FRANKIE WITHERS BSc (Hons), MSc, PGCE

QUEER WOMEN AND MINORITY STRESS.

Section A: Queer women and minority stress; a meta-ethnography.

Word Count: 6989 (301)

Section B: Rationalising (in) Silence; Lesbians' experiences of Clinical Psychology training.

Word Count: 7997 (299)

Overall Word Count: 14,986 (600)

A thesis submitted in partial fulfilment of the requirements of
Canterbury Christ Church University for the degree of
Doctor of Clinical Psychology

February 2023

SALOMONS INSTITUTE OF APPLIED PSYCHOLOGY
CANTERBURY CHRIST CHURCH UNIVERSITY

ACKNOWLEDGEMENTS

To my participants, and to Queer women: thank you, and you matter.
To those who listened, heard, and helped: I am forever grateful.
We did it!

SUMMARY OF MRP PORTFOLIO

This research project firstly considers what is known about Queer women's experiences of minority stress, and the ways they respond. Then a qualitative project explores and seeks to understand the impact of minority sexual orientation for UK clinical psychology trainees who identify as female and gay or lesbian.

Section A:

This literature review presents the current theoretical models and empirical data for Queer women and minority stress. It then uses a meta-ethnographic approach to extract primary and second-order concepts from thirteen qualitative papers which describe Queer women's experiences of minority stress and their various responses. Third-order constructs of 'threat', 'response' and 'position' are extracted from this data and a model of how these interact for Queer women is described. Implications of how minority stress may present in Queer women, and the interaction between mental health and responses to minority stress are discussed.

Section B:

This empirical paper explores the experiences for lesbian/gay women on clinical psychology training, and the impact of minority sexual orientation on personal and professional development. Eight interviews are analysed using Interpretive Phenomenological Analysis. Three super-ordinate and nine subordinate themes emerged relating to psychological, relational and theoretical processes trainees engaged in largely in the absence of a shared reflective practice around sexuality and gender. Implications for training and practice are discussed.

Table of Contents

.

List of figures and tables

Section A: Literature review

Section B: Empirical Paper

List of Appendices

Section C: Appendix of Supporting Materials

FRANKIE WITHERS BSc (Hons), MSc, PGCE

QUEER WOMEN AND MINORITY STRESS.

Section A: Queer women and minority stress; a meta-ethnography.

Word Count: 6989 (301)

A thesis submitted in partial fulfilment of the requirements of
Canterbury Christ Church University for the degree of
Doctor of Clinical Psychology

February 2023

SALOMONS INSTITUTE OF APPLIED PSYCHOLOGY
CANTERBURY CHRIST CHURCH UNIVERSITY

Background: Sexual minority women or 'Queer' women experience mental health inequalities compared to the general population. Internal and external responses to stigma-based 'minority stress', alongside general psychological processes may mediate the relationship between stigma and mental health outcome. There is a paucity of in-depth exploration of Queer women's experiences of or responses to minority stress.

Aim: To explore Queer women's experiences of and responses to minority stress.

Method: A meta-ethnographic approach based on Noblett and Hare (1988) was employed to extract primary and second-order data from thirteen qualitative studies. The current author re-interpreted the original data across all studies through reciprocal and line-of-argument analyses.

Results: Three overarching themes and eleven sub-themes emerged: Threat; *Discrimination and Prejudice, Conflict inside and out, Emotional experiences,* Response; s*trategy and process, flexibility and acceptance, activity and opposition, unity and connection, identity and internalisation,* Position; *Context and culture, Personal history, Multiplicity.*

Conclusion: Queer women experience minority stress as threatened and tangible damage and loss. They responded in ways consistent with the literature: psychological calculation, concealment, activism, community engagement, 'maladaptive coping' and positive identity development. The type of threat and choice of response relate to context and intersectionality.

Key words: *Queer, Women, Minority Stress, Stigma, Coping*

INTRODUCTION

Terminology

This review predominantly uses the terminology of 'queer' to refer to women who have an interest in, and/or have intimate relationships with women, over other terms commonly found within the literature such as 'Women who Sleep with Women' (WSW), 'Sexual Minority Women' (SMW), 'Same-Sex Attracted' (SSA) women. Where studies specified individual labels; for example, 'Lesbian', these are included within the text. Queer has been reclaimed by some of the Lesbian, Gay, Bi-sexual, Trans and Queer+ (LGBTQ+) community to represent pride and unity amongst sexual and gender minorities (Clarke, February 2021). Queer is used to acknowledge the systemic interaction between 'gender' and 'sexuality' and resulting overlap in discrimination and prejudice from sexism, heteronormativity and homophobia.

Queer Women

It is well established that gender and sexual minorities experience mental health inequalities compared to the general population (Government Equalities Office, 2018). This inequality is pervasive and exists within societies where having a minority sexual orientation is a protected characteristic in terms of legislation and governance such as the UK as well as countries where sexual minorities are criminalised. Within the UK, Lesbian and Bi-sexual (LB) women are more likely to experience mental health conditions (Chakraborty et al., 2011; NHS England, 2019) such as depression and anxiety (Henderson & Varney, 2017), to report suicidal ideation (Bachmann & Gooch, 2018) and to actively attempt to end their own lives (Hudson-Sharp & Metcalf, 2016) than non-Queer women. Surveys of the UK LB population have found higher self-reported rates of self-harm (Taylor et al., 2020; Rehman, Lopes & Jaspal 2020), alcohol and substance use (Bachmann & Gooch, 2018) and less reported help-seeking behaviour and service engagement than the general population

(Government Equalities Office, 2018). When LB women access health and social care in the UK, they report experiencing and witnessing discrimination, prejudice and a general lack of knowledge around the specifics of Queer women's health (Fish & Bewley, 2010). Making sense of the factors which may contribute to poorer mental health outcomes in sexual minorities is an important part of working towards parity of health for these populations.

