

“Who is my Neighbour? Interfaith Dialogue and Theological Formation”: Panel Two (Responses)

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“Who is my Neighbour? Interfaith Dialogue and Theological Formation”: Panel Two Introduction

Ingrid Mattson, drawing from her personal experiences as a Muslim community leader and scholar, offered a keynote that critically reflected on how interfaith engagement unfolds in the public square. Reflecting on her own personal experiences as a Muslim involved in interfaith engagement before and after 9/11, Mattson’s discussion highlights the intrinsic value of principled interfaith engagement, as well as the inherent challenges it faces, challenges which have been heightened in the age of social media where misinformation and hate can proliferate.

The first of the second panel respondents, Cory Andrew Labrecque, offers a response rooted in his work as a Christian bioethicist. Labrecque uses Mattson’s discussion of the challenges and rewards of principled interfaith engagement in the public square as a starting place for his own reflections on the challenges and rewards of interfaith-interdisciplinary dialogue in healthcare. While interdisciplinary discussions around healthcare often take place in secular terms – and indeed, we are often told that this is the way things *ought* to be – Labrecque offers a powerful account, not only of what is lost when we allow the theological perspective to become muted in such discussions, but also of what can be gained when we insist upon including it.

Lisa Grushcow’s response returns directly to the notion of the public square, using the memory and words of Rabbi Abraham Joshua Heschel to do so. While Rabbi Heschel “affirm[ed] the principle of separation of church and state,” he “reject[ed] the separation of religion and the human situation,” a sentiment Grushcow shares and uses as a starting point for her own critical reflections on what interfaith dialogue and engagement wants to build, and how it can be done together.

Keywords: interfaith dialogue and engagement, public square, Theological bioethics, interfaith-interdisciplinary dialogue

Theological Bioethics and Interfaith-Interdisciplinary Dialogue

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Dr. Ingrid Mattson’s work as a champion of interfaith dialogue continues to be both invaluable and timely not only for academia, but for all who seek models of how to engage others contextually, constructively, and respectfully. It is truly a privilege for me to provide some comments here in light of so many important points raised in her text.

Permit me to draw parallels between the setting of Dr. Mattson’s discussion and my own field of study. As a professor of theological bioethics, I teach about how the Abrahamic religions (with a focus on the Christian tradition) think about ethical issues in medicine, environment, and biotechnology. It goes without saying that these questions – who is our neighbour? what is our neighbourhood? and how ought we to relate to our neighbour, who may not share our opinions or convictions? – are paramount, especially in the context of public bioethical discourse. In health care, for instance, these often translate into: what is the responsibility of health care professionals to their patient (and vice-versa), to their patient’s family, to their colleagues, to the hospital community writ large? How do I proceed as a physician, nurse, or spiritual care practitioner if I do not agree with what the patient is requesting (in terms of treatment) based on religious or cultural values that I may not share?

There is some similarity here between the challenge of interfaith dialogue in the public forum and the challenge of (seriously recognizing the value of) interdisciplinary dialogue in health care. I am often the token (if I may) *theological* specialist of the ethics committees on which I sit. While discussing difficult cases (sometimes concerning policy) regarding medical aid in dying, allocation of limited resources, assisted nutrition and hydration, ageing and long-term care, I must be exceedingly attentive to the language I employ and exceedingly cautious about the style of my argumentation lest my reasoning and competence be discounted off the bat, because I am a *theological* bioethicist. Many of us in this field – who are convinced of the merit and relevance of long-standing “traditions of theological reflection about sickness and healing, about death and dying, about nature and its mastery, about care for the suffering, respect for human agency, and concern for the poor” – want to talk about God, but with whom?¹ Even more, some – who are members of communities of faith – want to do so “with religious integrity, not just with impartial rationality.”²

Bioethics as a discipline has been shaped in no small part by the contributions of theologians³ who did not – and do not – necessarily perceive their work as one involving purely secular moral principles and

1. Allen D. Verhey, “Talking of God – But with Whom?” *Hastings Center Report* 20, n.4 (1990): 21–24.

2. Verhey, “Talking of God – But with Whom?” 22.

3. I think here of theologians and other specialists who work(ed) at the intersection of theology, religion, and bioethics, including: Paul Ramsey, Richard McCormick, James Gustafson, Stanley Hauerwas, Margaret Farley, Robert Veatch, H. Tristram Engelhardt, William May, Joseph Fletcher, Immanuel Jakobovitz, Harold Koenig, Farr Curlin, Laurie Zoloth, Dena Davis, Christopher Tollefsen, Daniel Sulmasy, Karen Lebacqz, Edmund Pellegrino, Allen Verhey, Lisa Sowle Cahill, Elliott Dorff, Marie-Jo Thiel, David Bleich, Fred Rosner, and many others. See Albert R. Jonsen, *The Birth of Bioethics* (Oxford: Oxford UP, 1998), 34–64; Lisa Sowle Cahill, *Theological Bioethics: Participation, Justice*

