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Wheat, Rye, and Barley: On Celiac and the Eucharist during the Pandemic

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Abstract:

This article ties together reflections on the Eucharist and reflections on the pandemic by appealing to the author's experiences with celiac disease. Both celiac and the pandemic force Christians to ask the question "What does it mean to approach Christ's body when it threatens our life?" Acknowledging the complexity of this question is key to understanding and communicating with Christians across the world, especially in high-stakes situations like a pandemic, where misrepresentation runs rampant. The pandemic witnessed the toll of undue simplifications of this question—both in those who denied that liturgy could be a source of danger, and in moralized responses to religious services during the pandemic. Reflecting on celiac can defend against these dangerous misunderstandings, opening Eucharistic theology to the vulnerability of flesh.

Keywords: Celiac, Eucharist, COVID-19, death, risk, gathering

COVID-19 transformed the experience of Eucharist for many Christians. For the first time, gathering "two or three together" (Matt. 18:20) in Christ's name radiated with a sense of danger. To draw near to the body of Christ meant risking the spread of a deadly disease, precisely because one was near other members of Christ's body. No Christian community could ignore questions like: What does it mean to gather as the body of Christ when it threatens our health? Does love demand the intimacy of physical presence when that presence comes with such risk? Each distinct Christian gathering had to wrestle with these questions, interpreting this new experience of a dangerous Eucharist according to their own theological traditions and responding accordingly.

Viruses, of course, do not respect the boundaries between theological traditions. One of the key challenges of the pandemic was that it was not just the Eucharistic policies of one's own congregation that affected the spread. If the Methodists, Orthodox,

Catholics, or Episcopalians down the street gathered together, that increased the risk for everyone. Suddenly, a stranger's Eucharistic practice had deadly serious for one's own life. Is a common cup a viral vector? How about a common spoon? Could the numbers of Christians attending Eucharist be restricted and the ritual remain valid? More critical than one's own answers to these questions was the problem of interacting with those Christians who came up with different answers. How do we respond when a congregation's theology demands that they gather for Eucharistic intimacy, when our own understanding of love recommends staying home? The pandemic called for ecumenical voices, those who could coordinate responses across theological differences, because only joint responses are likely to be effective in a pandemic. More often than not, however, the pandemic showed just how quickly Christians can misrepresent or miscommunicate with each other. Overwhelmed and divided by the thought of a *dangerous* Eucharist, many Christian communities lost their ability to reason together about their diverse theological commitments.

Though concern for the pandemic has largely faded into the background, the questions it raised about danger, the Eucharist, and love across disagreement remain. Christians must become more comfortable thinking about the Eucharist in the context of danger, so that we may better be able to reason with each other when the next threat comes. Thankfully, these are not novel concerns. The Church has a long history of wrestling with the relationships between Eucharistic intimacy and danger. More than one saint has died because they chose to serve communion to those who had leprosy, declaring that Eucharistic intimacy with the sick was worth the risk to their own life. In a different way, those who have celiac disease are always navigating the complex

relationship between the risk of illness and the sharing of bread. The Eucharist, in promising us incorporation into Christ's broken body, is always raising questions about Christ's relationship to our own vulnerable flesh.

What follows is an attempt to explore these questions, showing they remain mortally significant even after fear of the pandemic has dissipated. Specifically, I will draw on personal observations during the pandemic and my family's experience of celiac to highlight the inseparability of risk and intimate communion. Despite the personal nature of this reflection, I will be speaking about many different theologies and practices of Eucharist. One reason for this diversity of voices is that I think the pandemic, in cutting across ecclesiological divides, demands this wide approach. The more immediate reason, however, is that my intellectual experience of the Eucharist cannot be represented any other way. I am a part of a growing generation of theologians who cannot record their experience of Christian life with resources of just one theological tradition. I was raised Pentecostal, read Orthodox and Mennonite theologians as a highschooler, studied at Church of Christ, Ecumenical, and Catholic Universities, worked at Methodist churches, and was recently confirmed as an Episcopalian. While I cannot give an authoritative account of any of these traditions, I offer my own experience as a call to each. The ineradicable danger of gathering together vulnerable bodies deserves to be one of the persistent loci of Eucharistic theology, so that we may better be able to understand our own responses to danger and those of our Christian peers.

