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LGBTQ+ in clinical psychology training in the UK: The sound of silence

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Abstract

This article describes the pervasive silence in operation across UK clinical psychology trainings regarding LGBTQ+. We speak from experience as trainers in clinical psychology, and as members of the LGBTQ+ community, drawing on our professional observations and lived experience. We explore what silence may serve as a thin disguise for and draw on the work of LGBTQ+ activists and poets, Audre Lorde and Adrienne Rich. The risks in continuing this silence are discussed, which include training courses operating in contravention of wider EDI policies and legal frameworks, and to the psychological safety and wellbeing of staff and trainees from minorities left to raise their voices alone in EDI discussions. We propose that there are risks that are quite particular to LGBTQ+ staff and trainees in the group process, including being asked to hold the rest of the group's disavowed conflicts around sexuality and gender. Some of the missed opportunities in silencing LGBTQ+ in EDI discussions are also explored. We propose a revisioning of the EDI landscape: an 'invitation in' to a future where competition for limited resources is allayed, diverse viewpoints are welcomed, and voices are given the freedom to synchronise, with the gifts of LGBTQ+ experience and thinking included.

Keywords

LGBTQ+, clinical psychology, equity, diversity, inclusion

> "And in the naked light, I saw
> Ten thousand people, maybe more
> People talking without speaking
> People hearing without listening
> People writing songs that voices never shared
> And no one dared
> Disturb the sound of silence"
>
> Simon and Garfunkel (1965)

Introduction

In 2020, in the wake of the outrage and grief at the murder of George Floyd, and the socio-political shock waves that reverberated around the world, Health Education England (HEE) funded initiatives to improve equity and inclusion for Black, Asian and Minority Ethnic entrants to clinical psychology training

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(HEE, 2020). This included the mandatory appointment of Equality, Diversity and Inclusion (EDI) leads and mentoring schemes to drive anti-racist education, decolonise curricula, widen access to the profession and support racially minoritised trainees. These efforts have been welcomed, with participants reporting positive experiences (Jameel et al., 2022), and there is arguably a greater self-reflexivity about how the profession serves to maintain whiteness, rather than dismantle it. The previous British Psychological Society (BPS) chief executive, Sarb Bajwa, issued a statement that 'we are institutionally racist' (Bajwa, 2020) – a statement that would arguably never have been made, or immortalised in print, as little as 6 months earlier.

Francis and Scott (2024) explored the experiences of racially minoritised trainees across eight UK clinical psychology training programmes, following this HEE initiative. Participants expressed concerns about limited time and resources for the decolonising work, overstretched staff teams that remain largely white, and the unrealistic expectation that EDI responsibilities be seen to rest with a single individual rather than held by the whole team. Similarly, research by the Association of Clinical Psychologists (ACP) (Jameel et al., 2022) found that, while early-career participants viewed the EDI initiatives as promising, this optimism declined over time, with qualified psychologists expressing frustration and cynicism about the lack of meaningful change.

Liberation psychologist, Sanah Ahsan (2022), put forward a critique of these anti-racism initiatives as largely tokenistic, offering a visceral description of the felt experience of the 'performance' of anti-racism, in an article entitled 'EDI: Endless Distraction and Inaction'. She has spoken of a lack of care and compassion being afforded the EDI leads and consultants who have been recruited to bring challenge, and the cruelty in the 'cold' institutions and 'loveless' systems in which they have found themselves. As senior lecturers and trainers in clinical psychology, we have observed the turnover of staff in this role. We have watched EDI leads exhausted from swimming against the tide, as our training institutions and teams cling to old ways of doing things and hoard power that they are loathe to relinquish.

Participants in the ACP study (Jameel et al., 2022) noted that certain identities are being prioritised over others in clinical psychology, creating a sense of competition. With a wider recognition of the historical inequities that the profession has served to maintain, rather than dismantle, and considering the wider sociopolitical context, few invested in EDI would question why anti-racism has been centred for consideration. However, observations such as this one expressed by participants in the ACP study, and enacted in who was recruited for the study itself, represent an inconvenient truth. This article serves to explore this inconvenient truth, which sits alongside a commitment to the anti-racism work: that within clinical psychology, and clinical psychology training, there is little attention or consideration being afforded other oppressions, and very little room for consideration of LGBTQ+ specifically. As trainers, we are observing an over-simplification of the complexities of identity in operation and our training community appearing to turn a blind eye to the intersection of multiple oppressions.