Minority Stress

Minority Stress Theory MST (Meyer, 2003) hypothesised sexual minorities experience specific stressors and negative life events due to the marginalisation of their 'minority status' (sexual orientation, race/ethnicity & gender) and 'minority identity' (Gay, Lesbian, Bi-sexual) within their environment and circumstances. MST divided the stressors and negative life events into three groups: general stressors, distal stress processes and proximal stress processes. Distal and proximal stress processes were specific to minority sexual orientation individuals and referred to external events (such as prejudicial and discriminatory acts by individuals, groups, structures or institutions) and internal psychological concepts (the internalisation of homophobia, heterosexism and stigma, the anticipation of rejection and practice of concealment) respectively. Meyer (2003) theorised that mental health outcomes may be mediated by a person's access to social support and community, and that the characteristics (prominence, valence, integration) of an individual's minority sexual identity (GLB) may mediate the relationship between proximal stress processes and mental health outcomes (Meyer, 2003). This model provided an overall framework within which to understand mental health inequalities for sexual minorities; however, it's applicability in terms of providing possible avenues for intervention in order to improve mental health outcomes for this population is limited by the minimal detail offered to the psychological process involved (Meyer, 2003; Hatzenbuehler, 2009).

Psychological Mediation

MST does not include non-sexuality specific psychological and relational processes affecting individuals in the context of stress (Hatzenbuehler, 2009). The Integrative Mediation Framework (IMF) (Hatzenbuehler, 2009) overcame this by expanding the MST to include general psychological processes in terms of cognition (negative self-schemas, hopelessness, alcohol expectancies), social and interpersonal (social isolation, social norms) and coping and emotional regulation (rumination, coping motives) alongside the sexuality-specific processes (the internalisation of homophobia, heterosexism and stigma, the anticipation of rejection and practice of concealment) already included within the model. IMF explains that sexual minorities not only face additional stress due to internal and external stigma, but that these create greater use of general psychological processes and sexuality-specific processes in response. Higher use of stigma-related processes is linked theoretically to an increased likelihood of psychopathology. The IMF described gender alongside race/ethnicity as 'stable characteristics' which moderate both distal stigma-related stressors (objective prejudicial events such as discrimination and violence) and general psychological processes. The model suggests gender and race/ethnicity have an impact on the type of discrimination sexual minorities are likely to experience, and the ways in which they cognitively, socially and emotionally cope.

Minority Stress and Queer Women

Queer women belong to at least two marginalised groups, meaning they may experience stress relating both to their gender (sexism), as well as sexuality (homophobia) and the intersections of the two (heterosexism/heteronormativity) (Szymanski, Dunn & Ikizler, 2014). Evidence suggests Queer women typically experience different patterns of minority stressors (Fish & Bewley, 2010) and use different combinations of psychological responses (Lewis, Kholodkov & Derlega, 2012) compared to

other sexual minorities. The precise ways in which gender and sexuality interact for queer women is not completely understood.

Research into the female experience of sexual minority stress is predominantly quantitative in method, using large-scale surveys to collect information around the types of minority stress experiences women face, and/or the ways in which they cope. The most recent review of the literature identified three major areas of peer-reviewed research around Queer women and minority stress: 'mental health and substance use outcomes', 'minority stress and work', and 'minority stress and relationships' (Lewis, Kolodokov & Derlega, 2012). The review highlighted the relative paucity of research into women's experiences of minority stress compared to that of men emphasising the importance of focusing on the individual and group mediators between stressors and outcomes including buffers or protective factors.

Responses to Minority Stress

Some qualitative research has used large-scale online questionnaires with aims to identify via statistical and computational means, the mediating factors between minority stress and adverse health outcomes. One such study of 761 sexual minority women in the USA (Szymanski, Dunn & Ikizler, 2014) identified sexist and heterosexist events, and internalised sexism and heterosexism as unique predictors of psychological distress for Queer women. They looked at different coping responses: rumination, detachment (disengaging from problem solving and distancing oneself from support) and internalisation (locating the reason, or blame for acts of discrimination within oneself) (Wei et al., 2010). Distress from sexist events as well as internalised sexism and heterosexism was shown to be mediated by rumination, detachment and internalisation. Distress from heterosexist events was mediated by detachment only. Another cross-sectional survey of 1381 lesbian and

bisexual women (Lehavot & Simoni, 2011), found the significant impact of gender expression combined with minority stressors (victimisation, internalised homophobia, concealment) on negative mental health problems and substance use and identified social-psychological resources (social support, spirituality) as mediating factors. Whilst these large-scale studies shed light on the complexity of minority stress for Queer women and identify potential mediating factors which could be addressed in therapy, they often do not include the detail and human experience, offered by qualitative research.

Review rationale

Stigma-based stress from sexism and heterosexism is associated with poorer mental health in sexual minority women. Research has used questionnaires and large-scale surveys to identify and quantify the types of stigma-based events Queer women experience, and the types of responses they use as a consequence. Data suggests maladaptive coping strategies and psychological processes are associated with higher level of psychological distress and psychopathology. Thus far, however, there has been no review of the self-reported experiences of Queer women. A qualitative review in this field is needed to provide a better understanding of the complex interplay of factors contributing to Queer women accessing services. It may also contribute to theory building, shedding further light on mediating factors which facilitate coping in queer women which could potentially contribute to evidence-based interventions.

