

“More and more, the desire grows in me simply to walk around, greet people, enter their homes, sit on their doorsteps, play ball, throw water, and be known as someone who wants to live with them. It is a privilege to have the time to practice this simple ministry of presence. Still, it is not as simple as it seems.

My own desire to be useful, to do something significant, or to be part of some impressive project is so strong that soon my time is taken up by meetings, conferences, study groups, and workshops that prevent me from walking the streets. It is difficult not to have plans, not to organize people around an urgent cause, and not to feel that you are working directly for social progress. But I wonder more and more if the first thing shouldn't be to know people by name, to eat and drink with them, to listen to their stories and tell your own, and to let them know with words, handshakes, and hugs that you do not simply like them, but truly love them.”

– Henri Nouwen

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Ministry of presence

By [Monica A. Coleman](#)

I'm an ordained minister, but I'm not good at all that the life of ministry requires. I'm particularly embarrassed at how bad I am with hospital visitations. Early in my ministry career, I delighted when I put the clergy pass on my car's dashboard and parked in the specially designated spot. Someone from the church was sick and asked, not for the pastor, but for *me*.

As I entered the congregant's hospital room, I realized that I didn't know what to pray. I had no soothing words of calm. I could make no assurances that things would improve. I listened helplessly to the events that led her to hospitalization. I silently hoped time would tick by faster to end the hospital visit and my discomfort. As I slinked out of the room leaving a hug and an anemic blessing, I was sure I had been of no consolation to my church member. I asked to be taken off the list of clergy available for hospital visitations.

The irony is that I desperately want to see my pastor when I'm in the hospital. I didn't even know how important this was to me until my pastor drove through two counties at the crack of dawn to see me before surgery. I forget his prayer; I remember him being there.

I've since learned how important the “ministry of presence” really is. So much of ministry is not about saying or preaching or teaching the right thing. Some life events cannot be eased with prayers or scripture.

Catholic priest and author [Henri Nouwen](#) describes this best:

"More and more, the desire grows in me simply to walk around, greet people, enter their homes, sit on their doorsteps, play ball, throw water, and be known as someone who wants to live with them. It is a privilege to have the time to practice this simple ministry of presence."

The ministry of presence asserts that there is power—divine power—in just showing up and sticking around. It suggests that the incarnation is more important than the Word.

Recently, I've wondered if we lose this with online ministries. When I worship through a webcast, the ministers and parishioners do not know me nor my front stoop. They may be several states away. They could not visit me when sick.

Then I received an email from someone who reads my blog on depression and faith. She was reading my blog from an inpatient treatment center for severe depression. She told me that she is sometimes afraid, but that my blog posts make it seem like she is not alone.

I wept and smiled at the same time. Although I have avoided hospital visits since that first attempt, I found myself back in someone's sick room. We weren't walking, hugging or eating a meal together, but we had managed to be present with each other online.

[Monica A. Coleman](#), a research fellow for the New Media Project, serves as Associate Professor of Constructive Theology and African American Religions and Co-Director of the Center for Process Studies at [Claremont School of Theology](#) and Associate Professor of Religion at [Claremont Graduate University](#) in southern California.

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<http://blog.newmediaprojectatunion.org/2011/08/ministry-of-presence.html>

The Ministry of Presence

One of the greatest doctrines a Christian can meditate on is the Incarnation of Jesus Christ; meaning, God became human. The deity of Christ is essential for our salvation because without being equal to the Father, he could not have brought us to the Father. The full humanity of Christ is essential for our salvation because without exact similarity to us, he could not have represented us to the Father. If to be Christian means to be a "Christ follower," then the key question for the Christian is who is the Christ they follow?

Because of the importance of this question, the Christological definition of Chalcedon in A.D. 451 remains vital for us today:

Following, then, the holy fathers, we unite in teaching all men to confess the one and only Son, our Lord Jesus Christ. This selfsame one is perfect both in deity and in humanness; this selfsame one is also actually God and actually man, with a rational soul and a body. He is of the same reality as God as far as his deity is concerned and of the same reality as we ourselves as far as his humanness is concerned; thus like us in all respects, sin only excepted. Before time began he was begotten of the Father, in respect of his deity, and now in these "last days," for us and behalf of our salvation, this selfsame one was born of Mary the virgin, who is God-bearer in respect of his humanness.