In December 2024, at the annual Group of Trainers in Clinical Psychology (GTiCP) conference attended by trainers from clinical psychology courses across England, Scotland and Wales, courses were invited to each bring a poster representing their EDI activity. Across the 16 posters displayed, 10 were exclusively anti-racism themed, six referenced other work under the EDI umbrella, such as consideration of neurodiversity, disability and lived experience of mental health difficulties, and three of these six mentioned LGBTQ+ (one of which was authored by the first author and colleagues, see Basedau et al, 2024). These EDI posters provide a snapshot of activity across training programmes: anti-racism work has been front and centre, while other forms of oppression have been backgrounded or have fallen off the agenda entirely.

As trainers in clinical psychology, and as members of the LGBTQ+ community, we are concerned about the uncharacteristic absence of self-reflexivity and a lack of curiosity regarding what is being left out of view. We use an auto-ethnographic approach in naming this here as an inconvenient truth, and in offering a framework for understanding the specific risks and missed opportunities in continuing to leave LGBTQ+ out of the conversation. Our intention is to invite those invested in equity in education and society broadly, and our clinical psychology training community specifically, to reflect and seriously reconsider LGBTQ+ inclusion.

Silence

> 'My silence has not protected me. Your silence will not protect you.' Audre Lorde (1977)

Audre Lorde, self-described 'black, lesbian, mother, warrior, poet', and one of the most notable lesbian poets and gay and civil rights activists in modern history, wrote about silence. She recognised its defensive function, but also that, as a defence, it is invariably doomed to fail. In later writing, she considered being silenced as a weapon, as something actively done to her. She said that "*there are so many ways in which I'm vulnerable… I'm not going to be more vulnerable by putting weapons of silence in my enemies' hands."* (1977). She understood silence as a choice, always the presence of something, and not simply an absence, as another lesbian poet and friend of Audre Lorde's, Adrienne Rich, captures in her poem 'Cartographies of Silence' (1977):

> "Silence can be a plan
> rigorously executed
> the blueprint to a life
> It is a presence
> it has a history a form
> Do not confuse it
> with any kind of absence"

Audre Lorde came out as a lesbian by reading her famously explicit poem, '*Love Poem',* at a women-owned bookstore to a packed audience of women in New York in 1973. The audience included Adrienne Rich, who was also in the process of coming out. Recalling the moment years later, Rich said, "*It was incredible. Like defiance. It was glorious.*" (1981). After Audre Lorde's editor refused to publish it, she submitted the poem to a magazine, and when it went to print, she tore out the page and posted it on her office door. Her defiance that pushed through and beyond the censorship of her editor, was one response to something that is, we would argue, instinctively familiar to anyone who identifies as LGBTQ+; that waiting for permission to show up in the cis-heteronormative world in which we live, is all too often met with silence or censorship.

The pervasive enactment of 'queer erasure', or the tendency to misrepresent LGBTQ+ experiences and remove LGBTQ+ identities from historical accounts, has been widely acknowledged (see Morris, 2016; Rosenthal, 2017). This is exemplified in the frequent citation of Audre Lorde in letters and articles in clinical psychology publications, particularly since the increased attention given to anti-racism and liberation-themed writing. In almost every instance, she is described as a 'black feminist', and her identity as a lesbian is entirely erased. What would Audre Lorde herself have thought of this erasure, we wonder? To erase the lesbian identity that she risked so much to make visible, at a time when being open about her sexuality exposed her to ostracism, societal derision and potential career suicide, is arguably an inexcusable betrayal of all she stood for. She was quoted as saying:

> 'Of course I am afraid, because the transformation of silence into language and action is an act of self-revelation, and that always seems fraught with danger… And that visibility which makes us most vulnerable is that which also is the source of our greatest strength' (Lorde, 1977)

How is it that we have come to turn that visibility and self-revelation into erasure, and

her speaking on a crucial aspect of her identity into silence? And how is it that we, in our modern social consciousness, seem unable to hold her in mind in all her complexity, when the complexities and intersections of her identity are arguably precisely what gave rise to the politics and poetics that we so admire? Audre Lorde drew on her positioning as a woman, as black and as a lesbian, and the intersections of these identities, throughout her work, and certainly when she spoke of there being 'no hierarchy of oppressions' (Lorde, 1983).