modes of reasoning.⁴ However, with the ostensible secularization of society, the once prominent and influential theological and religious voice in bioethics has been gradually muted in favour of allowing other disciplines (such as law, for example) to develop a certain lingua franca in the field.⁵ As theologian Stanley Hauerwas has made plain: “if what is said theologically is but a confirmation of what we can know on other grounds or can be said more clearly in non-theological language, then why bother saying it theologically at all?”⁶ “The consequence,” philosopher-bioethicist Daniel Callahan reports, “has been – for good or for naught – a mode of public discourse that emphasizes secular themes: universal rights, individual self-direction, procedural justice, and a systematic denial of either a common good or a transcendent individual good.”⁷

As physician-bioethicist Leon Kass has said, it may very well be true that “[p]erhaps for the sake of getting a broader hearing, perhaps not to profane sacred teachings or in order to preserve a separation between the things of Caesar and the things of God, most of us who are theological or religious ethicists entering the public practice of ethics leave our special religious insights at the door and talk about ‘deontological vs. consequentialist,’ ‘autonomy vs. paternalism,’ ‘justice vs. utility,’ just like everybody else.”⁸ However, the compromising involved in adopting a language that suits a broad and interdisciplinary audience often results in diluting the contributions of theology or religion. For theological bioethicists, it is of note that a number of healthcare professionals, from different faith traditions, speak of their practice of medicine (of the ministry of healing, no less) as *vocation*.⁹ For theological bioethicists, the concepts of covenant, trust, and solidarity to describe the health care professional-patient relationship are richer than the language of contract; respect for autonomy (preeminent in the principlism promoted by Tom Beauchamp and James Childress that continues to be mainstream in bioethics) does not quite capture the breadth of the call to make manifest the command to love one’s neighbour in daily life nor the relationality that marks human experience; rooting human dignity in createdness and the *imago Dei* or God-willed stewardship is much more inclusive than a functionalist understanding of dignity that is bound up with capacity or performance; the conviction that the oneness of God (*tawhid*) is reflected in a created world whose inhabitants are willed to be interdependent perhaps goes (or ought to go) further than anthropocentric motives to tend to the earth or atomistic approaches to healing.¹⁰

There is a growing trend to re-engage seriously with the theological and religious resources that have built bioethics, recognizing that religions have, for millennia, been a part of the fabric of social life,

Change (Washington: Georgetown UP, 2005), 5, 13–42; Christopher Tollefsen and Farr A. Curlin, “Solidarity, Trust, and Christian Faith in the Doctor-Patient Relationship,” *Christian Bioethics* 27, n. 1 (2021): 14–29.

4. Dena S. Davis and Laurie Zoloth, *Notes From a Narrow Ridge: Religion and Bioethics* (Hagerstown: U Publishing Group, 1999), 2; Baruch Brody, “Religion and Bioethics,” in *A Companion to Bioethics*, ed. Helga Kuhse and Peter Singer (Oxford: Blackwell, 2001), 41. The discussion here is inspired in good part by Cory Andrew Labrecque, “An Appeal to Religious Wisdom: On Transdisciplinarity, Language, and Religion in Bioethics,” in “Transcending the Functional Self: A Discourse on the Continuity of Personhood in Degenerative Dementia,” MA thesis (McGill University, 2004), 50–71.

5. Daniel Callahan, “Religion and the Secularization of Bioethics,” *Hastings Center Report* 20, n. 4 (1990): 3. For a reflection on the (widening) gap between Christian and secular bioethics, I recommend: Christopher Tollefsen, “Mind the Gap: Charting the Distance between Christian and Secular Bioethics,” *Christian Bioethics* 17, n. 1 (2011): 47–53.

6. Stanley Hauerwas, *Against the Nations: War and Survival in a Liberal Society* (Minneapolis: Winston, 1985), 25.

7. Callahan, “Religion and the Secularization of Bioethics,” 2.

8. Leon R. Kass, “Practicing Ethics: Where’s the Action?” *Hastings Center Report* 20, n. 1 (1990): 6–7.

9. Tollefsen and Curlin, “Solidarity, Trust, and Christian Faith in the Doctor-Patient Relationship,” 18, 23–25; Tollefsen, “Mind the Gap: Charting the Distance between Christian and Secular Bioethics,” 51–52.