To begin, I will point to an event from early in the pandemic that sparked by own reflection on this topic. This event shows the danger of ignoring how our Christian peers are already reasoning about the intersection of eucharistic intimacy and danger.

Pandemic Rhetoric – A Response to Dangerous Eucharists

At the very beginning of the COVID-19 pandemic, key bishops in the Greek Orthodox Church declared it “blasphemy” to suggest that COVID-19 could spread through eucharistic practices.¹ The response to this declaration from some (mostly western) news media and epidemiologists focused on the absurdity of this claim. *Of course* the Eucharist can make you sick—there is *saliva* on the common spoon. The conclusion proceeded automatically from this assertion; where there is a risk of death, the Eucharist ought to be suspended.

The rhetoric of these responses lacked an understanding of the theological stakes in this discussion for some Orthodox Christians. One might take the thought of John Zizoulas as representative. As Zizoulas has argued, the fundamental problem Christ overcomes is death, for death is the ultimate expression of systems of “biological necessity” that restrict our freedom to love.² Zizoulas focuses on the importance of letting God’s people *gather* as part of the transmission of this freedom from Christ to the body, and as a constitutive element of the love at which freedom aims. To suggest that the bread and the gathering of Christ’s body do not deliver salvation from biological necessity, but instead become the “host” of hostile RNA—a vehicle for transforming the materials of our body not just into Christ’s flesh but also into a death-dealing virus—is a stringent challenge to these Eucharistic, sacramental, and communal claims. It is no small thing to ask a community shaped by this theology to admit that eucharist can occasion death, that suspension of the Eucharist is “necessary,” or that the Church cannot freely gather as the body of Christ.

¹ Here is one article collecting such statements: Ken Satterfield, “Communion Unchanged in Greek Orthodox Church Despite Virus,” *Word&Way* (blog), June 1, 2020, <https://wordandway.org/2020/06/01/communion-unchanged-in-greek-orthodox-church-despite-virus/>.

² John Zizioulas, *Being as Communion* (New York: St. Vladimir’s Press, 1997).

Importantly, Zizoulas himself supported restrictions of Eucharistic services, even though many felt his theology would press against these policies.³ When interviewed about these questions, then, Zizoulas had to be clear and careful in his speech, giving an opinion that both supported the restriction of Eucharistic services “to five people,” but articulating that opinion within the theology of his community. This meant active recognition of the religious challenges of this policy, and suggestions for how to meet those challenges. Even if I reject Zizoulas’ theology, I must respect his rhetoric. Rhetoric is more likely to be persuasive, and policies more effective, when they understand the forfeitures they ask of religious communities. Outside of the Orthodox themselves, however, little attention was paid to how their theology may make one willing to face death for the sake of sacramental intimacy.

In fact, the patterns of rhetoric surrounding the Orthodox Church’s decision were deeply familiar from the stigmatizing rhetoric of other pandemics, especially the ongoing HIV/AIDS crisis.⁴ The COVID-19 crisis, like most pandemics, was moralized early in its development.⁵ Those who get sick are treated as if they are morally responsible for their illness. Moralizing rhetoric contributes to the stigmatization of disease by seeking to identify the irresponsibility of the deceased; “it was their fault they died, because they did X.” For example, the *Associated Press* published what is essentially a list of dead Orthodox figures, with a particular focus on the age and putatively irresponsible actions of the deceased.⁶ Even when describing mourning and

³ “A Conversation with Metropolitan John Zizioulas Regarding the Suspension of Church Services Due to Covid 19 – OMHKSEA,” accessed November 18, 2022, <https://www.omhksea.org/archives/10659>. Here, he also expresses the idea that one cannot get sick *from the eucharistic elements* (the bread, the wine, the spoon, etc.), but one can get sick from gathering.

