The Soul is Saved While Minds Are Made Safe: Pentecostal Community Development in Chicago

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Note to Reader:
Thank you for taking the time to look at this working paper, the data of which comes from ethnographic research conducted in support of my Master's thesis. It is very much a work in progress, and will be a section of a broader project that will focus on Christian citizenship in the United States.

Introduction

New Hope Church of God in Christ, a white building surrounded by empty lots in an otherwise developing area on the South Side of Chicago, is a praise church: at the first service I attended there, on an unseasonably hot day in October 2014, the music started with a loud introduction from the drums to signal everyone in the pews to quiet down for the Music Ministry, which consisted of three infectious praises sung one after the other. The words to the song were projected on the two screens at either end of the stage, and the rest of the worshippers joined the choir in singing. Some clapped their hands, others shook tambourines. Women walked down the aisles holding out a basket of paper fans with the logo of a Chicago-area bank embossed on both sides. The worshippers were dancing around me and down the pews ecstatically, arms raised up to the ceiling, voices expansive. A thin woman wearing a leopard-print wrap-dress and heavy gold earrings cried as she repeated Jesus' name over and over again.

The music was so loud that it was impossible not to get caught up in the feeling of the moment: like a wave, religious spirit seemed to wash over us. Although the total affective release was not available to me as a non-believer, it was impossible not to be moved, and I couldn't help

thinking of Tanya Luhrmann's description of this kind of prayer as requiring techniques of the body and the mind that ask worshippers to treat their "inner experiences"—the thoughts, images, and body awareness that one has in any given moment—as "externally real speech" (2012:158). Emotions are representable and expected: crying and dancing is encouraged (in most instances…there were limits to where non-leadership worshippers could go in the church. For example, not on the stage), and the body becomes the medium through which the soul of the individual is able to access God.

During the second praise, Pastor Michaels walked in with his wife Melinda and two of his children, and sat in a reserved section in the front row. Pastor Michaels took out his iPhone to film the singers onstage and the worshippers' reactions in the pews behind him before he was drawn into the music; I watched as he began dancing in step, walking backward and forward across the stage. His body seemed to emphasize the spirit he felt: the dancing, I would later learn, was a manifestation of the spirit as it flowed through his body. When the music ministry was over, New Hope's mission statement appeared on two white screens on each side of the stage. Together, everyone recited:

> "Our mission is to preach and teach the Gospel of Jesus Christ; while serving our community as a holistic ministry by touching mind, body, and spirit. Producing mature believers who are Rooted in the Word, Renewed through the Worship, and Reaching into the World by yielding to God our *time*, *talents*, and *treasure*."

At New Hope, individual worshippers' "time, talents, and treasure" took various forms: whether it was the giving of "first fruits" (the first one or two paychecks of the year); volunteering as a youth minister; or joining the in-house security team, the Kingdom Guard. The church-body as an institution was also committed to giving its "time, talents, and treasure" to the

wider community of Millwood. In fulfilling this mission, church leadership organized New Hope Community Outreach, which, as a development organization, provided resources like after-school care, parent classes, and food and toy drives to help augment the quality of life of the entire community-body (non-believers and church members alike). Unlike individuals, whose time, talents, and treasure was mainly meant to effect a closer relationship with God, the church's time, talents, and treasure were produced in the community in a multiplicity of ways, including: 1) legitimizing its role as a community leader that provided services normally under the aegis of the state, 2) missionizing their non-denominational Christianity to a neighborhood that they experienced as dangerous, and 3) laying the groundwork for a broader, trans-local, transnational social and political framework through which the church-body could bring God closer to the community-body. These goals were all epitomized in the development of a mental health trauma center, planned over the course of three years.

