

The S. Stephen

The monthly news at S. Stephen's Church in Providence

November/December, 2009

Vol. 9, No. 3

From the Rector



My dear people:

The months of November and December call to mind different ways in which we measure the passage of time. As Christians we reckon the endings

and beginnings of years in at least three ways.

As members of secular society, our years end on December 31 and begin on January 1, New Year's Day. But in many parishes as well as institutions of learning, we tend in practice to treat the "program year" (or "academic year") as beginning sometime around the Labor Day Weekend, and ending sometime around or after the Memorial Day Weekend.

The Church's liturgical year ends with the celebration of the Feast of Christ the King on the Last Sunday after Pentecost (this year 22 November); and a new liturgical year begins a week later on the First Sunday of Advent (this year 29 November). I want to say a few words about both days.

The Feast of Christ the King was instituted by Pope Pius XI in 1925. At a time when totalitarian ideologies (Fascism, Nazism, Communism) were demanding people's complete and ultimate allegiance, the Feast had the purpose of reminding Catholics that the claims of any earthly state or authority are relative and not ultimate. The risen, ascended, and exalted Christ is the King not only of the Church but of all humanity and, indeed, of all creation. His reign alone demands our unconditional allegiance and loyalty. The feast was originally set on the last Sunday in October, and in the calendar reforms of 1969 was moved to its present position on the last Sunday before Advent.

It is a long-standing custom at S. Stephen's to conclude the 10 am

Solemn High Mass on the Feast of Christ the King with a choral rendition of the ancient canticle *Te Deum laudamus*, in thanksgiving for the completion of another liturgical year. By tradition, two thuribles are swung during the singing of a solemn *Te Deum*, with the rising smoke of incense symbolizing the prayers of praise ascending into heaven.

A new liturgical year begins with the season of Advent the following Sunday. Advent is a time of watching, waiting, expectation, hope, and preparation for the coming of the Lord. It is a bit of a misconception to describe it as a season of preparation for Christmas, though it is that as well. Instead, during Advent we habitually prepare for what have been called "the three comings of the Lord" – as an infant to Bethlehem, as our King and Judge at the end of time; and as the Lord and Savior who seeks entrance to our hearts here and now.

The characteristic liturgical practices of Advent – the blue and violent vestments, the Advent wreath, the absence of flowers, and the omission of the *Gloria in Excelsis* from the Mass – all serve to emphasize these themes of watching and waiting, of hope and expectation. Also, during Advent, we take the opportunity to use the more traditional Anglican form of the Canon of the Mass (Eucharistic Prayer I) during the 10 am service.

At 5:30 pm on the evening of the First Sunday of Advent, we once again offer our annual service of Advent Lessons and Carols. This very popular service takes place this year, as in many other years, on the Sunday of the secular Thanksgiving Day weekend; and it marks a welcome opportunity to turn our thoughts to the Advent Season that will take up most of the month of December.

For Church members, it is particularly important not to confuse Advent with Christmas. Even though the shopping malls will be full of holiday decorations throughout the month, we need to remember that the Christmas Season does not begin until December 25. The preceding Season of Advent has its own unique character, themes, and emphases, which we do well to respect and observe. A further opportunity for Advent reflection will be offered on Saturday 5 December, when Deacon Michael Tuck will lead our annual Advent Quiet Day, beginning with Morning Prayer at 9 am, and concluding by 1 pm.

Finally, the next offering in our series of Sung Vespers and Mass on weekdays in the Lady Chapel will be held on the Feast of the Immaculate Conception of the Blessed Virgin Mary, Tuesday 8 December beginning at 5:00 pm. Please join us.

With all affection and prayers, I remain, faithfully,

Your pastor and priest,

Fr. John D. Alexander +

Fr. John D. Alexander

For the Right Use of God's Gifts

Almighty God, whose loving hand hath given us all that we possess: Grant us grace that we may honor thee with our substance, and, remembering the account which we must one day give, may be faithful stewards of thy bounty, through Jesus Christ our Lord. Amen

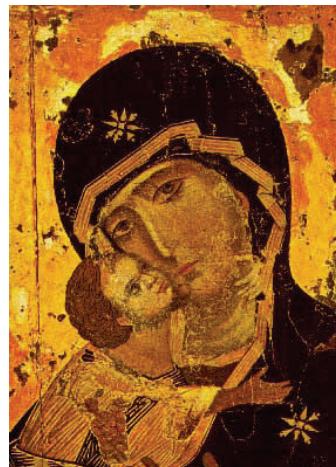
The Book of Common Prayer, p. 827

A Pilgrimage to the Russian Icon Museum

by Phoebe Pettingell

On Saturday, 7 November, nine pilgrims from S. Stephen's journeyed to Clinton Massachusetts to visit the Russian Icon Museum. At the door, some of us met the collector, who explained that he had first encountered these icons when, after the Vietnam War, he rode a motorcycle across Europe and Asia. In 1989, he built a plastics factory in Moscow and began to collect icons which people were willing to sell after the fall of the Soviet Union, when religious items had to be hidden because they were forbidden. He also collected a number that Stalin had sold throughout Western Europe as a way of raising money. Most of the icons purchased in Russia are now not allowed out of the country, so the ones displayed in the museum are largely those obtained from sources in Western Europe.