This same erasure of LGBTQ+ identity can be seen in the quotes drawn, and stories told, in psychology, of James Baldwin. He is well known as an author and as being instrumental in the civil rights movement in the US at the time of Martin Luther King Jr. Less widely acknowledged in the references to his work, is that he identified as a gay man, whose personal experience of internalised racism and homophobia, is articulated in the quote:

> 'it's not the world that was my oppressor, because what the world does to you, if the world does it to you long enough and effectively enough, you begin to do it to yourself' (Baldwin, 1973)

Arguably the most pernicious of all the silences, is the one we damn ourselves to because of this internalised shame and stigma. As members of the LGBTQ+ community, we know well what it feels like to sit in fearful, shame-saturated silence, tongue-tied by the operation of internalised homo- and trans- phobia. We have seen the stories of our lives censored and identities erased throughout history. There is ongoing scholarship in related disciplines devoted to looking back at the lives of noteworthy figures who might have concealed their LGBTQ+ identities for fear of the stigma, shame, and in many cases, actual derision, ostracism and legal consequences (e.g. Mossop, 2024). Accounts such as Mossop's (2024) queer phenomenological historiography of Anna Freud are efforts to redress the silencing that has endured into the accounts we now have of their lives. As trainers in clinical psychology, we are concerned that in the current climate in training, and in clinical psychology more broadly, there is a silent complicity in the censorship and erasure of LGBTQ+ lives and experiences, and that there is harm taking place that is not being counted.

The pervasive silence in clinical psychology has a particular emotional resonance for anyone who identifies as LGBTQ+, given that we have all negotiated breaking the silence by speaking our identities into a cis-heteronormative social consciousness. This 'coming out' is never a single event, but something we negotiate every day as LGBTQ+. David Johns (2020) proposes a re-languaging of 'coming out', suggesting that this term maintains an unhelpful power dynamic which calls on LGBTQ+ folk to 'confess' our identities. He challenges us to reconsider 'inviting in' to our lives and experiences instead. When we choose to break the silence, to 'come out' or 'invite in', we do this not knowing whether the silence in any one moment is passive or active, and what the intention of the listener is. Whether we take the leap of faith or remain silent, is a moment-to-moment choice, and one that we are positioned by society to have to make relentlessly.

As trainers in clinical psychology, we have had unexplained difficulties in adding LGBTQ+ books to training library resources, in making space for LGBTQ+ trainees to gather in solidarity, or in offering tailored support that holds in mind the minority stress that these trainees navigate in the cis-heteronormative lecture and placement contexts they are in. And we have experienced unexplained resistance to bringing LGBTQ+ topics for discussion, or in raising awareness of the wider socio-political events affecting the LGBTQ+ community. These include the impact of the recent UK Supreme Court Ruling on the definition of a woman (see Equality and Human Rights Commission, 2025), and the repercussions of the scaling back of EDI in the US on international LGBTQ + scholarship and research (see Puckett and Galupo, 2025), as just two examples.

We ask the profession: what stands in for you in your silence? LGBTQ+ oppression remains urgent and visible – from the proposed transphobic Gender Questioning Children's guidance for schools (2023) and the UK Council for Psychotherapy (UKCP) withdrawal from the Memorandum of Understanding Against Conversion Therapy (2023), to the impact of the Cass review (2024) of NHS gender identity services for children and young people in England, which has resulted in a moratorium on prescribing puberty-blockers. Many LGBTQ+ people feel acutely unsafe as hard-won rights are being insidiously eroded. LGBTQ+ affirmative initiatives, like the NHS rainbow badge scheme have quietly lost funding (Rimmer, 2024), and community organisations have been forced to quietly close their doors (Legraien, 2024). And we have observed a parallel process taking place in clinical psychology training – sometimes through pernicious rhetoric, but often through silence and inaction.