⁴ Simone Villa et al., “Stigma at the Time of the COVID-19 Pandemic,” *Clinical Microbiology and Infection* 26, no. 11 (2020): 1450–52.

⁵ Alexander Bor et al., “Moralizing the COVID-19 Pandemic: Self-Interest Predicts Moral Condemnation of Other’s Compliance, Distancing, and Vaccination,” *Political Psychology* n/a, no. n/a (2022) accessed November 18, 2022.

⁶ Associated Press, “Senior Orthodox Church Leaders Downplayed COVID-19. Their Deaths Are Causing Alarm,” *Los Angeles Times*, November 24, 2020, <https://www.latimes.com/world-nation/story/2020-11-24/covid-19-deaths-orthodox-church-leaders-balkans>.

grief, this article only sounded one note, that the dead and their mourners were guilty of dying. For example, the description of the funeral of beloved 90-year-old Patriarch Irinej reads: “Many mourners and most of the priests did not wear masks or adhere to social distancing inside the church, kissing the glass shield covering Irinej’s remains and even using a single spoon during communion.” By stringing together such transgressions one after the other, the article casts a net of insinuation, implicating the mourners in their own deaths.

This exclusive focus on the irresponsibility of the deceased includes no consideration of the emic perspectives of those gathering, of what they care about and are likely to find persuasive. I doubt that many who attended Irinej’s funeral would benefit from reading this article. Who does its rhetoric seek to persuade, and of what? There is, to be clear, serious doubt in the literature about the efficacy of moralization as an epidemiological strategy.⁷ In modern polarized societies, moralizing rhetoric can intensify and internalize “sedimented ‘culture war’ discourses” with potentially deadly consequences.⁸ Rhetoric reconciled to the deaths of the putatively “irresponsible” other does not prevent death. Instead, it reveals how easy it is for the larger body of Christ to misrepresent, fail to love, or even fail to practice effective persuasion when it matters most. Effective persuasion would have to take seriously the theology that would lead one to risk their lives for the sake of a common spoon or shared hymn.

In my opinion, however, both the declarations of these Greek Bishops and the moralized response of my American peers avoided asking the critical question raised by COVID-19 policies, a question about how to respond to the relationship between Eucharistic gatherings and

⁷ See Prosser, Annayah M. B., Madeline Judge, Jan Willem Bolderdijk, Leda Blackwood, and Tim Kurz. 2020. “‘Distancers’ and ‘Non-distancers’? The Potential Social Psychological Impact of Moralizing COVID-19 Mitigating Practices on Sustained Behaviour Change.” *British Journal of Social Psychology* 59 (3): 653–62. On the ineffectiveness of stigmas, see Rachel A. Smith and David Hughes, “Infectious Disease Stigmas: Maladaptive in Modern Society,” *Communication Studies* 65, no. 2 (April 1, 2014): 132–38.

⁸ Sean Phelan, “Friends, Enemies, and Agonists: Politics, Morality and Media in the COVID-19 Conjuncture,” *Discourse & Society* 33, no. 6 (November 1, 2022): 744–57.

danger. Put simply, the Eucharist has always made some people sick. To deny this fact, either by saying Eucharist cannot occasion death, or by stigmatizing the decision to approach the body of Christ *even though* it can cause death, is to answer the questions raised by COVID-19 too quickly. The relations between danger, intimacy, and the Christ's body have always been more complex than the terms of the ensuing conversation allowed. To miss this complexity is to risk misrepresenting Christian communities who are also trying to discover integrous ways to live life in the midst of danger. Examining at the Eucharist through the prism of celiac can help prevent this masking of the sacrament's complexity.

