

Gnosticism and the Theological Limits of Gender Theory

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The incarnation is by far the most shocking aspect of Christianity. The resurrection of a god is not an unusual feature of mythic traditions around the world: Osiris, Baldr, Quetzalcoatl, and Dionysus all came back from the dead. But the idea that a god, let alone *the* God, would take on a mortal body and the fullness of our humanity would be an outlandish claim to most people outside the Christian world. As Madeleine L'Engle observed, "The virgin birth has never been a major stumbling block in my struggle with Christianity; it's far less mind-boggling than the Power of all Creation stooping so low as to become one of us."¹ And yet among the central credal claims of Christianity is that "he was incarnate of the Virgin Mary and became a human being." The Greek and Latin drive the point home better than the English. Both *σαρκωθέντα* and *incarnatus* contain their languages' respective words for *flesh*. The God of the universe, who is before all times and over all things, came into flesh.

If you are to believe this radical concept, it follows that you must think differently about the human body and the physical world it inhabits. You are left with no choice but to reject the prevailing intellectual current that does not have much good to say about human bodies, fragile, messy, and temporal things that they are.

But never be surprised when people choose cognitive dissonance.

Gnosticism, which initially took shape in the first century, taught that the physical world is corrupt and is ruled by a lesser deity, as compared to the pure, spiritual world ruled by Christ. According to the gnostics, Christ did not actually take on human flesh, polluted and sinful as it is, but instead only *seemed* to occupy a body. The reality of Christ could not be contained or reflected in human form. The intellectual roots of Gnosticism can be traced back to Plato, whose perfect spiritual forms were perverted by their material reflections. To Plato, the body, as part of the material world, would always be incomplete, imperfect, and suspect. The body was therefore something to be overcome. In the *Cratylus*, Plato has Socrates say the following:

Some say [the body, *σῶμα*] is the tomb [*σημα*] of the soul, their notion being that the soul is buried in the present life; and again, because by its means the soul gives any signs which it gives, it is for this reason also properly called "sign" [*σημα*]. But I think it most likely that the Orphic poets gave this name, with the idea that the soul is undergoing punishment for something; they think it has the body as an enclosure

¹ Madeleine L'Engle, *A Stone for a Pillow: Journeys with Jacob* (Wheaton, IL: H. Shaw, 1986), 107.

to keep it safe, like a prison, and this is, as the name itself denotes, the safe [σῶμα] for the soul, until the penalty is paid, and not even a letter needs to be changed.²

This notion of the body as a prison, which keeps the soul from actualizing its true potential, has played out again and again in the history of Western thought. More than six hundred years after Plato, Marcus Aurelius wrote, ostensibly quoting Epictetus, “You are a little soul carrying around a corpse.”³ Whether tomb or corpse, the message is clear: Our bodies are dead, and ultimately at odds with our immortal souls.

Gnosticism is often described as the oldest Christian heresy. It might be more accurate to say it formed an alternative early Christianity that grew up and flourished alongside proto-Orthodoxy for several centuries before being expelled, at least officially. This is because both gnostic and Orthodox Christian philosophy were influenced by Neoplatonic philosophy and its forerunners. Philo of Alexandria, a Hellenized Jewish philosopher living in Alexandria in the second century, exemplifies this shared influence. It was Philo who wrote, “The natural gravitation of the body pulls down with it those of little mind, strangling and overwhelming them with the multitude of the fleshly elements. Blessed are they to whom it is given to resist with superior strength the weight that would pull them down, taught by the guiding lines of right instruction to leap upward from earth and earth-bound things into the ether and the revolving heavens.”⁴ This sentiment is likely familiar to those within or around any Christian tradition.

Perhaps because of this shared history and long association, the defeat of

Gnosticism has never been complete. The gnostic impulse has survived in Christian thought and practice, a persistent presence in Christian societies, forever living off our collective disbelief that our bodies might be part of God’s good creation to such an extent that God would take on our own very problematic flesh. Take, for example, the extreme ascetic traditions in which mortification of the flesh is seen as paramount to the liberation of the soul.