10. See Courtney S. Campbell, “Religion and Moral Meaning in Bioethics,” *Hastings Center Report* 20, n.4 (1990): 4–10; Tollefsen and Curlin, “Solidarity, Trust, and Christian Faith in the Doctor-Patient Relationship.”

contemplating the complex realities of birth, life, suffering, and death long before the advent of bioethics as a discipline in its own right.¹¹ Importantly, theological engagement in bioethics has brought to the fore, and continues to bring to the fore, the dignity of human persons, a special concern for the poor and those at the margins, an emphasis on solidarity, and a particular commitment to social justice, such as in the case of access to health care resources. As a Christian bioethicist, I am not alone in identifying the grounding for these in the healing narratives of the Gospels.¹² These foci “can have a public role in widening the moral imaginations of people from diverse traditions and faiths,”¹³ as well as in destabilizing cultural assumptions and offering a different context in which to address complex bioethical issues, all the while underlining our shared experiences of, for instance, human vulnerability (which I will come back to), illness, and mortality.¹⁴

Indeed, as bioethicist Laurie Zoloth suggests, “to acknowledge the particular voice of religion’s claims is to acknowledge the multiple voices of the moral horizon.”¹⁵ To this I say, “hear, hear!” Still, it is not enough simply to acknowledge its voice and claims; the challenge is to make proper use of theological insight, even if its roots are refuted, and to uncover a form of argumentation that permits said insight to be valid as *theological*.¹⁶ I am reminded here of Thomas Aquinas, echoing Aristotle, who wrote: “we must respect both parties, namely, those whose opinion we follow, and those whose opinion we reject. For both have diligently sought the truth and have aided us in this matter.”¹⁷ If theology is “essentially a process of reflection on religious experience, in which the systematic coherence of religious narratives and symbols is clarified and their practical ramifications developed,” then theological bioethics can be described as “a form of participatory discourse, offering a vision, a voice, and action that can carry into the sphere of democratic activism, both locally and globally.”¹⁸ The interest of theologians in the practical ramifications of bioethical discussions – and “to identify, expose, and challenge social problems stemming from the misuse of medicine and technology” – made them important interlocutors in the nascent field.¹⁹ This continues to be a valuable contribution of theology to contemporary bioethics.

I agree here with theologian-bioethicist, Lisa Sowle Cahill, who suggests that the challenge to theology today is “to recover its religiously distinctive prophetic voice,” and that theologians ought to “remain unapologetically theological in orientation, while still seeking common cause and building a common language with all who are similarly committed to health care justice.”²⁰ To be sure, stripping away the *theological* in order to be included at the table is not how we ought to understand the pluralism that contemporary society celebrates.

11. Labrecque, “Transcending the Functional Self,” 51.

12. Cahill, *Theological Bioethics*, 1–2; Cory Andrew Labrecque, “Personhood, Embodiment, and Disability Bioethics in the Healing Narratives of Jesus,” *Journal of Humanities in Rehabilitation*, February 23, 2015, accessed January 25, 2023, <https://www.jhrehab.org/2017/10/17/personhood-embodiment-and-disability-bioethics-in-the-healing-narratives-of-jesus/>; Tollefsen, “Mind the Gap: Charting the Distance between Christian and Secular Bioethics,” 48–49.

13. Cahill, *Theological Bioethics*, 1–2.

14. Cahill, *Theological Bioethics*, 15.

15. Davis and Zoloth, *Notes From a Narrow Ridge*, 256.

16. Callahan, “Religion and the Secularization of Bioethics,” 2. See also Marc P. Lalonde, *Critical Theology and the Challenge of Jürgen Habermas: Toward a Critical Theory of Religious Insight*, Studies in Religion, Politics, and Public Life, vol. 1 (New York: Lang, 1999), 85.

17. Thomas Aquinas, *Commentary on Aristotle’s Metaphysics*, trans. John P. Rowan (Chicago: Henry Regnery, 1961), XII.9.2566.

18. Cahill, *Theological Bioethics*, 15, 6.

19. Cahill, *Theological Bioethics*, 15, 18.

20. Cahill, *Theological Bioethics*, 18.

“Theology might not provide answers you like to accept,” the theological ethicist James Gustafson admits, “but it can force questions you ought to be aware of.”²¹ As such, communities of faith have served, and continue to serve, as “contrast models” to the mainstream, which, according to James P. Wind, former program director of the religion division at the Lilly Endowment, “can contribute to a more variegated or motley view of humanity, helping us see more of the full marvel present in each human being.”²² The question remains: are theological analyses that profess God as “the sole warrant for moral conclusions” only persuasive or relevant to people of faith who are attuned to God-talk?²³

I am not convinced that this must be the case, and I do not think that Dr. Mattson would think so either. In her short essay, called “What Do We Owe Others,” posted online as part of the Islamic Moral Theology and the Future (IMTF) Project, Mattson’s conclusion – arrived at and inspired by Islamic text, law, context, and tradition – is that “what we owe to each other, above all, is to be in relationship, to struggle together when possible, and in doing so, manifest community.”²⁴ This seems to me to be a distinctly *theological claim*.