Aims

The aim was to provide an up-to-date review of published qualitative research exploring experiences of minority stress reported by queer women. Secondly, it sought to further explore the effect minority stress may have on queer women by interpreting the results in light of current theory

regarding internal psychological processes and external behaviours. Finally, the ways in which queer women may respond to or cope with minority stress are explored; 'coping' may include resilience factors such as drawing from helpful resources as well as responses conceptualised as mental health difficulties, such as addiction, depression, anxiety, or psychodynamic defences such as avoidance or denial (Hatzenbeuhler, 2009). This review therefore seeks to answer the following:

Review question: *How do Queer women experience and respond to minority stress?*

METHODOLOGY

A meta-ethnographic approach was chosen as it allows the author to *combine* and *reinterpret* qualitative accounts from existing published literature. It was felt that this method provided the best structure for presenting not only the existing material available on the topic, but also to draw potentially new or alternative interpretations and conclusions from this existing data to better understand the evidence around queer women and minority stress.

Search strategy

Minority stress. Papers were included if MST, or one of the proximal or distal components of the model was the main topic of interest.

Queer women. Papers were included where participants identified as queer women; including but not limited to: lesbian, gay, bi-sexual and pan-sexual. If heterosexual women, or other genders were included in the study, then the results relating to queer women had to be distinct.

As this review aimed to investigate responses to minority stress, only studies published after Meyer's minority stress theory was described in 2003 were included.

Literature Search

An electronic systematic search of the literature was conducted in April 2022 to locate relevant studies for this review (Figure 1). Three electronic databases (Web of Science, Psych-Info and Google Scholar) were searched using terms for 'queer women' and 'minority stress' as outlined in Table 1. A further 19 studies were identified from the references of relevant papers. A total of 13 studies were found to meet the search criteria and were included in the review.

Table 1

Search terms

Queer Women	**Minority Stress**
queer OR homosexual OR gay OR lesbian OR bisexual OR bi-sexual OR WSW OR SSA AND woman OR women OR female	"Minority stress" OR discrimination OR prejudice OR homophobi* OR heteronorm* OR heterosexis*

Eligibility Criteria

Table 2 provides a list of the eligibility criteria used.

Table 2

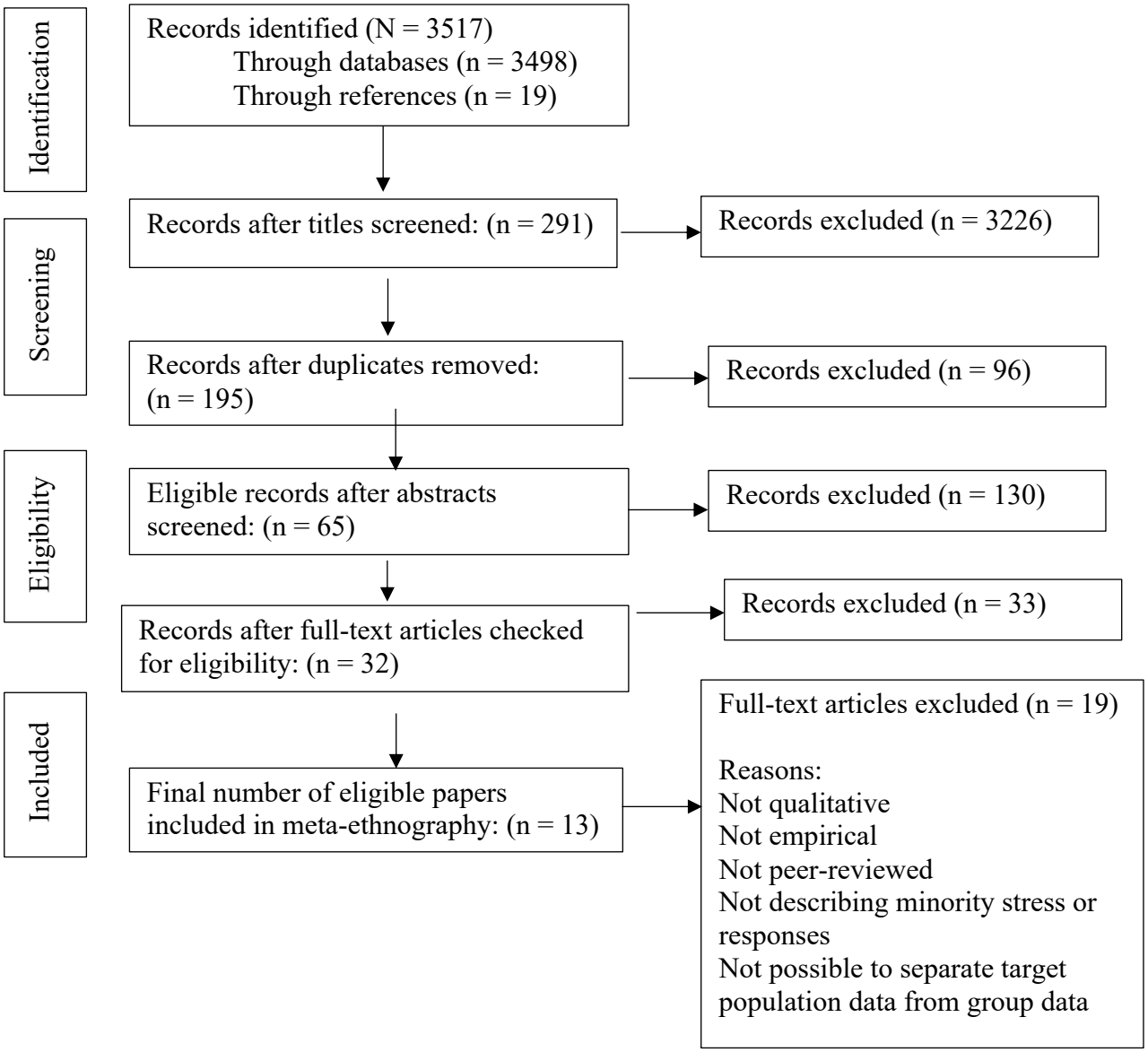
Review Inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
Published after 2003	Published prior to 2003
Peer-reviewed within academic journals, including qualitative and case-study papers presenting primary data.	Grey literature, unpublished dissertations and reports, purely quantitative papers, reviews, meta-analyses and presenting non-primary data.
Full article available in English	Not English language
Participants were adults aged 18 years or older. If younger aged participants were included, only studies where it is possible to differentiate the results of adult participants from those who were younger.	Participants are younger than 18 years old, or studies where the age of participants is not reported, or where the sample is mixed but it is not possible to differentiate the results of adults from those relating to adolescents/children.
Participants who identify as both Queer (any sexuality outside of heterosexuality) and female. If participants were both queer women and other identities, then only where it is	Participants who identify as heterosexual, male or non-binary. Studies with non-queer female