It seems more alive today than at any time in the past several centuries. Across the political spectrum, in the Anglo-American world and increasingly also in other parts of the West, people are embracing a neo-gnostic impulse that rebuffs the beauty of corporeal life. This impulse seeks a truer, more authentic reality—and a more authentic self—outside of and apart from our God-given bodies.

Among those usually found on the political right, this impulse can be seen in a purity culture that demonizes sexuality and places rigid demands of control upon our bodies, particularly if we are women or gay or lesbian. This impulse toward “purity” as focused on a presumably sinful body has certainly had a place within Christianity for millennia, but its contemporary manifestations are noteworthy. Both purity balls, at which young girls are reminded of the possibly demonic implications of their awakening sexuality, and celibate “spiritual friendship,” often peddled by compassionate but misguided traditionalists as the only option for companionship for gay and lesbian people in what are otherwise marital relationships, are theologically problematic examples of this traditionalist Gnosticism. They exclude the body as a potential site of divinely ordained joy and sacrificial love. The whole concept of non-vocational

² Plato, *Cratylus*, lines 400b–c, in H. N. Fowler, *Plato: With an English Translation*, vol. 6 (London: William Heinemann, 1926), 63.

³ Marcus Aurelius, *Meditations, Books 1–6*, trans. Christopher Gill (Oxford: Oxford University Press, 2013), 27.

⁴ Philo of Alexandria, *Special Laws*, lines 4.114–15, in *Philo, Volume 8*, trans. George Herbert Whitaker (London: William Heinemann, 1929), 79.

celibacy is cruel and fundamentally un-Orthodox because it rejects the body as uniquely predisposed to sin, echoing Philo's concept of the body as a weight pulling the soul down from heavenly ascent. These are gnostic beliefs living among those who see themselves as the guardians of traditional Christianity.

Too much ink has been spilled over this phenomenon already, so we shall leave it there. My concern instead lies with the new manifestation of Gnosticism that has found a home predominantly on the political left under the name of "gender identity." The framework that supports the notion of gender identity was first proposed over thirty years ago by theorists such as Judith Butler, whose 1990 book *Gender Trouble: Feminism and the Subversion of Identity* is credited with promoting the concept in both popular and academic discourse. *Gender Trouble* argues that both gender and sex are discursive constructions and are not ultimately founded in material reality, at least not in any significant way. Butler reinforced this rejection of materiality as a site of truth in her 1993 *Bodies That Matter: On the Discursive Limits of Sex*, in which she sought "to raise the question of whether recourse to matter and to the materiality of sex is necessary in order to establish that irreducible specificity that is said to ground feminist practice."⁵ While Butler intended this statement as a stark challenge to her contemporaries and a fundamental philosophical reimagining of sex in the context of late modern feminism and beyond, the fact is that she did little else than revive the gnostic suspicion of the body, one of Western Civilization's greatest hits. This is evidenced in the extent to which Butler's disregard for the body has now become widely held orthodoxy in some very powerful circles

in the academy, elite cultural institutions, and even the government.

Frequently citing biological research on intersex conditions, these new gnostics have gone on to argue that observable sexed features of the human body do not really matter and have no bearing on our "authentic selves." Never mind that, even according to high estimates, less than 2% of the human population is intersex. In fact, most researchers believe that only around 0.018% is intersex. Intersex conditions are truly not common, and even people with intersex conditions have what are in effect male bodies (that is, bodies centered around small gamete production) or female bodies (bodies centered around large gamete production) with anomalies. Furthermore, echoing their ancient counterparts, these gender identity theorists argue that the true and authentic self is knowable only to the individual, who can then tell the rest of us this personal "truth," for which we cannot demand evidence and about which we must ask no questions. Some moderate forms of this belief posit that gender identity is not entirely unknowable but is found in the brain (never mind that the brain is part of the body), but they cannot seem to account for the fact that no sexually dimorphic traits related to the brain have ever been fully identified in any mammalian species, and that anatomical differences between individual brains are greater overall than average differences between males' and females' brains.⁶ Never mind that this whole search for a gendered brain reeks of the insidious pseudoscience of phrenology, which sought to find racial differences in the brain by analyzing the skull. Whatever scientific-sounding language is thrown up, the upshot is the same: "gender identity" is a mystery, a kind of secret