The planned New Hope Center of Dreams will be a Post-Traumatic Stress Disorder counseling center, which applies two organizing models of care that have been proven to be effective elsewhere (in Israel and Seattle, respectively), to the Millwood community in order to both prevent violence and intervene in the lives of victims, families, and perpetrators of violence. New Hope has secured support from the city government, funding from major Chicago-area corporations, including the University of Chicago Medical Center and Northwestern Medicine, and, as of mid-2015, had completed the research-gathering phase of the program, which included conducting qualitative surveys in the Chicago Public School system, with hopes of opening it up by early 2017. In addition to all of this, the pastors and elders in New Hope Church (many of whom were associated with New Hope Community Development) had been working for months

with their community to provide the ideological grounds on which this kind of mental therapeutic work could be done. Indeed, it had been a bit of a struggle to gain the support of church members: the Assistant Pastor once explained to me that

> "Black people in this community do not go to counseling for four reasons: because they don't know you, they don't trust you, they don't think they can afford you, and then fourthly, unfortunately, no one wants to be labeled crazy. Cause of course there's that negative stereotype that only crazy people go to counseling right? Which is not the case but unfortunately that's the negative stigma that we have. But what we find is that in the community people have that uh…that negative stigma toward counselors, but they do put a great deal of trust in their faith leaders." (February 2015)

What Is Health and Where Is God?

One evening, I sat in the second row of pews in a stiff blue chair and chatted with Devin, a soprano in New Hope's choir. We were waiting for a presentation by Josiah, the ministerial intern, to begin: he had spent the previous two years studying to be a minister at the University of Chicago Divinity School and had been working at New Hope as a preacher and sometimes researcher as part of his program. Now on his way to medical school, his object of study had been the community's experience of illness—primarily long-term diseases like diabetes, asthma, and cancer. He had a positive relationship with Pastor Michaels. He and his fiancée were sponsoring the buffet-style meal that would begin directly following his presentation. He was tall and wore a blue sweater over a button-up.

The pews were filling up with Josiah's friends, mentors and professors, but also with the people who had known Josiah for two years, had seen him preach and cried with him, had welcomed his fiancée and their daughter into their community, and who were proud of him. Not only a member of their immediate community, he had moved to Chicago from the same area in

Louisiana that many of the church founders had come from: his affective proximity to the heart of the church had given him the opportunity to work there. Shortly after six thirty, he started to speak, markedly more nervous than I had seen him in public before. Pastor Michaels entered, sat at a folding table in the back, and pulled out his computer as Josiah began to introduce his research. He spoke about the way that Millwood community members in general, and the members of New Hope Church in particular, oriented themselves towards physical disease and treatment, his position immediately clear: it was dangerous and irresponsible for those who suffered from these health problems to rely solely on God's grace rather than such things as chemotherapy treatments or insulin injections to keep them healthy.

This concept was not met with the murmurs of agreement and support from the congregation that I, a secular Jew, had expected. There is a robust literature on Christian spirituality and medical treatment, which suggest that heightened spirituality correlates with heightened quality of life measurements in the ill (see Peteet and Balboni, 2013; Klassen, 2011; Shuman and Meador, 2008). While the medical literature on this topic tends to begin with the assumption that medical treatment is the baseline, and spirituality a supplement that supports quality of life and a return to health; anthropological and theological literature tend to suggest the interplay of these two modes of healing, with more of an emphasis on the foundation of spirituality: for instance, for liberal Protestants in Pamela Klassen's work committed to "the mutuality of biomedicine and Christianity," healing is neither *just* miraculous nor medicinal, but rather an "exception to the laws of nature that cannot be explained through rational or technical means" (Klassen, 2011: xiv).

At New Hope, there was a simple explanation for sickness and health, which was grounded in the Biblical text and in the worshippers' experience of God: God's will is the reason for physical health and for sickness, and there is only so much that medical practices can do in the face of it. At New Hope, a church which followed the Word of God closely and to the letter for other controversial issues (like homosexuality and adultery), God, or His satanic counterpart, were seen to be the cause for the congregants' physical ailments—diabetes, a cold—and also that of their subsequent return to health. Sickness, in the non-denominational form of Christianity under which New Hope Church was organized, is inflicted on those whom the devil has touched[1]. Crucially, the way to counteract this physical illness is to come closer to God, not to pump your body with unseen and unknowable medications that can make one even sicker (as in chemotherapy). If I were to ask why things that affect the physical body, like sickness or violence, happens to God-loving individuals, the answer almost wouldn't matter: as long as one were to demonstrate their love for God, and become closer to Him, in an even-bigger and more explicit way, one would ensure their return to health[2].