Celiac, The Eucharist, and Danger

In bringing my experience to bear in this discussion, I am attempting to echo a methodology set out by Nancy L. Eiesland. In *The Disabled God*, Eiesland makes the ongoing life of symbols a cornerstone of her theological method.⁹ Living symbols are those which are open to new interpretations because they are brought into a dynamic conversation with new experiences and alternate systems of symbols. Eiesland reinterprets the "social-symbolic" life of the Church by bringing it into conversation with the social-symbolic life of persons with disabilities, allowing the experience of disability to reinterpret the Church's symbols, and the Church's symbols to reinterpret the experience of disability. For Eiesland, bringing these symbol systems together creates a new theology more open to the experience of living in vulnerable flesh.

Celiac is not normally considered a disability, and persons with celiac only occasionally face the kinds of exclusion that are critical to the social construction of disability. The Eucharist is, however, one of those places where full participation can be hardest. There is no approaching

⁹ Nancy L. Eiesland, *The Disabled God: Toward a Liberatory Theology of Disability* (Nashville, TN: Abingdon Press, 1994), 23.

the altar for someone with celiac without the risk of sickness, and this profoundly affects one's experience of the ritual. Celiac thereby promises new interpretations of a symbol-system that calls glutenous bread the "medicine of immortality," interpretations that are sensitive to the experience of a dangerous eucharist.

I do not, however, claim to represent a universal experience of celiac, especially since I encounter celiac primarily through close family members. People with a history of celiac different than my own, or someone from a different Christian denomination, would likely offer a different interpretation. That is well and good. Recognizing the multivalence of the Church's symbols is key to understanding diverse Christian responses to the challenge of gathering in the face of danger. What is important is that experiences of a dangerous Eucharist is acknowledged, and that Christians bring these experiences into conversation with their own eucharistic commitments.

To begin, my youngest sibling was diagnosed with celiac disease when they were eight. In response to my sibling's diagnosis, my grandmother was also found positive. This latter diagnosis came as something of a relief, as my grandmother finally had a medical explanation for the long series of migraines she suffered all her life. Given that she had other sources of gluten in her diet, it is difficult to pinpoint exactly what effects taking communion had on her health. What we do know is that any time my grandmother took communion, there was a significant probability that partaking rendered her bed-ridden and increased her long-term risk of colon cancer. Her incorporation into the body of Christ, in other words, was likely to transform her flesh into tumors.

Given this risk, one might expect my grandmother to avoid any and all gluten, but many people with mild cases of celiac make exceptions: dessert for a birthday, baked items of personal

and cultural significance, or the Eucharist. My grandmother's church had access to gluten-free wafers at a relatively early date, and her case was mild enough that she did not have to worry about cross-contamination, so she was never forced to make an exception for her sacramental life. She would still sneak an occasional slice of chocolate cake. Even this simple pleasure could be more important to her life than the mitigation of risk; how much more so intimacy with the body of Christ?

My grandmother passed down the genes for celiac disease to me and my siblings. Our experiences differ significantly from our grandmother, however. My youngest sibling's celiac is much more sensitive, meaning they *would* have to worry about cross-contamination when taking communion. In my case, the genes for celiac are currently inactive, meaning I am free to eat gluten. I have been warned, however, that a sufficiently stressful experience—like a global pandemic and socially isolated theological education—could trigger the epigenetic changes that activated my sibling's genes at age eight. I spent first two years of the pandemic wondering whether the last chance I might have to take Eucharist without getting ill may be precisely during the pandemic when I am denied Eucharist on account of the risk of illness. COVID-19, additionally, considerably reduced my options should I get celiac disease. My own Episcopal congregation allows gluten-free bread, but bread alone does not make the Eucharistic table safe. Having multiple Eucharistic ministers (say, one whose hands are dedicated to gluten-free bread) was strongly discouraged so as to reduce points of contact for COVID-19, but this increases the risk of gluten cross-contamination. In addition, the chalice was withheld in many of Episcopal churches during the pandemic (though, given that many priests practice intinction before the wine ever gets to the congregation, the point might be null). The risk of eating the body of Christ only increased for people with celiac as the pandemic matured.