We also teach that we apprehend this one and only Christ-Son, Lord, only-begotten – in two natures; and we do this without confusing the two natures, without transmuting one nature into the other, without dividing them into two separate categories, without contrasting them according to area or function. The distinctiveness of each nature is not nullified by the union. Instead, the "properties" of each nature are conserved and both natures concur in one "person" and in one reality. They are not divided or cut into two persons, but are together the one and only and only begotten Word of God, the Lord Jesus Christ. Thus have the prophets of old testified; thus the Lord Jesus Christ himself taught us; thus the Symbol of Fathers has handed down to us.

It is because of Christ's full deity and humanity that we could rightly call him "'Emmanuel,' which means 'God with us'" (Matt 1:23). This results in a localized proximity of God that many would enjoy throughout his earthly ministry. The manner in which Jesus touched lepers, ate with sinners or stayed with tax collectors were all "proximate" aspects of his ministry. In essence, he was communicating the "proximity of God" for those that needed grace. We can go further and say that he spatially mediated grace to those needing it. We rightly would identify a connection between Jesus' words to Zacchaeus "I must stay at your house today" (Luke 19:5) and his later pronouncement "today salvation has come to this household" (Luke 19:9). Jesus primary means of bringing that salvation to the household was to stay there. Why such a mundane method for mediating grace? Because the God/man renders all methods far from mundane!

It is for this reason that we must find it particularly tragic that such "methods" are forgotten in Christian ministry. What "methods" are these? Eating, drinking, touching and staying overnight.

The one sent from God communicates the presence of God merely by there physical presence.

This is called practicing "the ministry of presence." It's a vital aspect of Christian ministry that more exactly copies the way of the master than the frequently sermons, crusades or confrontational evangelism techniques that we evangelicals are prone to. While our Bible exposition and ministry acumen is helpful, it must not crowd out this "ministry of presence" that is more clearly shown in Jesus' ministry than any other of our practices. Christian ministry has become so industrialized that church "executives" cannot imagine wasting time on habits and practices that do not fit their results-oriented goals. The pastor "ministry of presence" goes away under the guise of streamlining ministry effectiveness. Grow more; plant more; do more. These chants have largely drowned out the old accusations against Jesus as being "a friend of sinners."

For chaplains, the ministry of presence is among the most important skills we learn. We may find all our exegetical and expositional skills painfully under-utilized in chaplaincy. All those classes in seminary were important to obtain a degree. All that Bible knowledge may assist our personal piety. However, very little of that will come out in the chaplain's greatest moments of effectiveness; those being, when people need the chaplain to *simply be* with them - cry with them, eat with them, drink with them, laugh with them, work with them, run with them, stand with them in the rain or crawl with them in the sand. The pulpit is replaced by a seat on Engine One, or the deck railing on the a frigate.

The "ministry of presence" calls the minister (or chaplain in my case) to communicate the great truth of the Incarnation by demonstrating the proximity of God through their presence with those needing grace.

<http://monk321.blogspot.com/2009/03/ministry-of-presence.html>

THE MINISTRY of PRESENCE

- By [Paul Juvinal](#)
- Posted on January 1st, 2011
- [Add to Bin](#)
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Annie

It was already late in the evening when I arrived at the Healthcare Unit of the downtown Care Facility. The doctor had just left Annie and was giving instructions to the duty nurse regarding her care.

She was in the final stages of life. Her various medical issues were now taking hold in a manner that was not reversible. An instruction extended by the doctor was for the nurses to administer on an “as needed basis” the liquid pain medicine; in essence, not to wait for the usual four hour span between doses.

The doctor's point was to make Annie as comfortable as possible, to truly minimize her pain and discomfort. Each time when it was obvious that the pain was intensifying, Annie's daughter and I would go to the nurses' station and make a verbal statement about her situation.

One nurse replied, “I'm not going to assist your mother in committing suicide.” The other nurse was more compassionate and would bring the medication to the room for administration. Soon, the medication would take effect and we began what became a most interesting and touching routine, a routine that repeated itself for several hours well into the night.

The daughter would place a call to a family member, a son, another daughter, grandchildren, Annie's own siblings. I would hold the phone so Annie could hear. After a brief conversation from the other end, Annie would respond, “I love you, too.”

After the final call had been made, Annie slipped into a deep sleep and about 45 minutes later, passed away. On her face was a smile. She had experienced, as had her family, closure. In truth, she was ready to move on, to die with peace in her heart, reassured in her very being.