As trainers in clinical psychology who identify as LGBTQ+, we question where clinical psychology and our training courses stand in relation to these oppressive acts and omissions. We propose that clinical psychology needs to do more to create a climate of safety for those identifying as LGBTQ+ to speak and tell our stories, and more than that; for trainers and trainees to step up to represent those less able to speak, those without the multiple academic and class privileges that grant us access to the fora where we can be heard. In maintaining a hierarchy of oppressions, we argue that clinical psychology has been contributing to the oppression and marginalisation of other oppressed groups, most notably LGBTQ+. We invite those invested in equity in education and society, our profession and trainers in clinical psychology to consider the words of the late Archbishop Desmond Tutu, '*If you are neutral in situations of injustice, you have chosen the side of the oppressor*'.

We urge the profession to reflect on how this hierarchy in operation aligns with our wider legal, EDI, and accreditation frameworks. The BPS Clinical Psychology Training Course Accreditation Standards (2025) require programmes to address how clinical psychology perpetuates inequities and to meet the requirements of the Equality Act 2010 and NHS Public Sector Equality Duty. This includes embedding equity, diversity, and inclusion across recruitment, training, supervision, curricula and research. The omission of considerations of LGBTQ+ in teaching, in developing trainee competencies to work with clients who identify as LGBTQ+, and in considering any more tailored support for trainees identifying as LGBTQ+ for example, is out of step with our own accreditation standards and the EDI policies of the universities in which our courses are situated.

Is this silence and erasure an unintended consequence of a necessary commitment to anti-racism? Or is this a plan, rigorously executed, as the lines of Adrienne Rich's poem above challenge us to consider? Can the silence be understood as passive, as the absence of LGBTQ+ writing, teaching, talking and advocacy, for example? Or is it more active, like censorship - where the silence fronts the 'cutting out' and erasure of something, with an air of disapproval and dislike? As the words of Archbishop Desmond Tutu remind us, neither of these is a neutral act. Anyone living with an oppressed identity, and particularly one that is stigmatised, knows – one can spend one's life trying to make sense of someone's intentions when you have that feeling that you've been slighted and experienced a micro-aggression.

How do we, as trainers who identify as LGBTQ+, and as a wider training community, respond to this silence? This article represents one response. Perhaps history was always destined to repeat itself: our article was desk-rejected by a prominent UK psychology publication, with feedback from the editor that suggested that the framing of the argument we present here was objectionable. There was no invitation to reframe this or clarify our position, but rather a message that something in what we are saying had come across as unpalatable and needed expelling. How can this not act as a provocation to feel defiance - to show up, to push through, to be seen and heard,

when showing up is made so difficult? We plan on tearing the article out and pinning it to our office doors in homage to Audre Lorde. However, this is where there is a real catch-22, because the provocation in the silence, is also an invitation to confirm some all-too-familiar stereotypes - that LGBTQ+ issues are 'divisive', and that LGBTQ+ folk are 'aggressive' or 'attention-seeking', or that we are 'pushing a gay/trans agenda'.

The anti-racism work we are engaged in is undeniably crucial, and also at a fragile and tender crossroads. Recent media attention aiming to discredit the anti-racism work and the framing of 'whiteness' as problematic in clinical psychology (see Lawrence, 2025; Searles, 2024) has left EDI leads, trainers and trainees, particularly those from racially minoritised backgrounds, feeling vulnerable. This is even more the case, as we watch with horror as EDI is being scaled back in the US, and we observe how neither science nor prevailing academic wisdom has served as protection (see Puckett and Galupo, 2025). This means that the suggestion that LGBTQ+ be afforded equitable airtime invariably provokes a threat mechanism readily activated in the harsh socio-political climate and loveless institutions which make limited resources and care available, and in which we already feel vulnerable. We have experienced hypervigilance and a readiness to respond ourselves, and we know that our colleagues and trainees invested in EDI feel this too. If these feelings are not acknowledged, and this readiness to react to threat is not mediated by self-reflection or contained by a group process formulation, they are invariably directed into EDI in-fighting.

