Amy: Wow. You talk a little bit about big T and little t traumas. Can you help us understand the difference between those?

Dr. Petit: Sure. So, big T is typically a single event in which someone experiences something that's unbearable or intolerable pain or stress. In which, and this part's key, in which a person feels helpless or powerless in the face of adversity. So, examples are combat, assault, rape, car accident – severe, heart attack,

Amy: Pandemics!

Dr. Petit: Pandemics. Yes. Yeah, so pandemic has a little bit of both in it, doesn't it?

Amy: Yeah. For sure.



Dr. Petit: Yeah, it's ongoing. So, little t, or small t, it's something that takes us out of the window of tolerance and it causes a disruption in healthy emotional functioning. Small t/little t is rarely life-threatening. But it's life-impacting. Emotional abuse, death of a pet, loss of a relationship, infidelity, divorce, bullying, and/or a series of health issues. And so even though small t or little t trauma isn't going to be life-threatening, cumulative unresolved or unaddressed effects can be more insidious and more difficult to attend to than even the big T trauma. And then we have C-PTSD.

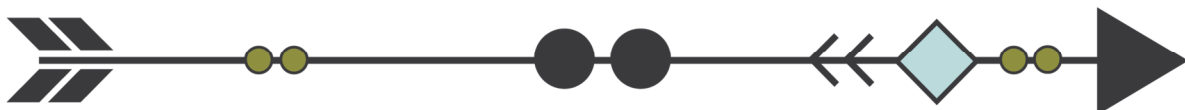
Amy: Which is my diagnosis.

Dr. Petit: Which is...which is you, yes. So what that refers to is multiple and/or chronic and prolonged developmentally adverse experiences. And they're most often interpersonal in nature, sexual or physical abuse, or community violence, and usually early life onset.

Amy: Yeah, and so that is more complicated. A lot of times people ask me the difference between the two and I wanted to make sure that someone smarter than I am – I've attempted in my research to talk about this. And so these next two questions are intertwined, and I know you well enough to know that you're going to answer them intertwined-ly. But a lot of people ask me, and as a matter of fact I'm going, I'm glad we're recording this because I'm going to get asked this question on a church panel in a couple weeks, but so there's one of the most popular podcasts, or the podcast where I talk about the cheetah analogy. And one of the most common questions I get is, "What is PTSD?" and I think you pretty effectively just answered that alongside with "What is trauma?". So, this cheetah analogy helps us understand why we cannot thrive in this constant state of activation as you mentioned. And for those of you who are wondering what that means to me in activation, it means when I get into reactive states, when I get into panic mode, when I get into a PTSD trigger, when something activates me, that means I am unable to add 2+2=4, some other things we talked about, putting together puzzles and all that kind of stuff, and so the activation does things to our body, and both, Dr. Petit, both you and I really love a book, and I'll let you credit the proper doctor with it, because I never can say his name, but "The Body Keeps the Score". And this is where I think this cheetah analogy comes in. And we just published a podcast on eating disorders and my struggle with that. And so, help us, you tell it so beautifully, and I've tried to do it justice in your name, but talk to us about that cheetah analogy as we continue to go through why counseling is so important and why PTSD affects us physically as well.

Dr. Petit: So your reference to the book, "The Body Keeps the Score". a 2015 book by Dr. Bessel van der Kolk, psychiatrist. I think he's at Mass. General, and yes. So I do want to touch a little bit on, just go one step beyond trauma and just speak to PTSD a little bit before we go on.

Amy: Yes, please do.



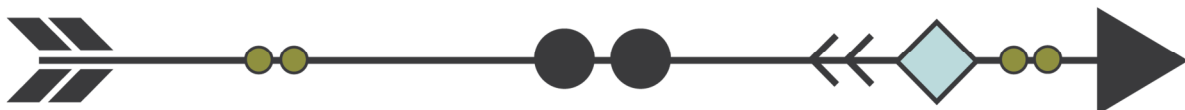
Dr. Petit: So, some of the common symptoms that people notice: Intense feelings of distress when reminded of a tragic event, extreme physical reactions to reminders of trauma such as nausea, sweating, pounding of the heart, invasive, upsetting memories of a tragedy, flashbacks, feeling like the trauma is happening right now, nightmares, either frightening things or of the event itself, loss of interest in daily life and activities, feeling emotionally numb or detached from other people, a sense of not leading a normal life, avoiding certain activities, feelings, thoughts, places, difficulty remember important aspects of a tragic event, and the other one that I want to mention is flooding.