For the family, from the granddaughter in Illinois to the daughter in her mother's room, there was a closeness, a privileged moment that was, albeit surrounded by sorrow, full of celebration.

God's presence was evident. Tears of grief turned, across the country, to tears of joy. Annie had gone home!

Lily

Lily was cared for by her younger sister in the home they had shared for years. Lily's sister had taken care of their mother and another sister in a similar fashion. That is the way it was done, back home in West Virginia. People, who were terminal were cared for at home.

As Lily's condition progressed, the visiting nurse and I met with the “caring sister” to carefully note Lily's situation and her prognosis. She was not gaining, rather she was losing levels of stability. The visiting nurse and I suggested it was time to let Lily “go home.” The thought of this act of finality was difficult for the “caring sister” to comprehend and to accept.

After all, she had cared for their mother and sister, giving each added time that the doctors thought impossible for either to know. She had dedicated herself totally to the care of Lily and wanted time to disprove the prediction of the professionals once again.

The visiting nurse and I carefully noted that God would truly care take care of Lily, eternally. She would know no further pain or discomfort, only God's grace and God's peace.

We urged the “caring sister” to give permission to Lily to go home, to let Lily know that she and the rest of her family and friends would be OK.

With tears of sorrow and perhaps frustration, the “caring sister” went to Lily's bedside and told her that she loved her, that God loved her so very much, and that she would be fine. She gave Lily permission to die, and she did soon thereafter.

Ed

He was not yet forty-five years old when the diagnosis was presented. Incurable cancer would take his life in a relatively short time span. This was devastating news for him. He was involved in a very profitable business that he and his wife had built over the past fifteen years.

The family included two daughters and one son, ranging from a senior in high school to a fourth grader. This was devastating news, to be sure, for the immediate family, for Sunday school class members, for the church family in general and for his business associates.

Care was extended from the initial analysis of the situation, through the months of varied treatments, and the eventual passing. Ed and his family knew the love, the care, the stability of their numerous friends.

They also knew the dedication of the medical team assigned to Ed, from the primary doctor and his team, to those additional services needed to provide professional care. Faith was evident throughout the developing ordeal, and yes, since Ed's passing.

Ed was always an active leader in the local church. He believed strongly in outreach, in Christian Education. He shared his quest for personal faith development through leadership roles in conference events, including Emmaus weekends.

He ministered to those about him by verbally and non-verbally assigning the trial of the day and the joy of the moment to God.

I'm sure there were times of utter despair, indeed anger over the situation, perhaps anger directed toward God. Yet, in time, Ed placed himself in God's hand.

So often you would leave Ed's company feeling as if you had been ministered to.

When Ed's passing occurred, there was a marked sense of God's continual presence. Friends from the church and the community attended the funeral. It was a celebration. It was presented to remember Ed, to honor God, and to realize privately and collectively the promise of Christ regarding eternal life.

Ed's life was a continuum that drew on the truth, the reality of eternal life. He moved to the final stage of his life with dignity, with self respect. And his family continued to know clearly the support of their church family.

Compassion, listening, a gentle touch, an opportunity for prayer are part of the ministry of presence. This is needed prior to, during, and following death. Clergy and laypeople alike need to present the love, the care of Jesus Christ to the family in this most important time.

We know that death is part of life. It presents the final stage of life, providing the believer with eternal care, where only God's grace, God's peace will prevail. For the believer, there will be no pain of any description—physical, mental, spiritual— only God's love.

For the family, if they too know a growing faith within themselves, while there is an obvious sense of loss, of grief, there is also the reality of peace. They can be involved in relaxing in their faith, to know understanding, then acceptance, then eventually, celebration.

It is difficult when someone in the family does not share a belief, does not know a growing faith. There is a clear hesitancy to acknowledge the divine presence of God, and there is often an anger that their loved one has been taken from them.

The anguish the non-believer experiences is, of course, difficult. People of faith, in time, have a relationship with God who walks with them through each stage of life. They know his presence in times of trial, in times of celebration.

To minister to families during the death of a loved one it is most important for you convey the love of God and of the church.

The ministry of presence is so very essential prior to the passing, during the time of the service, and following the service. To remember, with the family, the initial anniversary of the passing of their loved one is important.

For families not connected with your local church, it is most important to again be there for them, on behalf of the church. You need to be a servant in their time of need, extending care, ministering to their whole being.

