Good morning! I would guess that all of you are quite familiar with the Gethsemane text from Matthew. And probably many of you have reflected on it—perhaps in the same way I have. As a start, what if we had been the disciples waiting and praying with Jesus in that dark hour, would we have remained alert and present to His sorrow and distress?

Of course, we can only imagine how we might have responded, but the question has led me to think more deeply about the phenomenon of presence (no, not presents as gifts for a special occasion but presence as attending and fully being there in the moment). Jesus’ request of the disciples in Gethsemane was really, I think, a request for them to be present with Him, to bear witness as he awaited the unfolding of His fate. Presence has become significant to me personally in many ways—in large part through my work as a nurse, but also as a parent, a teacher, a friend and a colleague—and more recently as a recipient of health care myself. In my view, presence is a powerful way of being in the world. It requires that we genuinely and fully “show up”—even more than just being awake and alert, although wakefulness and consciousness are surely good preconditions for presence.

As a nurse, I have come to appreciate the gift of human presence through my encounters with people who are suffering (from physical or emotional pain) or who are experiencing difficult changes in their health and lifestyle (for example, after a brain or spinal cord injury that permanently changes the way they negotiate their everyday lives) or who are facing tough decisions about treatment options or being confronted with the prospect of death (their own or that of someone dear to them).

Even in these circumstances, it may sound pretty simple—just showing up, just being there, right? Like many things, presence may actually be more clear to us by its absence. I would guess that most of you can think of a time when someone you were with was not really present. Perhaps the person with whom you were in dialogue—or thought you were in dialogue—was nodding and making listening noises, but not quite appropriately; or perhaps he or she asked you the question you had just answered. Or maybe in the middle of a conversation, the other person shifted eye contact to look over your shoulder or out the window? Or maybe you were on the phone with someone and there was a lengthy silence—or intruding side conversations. Or perhaps you were standing in front of a group and you became aware of drifting gazes or heads jerking suddenly to
the left (or the right…or forward…or back) or rapid tapping sounds…Yes, I know that many of us have learned to be extremely proficient at multitasking, of thinking ahead to our next obligation; but that’s what makes true presence so potent. It takes some discipline, as well as genuine interest and willingness to connect with another person—allowing what is real in another person’s experience to matter.

Perhaps a story will illustrate…This is about Ann. Ann was a 42-year-old woman whom I encountered as a nurse educator on a hospital cancer unit. I was there with students over days or weeks at a time for more than a year as Ann came in first for a conclusive diagnosis, then later for a determination of the extent to which her ovarian cancer had spread, then for surgery, then for initiation of chemotherapy, then for more chemotherapy and radiation therapy to slow the spread to her bones, then for pain management, and finally for palliative care in her dying process. Because many students cared for Ann during these episodes, I came to know her and to bear witness to her story as it unfolded. I became the constant, because the students changed over time. I was privileged to be there as she processed her anxiety and her anger, as she struggled with pain and fear and decisions about treatment—as she began to come to terms with her approaching death, as she thought about what she wanted to accomplish in the time she had left and as she reviewed her life. On one particular day, as I came to say goodbye after the students had gone, Ann was watching a television program that had to do with women shaving their heads and declaring that “bald is beautiful”. Coincidentally Ann was, at that time, almost completely bald as a result of her chemotherapy. Somehow the whole thing captured her delightful sense of humor, and the next thing I knew we were both laughing uproariously about the perverse irony that enabled her to personalize that slogan, “bald is beautiful”. Another time, she wept as she talked about leaving people who were dear to her; and the next time, she wanted to talk about her funeral. Her husband had been unwilling to have the conversation that day, and Ann needed to think through and document what she wanted. Now I have to tell you that I was much younger and less experienced then, and initially her wanting to talk about the details of her funeral raised my anxiety a lot! I tried to think of a quick escape; but I stayed with her, I listened, I entered into the dialogue. Ann died soon after that; and even though my time with her at each encounter was brief and I was certainly helpless to change the course of her disease, I learned so much from her about the importance of showing up fully, providing comfort to the full extent of our skill and knowledge, and bearing witness to her journey.

Now you’re probably wondering with respect to my story about Ann, “So what did Margot actually do that merits all the hoopla?” Presence is like that—it may be almost invisible until you experience it. Certainly I called upon some of the communication techniques I’ve learned to invite conversation, I used touch to foster our connection and let her know I was listening and wanting to understand, that she could go on; but the powerful piece was simply having the courage and caring to show up, to stay, to fully be there. In each of those brief encounters
with Ann, the easy thing would have been to look away, to hurry away, to protect myself from the poignancy of those moments with her.