Icons are to Christians of the Eastern Church what the Crucifix is to the Western. Stylized images of Christ, Mary the Holy Theotokos, saints and scenes from Scripture or from the lives of the saints are painted on wood, usually with a gold background. Icon writers (as the painters are called) adapt their images from ancient tradition. They truly illustrate the principle that "A picture is worth a thousand words," since the complex symbolic language illustrates theological subjects to the faithful who venerate them. As *Icons and Saints of the Eastern Orthodox Church* [The Paul Getty Museum] observes, "The icon (from the Greek *eikon*, "image") is a sign of the presence of God. It is the simplest, most immediate form of religious self-awareness that the Byzantine and Slavic peoples possess. Before the icon, each



believer can say: *Behold my faith, that in which I believe, in these divine personages and saints, made visible in forms and colors.*"

The museum is built in a restored mill building of 6,000 square feet covering three floors. It contains about 370 icons spanning a period of six centuries. This is the largest collection of its kind in North America. Although the museum offers both guided and audio tours, most of our pilgrims preferred to wander the galleries, allowing each icon to speak to us. There is always a feeling of displacement for some of us when viewing religious artifacts in a secular setting. These objects were originally intended to inspire worship or to be venerated and not primarily to stimulate aesthetic pleasure. Nonetheless, the holiness of these images radiates significance to eyes and hearts.

We were particularly struck by a number of fine examples of Calendar Icons. This particular form of iconography presents a pictorial calendar of feast days. Yearly ones are called *menologia* while the monthly ones are *synaxaria*. A complex system of color and symbolism conveys the nature of the saint or feast depicted. The miniature details are exquisite and this ancient form of keeping track of the Church calendar remains in use today among the Orthodox who now sometimes print posters of *menologia* for the faithful.

This museum is well-worth a visit at any time. However, the fellowship and common devotion inherent in a pilgrimage makes for an illuminating experience. Consider joining our ward of the Society of Mary on our future pilgrimages which are open to all.

Praying Pilgrimage

By Deacon Michael Tuck

Long before Geoffrey Chaucer wrote the *Canterbury Tales*, the practice of going on pilgrimage had been a significant part of the tradition of Christian prayer. In the early Church, congregations would gather on the feast days of the martyrs and walk to the place of their burial. Over time, people from the surrounding countryside and even from farther away would travel to be part of these commemorations. Despite all of the challenges of traveling in the ancient world, Christians from all over Europe began to make pilgrimages to the Holy Land to participate in the commemoration of Holy Week in the place where those events took place. One of the most significant accounts of this practice comes from a Spanish nun named Egeria, who traveled to Jerusalem in the fourth century. These trips to the Holy Land became so popular that people began to imitate the journey even while they were at home, and this is the origin of our service of *Stations of the Cross*! So every Friday in Lent, we go on a kind of pilgrimage.

Eventually, pilgrimage began to be understood as a particular kind of prayer. In this understanding, the act of traveling itself becomes part of the prayer. During a time when travel was considerably more arduous than it is now, walking from one's home to the place of pilgrimage could take weeks, months or even years. The travel itself was a sacrifice that became part of the experience of prayer. The destination was the focus for prayer and for the devotions that would take place throughout the journey. People would often travel to places of particular significance to them personally. Pilgrims to the shrines of martyrs would reflect on the nature of Christian witness and vocation. Pilgrims to shrines of Our Lady would contemplate Mary and her role in the Incarnation.

One of the most popular pilgrim trails in Europe was the journey to the Shrine of St. James in Compostela, Spain. For travelers from England, the journey began in Dieppe, on the Normandy coast, where the parish church is still decorated with scallop shells, the

The S. Stephen is published approximately nine times a year, September through June, by S. Stephen's Church in Providence, 114 George St., Providence, RI , The Rev'd John D. Alexander, Rector Phone: 401-421-6702, Fax: 401-421-6703 Email: office@sstephens.necoxmail.com Editor: Karen Vorbeck Williams, vorkar@cox.net

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traditional symbol of the shrine of Saint James. From Dieppe, pilgrims would travel through Paris, stopping at the tomb of St. Denis. From there, most pilgrims turned to the southwest to pass through Tours and to visit the shrine of St. Martin. All along the way, churches would be decorated with the scallop shell to indicate the pilgrim's final destination.

Today, pilgrims continue travel in record numbers – to the shrines of the saints, to places where Our Lady is particularly honored, and still to Jerusalem to celebrate Good Friday on Calvary and Easter Sunday at the Church of the Holy Sepulcher. In all of these cases, the pilgrimage itself—the journey from our home to a holy place—becomes a physical enactment of our spiritual pilgrimage from this life to the Kingdom of Heaven. When the pilgrimage becomes prayer, the temporal destination—although still significant—becomes secondary to the progress that we make toward our spiritual destination. Pilgrimage, whether to somewhere nearby or far away, can be a powerful form of prayer.

Pilgrimage has long been part of Anglo-Catholic spiritual tradition. Here at S. Stephen's, we periodically go on pilgrimage. In 2007, we went on a short pilgrimage to All Saint's Church in Ashmont, MA to venerate the New England Shrine of Our Lady of Walsingham. Earlier this November, members of the Society of Mary made a pilgrimage to the Russian Icon Museum in Clifton, MA. Fr. Alexander and I are currently organizing a pilgrimage to the Shrine of Our Lady in Walsingham in England. See the ad on the back cover of this issue for details of an information meeting on this exciting prospect.

