

Gender Fluidity and Non Binary Identity
Lee Zevy¹, LCSW

**WHO WOULD OEDIPUS BE WITHOUT GENDER?
Gender Fluidity and NON BINARY IDENTITY IN
TODAY'S WORLD.**

Siracusa (Italy) – June 10th, 2022

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Summary: In this article Lee Zevy traces the changes that have occurred within the United States regarding various aspects of sexuality and gender. She draws on her own experience in Identity House and in New York City. In a context where evolving heterosexual and LGBTQI+ definitions, meanings, identities, categories, and behaviors are undergoing dramatic changes, gender fluidity and non-binary identity are metaphors for the planet at large, in the process of responding to the needs of people for greater freedom and creativity.

Tracing the history of changing gender, the author shows how language, gender, sexuality and experience inform relational clinical approaches and without them therapists can become confused and distant in their search for the current paradigm understanding for a particular relationship. However, gender as a construct has also been the source of enormous damage. The author concludes that without gender chaos would reign, and then we would have to find in family contexts and relationships a background with the same power.

Key words: *Gender fluidity, Non-binary identity, Transgender, Gestalt therapy.*

Some definitions for clarity:

Gender fluidity refers to change over time in a person's gender expression or gender identity, or both. That change might be in expression, but not identity, or in identity, but not expression. Or both expression and identity might change together.

Non-binary however, is used to describe people who feel their gender cannot be defined within the margins of gender binary. Instead, they understand their gender in a way that goes beyond simply identifying as either a man or a woman. One client said she was a third, as yet, undefined gender. Some non-binary people may feel comfortable within trans communities and find this is a safe space to be with others who don't identify as cis, but this isn't always the case.

Transgender or trans is an umbrella term for persons whose gender identity, gender expression or behavior does not conform to that typically associated with the sex to which they were assigned at birth. Gender Identity refers to a person's internal sense of being male, female or something else; gender expression refers to the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice or body characteristics. "Trans" or "transgender" is generally the term in use, but not everyone whose appearance or behavior is gender-nonconforming will identify as a transgender person. The ways that transgender people are talked about in popular culture, academia and science is constantly changing, particularly as individuals' awareness, knowledge and openness about transgender people and their experiences grow.

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We are currently experiencing a confusing destabilizing revolution of all aspects of sexuality and gender as evolving heterosexual and LGBTQI+ definitions, meanings, identities, categories and behavior undergo dramatic changes.

For the most part I am going to address the changes within the United States and in particular my experience in Identity House and in New York City. Although in many ways these changes are occurring world- wide each country and culture will determine how they integrate or try to inhibit what is happening.

In many ways this process harkens back to other societal revolutions. For example, it is similar to when the advent of psychoanalysis totally changed the thinking on the nature of individual internal life and mental health and then in the nineteen fifties and sixties when Gestalt therapy and the other experiential therapies challenged and changed the repressive confining edicts of psychoanalysis at that time. Of course, these changes were embedded within a field of shifts in science, technology, deconstructive language and other world changing events that brought new awareness and thinking.

This current revolution in gender and sexuality seems to be another step in the process of responding to the needs of people for greater freedom and creativity. Similar to other revolutions, this dynamic shift also creates the polar opposite of a wish on the part of many for a return to traditional and more constricted forms of living spurred on by fear and resistance to too much change. The Integration of both sides of the experience into a "middle ground" is a slow process occurring over many decades and patience is not something most humans seem to understand or accept.

Gender fluidity and non-binary identity are metaphors for the planet at large. In a micro way they mirror the need of the wider field to eliminate more rigid categories and labels toward more flexibility and openness. This includes reconfigured cultural identities, national boundaries, and rigid ideas about the definition of work and relationship, just to name a few. This would allow for more porous systems which could engender more creative energy

to solve our serious problems. When I proposed recently to a group of LGBTQIA peer counselors that gender as a construct might be eliminated entirely in the distant future. They resisted and in support of the Trans community felt that the community, in their struggles, would not want that and proposed the alternative goal of Gender Liberation, a step in the right direction.