Interestingly, I have been writing on something quite similar in these last years, but where Mattson draws from Islamic wisdom, I have been relying on Christian theological sources, contending that our shared vulnerability impels us (or ought to impel us) to act with compassion. The etymology of “vulnerable” is helpful here. From the Latin *vulnus* (*vulnerare*), the word means “wound” (“to wound”). Religions remind us what so many others prefer to hide or shun: it is not just the “other” who is vulnerable, but you and I are wounded and woundable, which is difficult to admit in a world that champions the strong, the functional, the invincible and not the woundable or the wounded. Yet, in the Christian tradition, the Incarnation is very much the story of God choosing to become vulnerable or, better, co-vulnerable, underlining a certain solidarity in our *woundability*. Indeed, this is at the heart of two important images, which have inspired the Christian ministry of caregiving throughout the ages: Christ as healer (*Christus medicus*) and Christ as patient (*Christus patiens*).²⁵ The seeing (or seeking) of Christ in the person of the caregiver *and* the seeing (or seeking) of Christ in the person of the patient relate the caregiver to the patient in a way that the provider-consumer or market model of health care cannot.

How quick we are to identify others, individuals or groups, as vulnerable and how reluctant we are to include ourselves among them.²⁶ Perhaps this is not surprising, given that our hyperfunctionalist culture often recoils from all things associated with weakness, dependence, and fragility. Moreover, the vulnerable person is sometimes also framed as deficient; that is, he or she is lacking in some necessary component of humanhood and, therefore, is in need of “fixing” to achieve (or be restored to) some sense of wholeness. Theologies of disability, and I think here of the important work of the late theologian Nancy Eiesland and others, have much to contribute to this conversation.²⁷

21. James Gustafson, “Theology Confronts Technology and the Life Sciences,” *Commonweal* 105, n. 12 (1978): 389.

22. James P. Wind, “What Can Religion Offer Bioethics?” *Hastings Center Report* 20, n. 4 (1990): 19.

23. See Lisa Sowle Cahill, “Can Theology Have a Role in ‘Public’ Bioethical Discourse?” *Hastings Center Report* 20, n. 4 (1990): 11. See also Labrecque, “Transcending the Functional Self,” 62ff.

24. Ingrid Mattson, “What Do We Owe Others: To Struggle Together,” *Maydan*, January 10, 2022, accessed January 25, 2023, <https://themaydan.com/2022/01/what-do-we-owe-others-to-struggle-together/>.

25. Edmund Pellegrino, “Christ, Physician and Patient: The Model for Christian Healing,” *Linacre Quarterly* 66, n. 3 (1999): 73–74.

26. This section on vulnerability is drawn from Cory Andrew Labrecque, “Corps blessé, corps ressuscité: le concept de la vulnérabilité au centre de la bioéthique théologique,” in *Mélanges en l’honneur du professeur Gilles Routhier*, ed. Philippe Roy-Lysencourt and Yves Guérette (Montreal: Novalis, 2023), forthcoming.

27. See, for instance, Nancy L. Eiesland, *The Disabled God: Toward a Liberatory Theology of Disability* (Nashville: Abingdon P, 1994); Deborah Creamer, *Disability and Christian Theology: Embodied Limits and Constructive*

The concept of vulnerability is hardly foreign to bioethics, which largely emerged in the shadow of atrocities committed against vulnerabilized persons, particularly in research settings. Sadly, examples are easy to cite, including the “experiments” conducted on prisoners in Nazi concentration camps that would ultimately give rise to the Nuremberg Code; the Tuskegee syphilis “study” that was initiated by the US Public Health Service to examine the course of the disease in uninformed, untreated Black men between 1932 and 1972;²⁸ and the nutrition experiments conducted by the Canadian Department of Pensions and National Health on hundreds of Indigenous persons in the 1940s and 1950s.²⁹

Increased vulnerability may come in tandem with certain illnesses, for instance, but it is imperative that we note, as theological bioethicists frequently do, that a number of social, economic, and political contexts can, and do, render certain persons and populations more vulnerable than others. Limiting access to resources, making it difficult to secure the basic needs of life, and permitting injustices of every kind to flourish are all *vulnerabilizing*. On the one hand, categorizing particular people as “vulnerable” could be discriminatory and a form of othering, but on the other hand, it could serve to bring to light where there is a need for heightened moral responsibility and the establishment of important protections. Categorizing specific groups of people as “vulnerable,” or creating or tolerating factors that *vulnerabilize*, could also obscure (perhaps intentionally) the reading of vulnerability as something that is inherent to the human condition and, therefore, is universally shared.

According to Martha Albertson Fineman, an authority on critical legal theory and feminist jurisprudence, “the concept of vulnerability reflects the fact that we all are born, live, and die within a fragile materiality that renders all of us constantly susceptible to destructive external forces and internal disintegration.”³⁰ She continues, “as embodied beings, we are all constantly vulnerable to events that might render us dependent. Like vulnerability, dependency is universal: all of us have been dependent as infants and many will in the future become dependent on others for resources, care, and support [...]. And yet this biological or developmental dependency is often thought of as the basis for denying agency or decision making autonomy to an individual and therefore is profoundly stigmatizing.”³¹ Fineman laments that vulnerability and dependency are stigmatized in a culture, such as ours, which “perpetuates the myth that independence, self-sufficiency, and autonomy are all achievable and desirable.”³²

Although it is at the core of our human condition, vulnerability is not discussed in this way in contemporary bioethics.³³ It does, however, assume a certain centrality, akin to the place of human dignity,

Possibilities (New York: Oxford UP, 2009); John Swinton, *Resurrecting the Person: Friendship and the Care of People with Severe Mental Health Problems* (Nashville: Abingdon P, 2000); Hannah Lewis, *Deaf Liberation Theology* (Aldershot: Ashgate, 2007).