possible to identify the results relating to those participants identifying as queer women.	participants where it is not possible to tell which results relate to the target population.
Topic of the research relates in some way to minority stress (e.g. internalised homophobia, discrimination, prejudice) and the results include some relevance to psychological processes. If the topic was mixed, then it is possible to identify the results relating to the topic of this review.	Topic of the research relates exclusively to topics not clearly related to minority stress (e.g. domestic violence, parenthood), or coping (e.g. difficulties with healthcare).

Figure 1.

PRISMA flow diagram describing the systematic literature search.



Meta-ethnographic process

A meta-ethnographic approach allows the re-interpretative synthesis of qualitative research. Typically, this approach involves a 'triple-hermeneutic' design; participants make sense of their experience, the researchers within each paper interpret their experiences (double-hermeneutic) and the author of the meta-ethnography interprets once more, grouping ideas across papers to establish overarching commonalities and/or differences in a new set of themes. This meta-ethnography follows the six phases recommended by Noblett and Hare (1988) as updated and described by Sattar and colleagues (Sattar et al., 2021). Phase one: selection of papers as described above. Phase two: quality appraisal of papers using CASP (CASP, 2018). Phase 3: extraction of relevant first order (participant quotes) and second order data (primary author's interpretations). Phase 4: creation of concepts to represent second-order primary authors' interpretations, and the grouping of these into descriptive categories (Appendix I). Phase 5: translation of primary and secondary data within categories, to create third order concepts (Appendix II) as the order of translation influences the third order concept development, studies are translated in order of CASP score (studies considered earlier likely exert more influence (Sattar et al., 2021). Phase 6: A reciprocal synthesis, where primary and second order concepts are juxtaposed in order to create third order concepts, followed by a line of argument synthesis whereby these concepts are used to create a model showing their relationship was conducted and results are presented in the review below. A research diary was kept throughout to encourage reflexivity and the author's awareness of their own position in relation to the work (Appendix III).

REVIEW

Study Characteristics

Thirteen studies met the criteria for this review (Table 3).

Table 3

Description of the fourteen papers and their main findings.

Study	Author(s) (year), *Location*	Aims	Sample and Recruitment	Methodology and Analyses	Main findings
1	Bowleg et al. (2003), *USA*	To understand the relationship between black lesbians' experiences of stress due to racism, sexism and/or heterosexism, and their resiliency in spite of these stressors.	**Sample:** 19 black lesbians, aged 26-68 **Recruitment:** Volunteer sample via signage at a retreat for Black lesbians.	**Measures:** Semi-structured interviews lasting 30-45 minutes. **Setting:** unknown **Analyses:** "Based on the techniques of Grounded Theory"	Black, female and lesbian identities intersect, and reveal different challenges and positive experiences. For example, maintaining links with the black community, even if tied to increased heterosexism, was perceived as preferred, as it provided important support/resistance to racism. Resilience was described through external and internal processes, resiliency processes and socially supportive relationships.
2	Alexander & Clare (2004), *UK*	To explore the meaning of women's self-injury within the context of having a lesbian or bisexual identity and to consider the possible relationship between identifying in this way and engaging in self-injury, as a means of focusing on the relevance of wider social context to an understanding of self-injurous behaviour.	**Sample:** 14 lesbians and 2 bisexual women aged 18-50 (M=29; SD 8.1). **Recruitment**: volunteers from paper-based advertisements	**Measures:** Semi-structured interviews lasting 60-90 minutes. **Setting:** **Analyses:** Interpretive Phenomenological Analysis (IPA).	Six themes: "Bad Experiences", "Invisibility & Invalidation", "Feeling Different", "Just Doing It", "It Helps Me Cope" and "Moving On".