So what of outcomes, since in health care outcomes like healing and function and length of stay have become the gold standard. Clearly Ann was not healed in the sense of her disease being cured. But let's think for a moment about healing in a slightly different way. Jean Watson, a well-known nurse theorist, describes healing as recognizing and honoring our wholeness as human beings and understanding our connections with each other, with God, and with the wider universe. In this respect, healing can occur regardless of the potential for cure or even survival. In the fast forward mode with which most of us go about our lives, there are typically only rare moments—perhaps when we are confronted with our own mortality by the death of someone close to us or the threat of something serious or when for some other reason we pause long enough to contemplate our place in the world—when we become present to ourselves, aware of our unitary (rather than fragmented) nature and our connectedness with God and a shared humanity. Those are the moments of healing. In that sense, I believe that perhaps Ann was healed and that I was privileged to accompany her in that healing journey.

I know I've come rather far afield from the question about whether any or all of us would have been present to Jesus as he awaited his suffering destiny. But could we think for just a moment about presence and even healing on a somewhat larger scale? Embedded in Jesus' request of the disciples to keep watch—to be present—I believe there is a call to be awake and alert to the anguish and the suffering of others in our world. Perhaps it is a call for us to reconsider our presence in the human community and our level of concern for the suffering of others. Imagine, if you will, what impact it might have if we were to honor more deeply our shared humanity and to really show up for each other—not just with our immediate families, or even with our neighbors or our fellow citizens in the state or region, perhaps as broadly as our global community. If we did that, might we restructure our notoriously individualistic and autonomy-driven systems in a way that demonstrates concern and commitment to the broader wellbeing of our society and our world? Might we view our decisions about health care and our responsibility to the uninsured, the starving, and the underprivileged among us in a different light? Might we use our innovative genius to modify the we-they paradigm that typically informs our international policies?

I know that some of you attended the Peace Prize Forum a few weeks ago; and if you were there for the closing session, you heard Laban Coblentz, spokesperson for the International Atomic Energy Agency reflect upon the extent to which he sees himself not only as an American citizen but, "by default (his words), as a global citizen". So I ask you to acknowledge, as a part of this semester of peace at Augustana, the sacredness of your own individual being and also the profound nature of our connections with each other at Augustana, in the US, across this planet and even beyond. And I ask you further to consider Jesus' call to
watchfulness and wakefulness as a call to “show up” fully and genuinely with an intent to promote healing and peace through your presence in the world.

I will close with a quote from Bernie Glassman, author of *Bearing Witness: A Zen Master’s lesions in making peace*:

> When we really listen, when we really pay attention to the sounds of joy and suffering in the universe, then we are not separate from them, we become them. Because in reality we are not separate from those who suffer. We are them; they are us. It is our suffering, and it is our joy.

Amen
HOLY COMMUNION
Wednesday, March 28, 2007

Prelude 
“My Song Is Love Unknown”
by Ralph Vaughn Williams

Invocation

Confession & Absolution

Prayer

Hymn 
“My Song is Love Unknown” 
#343, vv. 1-4 alternate tune

Gospel 
Matthew 26: 36-46

Sermon 
Are you present?
Margot Nelson, nursing

Hymn 
“Thy Holy Wings” 
#613 vv. 1-2

Holy Communion
“Ave Verum” by Gabriel Faure 
Women’s Choir

Blessing, Benediction

Postlude 
“Hosanna” 
By Soderman, arr. By Oscar Overby 
Women’s Choir

CAMPUS MINISTRY ANNOUNCEMENTS

TONIGHT - 7 pm - Catholic Campus ministry hosts a conversation between Chris Burgwald and Pr Paul entitled, “What Catholics and Lutherans have in common.” Everyone is welcome for this celebration of faith!

The Sioux Falls CROP WALK to end hunger will be Sunday, May 6 at 1:00 at Falls Park. Any groups/individuals interested may contact Chris Moench 334-5937 or Ingrid Rasmussen 254-6067.
moenchc@yahoo.com, ingridarneson@gmail.com

Sunday’s worship, 11:00 AM, is a reenactment of the Passion of Jesus as recorded in Luke. We’ll begin outdoors with a Palm Procession and follow Jesus to Golgotha. Everyone is welcome!

SEMESTER OF PEACE TIP FOR THE WEEK - Reward Originality - Shop at a local, independently owned story or dine at a locally owned restaurant instead of a chain at least once a week. Buying from local merchants does more than simply support small, independent businesses. Shopping locally strengthens the local economy by keeping dollars circulating within the community, and it lends greater variety and more character to shopping districts. Local business can also be easier on the environment if it is less reliant on long-distance truck delivery.

CHAPEL CALENDAR

Fri. (29th) Worship, 10 am - Cassie Sauter, Sr. Spkr.
Sun. (1st) Worship, 11 am - Pr. Paul
Mon. (2nd) Worship, 10 am - Chris Matson, Intern
Tues. (3rd) Roman Catholic Mass, 10 am
Wed. (4th) Holy Communion, 10 am - Pr. Paul
Easter Break - April 6th - 9th
Tues. (10th) Koinonia, 10 am
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