Progress Report:

Stewardship Campaign

Sunday, October 25 marked the official end of the 2010 Stewardship campaign. Since then a number of additional pledges have come in for a total of 70 pledges totaling \$130,000. We anticipate receiving 25-30 more pledges before the end of the year. While this has been a difficult year for many, most parishioners were able to maintain their pledge commitment level with that offered in 2009.

The 2010 budgeting process promises to be a difficult one as the value of the endowment is significantly diminished as a result of the economic downturn. If you have not yet had a chance to submit your pledge, please do so today by calling Cathy Bledsoe at 246-2194, calling the church office at 421-6702, or sending your pledge card to the church office.



Harmonia Anglicana

by Brian Ehlers

On the 18th of October **James Busby**, organist and choirmaster, gave his annual Memorial Recital. While this is sometimes referred to as the Memorial "Organ Recital," James always invites other non-organist musicians to join him for an eclectic, enjoyable and fascinating musical event. This year the program was all Bach and included the *Cantata, BWV 83 "Ich habe genug"* performed by James Busby, organ, with **John Whittlesey**, baritone, **Jane Murray**, oboe, and **Matthew Knippel**, cello. The cantata was performed in the third of three sections. For the first section James played two selections for organ alone (organ recital): the Prelude and Fugue in b minor and Andante from Sonata IV in e-minor. The order was Prelude, Andante, Fugue. Inserting the Andante between Prelude and the Fugue which normally are paired together was certainly unconventional but it worked so very well. Creative James! The second section included movements from Bach's Suites for solo cello played by Matthew Knippel.

With all due respect for James' well played and exciting "organ recital" section and the pleasurable Cantata section, I was overwhelmed by the sound of the solo cello in the church and Matthew Knippel's superb and sensitive playing. Matthew is beginning his second year as a singer in the Schola. I had heard that he played the cello but had no idea so well. Bach is always wonderful to listen to and this mix was especially satisfying thanks to James' excellent programming. By the way, before moving to Providence in 2008 Matt had performed with the Minnesota Orchestra and the South Dakota Symphony. Matt earned his B.A. in Cello Performance and Music Education from the University of Minnesota, Lawrence Conservatory. Currently, he is a cellist for the Consortium M.F.A program through Brown University and performs with the Academy Players in East Greenwich, La Bella Musica ensemble, and is a founding member of the Arlington String Quartet. He teaches at Lincoln Academy in Providence and at Community Music Works. Matt is also a member of S. Stephen's Schola Cantorum. Matt, thanks for playing for us! A real treat for all!

We have a new visiting scholar singing with the Schola who came to us via the S. Stephen's Website! She is **Carol Loeb Shloss**. Her very interesting biography follows:

"Dear Brian, I'm a Professor of English and Irish Literature at Stanford University usually. I'm here in Providence as a Visiting Scholar at Brown in the Comparative Literature Department. I'm a biographer, the author of *Lucia Joyce: To Dance in the Wake*, most recently, and working to finish my next biography: *Treason's Child: Mary de Rachewitz and the Real Estate of Ezra Pound*. The next book will be about Freud and Anna Freud. I've been a sacred music performer for most of my life; most of my dearest friends are musicians, and when I came to Providence, I looked at various Anglican Churches to make my church home ... It was the Choral Repertoire that drew me to St. Stephen's. In San Francisco, I sang at Grace Cathedral before I joined the Memorial Church Choir at Stanford, as well as a smaller ensemble called the University Singers. Before that I sang at St. Mark's Church in Philadelphia, a chamber ensemble called The Victoria Singers, and the Philadelphia Choral Arts Society. Though I hope eventually to be included among the saints, I had no idea, as James says, that my biography might sit next to the Lives of the Saints in *Harmonia Anglicana*. How surprising."

So nice to have you visiting with us, Carol! Glad to include you in my column which is inserted between more saintly writings!

TREASURER'S CORNER

Brian Ehlers

Did you know?

- \$232,330 or 51% of S. Stephen's \$458,237 annual expense in 2009 was for staff salaries, benefits, and designated expense accounts. That is also 174% of pledged giving for the year (\$133,731).
- Current (9/30/09) value of the endowment: \$5.3 million
High: (12/31/07) \$6.2 million
Low: (3/31/09) \$4.2 million
- Prudent withdrawals from the endowment are based on a 3-year (12 quarters) running average value of the endowment. Approximately 5.2% of that running average or \$292,492 was withdrawn in 2008 to fund operating expenses.
- Imagine the sacrificial pledged giving that was required to build and endow "the new" S. Stephen's church on George Street. Mind boggling given today's family income distribution priorities and decisions.
- The diocesan apportionment – the amount that the parish must pay to the diocese – for 2010 is reduced from 17.5% of church expenses to 17.0%. Not much of a drop, but in the right direction.
- It was resolved at the recent Diocesan Convention to set up a task force to take a close look at diocesan priorities for the spending of its available apportionment and restricted endowment income. In my capacity on the Diocesan Commission on Finance I will lobby for continued reduction of diocesan program spending so that the savings will be available by individual churches where I think it is put to better use.
- I now understand the conundrum: Most if not all churches would tell you that the apportionment tax is much too much. But, on the other hand, delegates of those same churches fight for and vote affirmatively at Convention for more programs that require more spending at the diocesan level. The link between program and costs at convention time seems to be non-existent. In other words we parishes vote for programs (each having associated costs and staffing) but complain that the apportionment tax required to pay for it all is too much! By the way, I am personally convinced that the diocese has done a very good job at reducing and controlling staff and office expense required to maintain existing convention approved programs.