28. Even though penicillin was widely available by the early 1950s as the treatment of choice for syphilis, the majority did not receive it. See Ezekiel Emanuel et al., ed., *Ethical and Regulatory Aspects of Clinical Research: Readings and Commentary* (Baltimore: Johns Hopkins UP, 2003), 7–11, 20–23.

29. Emanuel et al., *Ethical and Regulatory Aspects of Clinical Research: Readings and Commentary*, 1–5, 11–20. See also Ian Mosby, “Administering Colonial Science: Nutrition Research and Human Biomedical Experimentation in Aboriginal Communities and Residential Schools, 1942–1952,” *Social History* 46 (2013): 145–72; Noni E. MacDonald et al., “Canada’s Shameful History of Nutrition Research on Residential School Children: The Need for Strong Medical Ethics in Aboriginal Health Research,” *Paediatrics & Child Health* 19, n. 2 (2014): 64.

30. Martha Albertson Fineman, “‘Elderly’ as Vulnerable: Rethinking the Nature of Individual and Societal Responsibility,” *Elder Law Journal* 20, n. 1 (2012): 71.

31. Fineman, “‘Elderly’ as Vulnerable,” 86–87.

32. Fineman, “‘Elderly’ as Vulnerable,” 87.

33. This overlooking of vulnerability as an important (cross-disciplinary) concept is not unique to bioethics, to be sure. For example, Alasdair MacIntyre takes up the question – “what makes attention to human vulnerability and disability important for moral philosophers?” – which he thought garnered insufficient consideration in his field and in his own

in Christian, Jewish, and Muslim theological bioethics. These faith traditions readily engage, as we discussed earlier, “the language of the common good, inclusion, distributive justice, and solidarity” in a way that is ultimately oriented toward practical and/or transformative initiatives. A theological bioethics that is *participatory*, as Cahill encourages, seeks to operate “simultaneously in many spheres of discourse and activity, from which it is possible to affect the social relationships and institutions that govern health care.”³⁴

A Christian, Jewish, or Muslim theological bioethics that brings universal vulnerability – that is, universal woundability – to the fore helps “mediate a sensibility of transcendence and ultimacy,” as Cahill writes, “that is achingly latent in the ethical conflicts, tragedies, and triumphs that are unavoidable in biomedicine”³⁵ and in other fields. As I have written elsewhere, a bioethical framework – shaped by interfaith dialogue – that constructively and seriously *includes* vulnerability begins with the premise that bodies that are wounded and bodies that are woundable (that is, *all* bodies) share in the same dignity. This calls out for a solidarity in which individual bodies – scarred, broken, impaired, or otherwise – are not only acknowledged, but valued.³⁶ This solidarity, which is an expression of our interdependence, in turn, ought not to be a “feeling of vague compassion or shallow distress at the misfortunes of so many people, both near and far,”³⁷ but demands commitment to the exposure and countering of vulnerabilizing and oppressive powers. In this vein, a recently released joint publication by the Pontifical Council for Interreligious Dialogue and the World Council of Churches bids us to ask ourselves: “who is wounded, and whom have we wounded or neglected?” And it calls for increased ecumenical and interreligious solidarity in order to “serve a world wounded not only by the COVID-19 pandemic, but also by many other wounds,”³⁸ caused also by people of faith.

Accompanying others in their struggling, in their suffering and vulnerability – which sometimes falls upon us without notice or choice, without training or access to proper resources, without help or respite, but with difficulty and even risk – is considered, by not a few faith traditions, to be a sacred ministry.³⁹ In the Anglican Church of Canada’s reflection, called *In Sure and Certain Hope*, the members of the Faith, Worship, and Ministry Task Force on Physician Assisted Dying make plain that, “in both dying and living, our care is articulated in terms of our *covenant* of presence to the other. This covenant is binding in health and in suffering, in life and in death.”⁴⁰ The discussion here is not contractual; we do not speak, in this context, of a simple exchange of goods or a mere (if I may) provision of health care services by provider to client. The theologian Scott Hahn brings light to this distinction: “a contract is the exchange of property in

previous work (*Dependent Rational Animals: Why Human Beings Need the Virtues* [Chicago: Open Court, 1999], ix–x).