As Josiah's presentation was ending, it was clear that he was representing the tensions that exist in the lived practices of New Hope church members: a minister in divinity school, on his way to medical school, and a member of the community of believers, he stood, beaming on

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[1] "And when they came to the crowd, a man came up to him and, kneeling before him, **15** said, "Lord, have mercy on my son, for he is an epileptic and he suffers terribly. For often he falls into the fire, and often into the water. **16** And I brought him to your disciples, and they could not heal him." **17** And Jesus answered, "O faithless and twisted generation, how long am I to be with you? How long am I to bear with you? Bring him here to me." **18** And Jesus rebuked the demon, and it came out of him, and the boy was healed instantly." (Matthew 17:14-18)

[2] There is also an inverse relation here with miracles. For instance, Pastor Michaels' Christian origin story begins with being miraculously healed from blindness at a very young age. This miracle led to his faith in the absolute power of God and to his vocation as pastor.

the stage, his presentation almost complete, his advocacy for a dual practice of God *and* medicine as the best course of action for New Hope community members suffering from cancer, backed up by charts, numbers, and anecdotes. And then Pastor Michaels raised his hand. "Thanks for your presentation, Josiah," he said from his vantage point in the back of the room. Everyone in the pews—Josiah's mentors, colleagues, friends, and fellow church members—turned around to look at him. "Very very nice. That was very very nice. My one question is: we get sick because that's what God wants, right?"

The congregants around me murmured their approval.

"So if God *wants us* to be sick, then if we get better, then it's *also* because of him."

After a few moments of silence, the church members around me nodded vigorously, and some clapped.

"You can talk to us about healthcare and medicine and treatment plans and all that, but at the end of the day, it's all in the hands of God anyway." The church members clapped and called out Hallelujah. "Now let's give our friend Josiah a round of applause and go upstairs and get some food!"

So how to account for the contradiction between the reaction to Josiah's presentation about disease like cancers, on one hand, and the development of the mental health trauma center, on the other? Ostensibly, what Josiah was speaking about and the development of a trauma center like the one the church was in the process of building were effecting the same thing: they both attended to an ethic of self-care. And yet, the difference reactions remained: Pastor Michaels questioned where God was in Josiah's presentation on the health of bodies while

promoting the development of a center that intended to augment the health of minds. There are many ways to read the differences between the two (individual versus institution, long histories of lack of particular kinds of health services coming from the government, community distrust of mental health practices). However I don't think these answers are totally sufficient in getting to the crux of the issue: what is particularly striking to me is how the structure of political and social relations that helped bring the mental health trauma center to Millwood—with the companies in Israel and Seattle, the Chicago mayor's office, University of Chicago and Northwestern Medical Centers—and how the circulation of certain kinds of knowledge and capital resulted in an orientation to mental health that was different to, and at times, directly opposed to, orientations to the health of bodies.

Although in this paper I will be focusing on mental health rather than physical health, I will briefly discuss the context in which Josiah's presentation on physical health was embedded. In general, the topic of physical health and treatment at the church in late 2014 was important, contested, and intimately connected to belief in God. Physical health could be understood as both health-from-disease and health-from-violence: the risks of gun violence in the community were high[3]. At the same time, God was seen as the arbiter of all beings, and we all live under the same "risk factors" (of us as sinners), which tempt individuals away from God. These intricate understandings of health circulate on notions of risk and safety that attend to both the physical and mental wellbeing of church members and affiliates.

It is important to tease out the church leaders' distinctions between these forms of wellbeing that I am describing (and keeping in mind that the distinctions are fuzzy and have a

[3] See http://www.amnestyusa.org/research/reports/chicago-and-illinois-gun-violence

tendency to turn in on themselves): on the one hand, physical wellbeing, which is composed of a duality of potential bodily harm, occurring on the insides of the body (cancer and drugs) and harm coming from forces outside the body (violence from such things like gunshot wounds). On the other hand is mental wellbeing, of which the risk factors are understood to arise as effects, the causes of which come from forces occurring outside the body. To demonstrate: one can have cancer and pray for health to return, and it will (because of God), or be addicted to drugs and pray for deliverance, which will come (because of God); but one cannot see her daughter caught in the crossfire of gun violence and pray *that pain* away. That sort of pain, in this distinction, is not something that God alone can solve.