For those in the Armed Forces of our Country

Almighty God, we commend to your gracious care and keeping all the men and women of our armed forces at home and abroad. Defend them day by day with your heavenly grace; strengthen them in their trials and temptations; give them courage to face the perils which beset them; and grant them a sense of your abiding presence wherever they may be; through Jesus Christ our Lord. *Amen*

The Book of Common Prayer, p. 823

Deacon Michael Tuck writes:



Dear People of S. Stephen's,

Sometime in August, Cory gave me a binder with all of the old files from the priests who had been responsible for campus ministry. It was moving to me to see the good work that had been done, and it even gave me a few ideas for some things that we will probably try out over the next few years. It was wonderful to me to see service sheets from the 1940s and 1950s and invitations to tea parties at the Bishop's house that were probably attended by a young Fr. Maynard. Throughout all of this history, I was reminded of the vital role that S. Stephen's has played in the support of campus ministry.

S. Stephen's is certainly no stranger to campus ministry. Fr. Waterman began the outreach to Episcopal students at Brown University with the establishment of the Samuel Seabury Society in 1866, only four years after our current church had been completed. For years, the clergy of S. Stephen's were the Episcopal campus ministers at Brown. In the early part of the twentieth century, the Episcopal ministry broadened to include students from a variety of churchmanships. But S. Stephen's was always their home. Throughout the 1950s the students would meet in the Lady Chapel on Sunday mornings at 7 am for Holy Communion and then they would go across the street for breakfast. Although I think the Bishop's tea might be a very good idea from the past, I suspect that it would be a bit difficult to build a student congregation for a 7 am service! I'm not even sure if I'd be able to do that.

In light of all of this history, I was curious as to how my two roles—as campus minister and curate—would shape up. I had hoped that the two roles would be complementary. Even better than that, I have found that the two roles have greatly supported each other. There has been a lot of excitement in starting up a new ministry, but this excitement has been grounded by my experience in the parish. But the most important factor in my experience of campus ministry this fall has been the support and prayers of the people of S. Stephen's. Without that support, this work would have simply been impossible.

Over this next year, we will build the formal organization for the campus ministry. Again, there are numerous models that have been used. The Canterbury Club—with a President a Vice-President and a Secretary—was the way things were organized in the 1950s. A little bit later, campus ministry took the form of The College Church (Canterbury) with two wardens and a vestry. Perhaps one of these two models will emerge or perhaps God will lead us in a new direction entirely.

No matter how things are organized or how the service schedule changes over the next semester, we are extremely glad to be able to call S. Stephen's our home. It is such a blessing to worship in the Lady Chapel. This worship continues to serve students from a broad variety of backgrounds and traditions, and this is a great gift that S. Stephen's is able to provide. My hope is that God will bless us and that the student community will grow and become even more vibrant. As a dynamic Christian community, it will be able to learn even more from S. Stephen's and S. Stephen's will be able to learn as well.



Values of Patients and Physicians in MEDICAL DECISION-MAKING

by Dr. Tom Bledsoe



Following is the text of an address given by Dr. Tom Bledsoe at Grace Church, Providence, on Sunday 18 October, at the 10am service.

On Friday, I spent some time with a patient of mine, and her daughter and son. The patient is very old and had been failing in one way or another over the past few years. A little over two weeks ago, she suffered a very large stroke. Since then, it has been one problem after another. Her daughter and her brother have been struggling over how to proceed and it has become apparent that what we have to offer in terms of medical interventions are bringing smaller and smaller benefits at greater and greater cost. We were struggling together with whether it was time to step back and let her go, despite the fact that she had brief periods during which she could recognize her children.

As you have heard, I have the incredible privilege of being a primary care physician who teaches both the practice of medicine and medical ethics at the medical school. We each make decisions about how we take care of ourselves and of others. That you are here in church this morning signifies the thoughtful and prayerful approach you take to this issue.

I'd like to talk to you this morning a bit about the approach to the practice of medicine we are trying to inculcate in our medical students and doctors in training, including an approach to thinking about the most difficult decisions that they will face in their careers. I'll finish with some reflections on some of the medical situations I've come across in my career thus far.

I consider it a great privilege to be a physician. Up at S. Stephen's Church on George Street, my home parish, we use Rite One and I have become comfortable with its traditional language. Every week, one phrase particularly resonates with me. In the post-communion prayer, we ask God "so to assist us with thy grace, that we may ... do all such good works as thou hast prepared for us to walk in." I do feel that, in this

profession, God has put innumerable opportunities to do good works ahead of me.

Many of the applicants to medical school will, at some point, articulate that part of his or her goal in trying to become a physician is to "help people." I know, because I was one of them!

When I ask the newly minted physicians, just a few short months after their graduation from medical school, what are the "goals of medicine," sometimes they struggle a bit for a definition. Often they have moved beyond the bland and generic "helping people," the words they had voiced four years before. Now they incorporate "cure" and will often add some notion of "relief of suffering" as well. The World Health Organization, when formulating the Goals of Medicine, speaks of prevention, health promotion, care of those who cannot be cured and pursuit of a peaceful death when otherwise unavoidable.

"Relief of suffering" may warrant a little more exploration. As suffering is always individual and individually-defined, relief of suffering requires getting to know the patient, including understanding how the illness is interfering with their his or her life and the goals he or she has set for it. It requires identifying and clarifying these goals. This information will not be found in the biochemistry or pathology textbook.