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⁵ Judith Butler, *Bodies That Matter: On the Discursive Limits of Sex* (New York: Routledge, 1993), 28–29. See Anita Brady and Tony Schirato, *Understanding Judith Butler* (Los Angeles: Sage, 2010), 29.

⁶ Lise Eliot et al., "Dump the 'Dimorphism': Comprehensive Synthesis of Human Brain Studies Reveals Few Male-Female Differences Beyond Size," *Neuroscience & Biobehavioral Reviews* 125 (June 2021): 667–97.

knowledge. And, if you were wondering, the Greek word for that is *gnosis*.

The fact is that most transgender people are biologically male or female, without any evidence of intersex conditions. They simply posit that the truth exists somewhere apart from and in conflict with the material reality of their bodies. A focus group of transgender and gender-nonconforming youth, asked for the top ten things they would want their doctors to know, said things like, "I may be extremely uncomfortable with my current physical body, because it doesn't match who I know myself to be," and "I am uncomfortable with my body and have been living with this discomfort for a while. . . . I am hopeful that I will be able to begin . . . cross-sex hormone treatment quickly, to begin the process of making my body on the outside look more like who I am on the inside."⁷

For some people who identify as transgender, this disconnection between body and mind is undeniably a product of gender dysphoria, a serious, documented disorder that for decades has been identified as a mental health condition causing people great distress by triggering false beliefs related to their bodies. Nothing discussed here should be understood to deny the reality of the condition or the genuine suffering it causes. This suffering is something it shares with related mental health conditions like body dysmorphia, which, like gender dysphoria, is linked to comorbidities such as eating disorders and self-harm. Only in the case of gender dysphoria, however, do contemporary treatment protocols indicate medical intervention to change the body, instead of the patient's relationship with the body. If someone is engaging in anorexic behavior because she falsely believes herself to be overweight, doctors do

not prescribe bariatric surgery or other weight loss interventions. Instead, they work to change her false perception of her body. However, if the same patient is engaging persistently in this same behavior not because she believes she is overweight but because she believes she is male, and therefore seeks to minimize female features such as breast and hip size or to stop menstruation, doctors act to medically masculinize her body through cross-sex hormones and perhaps cosmetic surgery. It is worth noting, then, that while several mental health disorders cause people to believe false things about their bodies, it is only when the *sexed* body is in question that the body is identified as the site of the problem.

It is easy to see the appeal of a theory in which the sexed body is rendered irrelevant to the truth of personhood, particularly in the case of girls and women whose bodies are subject to repression, violence, and discrimination, both secular and ecclesiastical, but also for those boys and men who fail to conform in whatever way to societal expectations of masculinity. For all those placed on the margins of their sex, we can understand why one might come to hate the physical reality of sex and posit a theory in which sex differences are incidental at best and a source of psychic harm at worst.

There is plenty to suggest this is what is going on in a growing number of cases. A controversial 2018 article by Lisa Littman in the scientific journal *PLOS One* sought to understand the dramatic increase in adolescent girls identifying as transgender in recent years. Littman explores the possibility that the recent upsurge in cross-sex identification in adolescent girls may indicate "a potential new subcategory of gender dysphoria (referred to

⁷ Jack Turban et al., "Ten Things Transgender and Gender Nonconforming Youth Want Their Doctors to Know," *Journal of the American Academy of Child and Adolescent Psychiatry* 56.4 (April 2017): 276.

as rapid-onset gender dysphoria) that has not yet been clinically validated and the possibility of social influences and maladaptive coping mechanisms.”⁸ In other words, transition today is what eating disorders once were: the product of genuine mental health issues in a small portion of the population, and the result of social contagion for many more. While reaction to Littman’s article from trans-affirmative health professionals and activists was swift, there has been little effort to offer alternative theories of the phenomenon she identified.