Registers of Care, Registers of Expertise

One day in October 2014, I sat in the waiting room of the cardiology department at the University of Chicago Medical Center, waiting for an ultrasound. On the side table next to the cushy plastic chair I sat in was a stack of University of Chicago Medical Center newsletters, called "At the Forefront." The headline of the issue read, "Center of Dreams to Offer Comfort and Counseling," and underneath was a picture of Pastor Michaels, standing next to Chicago Mayor Rahm Emanuel, the Deans of UChicago Medicine and Northwestern Memorial Healthcare, an official from United Way (an umbrella organization for national NGOs), a white pastor from a church on the South Side, and the rabbi whose synagogue on the North Side of Chicago had raised the money for New Hope's new pews. The article detailed the outline of a plan to bring the model of a Tel Aviv-based nonprofit that provides mental healthcare and counseling to Israeli citizens affected by war and terrorism, to serve the South Side of Chicago,

specifically the residents of Millwood. The people in the photograph were representatives of the organizations that had committed capital, political, and social support to the project.

I was called in for my appointment, but placed the article in my backpack to think about later. It seemed to track the threads of a series of strategic relationships, financial support, and conceptions of health, placing the Millwood family and child at the center of a tangled web of political and cultural ideas about mental trauma that are translated across nations (from Israel to the United States) and across the city (from the North Side of Chicago to the South Side). These translations were deeply embedded in the laminating of the effects of gun and gang violence with those of terrorism, occupation, and war. In addition, these routes of knowledge and social ties were underscored by a language of expertise and a broad conception of what is "good for" the community of Millwood, arising from policies that have effectively resulted in the state's stepping back from governing the neighborhood (Rose 1998).

These relationships constitute a "win-win-win" paradigm, where what is "good for" Millwood becomes "good for" (in different ways) the people and organizations that are connected to it. For instance: it is "good for" people in Millwood to receive mental healthcare, "good for" organizations like the University of Chicago to be seen as participating in the production of forms of health on the South Side of Chicago, and "good for" Rahm Emanuel whose tenure as mayor has been pockmarked with ugly episodes of racialized forms of violence (like the public school closures in 2012, and police shootings and subsequent government cover-ups of people of color). In this back and forth movement along the route of "good for," a complicated social field of relations comes to structure the way that the community—in particular the families and children in the community—are cared for.

As this field of social relations is constructed, the question of "risk" is carefully considered and calibrated by each institutional actor in order that funding is secured for the Center. This capital investment is dependent on registers of expertise—expert language and vocabularies—that allow the leaders of the church community to speak "across institutional settings," like the boardrooms of hospitals, the offices of Chicago city government staff members, and their own church space, "and call on powerful others to address them as such" (Carr 2010: 319) in order to create the productive relations which have resulted in the funding of the Center. For church leaders, the scientific vocabularies—including the ability to effectively utilize statistics and data, and the essentialization of terms like "success," "social development," and "at risk"—reinforce the fuzziness that results from a paradigm in which financial capital coming from outside the church community and affective labor being produced inside of the church community are connected. The social relations that the church has cultivated are organized in such a way that their mobilization of affective labor in Millwood, along with the registers of expertise that they borrow in order to form relationships with more powerful social actors, are creatively employed in order that financial support and affective care circulate, to the benefit of the church and its neighborhood. At the core of this circulation rests a supposed understanding of "what is necessary" to make better and safer the community.

Problematizing "At Risk"

> "I am okay with this community changing. I welcome it. But I'm not okay with it changing at the expense of a black presence. Right? So we have to be very very careful and…intentional about making sure that we hold to the heritage, you know. But I also think we have to be careful that we don't welcome the riff-raff to stay in the neighborhood. Cause the community won't change progressively and economically if we don't get some of this nonsense out." (November 2014)