Many churches responded to this risk through an admirable application of their theology of Eucharistic gathering. In the Methodist churches in which my wife and I tried to get married early in the pandemic, for example, there was a theological stipulation that the Eucharist must be made available to every Christian who wants it, if it is to be served at all; that is what it meant for the body of Christ to gather. This theological principle meant many of these churches could immediately supply gluten-free bread. At the same time, the principle was applied to say my wife and I could not have Eucharist at our wedding because immunocompromised guests, including those with celiac, could not come to the altar to receive without taking on a disproportionate risk. Since the immunocompromised would not have equal access, refraining from communion was a better way of witnessing to the unity of the body of Christ than serving the bread. The biblical text behind this decision was Paul's recommendation of waiting for all Christians to be able to arrive at the meal (1 Cor. 11:17-22). For these churches, the equality of the body of Christ must be recognized for the body of Christ to be served.

When the pandemic progressed, however, these same churches did not apply this principle to occupancy limits. Eucharist was served while Christians were turned away at the door. That is, the principle was not applied to the very fact of hospitality and gathering, saying that the body of Christ must be allowed to gather for the body of Christ to be really present. At the least, the change in policy reflected a change in theological reasoning that was never articulated. A person with celiac would be justified in asking, "What changed? Does the barrier to participation my medical condition provides no longer constitute a reason to suspend eucharistic liturgies? How is my presence, with the disproportionate risk I may *choose* to assume in taking the Eucharist, more disqualifying of the liturgy than having to turn away a member of this congregation who is clearly willing to accept the risk?"

My point is not to judge any one of these policies, but to show how deeply Eucharistic policies are entwined with theological reasoning about different kinds of danger and the distribution of that risk throughout the body of Christ. Gathering the body of Christ requires paying attention to threats to that body. The experiences of those with celiac can and should be leveraged to reflect on the relations between danger, gathering, and Eucharist pressed by the COVID-19 pandemic. People with celiac are the immunocompromised people who COVID-19 policies are designed to protect. Some choose to abstain from Eucharist in the name of life. Some, however, regularly choose to approach the body of God, whatever risk it may pose to their health. Still others may have chosen to accept this risk before and after the pandemic but refused to take the Eucharist during COVID-19. All of these are examples of believers who experience danger in the Eucharist responding theologically to that danger. The question is what reasoning stands behind these different decisions. Are there theological principles that differentiate different kinds and degrees of danger? Under what conditions does danger overrule one's desire from eucharistic intimacy? Or, when does the common table summon a believer to accept danger for the sake of intimacy? Both congregations and individuals are often answering these questions, at least implicitly, through their eucharistic practices.

I am not merely making the point that Eucharistic practices are always balancing complex systems of risk and religious requirements (something Prosser et. al. would label "dynamic norms negotiation").¹⁰ Churches are, of course, thinking about ways to mitigate the danger their congregants have to accept when approaching the bread of life, and many work with their Eucharistic theology in profoundly creative ways to achieve this goal. Catholic eucharistic theology, for example, requires that the bread used in Eucharist contains some gluten, but allows

¹⁰ Prosser et. al., "‘Distancers’ and ‘Non-distancers’? The Potential Social Psychological Impact..." 659.

for the use of very low-gluten hosts. Moreover, those who partake only in the wine are still considered to have made full-communion. Though the wine is usually reserved for priests, it is made available for the laity who are allergic to gluten, so that they can fully participate without a serious risk of illness.