Death and dying situations offer times to realize reconciliation, to encourage communication between family members, to underscore love for each member to say good byes, to give permission to go home. It is a time to live the ministry of presence, to feel God's presence, to know his eternal care for your loved one and for you.

http://www.ministrymatters.com/all/article/entry/268/advanced_search.html

THE MINISTRY OF PRESENCE

On Monday afternoons, I go to the local hospital to be a volunteer chaplain for the afternoon.

I hate going.

Every Monday, there is a bit of dread that hits my stomach as I step into my professional clothes, clip on my official badge and drive to park in my official spot. With my hands still on the steering wheel, I pray the prayer a mentor taught me when I was doing Clinical Pastoral Education at a hospital in Boston: “Lord, help me not to run.”

I enter the hospital through the main doors and greet the volunteers at the front desk. I bypass the public elevators and head for the staff elevators. Turning the corner from the second floor desk, I enter the chapel. Usually it is quiet and empty. Occasionally there are staff members on their phones that I have to politely remind that it is a chapel, not their lounge. I log on to the system, check the main census, and attempt to memorize the names of the ICU patients. I check the census by religion which is never complete. While some staff members are great at intake in asking spiritual preference, when they are in a hurry it’s often the first question that is skipped. Usually I only know the spiritual preference of about half of the ICU folks.

I log off. I sit in a pew and stare at the stained-glass window. I take a deep breath. I pray again. “Lord, use me, however you need me.” Sometimes I have been known to pray “Lord, please don’t let me be needed today.”

Then I walk out that door, around the corner and down the hall to ICU.

And somehow, miraculously, every time I pass through those doors, the switch is turned on.

I’m the Chaplain. I’m here for *you*. Whether *you* be a patient, a visitor, a nurse or therapist or business representative or doctor or housekeeping or internal services, I am here for *you* to be *your* chaplain.

At that point, I forget that I ever wanted to run or wanted to not be needed. I’m actually disappointed if everyone is asleep or being bathed or whatever. I’m ready.

I visit the sick and the elderly, the dying, the post-suicidal, the recovering addict, the mother or daughter, the brother or ex-husband. I go in, introduce myself, invite them to introduce themselves. If the environment of the conversation is open, I pull up a chair. I sit and listen, and sometimes pray. Sometimes it’s just a minute. At times it has been an hour.

I don’t have a lot of time to give. Unlike the other volunteer chaplains at our hospital, I rarely take the emergency calls because I am the one primarily home with our child. I rarely hit the main floors, but I always make a point to go to the ICU, the ER, and the Women’s Center. While the other chaplains may get to the floors, I try to get to the new mothers, mothers-to-be, and those who have been mothers for all too short a time. Most of the time, it is a temporary crisis. A baby was born too soon and had to be flown to a larger hospital, but mother

was not discharged yet. It is so very hard to be separated from your baby like that. But it will be well. In the meantime, in that limbo between birth and being reunited, I offer prayer, comfort, and an ear to listen. More importantly, I offer myself, to be there, for the father and/or other family members may have gone on to be with the new baby.

At times the news is not as good. A child has been lost in miscarriage or stillbirth. A child has been born with a birth defect that the child will live the rest of their life with. I offer prayer, an ear to listen, and space for grief. At times I contact the patient's minister with their permission for continued support after they leave.

I don't get to see everyone. I probably don't even see a quarter of the people on Monday alone who are in the hospital. Some days I wonder if it's even worth my time. Then there will be that nurse in the elevator who says, "I'm so glad you're here, I need to talk to someone." Or the doctor in ER who, in between running to patients says, "Pray for all of us here, we need it today." Or the worker whose daughter is dying of cancer and she is in the chapel, weeping, where her coworkers can't find her.

In the midst of the chaos, in the midst of insurance paperwork and cost-efficiency and healing and treatments and general life of the hospital, I am there, even if for an hour on Mondays. But more importantly, the presence of God is made known to people. There are wonderful nurses who have called me in to pray with patients. There are doctors who have listened to the spiritual concerns of their patients. God is already known, but yet, when I and the other chaplains are there, we are there for everyone. We are there for *you*. We aren't going to stick you with a needle or make you do physical therapy. We are simply there to represent the presence of God, which has been there all along.

And I realize that my fears when I arrived were my own; but when that "switch" turned on, it was no longer me, but God in me, God with me, God through me.

And when I leave, this is my prayer:

"Thank you, God, for today, and for having me be here."

I love being there.

<http://dmergent.org/2011/11/01/the-ministry-of-presence/>