Medical knowledge is acquired over time. Then this knowledge waits to be put to use. Medical situations happen. The medical situation presents to the medical knowledge, which is then applied to ameliorate the medical situation. The interesting thing, the thing that makes medicine different from chemistry, say, or physics, is that the medical situation happens to a person; a person with values, dreams and fears. Similarly, the medical knowledge is applied by a person who has become or is in the process of becoming a physician.

When philosophers talk about how the world is, they speak of the fact/value dichotomy: facts over here and values over there. Facts are statements about how the world is; an apple grows in a tree. Facts will sometimes tell you how the world will be; the apple will fall to the ground when it is ripe. Values are what we as moral agents apply to the world to change it. We have the power to change the world. How we decide to change the world requires us to apply our values to the facts. The patient and the physician apply values to the medical situation and decide how to change it. A patient is found to have high blood pressure and starts medication to decrease the risk of a heart attack so that she may continue to support the family.

Not so long ago, the order of the day was paternalism. The doctor knew what is best, knew what values are most worthy, and decided what to do without needing to consult with the patient. Though we are creatures of habit and old habits die hard, what has gradually become apparent to the medical profession is that each patient has his or her own values. For me to work with you to change the world, to prevent your heart attack, treat your cancer, help you stop smoking, your, and to some extent, my values must first be clarified and then applied to the factual situation with which we are confronted.

The primary goal of medicine, then, is to help you change the world—this new world, the one intruded upon by this uninvited, unwanted medical situation—in a way most consistent with your values. In my experience, this often requires an exercise in values clarification. What is most important to you? Sometimes, with life-threatening illness, the two questions are: What do you most want out of the rest of your life? And: What do you most want to avoid in the rest of your life?

We try to teach this personal exploration and then the model of shared decision-making to the residents and students, but the going is slow. Traditionally, the first question from the

doctor is something along the lines of "What is wrong with you?" In doctor-lingo, this is called the "chief complaint." Rather than "What's wrong with you?" the better first question should be more along the lines of "Who are you?" followed quickly by "How can I help you?" Dr. Rita Charon, a wise colleague from New York who was recently in town, opens her first visit with new patients by saying, "I'll be your new physician. Tell me about your situation and how I can help you."

Every patient, like every one of you, has a story. Every patient, like every one of you, has both dreams and aspirations. Every patient, like every one of you, has dignity and the potential for growth. Our role is not to judge you. Our role is to get to know you and what is most important to you. In the medical school, our hope is that by promoting a model of shared decision-making, one in which you have the opportunity to articulate the things about your life that are most important to you, you will, in the context of this medical situation, have the best chance to grow as a person through your response to this new development.

Now, you may not be thinking in terms of personal growth when you are diagnosed with a new medical problem, whether it be relatively mundane (perhaps your cholesterol is too high), or more serious, like heart problems or cancer.

Sometimes, the medical students let on that they are nervous when they prepare to go in to see a patient for the first time. I counter by reminding them that the patient is likely more scared than they are! I remind them that for every patient, every encounter with the medical profession is potentially life-threatening. I'm not talking about the problem of medical errors; I'm talking about the possibility that some serious problem may be identified! And yet, still you come. How easy it may be for you to stay away from the doctor, and yet you come for your check up, for advice on how to preserve or regain health, knowing that you may be one test result away from a new medical problem. This courage, this fortitude, is literally inspiring!

While we are healthy, we make decisions about how to live our lives. We sense that we have control over where we live, where we work (the current economy notwithstanding), how we spend our resources. My wife Cathy and I are co-chairing the Stewardship Campaign currently underway up at S. Stephen's, so there's the plug for "how we spend our resources"! When we get sick, there is initially the sense that control is lost. There may be that sense of meaninglessness, of "Why me?" We may feel acutely the pointlessness of life. Viktor Frankl, the noted psychiatrist and concentration camp survivor who wrote *Man's Search for Meaning*, said, "Ours is not to question whether life has meaning. Like the sun that is invisible behind the clouds, even when it is invisible to us, life has meaning."

Frankl challenges us. I challenge my students to help their patients find the meaning in the life that is given. Frankl reminds us that when illness has seemingly taken everything from the person who has become a patient, the person's attitude toward their illness always remains under their control.

Caring for patients with serious illness over the years, I have seen many patients display enormous courage and fortitude. Their approach to their illnesses has made all who know them better human beings; more sensitive, more thoughtful, more considerate. Better. They have made choices that have



Advent Quiet Day

Saturday, December 5th

9 am to 1 pm

I waited patiently for the Lord

Please join us as we reflect on the themes of patience and expectation in the Christian life.

The meditations will be led by
Deacon Michael Tuck

Coffee and breakfast will be provided.

changed those they love and by their positive influences on those around them, they have changed the world. Many of you have no doubt seen this in the response of a loved one of your own to serious illness.

As I said earlier, a significant portion of my teaching responsibilities lie in the area of medical ethics. Many of the most complicated questions in medical ethics occur in end-of-life decision-making. Commonly, a family member will have inherited the responsibility of deciding (perhaps without much guidance) how medical care should proceed for a loved one who has lost the ability to make medical decisions. I do recommend that my patients think about who would be the best person to make decisions for them in such a condition. Many of you know that this authority can be legally granted through a form called a Durable Power of Attorney-Healthcare, or Advanced Directive. This document both legally names a surrogate decision-maker and gives that person guidance as to how to proceed. Sometimes, this document gives very specific and directly applicable advice to the proxy. Other times, the information is related to values. For example, what particular activities or abilities gave that person's life meaning? The surrogate's job is not to decide what he or she would want, but what the patient would want, and then to decide with the physician on the course of action that would best respect the patient as a person.