In interviews with others in the church leadership, I tried to determine what Pastor Michaels meant by "the nonsense" and "the riff-raff" in the neighborhood. One person elaborated by talking about "shadowy figures...gang-bangers, drugs, alcohol," and others described families that turned on each other for inconsequential slights, causing children to be removed by the DCFS of Illinois. It seemed that the "nonsense" was a form of social currency, a way to separate my interlocutors from their neighbors and other community-members who act in ways antagonistic to their vision of what the community could and should be. These conversations reiterated the idea of the community as one in the midst of change, a moment in which the community would have to define and negotiate individuals and elements of their society which did not fit into the future they imagined for themselves. Ultimately, the community—and everyone in it, but especially the youth, who are the focus of countless state and city-funded programs—was at risk of veering off the track of processes of gentrification. Indeed, private money slotted for community development was pouring in, for everything from shiny new shopping centers, to job training programs, after-school activities, and medical care—including Pastor Michaels' Center. There was a vested interest among church leadership to make sure that capital continued to flow in.

The notion of what it means to be "at risk" rests on the relationship[4] between the object of study and the tool of study: risk and the risk-taking subject. Risk is both diagnosable and

[4] In Caitlin Zaloom's interrogation of the "productive life of risk" at the Chicago Board of Trade, she notes that "risk is both an object for display and a reference that guides traders in their self-shaping" (2004: 368): traders' social standing is dependent on how much risk they take - the kind of risk-taking individual they are. For Joseph Dumit, in tracing the pharmaceuticalization of the United States, (health) risk becomes "a target for medical intervention," something to hedge against by broad public health measures, that is meant to reduce the amount and kind of health risks that might occur in the future (2012: 4, 6). Both the stock market and the (healthy) body of the

active: it constitutes the individuals through which it acts, and it is constitutive of the culture through which it is made salient, as it circulates through the bodies of those who are "at risk." This circulation is also productive: it creates both individuals and the system in which the individuals are constituted in a mutually constitutive field of possibility. "Risk" then, is used as a tool by which subjects are created. This is not lost on those who use the term "at risk" when describing youth in a certain spaciotemporal moment: in certain areas of Chicago, in the two-thousand-tens. The "at-risk" youth is one who *might* be at risk of becoming a victim or a perpetrator of violence, of dropping out of school, or of becoming a drug dealer or drug user. She is "at risk" because her family is a certain way, or because she lives in a certain neighborhood: she is "at risk" because there are sociological facts—statistics—that tell her and others that she is "at risk." Risk frames her and is created by her: she is the enactment and the enactor of risk. Crucially, even if the "at risk youth" are not named as such, in the ways they are treated—in the programs that are developed for them, in the education that they are presumed to have lost or never had, in the cultural imaginary of the violence that is presumed to consume them—they are still "at risk." The language of being "at risk" presupposes a normative standard from which individual actors deviate into negative territory, whether from their own actions or due to things and events entirely out of their control.

What does being "at risk" mean in the context of conceptions in the church, emanating from Pastor Michaels himself, about mental wellbeing? When the bodies of South Siders are represented in the popular imaginary, they appear "at risk" of a whole host of "bad" things (like gun violence, gang violence, drug violence, etc). These instances are not often described in terms

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American citizen are places where risk is deeply connected to a neoliberal paradigm, which displaces risk away from the state and onto the individual.

having to do with the mental health and wellbeing of South Siders: instead, the examples of what it means to be "at risk" map fairly well onto the kinds of externally-locatable physical ailments that God is seen as having the power for and is responsible for ameliorating.

The development of the Center of Dreams is one mode through which Pastor Michaels advocates and acts on behalf of his "at-risk" community in response to augmenting the mental wellbeing of the people in Millwood, rather than their physical wellbeing, which is God's work. Central to his mobilization of this project is the mobilization of care between people and for the larger neighborhood as a whole and hopes to inspire others to act similarly. In sermons, this work is characterized as good for the self, good for God, good for the church family, and good for the neighborhood. Rather than a focus on self-aggrandizement (or aggrandizement for God), at the core of his message in sermons, interviews, and on social media is care for others—moral and spiritual safety—as the most salient motivation for change. Indeed, the New Hope Center of Dreams has been dreamt of as a space where not-quite-non-religious, but also not-quite-religious, notions about what the community needs in order to change—and how change should come about—become articulated and made recognizable to social actors who can make change possible for themselves.