Changing gender or self-identification away from the binary is actually a creative transformative and performative process (Butler 1993). It is an amalgamation and integration of current self-identity and experimentation with other genders, dress, behavior and internal representation over time to arrive at a unique blend of one's own. The means of experimenting comes from a variety of sources; affiliated groups, media representations, the internet and LGBTQIA+ examples. These are then combined with other internalized representations as they slowly become integrated to an identity that feels right to the individual. The new form is performative in the way a particular identification is acted out in a fuller sense and socially performed. The sexual expression of an identification can be almost anything and not necessarily in keeping with what is seen by others as an identified role formation.

History

Changing gender has existed world-wide in many cultures for thousands of years. In Mexico, the American Southwest within the Navajo and Zuni, in Samoa, India, Thailand and in Italy in Naples just to name a few, individuals who wanted to live as the opposite sex had an established place in society. In most of these cultures it was established for men that they could live as women and only in a few like India could a woman live as a man. However, in Albania, for example, a woman had to take up a vow of chastity to give up her female role.

The important thing to note is that all of these cultures maintained the binary of male and female by having strict adherence to a proper form of gender for their culture. Although many writers note the historical context for a trans movement at no other time in history but this one has the freedom existed for experimentation of gender and sexuality to be so openly visible.

In Western thought, the interface between gender and sexuality did not become developed until the 1800's when medical research and practice involving gender and sexuality as related to mental health and perversity began.

Kraft-Ebbing in *Psychopathis Sexualis* (1856) separated homo and sexual in his description of a group of psycho-sexual hermaphrodites (Today Intersex) combining female/male genders physically within a person to describe sexual desire for the same sex. He further separated perverse desire, attraction to the same sex and perverse activity into additional categories.

One was acquired homosexuality as being learned from seduction and the

other congenital homosexuality, being born with. In terms of cases where men felt like they were women Kraft Ebbing diagnosed them with *Metamorphosis Sexualis Paranoica*, a paranoid state where this delusion was occurring. The association of mental illness with aspects of homosexuality and its relation to gender had early roots in this process. (Kraft-Ebbing 1856) Leslie Feinberg, one of the earliest Transmen and a writer, pointed out in her book *Transgender Warriors* that there are lengthy historical roots of transgender and transsexualism in the west but they are most notably visible among the upper classes of women and men like George Sand and were usually confined to private clubs where they could safely meet. (Feinberg 1997) Recently, some researchers have noted a preponderance of gender discordant examples among druids and women thought to be witches and we know what happened to witches.

What is different today, is the degree to which the LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex and Asexual) community is continually attracting and evolving into an increasingly wider membership. These designations have evolved from LG, Lesbians and Gay Men, the B, bisexual, thought to be only a holding place for undecided people in the 1960's to Trans, Questioning, Intersex and a growing trend toward Asexuality. Then, finally there is the plus, indicating that the list keeps evolving as the general population as a whole has become aware through social media, friends and culture of the possibilities open to experience, expression and evolving choice.

One major aspect of this evolution and one often most troubling to Clinicians and earlier generations is the evolving shift in language and in particular pronouns. In a magazine article in the *Gay and Lesbian Review*, the issue on *Alternative Sexualities* McGaughey points out that the history of what he calls neo pronouns actually goes back to the late 1850's with ne/nis/nir and then later thon/thons, thonsself. These were actually listed in the Funk and Wagnalls dictionary in the 1890's. Then by 1975 we had ey/em/eir . Clearly there has been a need to eliminate gender as a binary construct much longer than the current iteration. McGaughey also noted the confusing array that have developed recently like Zee/zem/zeer or ze/hir/hirs. Merriam Webster a major dictionary company and arbiter of English language chose "They" as the most important word of 2020. This of course, has not gained universal acceptance and there is tremendous push back from many areas. Other forms like LatinX which replaces the linguistic determinants of male, endings in O, and female, endings in A, are also causing great consternation.