Gender theory also allows us to erase challenges to our preconceived sexual and sex norms. For decades, studies have shown that gender-nonconforming behavior among prepubescent boys is linked to same-sex attraction in adulthood. While studies are less clear with respect to girls, there does seem to be some correlation between gender nonconformity in childhood and same-sex attraction in adulthood. Yet today we are increasingly told that such childhood behavior is not an indicator of homosexuality but of transgender identity. This explanation seems awfully convenient in a society in which homophobia is still deeply rooted. It is not difficult to find parents in sappy *Dateline* specials about trans kids expressing relief that their effeminate little boy was actually just a girl, not (*quelle horreur!*) gay. And it is probably worth noting that the Islamic Republic of Iran punishes homosexual behavior with death but subsidizes gender confirmation surgery—or what was once called sex reassignment surgery—with government money.

To be absolutely clear, none of this is meant as an attack on transgender people. There is no reason to believe they are not making their claims in good



faith. There is real pain associated with their struggle, if for no other reason than that there is pain associated with existing outside the power centers of a patriarchal culture. Nearly every woman I know realized that she had acquired a woman’s body when, at some point in her late pre-adolescence, an adult man said something sexually explicit to her. Moreover, nearly every gay man I know had the first inkling that perhaps he was different when some homophobic abuse came his way in childhood. It is understandable to seek an escape from this.

Salvador Dalí, woodblock print illustration to Dante Alighieri, *Purgatory*, canto 1, c. 1960.

⁸ Lisa Littman, “Parent Reports of Adolescents and Young Adults Perceived to Show Signs of a Rapid Onset of Gender Dysphoria,” corrected ed., *PLOS One* 13.8 (August 16, 2018; corrected March 19, 2019): 40.

⁹ Tamara Syrek Jensen et al., "Gender Dysphoria and Gender Reassignment Surgery," decision memorandum CAG-00446N (Centers for Medicare and Medicaid Services, 2016), <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCAId=282>.

¹⁰ Ibid. Also see Cecilia Dhejne et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," *PLOS One* 6.2 (February 2011).

¹¹ See, for example, Gary M. Diamond et al., "How Depressed and Suicidal Sexual Minority Adolescents Understand the Causes of Their Distress," *Journal of Gay & Lesbian Mental Health* 15.2 (2011): 130–51; Jae A. Puckett et al., "Predictors of Sexual Minority Youth's Reported Suicide Attempts and Mental Health," *Journal of Homosexuality* 64.6 (2017): 697–715; and Caitlin Ryan et al., "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults," *Pediatrics* 123.1 (2009), 346–52.

The desire to escape the natural and, more importantly, societal limits on our bodies has always fueled the gnostic impulse. Our bodies and the expectations on them are so frequently a source of unhappiness. What better news than that you are not your body? You can be something else. Someone freer, someone more acceptable, someone safer.

But is it safer? The tragically high rates of suicide among transgender people are commonly cited as a rhetorical tactic to convince the public that medical transition is the only acceptable course of action. "Trans people must transition or they will die," we are told. Indeed, gender confirmation surgery is based on the "affirmative care" model used in a lot of other circumstances. The premise can be oversimplified as, "If you have some immutable characteristic that is making you want to kill yourself, then just accept that immutable characteristic and you won't want to kill yourself." In many cases it seems to work very well.