Techniques of Care

The Center of Dreams has been conceived of as a counseling center for families who have experienced trauma from neighborhood violence: New Hope Community Outreach would like it to be a "one-stop shop" for all things counseling-related. The types of counseling offered include ways of structuring subjectivities; including job training, parenting classes, after-school

activities for kids, and of course, a network of guidance counselors who specialize in trauma care. Pastor Michaels, when describing his vision, talked about setting up the building (a former school[5]) with shops on the first floor, classrooms on the second, and the Center on the third. He outlined the strategic way in which he is going about setting the organization up to be a resource to the community, and how it might help change it:

> RH: How do you see Millwood in five years?
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> PM: Further gentrified. Further gentrified. I believe there is a plan—not believe, I know—there is a plan to take over much of this property. And what one of my goals is to make sure we hold onto the heritage…you can't look at every black lower-class person from an economic perspective, and say 'they gotta go too.' Nuh-uh-uh-uh-UH. That won't work. And let's be honest…You know, I believe in five years that—should certain—if proper investment happens over here that I'm hoping will happen, I can see the Dream Center being more of a resource as opposed to just being a social services agency. Because if the community *changes*, there's less of a need for social services. From that perspective. However, trauma will always be an issue, right? (January 2015)

The concept for the trauma counseling aspect of the Center is based off a model developed by an Israeli organization, NATAL, which "serves Christians, Muslims, and Jews" who have been affected by war, terrorism, and violence, and whose goal is to "increase public awareness of national psychotrauma caused by the Israeli-Arab conflict…a form of trauma that is the result of PTSD stemming from national traumas"[6]. Pastor Michaels first learned about the program when he visited the NATAL center in Tel Aviv while on a tour of Israel with other US-based clergymen paid for and planned by a joint American-Israel activist organization. Assistant Pastor Jackson described the moment on the trip in which Pastor Michaels recognized in Israel the same sorts of "end results with trauma-related incidents" that he had observed in Millwood

[5] New Hope is expecting to place the Dream Center in a school that was closed by Mayor Rahm Emmanuel in 2013.
[6] http://www.natal.org.il/English/?CategoryID=160

and among its citizens[7]. This moment led to him working with NATAL to begin thinking about exporting the program and translating it into something salient for Millwood, and set into motion the formation of new structured relationships that brought novel resources into his community[8].

Once Pastor Michaels decided to bring NATAL to Millwood, his contacts in the Jewish community connected him to Mayor Rahm Emmanuel, who in turn connected him with brand-name Chicago-area organizations to help add legitimacy and capital to the Center. It is still in its early development stages, but it has a steering committee that includes executives and consultants from the University of Chicago Medical Center[9], Northwestern Medical Center, and United Way. The plan is to bring NATAL's template for treating trauma in conjunction with a community development model created by Communities That Care (CTC), a Seattle, WA-based organization that relies on "using prevention science to promote healthy youth development, improve youth outcomes, and reduce problem behaviors" by employing a "social development strategy" that determines, using surveys and data science, the underlying factors that lead to high "levels of youth alcohol and tobacco use, and crime and violence"[10].

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[7] "Because while we here in Chicago may not have bombings as often as they do in Israel, we still have with…you know with the murders and the shootings and all—we still have the same end result with trauma-related, you know, incidents going on, and PTSD and just people being traumatized. And unfortunately, in Chicago, since January 2012 to January of this year, there's been over 1400 murders in Chicago. And…studies show and even from where we're at at New Hope, we see it all the time: hurting people, hurt people…And so we really want to try to stop this endless cycle. And so we thought to ourselves, how do we do that, how do we make that happen?" (February 2015)

[8] This move of ideas and models brings up quite a few questions about the politics of translating this *kind* of thing from a place like Israel to a place like the South Side of Chicago. I do not have sufficient ethnographic material to attend to these issues at the moment, but am hoping to continue this inquiry in this direction.

[9] I will not be discussing the important issue of the lack of an emergency trauma center at UChicago Medical in this paper. However, it is worth noting that the community engagement branch of UChicago Medical has invested a quarter of a million dollars in the Center, perhaps (I'm speculating) as a way to hedge any responsibility they might feel to 'throw a bone' to the community. This investment has included putting psychologists and other doctors on the board of the Center.