Voices synchronising together

As trainers, we would argue that the lack of care and the impossibility of the task the EDI leads and consultants have been assigned, are not only an outrage, they also create an intolerable tension. Clinical psychology training has arguably set up some fixed binaries regarding what we allow in, and what we keep out, which literally reduce us to black and white thinking. When resources are limited and tensions are high, in this climate of black and white thinking, an all-too-common outcome is that instead of turning to each other in solidarity, in our shared experiences of oppression, and instead of sharing in feelings of vulnerability and outrage, what results is EDI in-fighting. This is arguably even more the case, when those limited resources turn out to be empty promises, as Sanah Ahsan (2022) describes – when 'the shame and failures of the institution are expelled into the EDI worker, and the presence of this person becomes a cue for discomfort' and invites 'a range of violences from individuals in the institution'. We argue that these oppressive systems that we operate within, and the oppressive forces in the wider socio-political environment, have the effect of turning us all into automatons - responding in automatic and unthinking ways, rather than reflecting together on the overarching structures that oppress us all; oppressing those from minorities disproportionately.

Audre Lorde is famously quoted saying:

> 'Among those of us who share the goals of liberation and a workable future for our children, there can be no hierarchy of oppression. I have learned that sexism and heterosexism both arise from the same source as racism' (1983)

As trainers who identify as LGBTQ+, we have lived experience of oppression, in the form of cis-heteronormativity and homophobia. We also occupy a number of positions of privilege, as white women and middle-class academics. Our hope is that we might maintain self-reflexivity about these, and hold our academic and professional privileges that afford us this space on the page and your attention, with appropriate humility. We ask ourselves: how might we use our experiences of oppression to reach others, and how might we use the power afforded by our privileges for the greater good; to devolve power and empower others, in the service of deconstructing the systems that maintain inequalities? We have seen how collaborating with colleagues in solidarity,

considering intersectionality and maintaining a self-reflexivity about what we foreground and background of the wide array of identities under the EDI umbrella, creates a far more responsive EDI offer. This offer is one that invariably mushrooms from the ground up, from lived experience and in response to the needs of those on the ground whom we should always be centring – our trainees and our service users. This serves as a revisioning of the one-size-fits-all EDI prescription handed from HEE down and imposed by the oppressive structures we serve to dismantle. Through inviting and celebrating diversity in EDI work, we have seen glimpses of what is possible; when we pool our experiences and different perspectives and we synchronise our voices.

In reaction to this intolerable silence in clinical psychology, the first author set up an LGBTQ + steering group. The aim of the group is to raise consciousness, to provide a solidarity space for staff and trainees who identify as LGBTQ+ and allies interested in supporting LGBTQ+ thinking, and to guide the development of LGBTQ+ teaching, research, placement experience, supervisor training and wider system change. Members of the group have expressed feeling a sense of community and belonging, and the solidarity felt in this has emboldened group members to break the silence in other spaces too. LGBTQ+ trainees and allies have spoken of feeling more able to challenge cis-heteronormative assumptions in lectures or initiate brave conversations with placement supervisors, for example. And LGBTQ+ staff have felt the solidarity necessary to raise difficult discussions in the wider staff team, to bring LGBTQ+ considerations to staff reflective spaces and to engage in wider consciousness-raising and activism, of which this article is an example.

In reaching out of the group to 'invite others in' to our activism and non-binary thinking, we have found solidarity outside of the group, and supported the development of other solidarity spaces, such as a peer circle for trainees with lived experience of mental health difficulties, and a neurodiversity group. A group for trainees who are parents has also developed in response to trainees requesting this, and a group for trainees and staff wanting to think together about environmental health has also sprung up. And there are current conversations taking place to re-invigorate an activism space for trainees from racially minoritised backgrounds, and for discussion of racial equity; a space that had fallen dormant. In diversifying the EDI agenda, space has arguably opened up for more freedom of thinking and constructive dialogue in the staff team as a whole, beyond rote conversations and beyond the binaries of black and white thinking. Voices constructively disagreeing and dialoguing have been able to synchronise when there has been recognition of our commonalities, as well as our differences. Those representing lived experience of mental health difficulties, for example, have shaped the staff support structures and pushed for flex in the hierarchy. Those representing wider systems change have pushed for accountability in our taking action and not remaining stagnant in reflection. Leadership have co-ordinated the putting together of an EDI strategy and a statement of our course values, and they have put in place new structures in the timetable to hold and facilitate the developments in our thinking. And LGBTQ+ has represented the importance of relationship-building (between staff and between staff and trainees) and staying with discomfort in order to grow and effect meaningful change. What has been borne out in these EDI developments really draws on a central tenet of Audre Lorde's lifelong position, and is captured in her quote:

> "We diminish ourselves by denying to others what we have shed blood to obtain for our children. And those children need to learn that they do not have to become like each other in order to work together for a future they will all share." (Lorde, 1983)

We argue that the silencing and erasure of LGBTQ+ within EDI considerations in the UK clinical psychology training climate, is not only

an outrage; it is also, fundamentally, a missed opportunity. Those representing LGBTQ+ lived experience and LGBTQ+ thinking bring the experience of holding diversity in mind, given that the LGBTQ+ umbrella covers such a wide range. We have arguably all considered our position, occupying an LGBTQ+ identity, while simultaneously striving to be an ally to those whose experiences and identities we may not share under the broad umbrella of LGBTQ+. As LGBTQ+, we would argue, we are also quite uniquely skilled in staying with discomfort and tension in EDI discussions, as Hannah Gadsby explains in their groundbreaking show 'Nanette'. We know how to hold the tension in the room, because so many of us have spent our lives *being* the tension in the room. It is necessary to be able to tolerate tension and stay with discomfort to not retreat into the safety of rote conversations that serve to repeat and maintain the patterns of the past. In addition, we argue that there is something uniquely LGBTQ+ in a certain heightened sensibility towards honesty, given that living honestly with a stigmatised identity has been so hard-won. We have observed how it will frequently be the LGBTQ+ person in the group dynamic that will be most sensitised to a group lie, and if they have renegotiated their relationship with the internalised homo- or trans-phobia that would otherwise silence them, they are likely to be the first to name that lie, as in the story of the Emperor's new clothes.

This break from groupthink is possible, as bell hooks so beautifully described, when one occupies a position in 'the margins', as an 'outsider'. She described her own experience of '*speaking from a place in the margins where I am different, where I see things differently*' due to her race, and she described the margins as '*a place of resistance'*. (Hooks, 1989: 22). Or, to draw from Maya Angelou's description, when you *'belong no place'* and you simultaneously *'belong every place'* (Angelou, 1973). These experiences of being in the margins and being an outsider, are arguably instantly relatable to anyone who lives with an oppressed or minoritised identity. How do we stand a chance of entering into the brave conversations that we need to be having about race, gender, sexuality, and about all oppressions, if we are not willing to tolerate discomfort or engage in dialogue that leads to new associations and growth?

As trainers who identify as LGBTQ+, we have observed how speaking from lived experience, we are also able to bring an appreciation of nuance and complexity; a necessary skill we have developed in navigating LGBTQ+ identity in a cis-heteronormative world. We argue that with these, we are well-positioned to challenge the binary and black and white thinking that underlies EDI in-fighting, for example. Being LGBTQ+, we argue, necessitates an appreciation of continuums, fluidity and movement, as these apply to gender and sexuality, which can be generalised to the benefit of thinking in teams more broadly. This article is borne out of just this sort of thinking, and it is an 'invitation in' to the gifts of LGBTQ+ lived experience and creativity; a re-visioning of an EDI landscape within UK clinical psychology training, where we are able to synchronise our voices, rather than compete with one another for limited resources.

A cautionary tale

> "Fools" said I, "You do not know
> Silence like a cancer grows
> Hear my words that I might teach you
> Take my arms that I might reach you"
>
> Simon and Garfunkel (1965)

This re-visioning of EDI that we are representing, comes with an urgency and an insistence borne out of firsthand experience of the danger in things remaining as they are right now. The EDI work is being undermined by EDI in-fighting and a constant, insidious pushback from socio-political oppressions and power-hoarding systems that are resistant to change. The all-too-common result is that minority representatives and EDI consultants burn out and leave. There are also substantial risks to the training courses themselves, who are rightly held to account by

their trainees and, in many instances, found wanting according to the EDI strategies of the wider institutions they form a part of, as well as the BPS accreditation standards. In addition, with a 'hierarchy of oppressions' so unashamedly in operation, with other oppressions and protected characteristics literally being 'cut out' and 'left off' the agenda for consideration, most training courses are arguably operating a discriminatory practice that contravenes the Equality Act (2010).