Cont. overleaf

Table 4 *continued*

Study	Author(s) (year), *Location*	Aims	Sample and Recruitment	Methodology and Analyses	Main findings
3	Gruskin et al. (2007), *USA*	To explore the consequences of lesbians' bar attendance in a diverse urban setting.	**Sample:** 35 Lesbian and bisexual women, aged 22-55. **Recruitment:** purposeful sampling via email, personals section on craigslist & agencies.	**Measures:** Semi-structured Interviews, Face-to-Face. **Analyses:** 'Qualitative methods': Iterative, coding, no specific type of analysis stated.	Themes: Safety and support over the life course, Lesbian identity development, Reduction of stress, social networks and intimate relationships,
4	Bowleg et al. (2008), *USA*	What workspace stressors due to race, sex/gender and/or sexual orientation do Black lesbian's describe? And what strategies do Black lesbians use to cope with these stressors?	**Sample:** 19 black lesbians, aged 26-68, (M=45). **Recruitment:** Volunteer sample via signage at a retreat for Black lesbians.	**Measures:** Semi-structured Interviews. **Analyses:** Based on the techniques of Grounded Theory	Themes: stressors related to heterosexism/sexual identity, racism/race, sexism/sex/gender and intersections of race, sex/gender and sexual orientation.

Table continued overleaf.

***Table 4**. Continued*

Study	Author(s), (year), *Location*	Aims	Sample and Recruitment	Methodology and Analyses	Main findings
5	Condit et al.., (2011), *USA*	1) How do sexual-minority women describe their life experience in relation to family, friends, identity, stressful events, and substance use? 2) How do sexual-minority women describe the role of alcohol in their lives? 3) How do narratives about life experiences differ between sexual-minority women who have a prior history of problems with drinking and those who do not?	**Sample:** 12 lesbians with current or prior history of alcohol-related problems, 6 who had sought help and 6 who had not. Aged 25-63 . **Recruitment:** Volunteer sample from online charities, organisations and advocacy groups.	**Measures:** Semi-structured interviews lasting 40-120 minutes. **Setting:** face to face or by phone. **Analyses:** Content analysis.	Themes around stressors and mediating factors for life experiences and alcohol use: 1) Stressors- a. Family: Response to sexual orientation, alcoholism, criticism/abuse b. Relationships: using with a partner, using to cope with breakups c. Traumatic/violent experiences: homophobia, racist incidents, sexual assault and other trauma 2) Coping Factors- a. Supportive family members: family unity, grandmothers, adult siblings b. Friends as family: making familia from scratch, support in difficult times c. Community support and connection: queer-friendly networks and contexts, queer-friendly support, activism, self-acceptance
6	Bjorkman & Malterud (2012), *Norway*	To explore lesbian women's successful coping experiences related to sexual minority stress.	**Sample:** 64 lesbians. **Recruitment:** Purposeful, volunteer, adverts on a wide range of LG websites & publications, national radio & newspapers	**Measures:** Web-based open-ended questionnaire. **Analyses:** Thematic analysis using systematic text condensation.	Themes: 1) Disclosure and openness are means to counter anticipated prejudice, 2) Maintaining dignity when prejudice appears. A personal conviction that being lesbian is 'acceptable and worthy' or 'lesbian confidence' may be a foundation for the above themes, and therefore for coping with minority stress.

Table continued overleaf.

Table 4. *continued*

Study	Author(s) (year), Location	Aims	Sample and Recruitment	Methodology and Analyses	Main findings
7	Sung, Szymanski & Henrichs-Beck (2015) *USA*	To explore challenges, coping strategies, and positive aspects associated with managing identities related to race, sexual orientation and gender among Asian America Lesbian and Bisexual Women (AALBW).	**Sample:** 50 Asian American sexual minority women, aged 18-52 (M=24.72, SD = 7.82) **Recruitment:** purposeful, volunteer sampling via flyers sent to AALBW related email lists and online groups.	**Measures:** Online survey comprising of three open-ended questions, 2 adapted from Bowleg (2008). **Analyses:** Qualitative content analysis.	▪ **Challenges** *Living with multiple minority identities* 1. Living as an Asian American sexual minority woman in the context of Asian culture a) Conformity to traditional gender roles, b) Intolerance of homosexuality and bisexuality in Asian American cultures, c) Difficulties with disclosure of sexual orientation to others, d) Conflict with Asian American parents/families. 2. Invisibility. 3. Sexual stereotypes, fantasies, & fetishization. *Experiencing sexual orientation-based oppression* 4. External heterosexism/bisexism. 5. Internalised heterosexism/bisexsism. *Hard to figure out/no challenges.* ▪ **Coping/resistance strategies** *Identity management strategies* 1. Using cultural camouflage. 2. Avoiding any subjects/situations related to sexuality. 3. Hiding/de-emphasizing. *Empowerment strategies.* 4. Building social support systems/creating safe spaces. 5. Resisting/confronting. 6. Engaging in social activism. 7. Engaging in a variety of resilience processes. *None.* ▪ **Positive Aspects** *Socio-cultural sources of strength.* 1. Belonging to a community. 2. Asian cultures/values as a source of strength. 3. Freedom from constraints of heterosexuality and oppressive gender norms. *Insight into and empathy for self and others.* 4. Positive sense of self. 5. Uniqueness. 6. Increased empathy and compassion for others/world.

Table continued overleaf.