[10] http://www.communitiesthatcare.net/how-ctc-works/

An important feature of the Center is its instantiation of two modes of being, represented by the linguistic registers of the two main organizations at its center: the scientific register of CTC, and the register of care of NATAL. CTC's program is organized as a set of five phases that ultimately lead to the implementation of a plan to "increase community health." In the first phase, "communities work behind the scenes" (which scenes?: it is unclear) to assess the community's readiness for change by "activating a small group of catalysts, identifying key community leaders to champion the process, and inviting diverse stakeholders to get involved." In the second stage, "the board of community leaders writes a vision statement, learns about prevention sciences, and develops a timeline for installing CTC"; in the third, the board, which aims to "identify priority risk and protective factors that predict targeted health and behavior problems", develops a community profile by using data from surveys collected from school-age children about their experiences in the community; and in the fourth, the community action plan is created by the community board, which formulates "a plan for prevention work in their community to reduce widespread risks, strengthen protection, and define clear and measurable outcomes using assessment data." The fifth phase involves the implementation of the programs and policies[11]. CTC's commitment to a scientific, data-driven approach to positive community change is made visible by, as Assistant Pastor Jackson described to me, their "menu of programs" that communities can choose from depending on the results of the survey data. (In Millwood, the surveys were distributed to students in grades 6, 8, 10, and 12.)

CTC, run out of the University of Washington in Seattle, has been operating for 24 years, and boasts a 25-33% decrease in the likelihood that the kids they work with will have health and

[11] http://www.communitiesthatcare.net/how-ctc-works/

behavior problems, in comparison to children from "control communities"[12]. When Assistant Pastor Jackson goes through his PowerPoint presentation about the Millwood Center of Dreams, the statistics that he has borrowed from CTC are impressive, as is the register of scientific expertise that he employs, also borrowed from the CTC. By taking on the register of CTC social scientists, Jackson and Pastor Michaels present themselves as experts[13], not just of their community, but also of the "objective" scientific data about their community, in order to open up the opportunity for new partnerships.

Love and Capital

In general, spiritual self-care is a frequent topic of discussion at New Hope. Pastors urge congregants to ask for help if they are hurting, and stress the importance of being there for community members who are in spiritual or mental pain. The NATAL model that will be implemented at the Center will be developed specifically for Millwood and the New Hope community, and will not be a simple overlay of the Israeli model[14]. NATAL's treatment plan is based off a philosophy of "integrated care": since PTSD can be symptomatic in "personal elements (symptoms), interpersonal elements (family relationships), and social elements (difficulties at work and socially)…[this] treatment assembles comprehensive care under one

[12] http://www.communitiesthatcare.net/research-results/

[13] As Summerson Carr has noted, "jargons are not attempts to guard or obfuscate expert knowledge…but are rather a way to signify it" (2010: 20).

[14] Representatives from NATAL visited Chicago in early March 2015 in order to explore the unique issues that the Millwood/New Hope community must deal with: their goal was to have the therapeutic plan finalized by fall 2015. NATAL's focus is therapeutic care; its Tel Aviv operation includes a "toll-free national hotline staffed by carefully trained volunteers, subsidized and even free clinical treatment services to trauma victims and their family members…and a Social Rehabilitation Club, which offers trauma victims and their families the opportunity to engage in group therapy and alternative forms of treatment in a warm, supportive environment."

professional umbrella" in order to give patients the best and most effective care[15]. NATAL's program is structured around the PTSD sufferer's personal needs, and transform him from someone in the midst of "risk" to someone whose mental health has returned. The NATAL program then is meant to effect change in the moral personhood of the PTSD sufferer (i.e. from sufferer to non-sufferer) in much the same way that New Hope conceives of God and prayer as having the power to effect change in the physical health of its believers, as briefly described above.