34. Cahill, *Theological Bioethics*, 24.

35. Cahill, *Theological Bioethics*, 42.

36. See Labrecque, “Corps blessé, corps ressuscité.”

37. Pontifical Council for Justice and Peace, *Compendium of the Social Doctrine of the Church* (Vatican: Libreria Editrice Vaticana, 2004), n. 193.

38. Pontifical Council for Interreligious Dialogue and the World Council of Churches, “Serving a Wounded World in Interreligious Solidarity: A Christian Call to Reflection and Action During COVID-19 and Beyond” (Geneva/Vatican: WCC Publications/PCID, 2020), 4.

39. This reflection is drawn from Cory Andrew Labrecque, “Restez ici et veillez avec moi : une alliance de présence à l’autre,” *Spiritualitésanté*, December 1, 2020, accessed January 25, 2023, <https://www.chudequebec.ca/a-propos-de-nous/publications/revues-en-ligne/spiritualite-sante/dossiers/le-proche-aidant/restez-ici-et-veillez-avec-moi-une-alliance-de-p.aspx>.

40. Faith, Worship, and Ministry Task Force on Physician Assisted Dying, “In Sure and Certain Hope: Resources to Assist Pastoral and Theological Approaches to Physician Assisted Dying” (Toronto: General Synod of the Anglican Church of Canada, 2018), 10.

the form of goods and services ('that is mine and this is yours'); whereas a covenant calls for the exchange of persons ('I am yours and you are mine'), creating a shared bond of interpersonal communion."⁴¹ In this covenantal approach to accompanying others in their suffering, faith traditions have carved out a sacred space in which love of God and love of neighbour become the same act,⁴² and in which different communities of faith have found allies and support in one another, drawn together by their shared woundability.

41. Scott Hahn, *A Father Who Keeps His Promises: God's Covenant Love in Scripture* (Cincinnati: Servant, 1998), 26.

42. Thomas Aquinas, *The Summa Theologiae of St. Thomas Aquinas*, 2nd ed., trans. Fathers of the English Dominican Province (1920), II-II, q. 25, a. 1, co., <https://www.newadvent.org/summa/3025.htm#article1>.

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Interfaith Dialogue and the Public Square: One Rabbi's Response

Lisa J. Grushcow, *Temple Emanu-El-Beth Sholom*

We affirm the principle of separation of church and state; we *reject* the separation of religion and the human situation.”¹ These wise words were written by Rabbi Abraham Joshua Heschel in 1967, two years after he marched with the Reverend Dr. Martin Luther King Jr. in Selma. At that time, he famously said that he felt like his legs were praying.

Heschel came from a Jewish world that was almost entirely destroyed by the Holocaust; he himself escaped with an American visa offered by Hebrew Union College, the Reform Jewish seminary, just six weeks before the Nazis invaded Poland.² He went on to become a powerful prophetic voice, and a leader in interfaith bridge-building and activism. The title of the essay in which I found that opening quotation was, “What We Might Do Together.” Fifty-five years later, that is still our question today.

What might we do together? What does it mean to bring religion – and specifically, interfaith dialogue – into the public square? And can we do so in a way that ameliorates the human situation? Heschel is clear in his affirmation of the separation of church and state, and with good reason. For much of our history, the combination of religion and the state has been lethal to us, as Jews.³ So, we know what we need to avoid. But what is it that we want to build? What might we do together?

I want to suggest five core elements of interfaith dialogue in the public square, which begin to answer this question. They are care, cooperation, conflict, diversity, and modelling. First, care. Here, let me pay tribute to Father John Walsh, of blessed memory.⁴ Many of us knew Father John as a Catholic priest and leader in the Montreal community, both in terms of his work to address poverty and his interfaith relationships. He had a strong public presence. But one of the things I remember most about him is that whenever the Jewish community was under attack, his would be the first message in my inbox, expressing outrage, solidarity, and sorrow. I think, too, of times in recent years when the Muslim community was under attack,⁵ and rabbis, priests and ministers would stand together with imams in front of mosques to show our

1. Abraham Joshua Heschel, “What We Might Do Together,” in *Moral Grandeur and Spiritual Audacity*, ed. Susannah Heschel (New York: Farrar, Straus and Giroux, 1996), Epub, 607. Italics mine.

2. Heschel, “What We Might Do Together.”

3. Specifically, Christian anti-Semitism in Europe. But the history of anti-Semitism in Canada, including Quebec, shows the dangers that have faced Jews as religious minorities, ranging from limitations on immigration, which resulted in Jews dying in the Holocaust, to significant restrictions on education, housing and employment. For a sampling of sources, see Jacqueline Celemencki, *Brief History of Antisemitism in Canada* (Montréal: Montreal Holocaust Museum, 2015/2018), https://museeholocauste.ca/app/uploads/2018/10/brief_history_antisemitism_canada.pdf; Irving Abella, “Anti-Semitism in Canada,” *The Canadian Encyclopedia*, December 03, 2012, edited January 07, 2021, <https://www.thecanadianencyclopedia.ca/en/article/anti-semitism>.