However, nothing in language in fixed and a broader array of neo pronouns are currently making their way into the population. In a gender census taken in 2018 of a survey of 11,278 non binary people found that only 7% would not use anything other than "They" for fear of rejection by the larger community and we all know what a force peer pressure can be. In the trans communities, as the number of trans mental health professionals increase, they are forming their own language to fit their experience and moving away from that created by the cisgendered world.

All of these changes are producing a substantial backlash. Contrary to what we might think a good deal of it is coming from the Transgender community itself because its members to a large extent identify with one of the two traditional genders and do not want to eliminate the gender identifications of He and She. The protection of this community by the more progressive elements in the LGBTQIA+ community has become very strong in that they represent a desired possibility even though most will not want to join.

As clinicians, we are often being tasked with understanding and accepting gender fluid terminology and new identity constructs like non-binary identity as they differ from other identities like cis gender and gender queer in addition to the plethora of other identities being assumed. Currently, we are being tasked with using the right pronouns lest we misgender a client who is trans or non-binary but also maintain this change although the visual and recognizable cues like name, physical body or manner of dress, that have not changed. Considering that we may have many clients the evolving labels, designations and chosen identities present a difficult field to negotiate.

In a workshop I gave two years ago titled “Gaystalt” a term coined by a colleague there were over 70 identifiers that the LGBTQI+ community were using all of which fit under the larger usage of Gender fluid and non-binary. Currently Gender fluid and non-binary identity are subsuming many of the designations like Lipstick lesbian, Blue jeans femme, Androgynous, and Boi to name a few for women. Or for men Chelsea Boy, Bear or Goldstar Gay man (never slept with a woman) or Platinum Gay Man (one who never touched a vagina because they were born from Cesarean section). Since the community itself is organized around various sub groups while some of these may seem superficial they can be taken very seriously. Sexual designations like Top, Bottom, Bear, Twink, Pansexual or Omnisexual, Polyamory, and many of the BD/SM (bondage/domination/Sadism/Masochism) categories still remain.

Identity is more than a personal choice. In the larger sense, in terms of affiliation, it identifies communities of like-minded people. The hope is that these groups will provide safety, understanding, reflection of who we are, mirroring of our behavior dress and movements, recognition of struggles, people with whom to play and create and places to find partners and eventually a family. In certain ways the move toward overarching Gender fluidity and Non-Binary Identity is in certain ways interrupting the ability to search for like-minded partners and affiliated groups.

In Gestalt therapy, the Aesthetic Criteria, the amalgam of excitement, growth, novelty and creative energy, allows us to see how important this process is as an unfolding and broadening event (Joe Lay, 2003). In addition, Humphrey in writing about the relation of Gestalt therapy to theater writes that by staying close to our understanding of contacting, we usefully broaden the evolving development of meaning. She further references PHG, “The process of figure/background formation is a dynamic one in which the urgencies and resources of the field progressively lend their powers to the interest,

brightness and force of the dominant figure” (Humphrey, 2003) In doing so she explicates the social call and response between the individual and phenomenal field, during which a process of mutuality and greater excitement bring greater definition to identify formation. The call and response of course is not all positive.

The most frightening problem for most people is leaving the boundaries of acceptability of the family and community they were born into. The necessary path of disengaging from the familiar mores, introjects, religious, behavioral, and psychological foundations of their birth and figuring out what to leave and what to keep is a lengthy process. Then wandering afield in small or large ways to find family and community elsewhere, another part of the process, is difficult and confusing. The driving force has to be strong enough to withstand ostracism and condemnation on many levels to find the right places for support.