Some of the pushback we have received when raising LGBTQ+ considerations, has been on the grounds of viewpoint diversity, or what is broadly understood as academic freedom and freedom of speech. Advocates of viewpoint diversity within clinical psychology argue that there should be more freedom to express unpalatable views, particularly on LGBTQ+ topics, where debates are raging in wider society too. We are strong proponents of the view that truly respecting the 'D' in EDI, as trainers, we need to engage with an array of different perspectives and encourage constructive disagreement in our teams and within our trainee cohorts. Being able to harness the different perspectives and opinions within the group is arguably necessary for constructive dialogue that sparks creativity and new ideas, and moves our thinking forward. We believe that viewpoint diversity is fundamental to voices synchronising together within the team, and presents an antidote to the groupthink that binds us to repeating rote conversations and lifeless EDI initiatives.

However, the Equality Act (2010, Section 26) makes clear that anything that creates a hostile working environment for colleagues or trainees, based on their protected characteristic, amounts to harassment. To enter safely into constructive disagreement, firstly, there needs to be respect for the fact that individual experiences and identities are not up for debate. Debates on these topics amounts to harmful gas-lighting and makes these conversations unsafe for those who have lived experience of these identities. Secondly, it needs to be acknowledged that while there are certain protections around the right to *hold* a belief, however contentious, under the Equality Act (2010), the right to *express* it is not protected if it results in harassment of someone on the basis of a protected characteristic. Understanding the Equality Act (2010) and UK Government Freedom of Speech Act (2023), will be necessary for courses to navigate their way through this landscape safely. We recommend that staff receive training in these, as this would increase confidence to enter respectfully into the sensitive discussions and the constructive disagreements that arise in the EDI work. We argue that this is especially the case for LGBTQ+, where debates are raging in our wider society, and a fear of mis-stepping in entering into these appropriately and professionally is likely a contributory factor in people remaining in fearful silence, and LGBTQ+ considerations remaining 'off-limits' for discussion.

We would also invite training courses to consider the particular risks for the staff from minorities in raising their voices alone in EDI discussions. These mirror the experiences of our trainees from minorities too; which are well documented in research into trainee s' experiences (e.g., Francis and Scott, 2024), as well as having been shared with us in our roles as tutors. There is a real threat of being overwhelmed by the emotional labour in being relentlessly positioned as responsible for educating the majority in our lived experiences. Constantly swimming against the tide and being positioned as the 'cue for discomfort', as Sanah Ahsan (2022) explains, comes at the expense of our mental health and wellbeing, as minority representatives in the room.

We propose, from our experience as trainers who identify as LGBTQ+, that there are dangers that are quite particular to LGBTQ+ staff and trainees in the group process. There is something arguably unique in what the LGBTQ+ person represents, and how this is responded to depends on the group, and its capacity for reflection. The LGBTQ+ representative brings sexuality, relationships and gender to the table, just by being in the room. Freud was the first to frame conflicts around our sexuality as a universal anxiety. He argued that we employ a range of defences to protect ourselves from that anxiety.

We have observed groups, in an effort to manage anxiety, project all disavowed feelings around sexuality and gender, and broadly, shame and humiliation, into the LGBTQ+ representative. Kentridge (2022: 15) describes this process, in speaking to the function of LGBTQ+ people within psychotherapy training:

> 'As queer people, we are asked to hold toxic elements for the group, (and) we come to stand as markers for the parts of the profession or tradition that might be best gotten rid of… (We) come to hold all the shame of sexuality and all the badness of disavowed homophobia that can't be borne collectively'.

The LGBTQ+ representatives in the group come to hold these disavowed feelings on behalf of the group, which is a heavy, and ultimately dishonest, burden for any one person or minority to shoulder, when it is not theirs to carry. This process of projection has been well-described as a central group process underlying racism in society (see Lowe, 2018), and it makes some sense of the cruelty and dehumanising we observe enacted among one group of people towards another – the cruelty of the response based on the determination of the group to annihilate those feelings that it simply cannot tolerate possessing itself.