Table 4 *continued*

Study	Author(s) (year), *Location*	Aims	Sample and Recruitment	Methodology and Analyses	Main findings
8	Abdi & Gilder (2016), *USA*	1) How does Iranian cultural, familial, and relational discourse influence feelings of belonging for queer Iranian-American women? 2) How do queer Iranian-American women cope with the challenges of being LGBTQ identified in the Iranian community/family?	**Sample:** 12 Queer Iranian-American women, aged 20-28.	**Measures:** Semi-structured interviews lasting 45-90 minutes. **Setting:** all measures were completed in one to one face **Analyses:** Modified Grounded Theory.	Themes: homosexual identity delegitimization, homosexuality as an ailment, homosexuality as a Western phenomenon, cultural isolation, identity dissonance, perceived invisibility, creating cultural distance, suppressing cultural identification, seeking support from cultural outsiders. Feelings of cultural isolation as a result of homosexual identity delegitimisation within Iranian cultural discourse. Queer Iranian-American women create cultural distance between themselves and the Iranian community to cope with the feelings of isolation.
9	Dorn-Medeiros & Doyle, (2018) *USA*	What are sober lesbians' perceptions of past alcohol use?	**Sample:** 6 'sober' lesbians with history of chronic alcohol use, aged 31-52 years.	**Measures:** Semi-structured interviews lasting around 90minutes. **Analyses:** Interpretive Phenomenological Analysis.	Themes: Drinking to cope with internalised homophobia/homonegativity, drinking to cope with heterosexism, the role of alcohol in LGB spaces.

Table continued overleaf.

Table 4 *continued*

Study	Author(s) (year), Location	Aims	Sample and Recruitment	Methodology and Analyses	Main findings
10	Drabble et al., (2018), *USA*	How do sexual minority women describe their strengths and coping strategies, and how might these differ by sexual identity?	**Sample:** 32 sexual minority women, 16 exclusively heterosexual women, aged 21-67 years.	**Measures:** Semi-structured interviews lasting 45-90 minutes, conducted via phone. **Analyses:** Inductive thematic analysis.	Themes: 1) *Creating and celebrating positive identity:* nurturing an authentic sense of self, embracing multi-faceted identity. 2) *Cultivating connection and community:* navigating distance and closeness with family of origin, cultivating supportive friends and chosen family, connecting to community, finding joy and solace with animals, engaging in collective action.
11	Smith & Graetz, (2018), *Australia*	How same-sex attracted women resist homophobia, and what are the psychological impacts of using different resistance strategies. What factors influence when and where these same-sex attracted women engaged in particular resistance strategies.	**Sample:** 10 same sex attracted women, aged 19-62 years.	**Measures:** Semi-structured interview and questionnaire. **Analyses:** Interpretive Phenomenological Analysis	Themes: 1)*Experiences of homophobia:* denial of sexual agency, sexual objectification, punishment for not complying with gender roles. 2) *Resistance strategies employed:* challenging, deflection, seeking community, protection strategies. 3) *Psychological impact of resistance:* impact of vetting on social relationships, relationship between resistance and resilience.

Table continued overleaf.

Table 4. *Continued*

Study	Author(s) (year), *Location*	Aims	Sample and Recruitment	Methodology and Analyses	Main findings
12	Cerezo et al., (2020), *USA*	1) To illuminate the nuanced ways in which participants' lived experiences in relation to race and ethnicity, gender identity, and sexual orientation intersected to create complex forms of minority stress. 2) To explore how drinking is used as a coping mechanism to combat minority stress.	**Sample:** 20 Latinx (n=8), African American (n=6), mixed heritage (n=6) sexual minority women, aged 21-61 (SD=8.19).	**Measures:** Semi-structured interviews which were adapted to encourage richer descriptions of resilience. **Setting:** face to face. **Analyses:** Constructivist grounded theory.	Themes: romantic partnerships, cultural and familial ties to alcohol, social norms within queer spaces, familial rejection (loss of racial and ethnic community) and chronic stress.
13	Reindl et al., (2020), *USA*	To identify and generate hypotheses regarding the social and emotional factors impacting well-being among women who have sex with women (WSW), upon collecting perceptions, experiences and values.	**Sample:** 37 women who have sex with women, aged 20-64 (M=34.5) years.	**Measures:** 6 Focus groups involving semi-structured interviews with 5-8 participants, lasting 60-80. **Setting:** face to face. **Analyses:** Thematic coding.	Themes: 1) *Shame and fear*: compartmentalism, avoidance, 'if asked, I'll tell', 'they just know'. 2) *Community:* hard to find, easy to find, a physical place, a social network. 3) *Gender roles and norms:* stereotypes, coming out, phases. 4) *Normalcy:* social norms, family culture, dream/reality check.

Quality Evaluation

All papers were systematically assessed and critically appraised using a published quality evaluation tool described by the Critical Appraisal Skills Programme (CASP, 2018) (Appendix IV). Though limitations were found which generate questions around quality and the interpretation of findings, no studies were excluded based on the results of this process; the variability will instead be described within this section. Studies will be referred to by their number presented above in table 3.

Study aims and designs

All studies described clear aims, and all bar one (3) clearly described why these aims were important within existing literature. Utilising a qualitative approach appeared logical given their aims, however five studies did not justify or explain the context behind their choice of methodology (3,6,8,10,13). All studies were cross-sectional and therefore it is not possible to generalise their results to effects over time. Two studies utilised a between groups methods: one compared groups of heterosexual and queer women (10), and another LB women with current (n=6) versus historic alcohol dependence (n=6) (5). One study used a quasi-experimental design, whereby participants were first given vignettes and asked about their feelings/response to these, before being asked about their own experiences (11) in efforts to create rapport, prompt thought about a range of experiences and demonstrate awareness/openness to participants.