These decisions cannot be made by the physician alone. The physician must explore the values of the patient.

The physician must also explore his or her own values, both personally and professionally. Together, these two must deliberate on the possible courses of action, weigh the pros and cons, the benefits and burdens of each course, and decide together how to proceed, on the best course of action.

Sometimes, a patient will make a request with which the physician cannot abide. Sometimes a patient will make a request to a physician that is outside of his or her professional ethos. Conversely, sometimes the physician's sense of his or her professional role will limit the offered treatments to a degree unacceptable to the patient or family. When this happens, the first step is to continue the conversation and try to work out a compromise. Occasionally, this is seen as impossible and the situation is referred to our Ethics Committee. The Ethics Committee's approach is to help those involved step back and look again at the values that are most important to the participants and then help them assess which of the options available would provide the best match to those values.

I would like to speak to one other issue. Over the last couple of years, I've had the extraordinary opportunity to do some medical work outside of the country. I've had a couple of different experiences in the Dominican Republic. On two occasions, I've worked with a missionary group in La Romana on the eastern end of the island. There are a large number of Haitian sugar cane workers who spend the day in the fields wielding machetes and cutting the cane, work that is seen as "low" and beneath the level of even the poorest of Dominicans. The Haitians, despite in some cases living for years or even decades in the DR, are without legal status and have no access to medical care except for that provided by missionary groups from the United States and elsewhere. These folks are like you and me in every way, except that bronchitis can lead to pneumonia and death, diabetes can lead to blindness and loss of limb and high blood pressure without access to medication can lead to heart attacks and strokes at young age.

On my second trip to the DR, I had the opportunity to observe care in a public hospital. Patients in the hospital are told what tests and medications are recommended, and then are simply observed until that patient's family raises the needed funds and, in fact, makes the trip to the pharmacy or lab in town to purchase the needed supplies. Young people, fathers, sisters, daughters die with some regularity because basic medical care is beyond their means. I met a young man who was having headaches. When he made his way over to my bench, he appeared to have suffered a stroke at some point in the past. Subsequently, while examining his head, I noted a defect in the bones of his skull and when queried, he related that he had been attacked with a machete some years before. He did not complain to me about his lot in life, he did not ask me for food. He simply wanted some relief from his headaches.

On that leg of my trip, I did have the chance to volunteer at a foundation clinic that was set up by a couple of Americans with the goal of helping to provide education, clean water, good nutrition and basic medical care to five villages up in the mountains. With just two people, some decisions and a strong sense of commitment, many, many lives were positively affected.

As you know, there has been a great deal of conversation lately in this country about health care reform. You

certainly know that most of those who live in this country and are not yet 65 are one serious illness (one which results in loss of employment) away from financial catastrophe. One of my patients was 62 when her husband retired and went onto Medicare. She tried to buy her own insurance for a year but decided the cost was too high. While visiting her sister in Ohio her sister told a funny story as she ate an ice cream sundae. While laughing, she felt one of the nuts go down the wrong pipe. She coughed her way back to Rhode Island and I referred her to a lung specialist who could not get the nut out. She was referred to Mass General in Boston and developed chest pain during the procedure and needed to spend two days in the coronary care unit. The ice cream sundae cost her over \$25,000!

I am currently working with the residents at Rhode Island Hospital, largely caring for folks who either don't have a physician or who don't have insurance. Some of these people are here as citizens and some are here illegally. Some are working but do not get health insurance and some are unemployed. Some have mental illness or drug problems and have not been successfully treated or haven't had access to treatment programs. Each of them is a person. Each of them is sick and in need of help.

We as physicians, we as health professionals, we as hospitals cannot turn our backs on them. I would argue that we as a society cannot turn our back on them either and need to find a way to help all who are in need of medical care. Relief of suffering—"When I was hungry, you fed me ... When I was naked, you clothed me." You all know how that one goes.



Devotional Society to Form at S. Stephen's Confraternity of the Blessed Sacrament

In 1862, The Confraternity of the Blessed Sacrament was founded in London by a group of dedicated Anglo Catholic priests. Its chief object was *To Seek the greater Honor of our Lord Jesus Christ in the Blessed Sacrament of His Body and Blood*. Today, Anglicans tend to accept the Real

Presence of Jesus as a "mystery," and the celebration of the Eucharist has become normative Sunday worship. However, during the 18th century, rationalism increasingly made religion a matter of personal conduct and ethics. While the 19th century evangelical revival reacted against such rationalism, nonetheless, it also continued to find anything medieval smacking of popery. Throughout both centuries, celebrations of the Eucharist were rare, and performed with scant ceremony. The Middle Ages had long been regarded in Protestant countries as a dark period of superstition and "priest-craft." In this atmosphere, the fledgling Confraternity was a radical development within the Church of England, regarded with extreme suspicion in many quarters. Despite persecution of its members over many years,

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On the eve of his departure for an extended visit to Mexico, a Texan Anglo-Catholic priest of my acquaintance was told by a friend who had spent much time in the country, "Oh Father, you'll love Mexico. Even the atheists there are Catholic."



The same might be true of Irish film makers. Although playwright Martin McDonagh is a professed agnostic, his darkly comedic 2008 film debut *In Bruges* abounds with Catholic symbolism. Yet few if any of the published reviews seem to understand this dimension of the film's imagery.