Amy: Yeah. I get that a lot.

Dr. Petit: Yeah. That's something familiar can occur and there's just an intense flooding of, well, of emotion, but also of the stress hormones.

Amy: And for me, and one of the things I very much learned in counseling, is all five senses can be affected by post traumatic stress. And so, sense of smelling something, seeing something, feeling something, hearing something, - and I am drawing a blank on the fifth one - touching. And so, yeah, I think that that's boy...listeners out there, you know, my guess is a good majority of people who are listening to this for the purposes of helping themselves or someone they love, those things that you just listed were really familiar to them. And so, all I know is that day, when I asked you whether I had PTSD, and it may or may not have been the same day you told me the cheetah story, but it helped me understand what my body was doing as it was responding to the physical – what Crissy has now called, and we probably need to trademark it because that's what we're calling it - the side effects of post traumatic stress disorder, so for me, substance abuse and the eating issues and a slew of things, insomnia, which turns into other things. But that cheetah story especially, I'm just going to be quiet now and let you tell it because you tell it the best, the analogy of the cheetah and why it's so important to address this trauma and not buy into "Time Heals All Wounds".

Dr. Petit: So, there's this gazelle. She's in the middle of the rain forest and she's just enjoying her day, enjoying being a gazelle. And she realizes that she's hungry and thirsty and there's food and drink out in the savannah. So she starts to make her way out of the rain forest onto the savannah. And the moment she clears the opening, lo and behold, there was a cheetah there waiting for the next gazelle that just happened to come through that opening. And it pounces. And our gazelle hightails it back into the rainforest, barely gets nips, but escapes, and she's in there panting, but she's safe. So, and this is, this is, so we're going to do a couple things with this. One is, one of the things that happens with our emotional brain, and we're going to talk more about this later, is it takes a snapshot – this is counterintuitive to our rational brain – it takes a snapshot of the worst part of an experience.





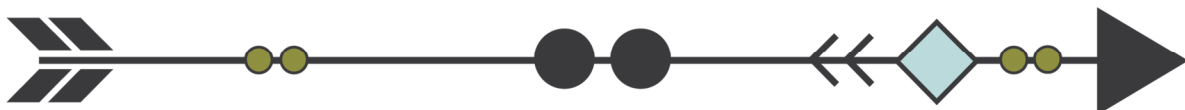
Amy: Mmmm. Wow!

Dr. Petit: So the gazelle is going to take a snapshot of that opening. Now the rational brain would say, “Why are you remembering/Why are you taking a picture of the worst part of that? Isn’t that what we want to forget? Isn’t that what we want to get over?” What the right brain would go, “depends on your purpose.” The only purpose of the right brain or the emotional brain is survival, is safety, is protection. So the emotional brain believes that if I walk out of that the next time, that cheetah is still going to be there. And it’s going to get me. And so it’s going to take a snapshot of that opening and never go there again. So, now imagine our gazelle, she finds another opening, she gets out there, she gets some food and drink, and lo and behold, there’s another cheetah running after her. She’s going to get activated and she’s going to take off. Which is a good thing. Which is, that’s what we want her to do because activation has it’s action with it – get safe, take cover – we don’t want her to stop to think, “Wait. Is that a cheetah or a leopard?” Because the moment she stops to think that, guess what happens.

Amy: Right, she’s done.

Dr. Petit: Yes.

Amy: And that’s physically exhausting. And I think on September 12, 2008, that what you saw come into your office, was a version of me that had become very, you know, I was operating off of that lower level of Maslow’s hierarchy of needs and safety, and yeah, the memories that protect us are traumatic memories, and so you and I had been in counseling – and you’ll know the time better on this – I’d been in counseling for a while and was doing, was doing well. Better than had I not been. But we were in what laymen’s terms I would call traditional “talk therapy” and the accountability of that was good and like you said, knowing, having someone to go to, which you just referenced to a few minutes ago was good. And traditional talk therapy, we do it all the time still. But there was a moment, and we’re going to throw a bunch of letters out there and I don’t want anybody to get tied up in the letters, but there was a moment where you knew as a professional, “I need, we need to do something else”. And your motivations for that, I’m going to let you speak to that, but certainly the big T’s are big these days and they were big 12 years ago, and so from my perspective, it was you going, “Wow the trauma’s getting more complicated. We gotta match our efforts with it.” But you resisted further training for a while in some of these, and I’d like you just to speak to that, and I’m really going to let you throw the letters out there. Cause this story’s one of the coolest stories ever, and I just appreciate your transparency in this. And so, everyone’s asking me, especially about EMDR, which to me has been the game changer, but apparently there’s been a trifecta game changer, and I didn’t even know what was going on. And so, because that’s how good you are at what you do. And so, let’s talk about, tell us your story. Why did somebody that had been in