The NATAL model provides the roadmap to the modes by which the mental health of the community might be augmented. There are romantic/logical leaps that can be made here, by thinking of the closeness of Israel/Judea to Christian politics, and the attendant considerations of an Israeli model of mental healthcare being introduced by a Christian organization into a needful community, but what is more interesting is how the practice of mental health self-care, as well as its extension into the broader community, has come to constitute the social niche that New Hope has cultivated, and, in order to implement these models of care, requires the nurturing of particular social and economic relations. For instance, Pastor Michaels learned about NATAL through the American-Israel political organization—a strategic relation that constituted the further financial relationships that were open to him via introductions to the mostly-Jewish donors affiliated with that organization, as well as its ability to introduce him to the local political and Jewish community. New Hope's relationship to CTC, on the other hand, gives it a register with which to enact expert knowledge for officials in the organizations with whom they need to cooperate (like the Chicago Public School system, in which the youth surveys were

[15] http://www.natal.org.il/English/?CategoryID=187

administered in Spring 2015, and the foundation and government partners who respond to hard data and scientific fact as a condition of their investment) who might otherwise be skeptical about getting involved and providing capital to the formation of the Center. At stake is a commitment to make "better" and "safer"—personally and collectively—the mental wellbeing of the community.

Let's not forget that this is the mode through which the Church ascribes its "time, talents, and treasure" to God in augmenting the mental health/wellbeing of the community. As a nice example of how the church effects ascribes its "time, talents, and treasure" to God in augmenting the *physical* wellbeing of the community, in September, 2011, after Sunday services New Hope Church community members left the church building and walked to a nearby middle school, where they

> "Ringed the school, raised their palms and prayed for safety and scholastic excellence when classes start…While people uttered quiet prayers in the direction of the school on Sunday afternoon, [Pastor Michaels] called out a list of goals: an end to violence, great teaching, parental involvement and adequate resources. Other goals included strong attendance and the promotion of abstinence among students. 'Speak things into existence!' he said (from an article on the event).

This prayer march, and others like it, represents the ways in which the church sees God as having an effect on the physical health of the community, a moment in which He is understood to directly act upon the physical wellbeing of people and places in the community[16]. This attendance to the physical wellbeing of the neighborhood—that is, by activating their bodies in prayer for God for the community stands in conjunction with the Center, which will attend to

[16] Recall that the issue with Josiah's presentation was his focus on the physical wellbeing of individuals, which is God's realm of action. The prayer march focuses on bringing God's attention to the physical wellbeing of individuals and the community. (The metaphor can be extended to the Center, which focuses on the mental wellbeing of individuals and the community, and which is outside of God's realm.)

that which God cannot touch—that is, the mental wellbeing of the community—to structure the apotheosis to the church's giving of its time, talents, and treasure to the community. In both situations we see how the church mobilized its social and productive resources—its congregants in both prayer and activity—to provide for both the physical and mental wellbeing of the community.

Addendum: Safety, Material and Moral

> "So there are probably ten to twelve [security guards] every Sunday. And they're all not uniformed. Some of them have on earpieces, some of them have on suits, shirts, and tie, and we have it designed where you won't know who it is…We've been fortunate to not have any big issues. Thank God. But, anything can happen…there've been times when Pastors have been attacked, congregants, attacked." Pastor Michaels nodded calmly and pulled up his computer to show me a Huffington Post search, pages and pages of articles, about pastors who had been murdered as they preached. (January 2015)

Spiritual and physical safety is a frequent theme of discussion and concern at New Hope. The community attends to notions of safety by addressing its moral implications during services, as well as its material manifestations: their involvement with the Safe Passage program (see below) and the presence of security forces during church services are just a few ways that New Hope ensures the safety of its members and the streets of Millwood. I initially assumed that the security guard posted in the front of the building was stationed there in order to watch over worshippers' cars in the lot to the west of the church building or on the street in front of the church. He was a warm presence on a cold night, a signal to the neighborhood that this church takes its safety and the safety of its members quite seriously. However, the guard's presence also pointed to a larger concern: although he was the only observable symbol of security, he (and his

plainclothes fellows inside the church) also represented the contradictions that exist between the church and the neighborhood with which it engages. For instance, we have seen that Pastor Michaels' work in the community is in service of reduce its overall risk: and yet, the type physical safety that the church secures for its members during services exclude some members of the community—perhaps the "riff-raff" and "nonsense" to whom Pastor Michaels previously alluded. From whom or what are church members being kept physically safe? If God is the physical protector of believers, what are these safety and security forces doing in the church?