To stop at noting the ways different Christian groups mitigate risk, however, would be to miss the deeper theological questions posed by the experience of a dangerous Eucharist. No matter the practical measures taken to support people with celiac, the reality that demands theological interpretation is that the accidents of the body of Christ are usually allergens for my sibling, my grandmother, and potentially for me. The threat the host poses is an inseparable part of our engagement with the symbol system, for what one sees on the table would make one sick. The ritual may be altered to keep a communicant safe, but even those changes reflect an acknowledgment of the danger posed by the materials of the body of Christ. Making wine available to the laity with celiac, for example, gives the danger these communicants face theological weight, first by allowing that danger to overrule the restriction of wine to the ordained, and second by changing their experience of the ritual. Wine is not the same symbol as bread, and taking wine while one's peers take bread is a different ritual experience. This is even more true if one must still worry about cross-contamination of the wine. There is an ineliminable presence of risk in taking the Eucharist, such that I am faced with a simultaneously personal and theological question: what risks am I willing to take for the sake of embracing the body of Christ?

If my celiac were ever activated, I would avail myself of many measures available to me to secure gluten-free bread. But this acknowledgement does not answer the more important question. Like my grandmother who makes exceptions to her diet for the pleasure of chocolate

cake, I *would* make exceptions for the Eucharist if I had no other options. If no gluten free bread were available, I would take God on my tongue once a year at Easter, letting my stomach become the tomb from which the body of Christ is regurgitated three days after his death. I would choose intimacy with Christ's body—both my gathering neighbors and the bread broken—even though it would make me sick.

Yet, even asking myself what risks I am willing to take does not reach the bottom of the theological conundrum. There are those with celiac who do not know they have it, perhaps even those whose sole source of gluten is the eucharist. Weekly, they take part in an intimate process of becoming the flesh of Christ with a community that accepts them as members of their own body. Yet these are people who greet Sunday with vomiting and walk away from being fed with spiritual food weak of body. They are those who, knowingly or not, see the course of celiac disease to its end in a slow and consuming colon cancer. Each time their mouth closes on God's assumed flesh, their own flesh is divided bone from marrow, an autoimmune battle not against powers and principalities but flesh and blood. Then they die. They die because they repeatedly accepted the medicine of life into their mouth, hoping to be incorporated into Christ.

Like the Isenheim altarpiece's depiction of a leprous Christ, the existence of these communicants presents the Church with a vital question: how fully does Christ claim our bodies? Does he embrace the vulnerability and sicknesses of our flesh? In the case of those with celiac, it is the very process that promises Christ's closest embrace that causes sickness. The desire for intimacy with Christ cannot be separated from the risk of illness. What must that say to Eucharistic theology and its attendant symbols? What does it mean that Eucharist can transform a communicant into metastatic flesh that God claims as God's own? In the words of Nancy L.

Eisland, can the “disabled God who embodied both impaired hands and feet and pierced side and the imago Dei” also say “this is my body?” to an autoimmune reaction?¹¹

That one could eat the Eucharist unto death has been a recognized possibility since Paul discussed “unworthy eating” in 1 Corinthians 11. Importantly, Paul’s point is that to eat Christ’s flesh while excluding members of Christ’s body from the table is unworthy. Without intimacy there is death, so the body of Christ must gather to eat the body of Christ unto life. This logic is reversed for someone with celiac. They do not eat unto death “unworthily” because this eating is not against intimacy with the body of God; death is assumed for the sake of that intimacy. Each week people with celiac set their tongue on the carcinogenic Christ and let their own colons become incorporated—the tumors of God. Not to look away from this reality is to know that the body of God often occasions death to those who love it more than their own life.

That is the Eucharistic question which must rest on my tongue, which I cannot allow to dissolve with the pandemic. It allows no easy answers, and different Christians will answer it differently. It is therefore the question that forces me to pay attention to the relationship between danger and the Eucharist, and in times like the pandemic also forces real attention to the lives of other communities who practice Eucharist differently. It will be answered neither by glorifying death, nor by forgetting that some plants propagate like wheat, rye, and barley—seeds that die in the ground (John 12:24).

¹¹ Eiesland, *The Disabled God*, 99.