This is a particular risk for LGBTQ+ people, who are always 'easy targets' for disavowed conflicts around gender and sexuality. We have observed how LGBTQ+ individuals can be treated cruelly in others' attempts to annihilate what cannot be tolerated in themselves: vulnerability, broadly, and sexuality, specifically. A tragic hallmark of LGBTQ+ oppression, distinct from all other forms of oppression, is that the potential for this cruelty exists within our closest relationships. A UK survey by Galop (2022) found that 29% of 5078 LGBTQ+ respondents reported abuse from family members, including harassment, violence, and being forced into homelessness. Among trans and non-binary respondents, this rose to 43%. Similar cruelty can readily emerge in professional and training contexts too, where anxiety around sexuality and gender, together with the anxiety inherent in EDI discussions, leads groups to seek the 'easiest way out', often at the expense of the LGBTQ+ representatives in the room.

A further risk is that the LGBTQ+ representatives find that what they thought they were investing in the group's learning and development by sharing their lived experience and challenging binary thinking and groupthink, becomes repetitive, with little movement or growth springing forth from the rest of the group to move the discussion forward. This self-disclosure and emotional labour can increasingly come to feel humiliating when met with silence and a lack of authentic emotional engagement from the heterosexual, cis-gendered majority. What this becomes is a repetitive re-enactment of oppression, we argue, which is enacted at the expense of the dignity of the LGBTQ+ representatives in the room.

Conclusion

> 'How can we use each other's differences in our common battles for a liveable future?
> All of our children are prey. How do we raise them not to prey upon themselves and each other? And this is why we cannot be silent, because our silences will come to testify against us out of the mouths of our children.' (Lorde, 1988)

How do we find a way through to reach you, the readership, and the clinical psychology training course community? How do we, as trainers who identify as LGBTQ+, reach you to challenge you to reflect on these dynamics and commit to change? In her address 'The Transformation of Silence into Language and Action' (1977), Audre Lorde spoke of her intention to connect, to reach out to other women, poets, lesbians and anyone who might identify with her, to let them know that they are not alone. And this is also our wish in writing this piece, just as it has been in raising our voices in our respective settings - to break the silence that

leaves people feeling alone and erased, and to connect with others in solidarity. As trainers and clinical psychologists who identify as LGBTQ+, we have felt this silence and erasure acutely ourselves, and we know that this is a feeling among LGBTQ+ trainees, and the LGBTQ+ service users that we and our trainees work with too. It is also our hope that we might somehow reach across the projections, the othering and the dehumanising that occurs in group processes, to the straight cis-gendered majority, wherever you are on the continuums of sexuality and gender, to the allies that we need to step up, and rouse you to action.

How do we embolden you, our colleagues and trainees, to consider these arguments, resist in-fighting, band together and raise your voices to break the silence around LGBTQ+ and around all oppressions that are being kept off the agenda? There are so many challenges to doing this, and this includes those presented by the institutions in which we are situated and wider socio-political structures resisting our efforts. For LGBTQ+ staff and trainees there are additional challenges. We must first shake off society's message that we should 'know our place' and remain in shame-saturated silence, to find our voices and speak. Then we must negotiate the LGBTQ+ stereotypes of being 'aggressive' and 'attention-seeking' we cannot but confirm in doing so and somehow sidestep being misrepresented as being in competition with our racially minoritised colleagues whom we seek to join in solidarity, because we understand each other's oppression and we know that we are stronger together. If we get this far without being silenced by pushback or by being maligned in the group process, and if we are still able to raise our voices, we must then hope that we have allies in the room who are willing to join their voices with ours. We cannot do this alone.

In highlighting the risks and the missed opportunities in this pervasive silence regarding LGBTQ+ in clinical psychology, our hope is that we have made conscious what may have hitherto been out of awareness, and that in speaking into the silence, we invite others to start doing the same. In the words of Audre Lorde, '*let us use each other's differences in our common battles for a liveable future'*.

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