4. For more about Father John Walsh, see Catholic Diocese of Montréal, “Fr. Walsh’s interfaith, charitable works recognized,” January 17, 2018, <https://diocesemontreal.org/en/news-and-info/latest-news/fr-walshs-interfaith-charitable-works-recognized>; Christine Jamieson, “Father John Walsh (1942-2020): a cherished student, classmate and interfaith bridge builder,” Concordia University, November 18, 2020, <https://www.concordia.ca/cunews/main/stories/2020/11/18/father-john-walsh-1942-2020-a-cherished-student-classmate-and-interfaith-bridge-builder.html>.

5. Jonathan Montpetit, “Quebec City Mosque Shooting,” *The Canadian Encyclopedia*, April 25, 2019, edited January 30, 2023, www.thecanadianencyclopedia.ca/en/article/quebec-city-mosque-shooting.

support. Or how meaningful the presence of interfaith friends and colleagues was at Jewish memorials after the Pittsburgh synagogue shooting in 2018.⁶ In Jewish and Muslim communities, in particular, these attacks have happened so often that there are times that we turn to each other and say, “we have to stop meeting like this.” But not to show up is not an option. Showing up is the bare minimum of care in the public square. Even if we keep meeting that way, care demands that we do not *only* meet that way. There is much less meaning in a group of religious leaders gathered together for a photo op, who do not know each other’s names, than there is in a group of religious leaders who not only know each other’s names but care about each other’s families and communities. Less newsworthy than tragedies – but equally important – are the Iftar dinners and Passover seders, sermon exchanges and quiet coffeeshop conversations. The connections forged in those more private moments add depth to the public sphere.

Second, cooperation. Here, the obvious example is how Muslim, Jewish and Christian communities in Quebec have come together in condemnation of harmful legislation; first, the proposed Charter of Quebec Values,⁷ which was defeated in 2013, and second, Bill 21,⁸ which was passed in 2019, and which is still being challenged. Although the outcome of the first legislation was clearly preferable to our communities than the outcome of the second, a significant change in interfaith relationships took place between 2013 and 2019. In 2013, when our synagogue wanted to speak up and help coalesce interfaith voices against the Charter, we simply did not know any Muslims to whom to reach out; and of the contacts we had, some were concerned about the repercussions within their own community for coming to a synagogue. By 2019, we knew each other. We had formed multifaith organizations (for instance, Coalition Inclusion Quebec,⁹ coordinated by Reverend Diane Rollert). We could act together in our shared interests and speak with a shared voice on issues of societal concern.

It should be noted that there sometimes is controversy within our own religious communities as to how vocal one should be, and when one should join with communities of other faiths. With Bill 21, for instance, some parts of the Jewish community have been more active in our opposition than others. For the most part, those who are less involved focus on the minimal direct effect of the legislation on the Jewish community, and our relative safety, stability, and hard-won integration within Quebec society. Others of us – generally the more progressive parts of the community, already involved in interfaith dialogue – feel a strong solidarity with other religious minorities and a strong sensitivity to political restrictions on religious practice. With both the Charter of Quebec Values and Bill 21, there was general consensus among opponents to the legislation that Islamophobia was the primary motivation,¹⁰ and that Muslim women were

6. Jessica Resnick-Ault and Chriss Swaney, “Pittsburgh’s ‘darkest hour’: Thousands gather for synagogue shooting memorial,” *Global News*, October 28, 2018, <https://globalnews.ca/news/4605646/pittsburgh-synagogue-shooting-memorial/>; Michelle Lalonde, “Montrealers pack vigil for Pittsburgh victims at Côte-St-Luc synagogue,” *Montreal Gazette*, October 30, 2018, <https://montrealgazette.com/news/montrealers-pack-vigil-for-pittsburgh-victims-at-cote-st-luc-synagogue>.

7. Maxime Dagenais, “Québec Values Charter,” *The Canadian Encyclopedia*, December 09, 2013, edited November 16, 2017, <https://www.thecanadianencyclopedia.ca/en/article/the-charter-of-quebec-values>.

8. Takwa Souissi, “Bill 21 (An Act Respecting the Laicity of the State),” *The Canadian Encyclopedia*, December 17, 2021, <https://www.thecanadianencyclopedia.ca/en/article/bill-21>.

9. Daniel J. Rowe, “Coalition Inclusion Quebec is the fourth group to challenge Bill 21 in court,” *CTV News*, September 27, 2019, edited March 7, 2021, <https://montreal.ctvnews.ca/coalition-inclusion-quebec-is-the-fourth-group-to-challenge-bill-21-in-court-1.4613151>.

