

Dr. Joy Kreider completed her PhD in Neuroscience in 2003. During her years as a scientist, she explored the neural substrates of infant sleep, learning changes in mouse-models of Down syndrome and Fragile X, as well as cerebellar plasticity. In 2009, she left science to serve as a missional worker among gang-affiliated incarcerated youth, and then served in a poor neighborhood in Phnom Pehn, Cambodia. This work profoundly shaped her understanding of how unresolved psychological trauma during childhood (from family violence and chaos, or from genocide and starvation) can drive us towards either frequently entering sympathetic fight or flight or into dorsal vagal immobilization/shut down. Such dysregulation disrupts the normal ability of the prefrontal cortex and hippocampus to constrain the amygdala and allow for calm, clear thinking and acting. Her work among the poor also stimulated the question--how do people in poverty find understanding and relief from traumatic experiences when they have limited or no access to mental health services? Training opportunities like the STAR (Strategies for Trauma and Resilience) program at Eastern Mennonite University and the west coast based First Aid Arts program equip participants in understanding the basics of psychological trauma, its impact, and teach techniques that can be utilized in developing world settings to help people recover. Dr. Kreider has been trained in both of these programs, recently helped to create a new STAR for Sexual Harms training, and she continues to follow current neuroscience publications that demonstrate that the stressed brain is surprisingly plastic when survivors are properly cared for. In the U.S. with collaborators in Pennsylvania and Virginia, she now works to build community among conservative Mennonites and Amish where childhood sexual abuse rates are alarmingly high, psychology is distrusted, and suffering of all kinds is spiritualized. She seeks to blend neuroscience-based knowledge of the effects of childhood sexual trauma with techniques that can help survivors regain control of the vagal brake. Practical teaching about the impact of trauma also builds understanding, compassion and capacity within these communities to care for survivors rather than the far more common dismissal and denial of the impact of abuse. Finally, Dr. Kreider recognizes that deep wounds require deep work and she also works to be a bridge between Mennonite and Amish communities and mental health professionals.