Now, however, the first long-term, aggregated studies of transgender people receiving "gender-affirmative care" are being published and it is increasingly clear, despite political banter to the contrary, that this approach does not statistically reduce suicides. An August 2016 memo by the US Centers for Medicare and Medicaid Services says it thus:

After careful assessment, we identified six studies that could provide useful information. Of these, the four best designed and conducted studies that assessed quality of life before and after surgery using validated (albeit non-specific) psychometric studies did not demonstrate clinically significant changes or differences in psychometric test

results after [gender reassignment surgery].⁹

Furthermore, the memo describes the results of the most thorough follow-up study on gender affirming care, published by a Swedish team in 2011, in the following way:

The study identified increased mortality and psychiatric hospitalization compared to the matched controls. The mortality was primarily due to completed suicides (19.1-fold greater than in control Swedes), but death due to neoplasm and cardiovascular disease was increased 2 to 2.5 times as well. We note, mortality from this patient population did not become apparent until after 10 years. The risk for psychiatric hospitalization was 2.8 times greater than in controls even after adjustment for prior psychiatric disease (18%). The risk for attempted suicide was greater in male-to-female patients regardless of the gender of the control. Further, we cannot exclude therapeutic interventions as a cause of the observed excess morbidity and mortality. The study, however, was not constructed to assess the impact of gender reassignment surgery *per se*.¹⁰

In short, the research is far from the unmitigated praise of gender affirmation care found in much of the popular narrative.

By way of comparison, suicide rates among gay and lesbian people (also much higher than among the general population) reduce significantly after they come out, particularly if they are met with affirmation.¹¹ Eating disorder sufferers who receive body-affirmative care also have dramatically reduced suicide rates.¹² The same is true for sexual assault survivors. Basically, affirmative care and self-acceptance seems

to work for every group affected by higher-than-average suicide rates except trans people. The difference seems to be that, for everyone else, affirmative care means accepting one's body, one's desires, one's past. It is only in trans affirmative care that the opposite is true, because trans affirmative care tells a person to reject the body, its nature, and its past. And this, apparently, does not result in the desired outcomes.

I raise this issue because it points to the danger of gnostic thinking. The idea that you are not your body is a lie, a gnostic lie, and so an old lie. Struggling against our bodies, even under the guidance of a physician, will never be the answer. That is the message of the incarnation.

Our God became flesh, our flesh, flesh taken from an ordinary human woman, whose sexed body allowed her to bring God into the world *in the flesh*. The Theotokos is not only the mother of God, but the *God-bearer*. And no male body could do for Christ and for us what her female body did. The sex of her body mattered. And our bodies matter enough for God to have taken on one specific body to be his own. Saint Athanasius, in his treatise on the incarnation, assures us, "The body of the Word, then, [was] a real human body, in spite of its having been uniquely formed from a virgin."¹³ If Christ's body did not *seem* but *was*, how can it possibly be that any other body only *seems*?

Part of the work of Christian life—liturgical, theological, and pastoral—should be coming to terms with the bodies we have been given by God, the bodies he will return to us in a glorified state come the resurrection. This is an ascetic discipline, a radical and countercultural effort, in a world that teaches us at every turn that our bodies are vehicles, battlegrounds, or even lies. There is little doubt that mainstream Christianity, with its terror in the face of sexuality and unattainable sex norms, has had some part in bring about this new gnosticism, in encouraging people to abandon the whole project of living in our bodies. But it is also true that Christianity has within it the seeds to combat this reborn heresy, and in doing so to bring true comfort to the suffering.

The incarnation, that most radical and unique Christian belief, reminds us that our bodies are holy to God and that our proper state is one of body and spirit together. As disability advocates, eating disorder survivors, and any men or women who have struggled with their bodies and come out on the other side remind us, it is not our bodies that are the problem. It is the false expectations and unbearable burdens placed upon them. When we accept our bodies, when we see them reflected in the miracle of the incarnation, then we find lasting joy in our bodies and our souls. ✽

¹² Manfred Maximilian Fichter and Norbert Quadflieg, "Mortality in Eating Disorders: Results of a Large Prospective Clinical Longitudinal Study," *International Journal of Eating Disorders* 49.4 (2016): 391–401.

¹³ St. Athanasius, *On the Incarnation*, rev. ed. (Crestwood: SVS Press, 1953), 49.



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