10. Jason Magder, “A new poll shows support for Bill 21 is built on anti-Islam sentiment,” *Montreal Gazette*, May 18, 2019, edited May 30, 2019, <https://montrealgazette.com/news/local-news/a-new-poll-shows-support-for-bill-21-is-built-on-anti-islam-sentiment>.

the most directly impacted.¹¹ However, both the religious directive to stand up against injustice, and the historical experience of being on the receiving end of such measures (combined with the knowledge that history can repeat itself), motivated strong cooperation in the public square.

Third, conflict. Although there is great value in presenting a united interfaith front, there also must be room for our differences. Sikh activist Valerie Kaur writes:

I had fallen for the same trap in so many dialogues – the rush to be polite, to seek out sameness but not difference, to steer clear of discomfort and avoid hard truths. But the purpose of listening across lines of difference is not agreement or compromise. It is understanding [...]. Otherwise, we think we have built bridges to one another, but the bridges are rooted in sands that can shift with the tide.¹²

This is true in private dialogue, and this is true in public action. In my years as a rabbi in New York, I encountered these differences quite starkly. Lobbying for immigration rights, I would find myself standing beside evangelical Christians; lobbying for marriage equality or reproductive rights, we would be on opposite sides. Here in Canada, interfaith leaders also stand together for some issues, apart for others. For instance, there are significant differences both within and between our traditions on ethical questions, like public policy around medical assistance in dying. Jews and Muslims may stand together against Bill 21 but hold very different views on the Israeli-Palestinian conflict. This is to be expected. To do otherwise risks betraying our broader constituencies and our internal integrity. (Although, with Kaur, I hold out hope that dialogue and understanding can sometimes lead to change in our worldviews.) There can be more power in showing the areas in which we agree when we acknowledge that there are other areas in which we disagree. Moreover, religious traditions can provide guidance on how to disagree in respectful ways. One of our synagogue's adult learners recently said it well: "in Judaism, we are monotheistic, but not monolithic." Indeed, rabbinic Judaism uses both stories (*Aggadah*) and laws (*Halakha*) to show how to navigate difference. Dr. Christine Hayes draws on the philosophy of Moses Mendelssohn, alongside Talmudic teaching, to argue that "diversity is not merely a fact, not a chaotic imperfection to be overcome; it is a positive virtue."¹³ In other words, our differences are a feature – not a bug – of creation. So too with interfaith dialogue.

Fourth, diversity. Here is an area in which interfaith presence in the public square holds the potential to right other injustices. All too often, public interfaith gatherings are organized by those who think that the authentic representative of each faith must be a bearded man. In so doing, they flatten the diversity of voices which exist within our respective communities, and the different ways in which authenticity is understood. As Dr. Keith Kahn-Harris writes in his book, *What Does a Jew Look Like?*, when one kind of image is treated as representative, "the considerable differences between their own and other Jewish communities are elided."¹⁴ Bringing in a group of religious leaders who are diverse in their faith but nothing else simply

11. Steve Rukavina, "Muslim women most affected by Quebec's secularism law, Court of Appeal hears," *CBC News*, November 8, 2022, <https://www.cbc.ca/news/canada/montreal/muslim-women-most-affected-by-quebec-s-secularism-law-court-of-appeal-hears-1.6644377>.

12. Valerie Kaur, *See No Stranger: A Memoir and Manifesto of Revolutionary Love* (New York: One World, 2020), 148.

13. Christine Hayes, "Shaming, Disagreement, and Purposeful Difference," *Sources: A Journal of Jewish Ideas* (Fall 2021): 26.

14. Keith Kahn-Harris and Robert Stothard, *What Does a Jew Look Like?* (Nottingham: Five Leaves Publications, 2022), 5.

feeds into existing stereotypes of our communities, misrepresents us, and widens the gap between religion and secular society. As Kahn-Harris writes, “Jews that look ‘just like us’ or who signify in more ambivalent ways cannot stand for the whole. Only those who cannot be assimilated into ‘us’ can truly represent ‘them.’”¹⁵ When we default to stereotypical representations of authenticity at interfaith events, we undermine the many ways in which our religious identities intersect with our lives, as full citizens of a shared society.

Fifth and last, modelling. By coming together in the public square, members of different religious groups deliver an important message. Our coming together actually is enabled by a shared secular space, which neither privileges one religion over another, nor demands abandonment of our faith and practice. Interfaith dialogue – and action – is never about imposing religion. Rather, it is about giving voice to our individual rights and our communal values in the interest of contributing to a better world. When we stand together, we challenge the anti-religious narrative which sees religious communities as insular, particularistic, and chauvinistic. Rather than undermining the ideal of living together, *vivre ensemble*, we model it.

What might we do together? Heschel gave this essay its opening question, and it is with Heschel’s response that I conclude: “The world is too small for anything but mutual care and deep respect; the world is too great for anything but responsibility for one another.”¹⁶ Mutual care and deep respect; responsibility for one another. Interfaith dialogue in the public square gives us the opportunity to live these values.

15. Kahn-Harris and Stothard, *What Does a Jew Look Like?* 5.

16. Heschel, “What We Might Do Together,” 609.

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