The film opens as two London-based Irish hitmen, Ray (Colin Farrell) and Ken (Brendan Gleeson), arrive in the historic Belgian city of Bruges at Christmastime to hide out after a bungled job in which a child has been accidentally killed. Located in the heart of Flanders and described as "the Venice of the north" on account of its many canals, Bruges is one of the best preserved medieval towns of Europe.

From their arrival, however, Ray and Ken display opposite reactions to the town's fairytale charms. The middle-aged senior hitman Ken is entranced with the medieval surroundings. Less impressed, and also deeply troubled by the child's death, the twenty-something

novice hitman Ray is thoroughly bored and disgruntled with the boat rides and sightseeing that Ken insists they undertake together.

A revelatory episode occurs early on. Bruges is well known on the Catholic pilgrimage circuit as the home of the Basilica of the Precious Blood, a vial of dried blood said to be that shed by Christ on the cross. As Ken explains to Ray in the Basilica, on certain occa-

when you haven't been completely bad but not completely good either.

These three scenes combine to bring the film's premise into clear focus. Bruges symbolizes Purgatory, the place where Ray has been sent so that judgment can be passed and his fate determined. The Purgatory in question is not quite that of orthodox Catholic belief – as described, for example, in Dante's *Divine Comedy* – where those already destined

Cinematic Sin and Redemption: *In Bruges* (2008). Written and directed by Martin McDonagh

by Father Alexander

sions "of great stress" through the years, the dried blood has miraculously liquefied.

This image of the Precious Blood serves to introduce and symbolize the film's central theme. When Ken announces his intention of mounting the stairs to the high altar to venerate the relic, Ray stalks outside and sits down on a park bench. There, seeing a couple walking by with two small children – presumably just as Ken is inside venerating the Precious Blood – Ray has a flashback of the bungled hit that occasioned their being sent to Bruges to lie low.

Ray's first assignment as a hitman was to assassinate a priest in the confessional. The wounded priest tried to escape into the church, with Ray pursuing him and repeatedly shooting him in the back. When the priest finally fell dead, Ray realized that one of the bullets had passed through the priest to kill a little boy waiting in the pews to make his confession. On this account, Ray is now wracked with guilt and believes that he must die himself.

Following this flashback, we see Ken and Ray together again, walking through an art gallery of Flemish masters. Lighting upon a grotesque landscape by Hieronymus Bosch, Ray declares it to be the first thing he's seen that he likes. Ken explains that it is a depiction of the Last Judgment. Gazing intently at the painting, the two hitmen start discussing Heaven, Hell, and Purgatory – which Ray describes as the "in-betweeny place" where you're sent

for heaven are sent to be purged of their remaining sins and imperfections, but something closer to that of C.S. Lewis's *The Great Divorce*, where the dead have a final opportunity to accept salvation before it's too late. The question that dominates the rest of the film is whether having committed such a terrible crime Ray can find redemption in the Purgatory that is Bruges. Ray's and Ken's initial opposite reactions to Bruges anticipate the film's overarching question: Is Bruges the gate of heaven or the gate of hell? In this time of great stress, can the Blood of Christ again liquefy and become redemptive for Ray? Or must it remain, like the discarded faith of a lapsed Catholic, a dried up artifact of an irretrievable past?

From this beginning, the story unfolds as a darkly entertaining madcap romp through the town's streets, bars, and hotels, complete with sex, drugs, violence, prostitutes, and an amiable American midget named Jimmy who is acting in a movie being filmed in the town at the time. Ray becomes involved with a beautiful local girl, Chloe, who works as a drug dealer and thief. Yet to Ray she becomes an angelic figure whose presence ultimately convinces him that he might actually be lovable and his life worth living after all.

As Ray goes out on his first date with Chloe, however, Ken receives a phone call from their English boss, Harry Waters (brilliantly played by Ralph Fiennes), ordering him to shoot Ray, on the grounds that killing a child even accidentally must be punished with death.

Harry is enraged that Ray did not immediately take his own life upon seeing what he had done. Initially intending to follow Harry's orders, Ken changes his mind and, deciding that Ray deserves a second chance, packs him off on a train, telling him to go and hide out somewhere in Europe for at least six or seven years "until things have quieted down." When Ray protests, "But I've killed a child," Ken responds, "Then save the next child."

Infuriated, Harry comes to Bruges to kill Ken for his insubordination. Unbeknownst to Ken and Harry, however, the police have picked Ray up and brought him back to Bruges to face charges for an altercation in which he was involved during his first date with Chloe. The stage is thus set for the film's wild final sequence of chases and shoot-outs.

In a gripping night scene at the top of Bruges's bell tower, Ken refuses to fight Harry and offers his own life in exchange for Ray's. Instead of killing Ken, however, Harry shoots him in the leg. When Harry learns that Ray is in the town square below, Ken drags himself back up to the top of the bell tower and throws himself down to give Ray his gun and to warn him of Harry's presence before he dies from the fall. But Ken's sacrifice is insufficient to save Ray; the gun has been shattered to pieces by the impact.