Participants, sampling, and recruitment

A total of 325 participants were recruited. Around half the participants identified only as lesbian (n=190), bi-sexual (n=32), or pan-sexual (n=4). Most of the remaining participants

(n=121) identified under umbrella terms or groups: 'women who sleep with women' (n=37), Queer (n=24), lesbian or bisexual (n=35), 'other' (n=20). Of those who were described as 'other', over half identified as heterosexual but were currently in a monogamous same-sex relationship with a woman (n=13). Studies 1 and 4 were conducted using the same participant data. Most studies (n=10) were conducted in the USA (1,3,4,5,7,8,9,10,12,13), with the remaining three conducted in the UK (2), Norway (6), and Australia (11), all of which are countries with predominantly white populations, operating within 'western', capitalist, 'democratic' frameworks. All bar one (6), were part of the British Empire, and have a shared history of colonialisation including race-based systems of oppression, displacement and disenfranchisement.

Participants' ages ranged between 18 and 68 meaning they spoke of experiences spanning different generations, historical contexts and from different life-stages. One study (8) only received applications from participants aged between 20 and 28, meaning their findings are limited to this age group. Establishing overall mean and standard deviation values was not possible due to lack of data: three studies only presented the range (5,8,10), and two presented some information in a categorical form (3,6).

The largest ethnic group of participants were described as white (n=117) including White-European and White British (2,3,5,9,10,11,13), followed by Asian, Asian-American or Indian (n=57) (3,7), Black or African-American (n=57) (1,3,4,12) (including participants (n=19) who took part in two studies (1&4)), Latina or Latinx (n=17) (3,10,12), Iranian-American (n=12) (8) and multi-racial or mixed race including specific combinations of identities such as White and Native American (n=13). Two participants identified as Jewish (3) and one as Native American

(3). The remaining participants' ethnicities were either not described (n=61) (6) or were grouped without indication of number (n=6) (5). Thus the papers describe a range of culturally specific perspectives. The majority of participants were purposefully recruited via advertisements in online or printed magazines, websites or noticeboards for queer women. All studies described aspects of how participants were selected but only five explained in detail (5,7,8,9,12) and none indicated why these were the most appropriate individuals to recruit.

Ethical considerations including Reflexivity

The description of ethical considerations was minimal. Seven studies report having been granted ethical approval (2,6,7,9,11,12,13). One study described providing information to participants about the study (8). Two reported obtaining informed consent (7,9) and describing participants' right to withdraw (9,10). Three studies mentioned anonymity and confidentiality (6,8,9). Two studies described consideration of potential effect of the study for participants and measures taken to provide support (2,10) Five studies did not mention ethical approval or considerations (1,3,4,5,10) which makes it more difficult to feel confident that participants felt comfortable enough to provide full accounts, and that any distress resulting from their participation did not result in harm.

Reporting on reflexivity was a relative weakness across the range. Seven studies made no reference to their own position, role nor relationship to the participants and/or subject (1,3,4,5,10,11,13). Five studies explicitly stated their positions i.e. their sexuality, gender identity (6,7,8,9,12) though none described how this may have influenced the choices in terms of research questions or recruitment. Four studies described measures they took to

reflect and respond during the process (2,7,8,12) though not necessarily what these reflections were, for example, supervision provided for primary researcher due to interview content (2) but no published thoughts about potential influence of the researcher's relationship with the material. Lack of this information reduces the confidence with which the findings of these studies can be attributed to the explored phenomenon; reflexivity helps researchers to identify and moderate their own bias.

Data collection and Materials

Most studies described collecting data via individual semi-structured interviews (1,2,3,4,5,8,9,10,11,12), but one used focus groups (13) and two used online questionnaires/surveys with open-ended questions (6,7). Nearly all (n=11) studies described the formulation of interview protocol and/or gave example questions (1,3,4,6,7,8,9,10, 11,12,13) and four of these studies provided clear rationale and detailed examples, as well as information about any changes made (8,9,11,12). Eight reported who conducted the interviews (1,2,3,4,8,9,11,12) and six stated where and how they took place; face to face (3,5,9,12), by phone (5,10,12), skype (12) or instant messaging (8). Only one study mentions data saturation (6) but does not explain how this was decided.

Data analysis and Validation

Eleven studies identified an explicit method of analysis used (1,2,3,4,5,6,7,8,9,10,11,12). Three papers followed an IPA approach (2,9,11), three used Thematic Analysis (6,10,12), three based their approach on Grounded Theory (1,4,8) and two used Content analysis (5,7). Eight gave clear and rich descriptions of the coding process (1,2,4,5,7,9,11,12), eleven included enough data to support their themes (1,2,4,5,6,7,8,9,10,12,13), and four described

contradictory data (1,7,8,9). Two brought reflexivity to this section, describing their own process, role and potential bias in coding the data (6,7). Six described how they used triangulation through this process; discussion between researchers in order to reach an agreement not purely driven by one person's bias and ideally increase the 'trustworthiness' of the findings (1,2,4,5,7,10).