The article on Gender Fluidity in Children and Adolescents points out: “A growing number of children and adolescents report having gender identities or expressions that differ from their birth assigned gender or from social and cultural gender norms. Some identify as transgender, whereas others consider themselves non binary or gender fluid. Non-binary and gender fluid youth are distinct from transgender youth in that they typically report that their gender identity (i.e., their internal sense of gender) or their gender expression (i.e., their public presentation of their gender through appearance, dress and behavior) fall outside the traditional male-female binary. For example, nonbinary youth may identify as both male and female or neither male nor female” (Diamond, 2020).

It is this area in particular where tremendous controversy exists. The medical and mental health professions are often landing on both sides of the fence unable to come up with a coherent approach to the increasing numbers of children facing confusing gender issues. Unfortunately for this population an increasing number of politicians have taken the lead to ban or curtail what the professionals have deemed good humane practice. In addition, different States within the US are now becoming increasingly involved as either havens or places of repression. Much of the controversy centers around the use of delaying puberty to allow the child to grow sufficiently to make their own decision.

While we think of Gender Fluidity and Non Binary Identity as overarching categories they do not reflect the identity process that has an evolution and development quite unique to each individual. This process as we now know is life long and operates on many levels, physically and emotionally braided into a social matrix that both informs and mediates the process.

Gender identification usually begins at birth through socialization with “It’s a boy” or “It’s a girl”. Children can recognize stereotypical gender groups between 18 and 24 months and by 3 can categorize their own gender. In many cases it’s this early on when children begin to contact a sense of unease that the fit is not quite right. One client, identifying as non-binary, can

point to this period when she began to not like the cute feminine attributes constantly applied to her, and felt they were not who she was. It took a long time for her to establish an identity that felt right but she knew as she grew older what didn't work. Another client determined very early on that she was a third sex but could not figure out, at the time, what that would be.

Gender fluidity and non-binary identity are an attempt to answer these Questions: Where and with Whom do I fit? Where do I belong? Who are my people? Who will love and accept me if I am not like them? Who will I be if I conform to an internalized inner representation of myself not an outer expected version of what anyone else desires?

These questions about gender are answered over time through a short or long series of what I call, "incremental experiments", each one establishing a sense of both inner satisfaction and or a continuation of the feeling that it hasn't become quite right yet and the experiments continue.

In the Nature of Prejudice, we prejudge because it is economically beneficial to aggregate experiences together to form a sense of the familiar. In terms of gender these experiences began from affiliated relationships who reflect to us what and who we are to them (Allport, 1954).

According to Buloff and Osterman "we look for the gleam in the parent's eyes" which is usually reflected when children match parental identifications. For some children this disconnect begins very early when they believe they are in the wrong body and parents cannot support the shift. For other the sense of not fitting occurs over time as gradually their inner sense of themselves fails to match parental needs (Buloff and Osterman, 1995).

A sense of oneself as having a fixed or fluid gender is also intricately bound to sexuality. Research is in the area of the development of eroticism explicates that "the desire to be desired by someone who desires you is a need originating at birth" and further "elaborates that eroticism involved in the daily care through the exchange of fluids and bodily contact as the child grows form the early sensual bond that will become the basis for all loving relations and all eroticism (Wells and Wrye, 1994). As parents turn away or fail to show excitement for who a child is confusion ensues over time.

Gender fluidity and non- binary identity at this level are recent constructs. In certain parts of the world, although as previously mentioned, there are long historical populations where "gender bending" has not only occurred but is built into the culture. However, the concept of fluidity whereby gender, sexuality both in a physical and emotional sense have this level of creative flexibility is relatively new.

This creative flexibility is causing tremendous dynamic tension on all levels. Within my own family, when one young cousin at 13 proclaimed she was "Trans", her father insisted she must have been brain washed by someone with an "agenda". He could not accept that these possibilities were a part of

her current culture both online and in her school. Because of his attitude he never asked her, of course, what she understood or knew about what she was saying or what it meant to her. He just refused to acknowledge her desired name change or shift in pronouns. In this current culture of flexibility she may change numerous times before landing on something that feels right or find that this is a stable identification.