Harry chases Ray back to his hotel, where the heavily pregnant hotel proprietor Marie – clearly a figure of the Virgin Mary – interposes herself between the two adversaries. The chase continues by night through the streets of Bruges until Ray stumbles into the film set, where the scene being shot is peopled by characters from the Bosch painting. The Final Judgment has arrived. Harry shoots Ray several times through the back, only to discover that in doing so he has blown off the head of the midget Jimmy – who is dressed in a school uniform for the film. Thinking that he has killed a child, Harry avows that he must be true to his principles and thus – instead of finishing Ray off – turns the gun on himself, and commits suicide on the spot.

In this surprise twist, then, the midget Jimmy emerges as the Christ figure, the innocent victim whose death opens up the possibility of redemption

and new life for the severely wounded Ray. The film's final sequence is shot from Ray's point of view as he is carried away and loaded into an ambulance. There we hear Ray wondering if hell consists in staying in Bruges forever, and expressing his hope that he won't die. At that point the film ends, leaving Ray's fate unclear. The film thus falls short of a ringing affirmation of Christian faith, but it certainly at least asks the question whether the Christian promise of redemption might be true after all.

Lest I be misunderstood, when I speak of this film's Christian themes, I am not suggesting that any of its characters – with the exception of the hotel co-owner Marie – are exemplars of Christian moral virtues. On the contrary, despite being mostly likeable characters, they are nonetheless bad people who do terrible things. Nor am I suggesting that in real life someone who commits crimes such as Ray has should expect to get off without punishment. I am suggesting that within the terms of the imaginary world it establishes, *In Bruges* speaks a language of sin, guilt, judgment, and redemption that will be immediately intelligible to viewers steeped in the classical Christian world view.

Critics have pointed out that this film, like McDonagh's plays, emphasizes the postmodern dilemma of incommensurate moral languages. That is, each of the characters in the film – even the most reprehensible – has a moral code to live by. The moral chaos of the film results from the lack of a common code understood and accepted by all the characters, which in turn reflects the deeper problem of the absence of moral community in contemporary life. Each character is speaking his or her own language, which remains largely unintelligible to most of the other characters. What is ironic, however, is that the film's dominant Christian language seems to remain unintelligible to most of the critics who have reviewed it.

To have a right to do a thing is not at all the same as to be right in doing it.

—G.K. Chesterton
A Short History of England,

Confraternity of the Blessed Sacrament

(Continued from page 7)

nonetheless many people were drawn to adoration of Christ's presence in the Sacrament, so the influence of the Confraternity continued to grow. An American branch was founded in 1867 at the Church of St. Mary the Virgin in New York City. It soon spread throughout the Episcopal Church wherever Anglo Catholic parishes were to be found. Like The Guild of All Souls, The Confraternity of the Blessed Sacrament is a purely devotional organization, strengthening the spiritual life of its members and bringing us into an ever deeper relationship with Jesus Christ. It has been instrumental in reestablishing a Catholic understanding of the Eucharist throughout the Anglican Communion. If that understanding is not yet universal, it is, at least, widespread enough to be part of our ecumenical dialogues with other Churches.

The latest intercession paper of The Confraternity contains minutes of the recent annual meeting which announces, "We shared with joy the news from [the Secretary-General] that a new Ward is being founded in Rhode Island." This prospective new ward will be at S. Stephen's and already a number of parishioners have sent in their dues and are fervently praying we will soon realize this intention. On the third Saturday of each month, a Votive Mass of the Blessed Sacrament followed by Adoration is already celebrated at 9:30 am. If you are interested, you may pick up the "Objects, Rules, Recommendations" and membership applications in the narthex. Please return completed membership forms to Phoebe Pettingell.

Please visit our website:
www.sstephens.org

Read *The S. Stephen* online.
Go paperless or print your own copy.
Contact Cory MacLean in the church office. She will put your name on the email list and each month you will receive the link to the online issue of *The S. Stephen*.



Address Correction Requested

S. Stephen's Church in Providence
114 George Street
Providence, RI 02906



Parish Pilgrimage to Walsingham, England

Exploratory Meeting
Sunday, November 22nd

If you would be interested in making a pilgrimage to Walsingham, England from Oct. 7 – 15, 2010, please join us after coffee hour on Sunday, Nov. 22nd.

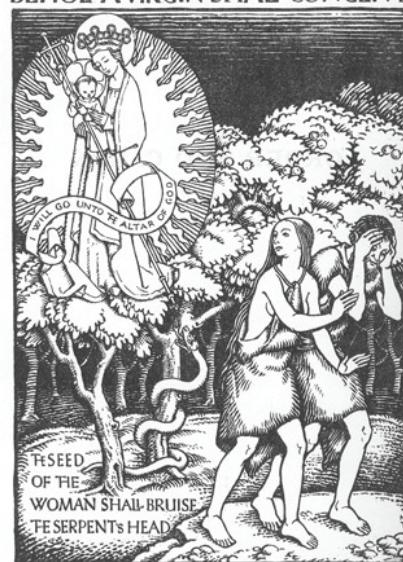
We will have a presentation with more information about the Shrine, our proposed itinerary and the associated costs.

Please contact Deacon Tuck if you would like more information about the pilgrimage but are unable to attend the meeting.

Advent Lessons & Carols

Sunday 29 November, 5:30 pm

BEHOLD A VIRGIN SHALL CONCEIVE



AND BEAR A SON AND SHALL CALL HIS NAME IMMANUEL

Music by Anonymous, Dufay, Esquivel,
Howells, Lister, Palestrina,
Rheinberger, Shadie, Schütz



Sung Vespers & Mass for the Immaculate Conception

Tuesday 8 December
5 pm / 5:30 pm

In the Lady Chapel