counseling for, I think at that point probably 20 or 25 years making a plan of what 80-yr old Dr. Petit's going to do, and what he's going to wear, and you know, really just basking in this part of your career as like, "you know what, I've done the hard stuff, been to school, did all this". What in the world inspired you at that point in your career to go, "Let me go learn all this cutting-edge stuff"? Why did you do that? Tell us the story. It's one of the coolest stories ever.

Dr. Petit: So, I first heard about EMDR, which stands for Eye Movement Desensitization and Reprocessing, I began to hear about it in the early 90's which, as I look back, was pretty early to hear it because it was really being developed in the late 1980's and so it was really just coming on the scene. And when I heard of it, it just sounded weird to me. But for the fact that it kept coming back every so often with a little bit more of the science, and so it became more difficult to arrogantly and ignorantly push it aside. But I managed (laughing). Those capacities were pretty strong. So what happened at the end of 2009, so this would have been a little bit after having...

Amy: About a year, a little over a year, yeah.

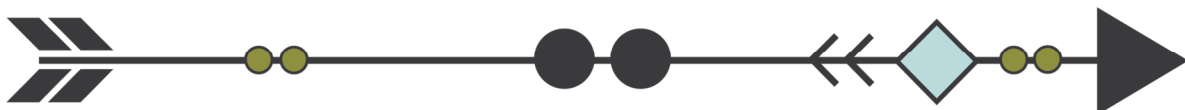
Dr. Petit: Several things happened. One is the science kept coming back, and now, through kind of a back door, I began to listen to some things from Dr. Siegel, about how the brain works and were just making sense. And then EMDR kept showing up again, and in the meantime, I had made a connection with you and was aware of some trauma that a friend of mine was going through. And I think it was because of the relational connections that a dawning occurred, and I realized that in almost 17-18 years, almost 20 years of pushing it aside, I had never once inquired whether or not God had something to do with it coming back.

Amy: Oh boy! (laughing). That's cool.

Dr. Petit: And that was the... so once I became aware of that, the only thing that happened was that I went from closed to open. And it's interesting, God uses everything, including our sin, and in this case he used my arrogance because here was my thought, "God, if you know something I don't know..."

Amy: (laughing) He might know a few more things, just a few.

Dr. Petit: And I just sense that I trust that we both had a chuckle about that. I am now officially open. And I cannot tell you how many times... So I went to get my training in EMDR with people on my heart. You were one of them. And my thought was, "I don't even know if this works, but if it does and it can help you, it can help my friend, it can help other people, then..." and it dawned on me that it was the first training I'd ever gotten that was motivated by people in my



heart, not a credential to procure or a continuing education to complete. And I can't tell you how many times since then  
(musical interlude begins playing)  
in the ten years now that I've sensed God saying, "You weren't the only one that had people on your heart."

Amy: Wow. That's a, wow. It's stunning, because it was a game changer for me.

Amy: OK guys, I know you're not going to believe me, but I really did not mean to leave you on that cliffhanger. But the fact of the matter is that EMDR was and is a game changer for me. Dr. Petit spends about another 30 minutes with us explaining all of these trauma therapies that we use in his office. And out of respect for your time, I decided to split it into two podcasts. I will however be writing a blog on my first EMDR session and I will post that not only on my website, [amywatsonauthor.com](http://amywatsonauthor.com), on my blog, but I will also post it on all my social media. Facebook and Twitter are amywatsonauthor and Instagram is authoramywatson, or you can always reach me on my website [amywatsonauthor.com](http://amywatsonauthor.com). Special thanks to Amy Hyland for producing this episode and to Crissy Loughridge for saving what I thought was going to be terrible audio. I am so looking forward to you guys hearing this second half of this interview and we will spend some more time together in two weeks. In the meantime, you know what I'm going to say. Let the healing continue.

(Music fades)