The process by which individuals experiment with gender as they age often begins with what I call “costuming”; wearing clothes and pretending to be someone else. Shifting the sense of gender and/or trying on a “non-binary identity” affords them an immediate sense of freedom.

Along with this sense of freedom a sense of panic may ensue as they transgress the boundaries of acceptable behavior and enter into a zone of ambiguity or actual danger (Zevy, 2004). At this point they, if older, or their parents, if young, may seek counseling or therapy. Parents may hope therapy will eliminate the problem or give them a ground for understanding. Adults who are questioning want to explore their confusions and desires while others who are more grounded in their desires may request help in integrating psychologically and socially. Still others will begin a process of moving more in the direction of an affiliation and connection to the transgender community and request connections to doctors and clinics who handle hormone therapy and reassignment surgery. All have to come to terms with the push back they experience or fears of negative reactions on the part of family, friends and community.

At this time, Trans has almost become an iconic label so that for the most part we often assume we know what that means. However, on an individual level it can mean something as small as micro dosing Testosterone or Estrogen to change physical contours in minor ways or something more surgical like body contouring, Top or bottom surgery. One salient point is that for Transwomen bottom surgery has advanced to the point where a functional vagina can be constructed but for Transmen a functional penis has yet to be possible.

The Situational Field of Psychotherapy

In the counseling center, Identity House, where I was one of the founders 50 years ago this year, we could not have imagined how the clinical world would be coping with these enormous mental health changes currently growing. Back then the peer counselors who ran the walk-in-center were coping with coming out concerns, Am I gay or lesbian? How do I tell my co-workers, family, friends? How do I find a community? Today, the overwhelming preponderance of clients coming in to talk are dealing with issues of gender Identity, what it means if they are gender fluid, non-binary or the physical and emotional decisions about becoming transgender. In a clinical sense we have all gone back to learning to co-create therapeutically in an

unfamiliar environment where the clients and/or the therapists keep changing shape and want the other to know how to manage.

«Panic is considered as a healthy and normal creative- adjustment of the organism to specific conditions. Panic, like every experience, is a field phenomenon, the expression of a particular manifestation of the organism-environment relationship at a particular moment. [...] Panic then is a boundary phenomenon that serves to protect the individual in situations of extreme environmental danger» (Francesetti, 2007, p. 70).

Anxiety and excitement are intricately linked in that what is novel and new and thereby exciting is always accompanied by anxiety so that the excitement of realizing and inhabiting a new identity can be the source of tremendous anxiety if the ground is not sufficiently supported. A friend once had their baby dressed in a green outfit. People would come up to her and demand angrily “What is it a boy? or “Is it a girl?”. Faced with the reality of the animosity inherent in much of the population clients who contemplate or become trans often enter therapy because they are panicked at the danger they fear will meet them. As noted before anyone thinking to enter into a gender fluid or non-binary world will feel a sense of danger as they transgress against the identity norms given that violence against gender discordant people is a serious problem.

Clients coming into therapy want us to know the physical and emotional manifestations of their choices. Too often however, they present this as a fait accompli, already decided. Due to a fear of asking the wrong questions, it's not uncommon to hear clinicians simply accepting those choices without delving into the history, experience and meaning that these choices reflect. Desires like these rest of a history of experience for the client and determining whether there might be other driving forces a part of the work. Sometimes the wish to change gender rests on a foundation of trauma and family psychopathology and is a defensive reaction. In one case a woman who wished to become a transman had been harmed sexually by an older woman and felt this would prevent such things from happening. After exploring the roots of her experience she decided not to change. Sometimes clinical bias takes over and the therapist sees psychopathology where there is an integrated choice. This is a rocky topic for us and one that must be learned for us to become effective if we are outsiders to the communities. It is also an area that can engender intense feelings on the part of both client and therapist as it is explored clinically and as we help clients negotiate such a confusing path.

A trans therapist recently remarked that one of the most missed clinical points for trans people is dealing with the issue of grief. As they pointed out the choice to transition to another gender is also about the loss of the gender that they had inhabited and the familiarity of the physical body that had given them pleasure as well as suffering over the years. Both were necessary to examine before she could fully embrace the change they had chosen. Vazquez Bandin also reminds us that grief and loss are not a singular event but are shared by those around us, and that individual choices to change affect the environmental field (Vazquez Bandin, 2013). Families too will mourn

the loss of the person they gave birth to or knew for many years and that in turn will affect our clients.

In the process of taking Testosterone or Estrogen and/or additional surgery while in therapy we too will experience feelings of discomfort, unease or feelings of loss and regret for the person we knew and that will affect the relationship. I must admit seeing a former transmale client who had gotten pregnant for his cisgendered wife, who could not have children, threw me when I encountered him with a full beard and pregnant belly. Luckily my therapeutic face was maintained and I did not show my reaction.

“Some ways of configuring the contact boundary between a person and her environment will be nourishing to growth and some will have destructive consequences for the formation of selfhood, and for the person’s contact possibilities. The therapist must be open to the growthful uncertainties of the relationship with the client, while avoiding invitations to fit into a familiar and ungrowthful pattern of relating” (Philippson, 2001).

The complication often arises when the therapist cannot tolerate the “growthful uncertainties” and mental health ups and downs that take place during the long process of identity formation and/or if the client is too foreign for a good therapeutic alliance to be achieved.

“The special nature of the therapeutic encounter may involve the profound desire for total intimacy, old and new at the same time, in both the patient and therapist and that the process occurs in the co-creation in that space ‘between’ in which their experiences are realized. The attraction that may be felt by the therapist and/or the patient-like-any other feeling-has meaning in the relational pattern the patient her/himself triggers” (Spagnuolo Lobb, 2013).

But what happens within the situational field when the patient exhibits none of the familiar gendered or sexual cues that form the basis for customary attraction? For example, when the patient is a 70 year old non binary very gender fluid male who uses they/them and sometimes presents as female dressed in female clothing and sometimes male dressed in a suit, still married to a woman. Or a totally androgynous person using they them with no identifiable cues as to gender or sexuality.

Spagnuolo Lobb references a supervisory session regarding a cisgendered, heterosexual therapist and patient and uses as an example “A therapist comes for supervision because he is attracted to a young, good, intelligent patient” We, the readers understand immediately from the language that he is attracted to a female. Maybe however, the therapist isn’t a he but a transwoman who is they and the patient isn’t a she in the traditional sense so that the therapist reporting the attraction to “Her style of being a good girl” might become questionable if a transwoman can be seen to be “a good girl” (Spa-

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gnuolo Lobb, 2013).

This is just a tiny example of the way in which language, gender, sexuality and experience inform our clinical relational approaches and without them we as therapists can become confused and distant as we figure out the current paradigm for a particular relationship.

Over time, if there is a good fit between therapist and patient they will co-create a relationship that works. “Integrating experiences of love and sexuality in psychotherapy [...] requires the co-creation of a contact boundary where the values, personalities and ways of dealing with life of both patient and therapist play a fundamental part. They are two people who together find possibilities of fulfilling interrupted intentionalities” (Spagnuolo Lobb, 2013).

Our world is a gendered world. It is gender that most of us are still socialized to expect will mediate not only intimate relationships but the environment of our life. However, gender as a construct has also been the source of tremendous harm. Take away gender and chaos will reign as all the familiar cues are ripped away and we are left finding a ground that has the same power as the one we lost, one which I think needs to be found.

Oedipus Rex is a very gendered Greek Tragedy upon which Freud built one of the foundations of Psychoanalysis. Suppose Oedipus was a Transwoman, Gender Fluid or Non-Binary. How might the history and influence of Psychoanalysis in the way it affected the world be changed?

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