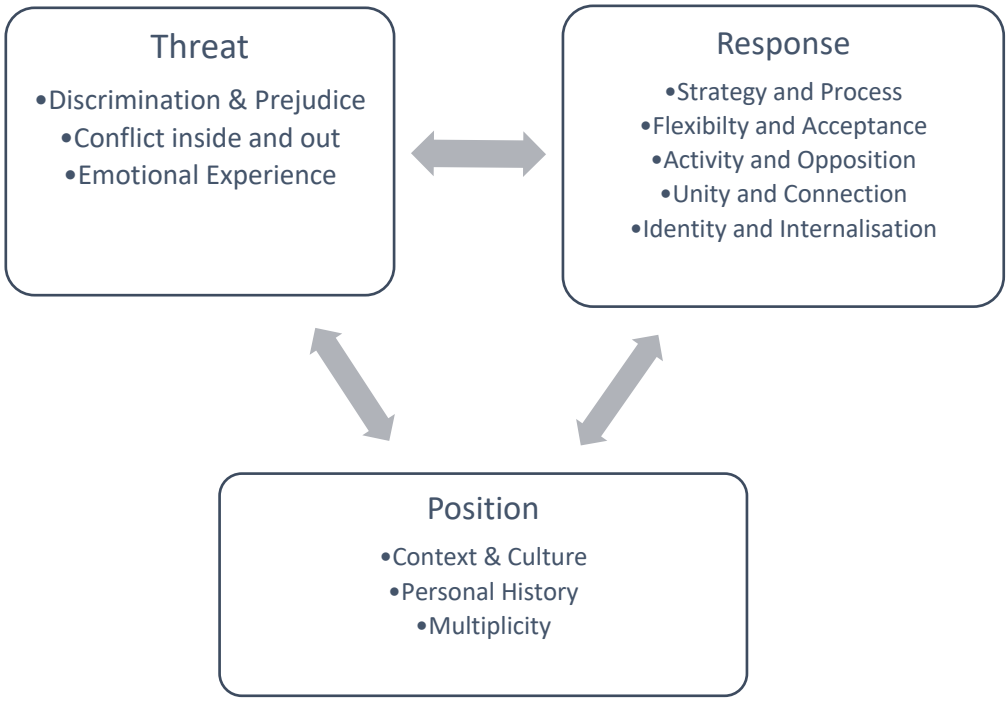
Meta-ethnographic Findings

The original authors transcribed 139 themes and sub-themes, evidenced with and supported by 445 quotes. This author transcribed 445 quotes, alongside the original themes and sub-themes as recommended by Sattar et al., (2021) for phase 4 of the meta-ethnographic process. Looking across quotes, themes and subthemes allowed this author to begin to group similar concepts across papers (Appendix I) producing groups of ideas without purely focusing on second-order data. In phase 5 the author re-interpreted these groups through reciprocal synthesis: a dynamic process comparing primary and second-order data within these new emerging groups. This stage involved writing up quotes and interpretations from the highest rated paper first, and then comparing these ideas with each paper in CASP ranked order (Appendix II). Finally for phase 6, the author looked at ways in which these emerging groups interacted, drawing a model to describe the line of argument created by the groups.

Reciprocal and a line-of-argument syntheses were used to re-interpret the primary and second order data in order to create a conceptual understanding of Queer women's experiences of and responses to minority stress. The synthesis will be discussed in relation to the model created from a line of argument synthesis (figure 2), and broadly can be

understood as comprising of two overarching themes: threat and response, mediated throughout by a third: 'position'.

Figure 2. Model to show relationship between concepts: Threat, Response and Position.



Threat

The types of threat women were exposed to in relation to minority stress were categorised in to three areas. Firstly, women described layers of discrimination and/or prejudice both feared and directly experienced. Next, another part of minority stress was the conflict women described experiencing in relation to acceptance of their Queer identity, both from others and within themselves. Last, women described the emotional experience associated with minority stress.

Discrimination and Prejudice

Most papers described direct and indirect experiences of discrimination and prejudice in the form of homophobia and/or heterosexism. Many women described a perception of the world as generally hostile towards their queer identities; participants describe anticipation of and/or direct discrimination and prejudicial views in the context of family, friendships, working relationships and in day-to-day life with strangers (1,2,4,7,8,9,12). This sense of hostility and danger was compounded by women observing or being aware of events happening to other Queer people (1,2,8,13), because of perceived sexuality and gender expression (1). Threat of discrimination and/or prejudice from unwanted disclosure had the potential to be experienced as omni-present; at home, at work, in the community (4,7) both in exposure to judgement and prejudicial views, but also in tangible damage and loss. Women described how disclosure of their Queer identity risked or had resulted in the loss or damage of important relationships with parents, family, and community (4,5,6,7,8,12,13) as well as accommodation (5,13), jobs and work opportunities (1,4,5,7) as well as physical risk from violence (5,11). Heterosexism on a legislative level meant some women faced the loss of joint assets following the death of a partner (5,13) or were not protected from being fired based on their sexuality (4).

For some, there was a sense that being identified as Queer risked their perceived 'humanity' or 'sanity'; one woman spoke about how Queer people were viewed as 'disgusting sub-human beings' within her Iranian culture (8), and another described how her psychotherapist had explained homosexuality was a sign of unresolved emotional problems and not being mentally well (2). Some queer women also faced the threat of or experienced sexual stereotyping, or fetishization in that their relationships were objectified and sexualised in an unwanted way by others (7,11). For some groups, this was compounded by

sexual stereotypes around their racialised identity as Asian American (7). Overall, women's accounts gave a sense of general threat of being 'identified as Queer' by the 'wrong' people or in the 'wrong' context, and thus perceived, judged and treated as 'other' (4,7).

Conflict inside and out

Nine studies described some form of internal or external pressure and/or conflict resulting in minority stress. These were often related to the ideas and values around gender and sexuality held by the families, cultures, religions, communities and societies to which women belonged or were exposed to, as well as within themselves (2,5,7,8,9,12). For example, women described stress, trauma, strain and threat from parental non-acceptance of their sexuality and/or gender presentation (5,7,9,12). Some women described a heterosexist pressure to conform to culturally traditional gender norms (7,11,13) i.e. women who behaved, dressed or appeared more 'masculine' or 'androgynous' in some way, felt pressured, nervous, discomfort, stressed and experienced discrimination (1,7,13). For some, this extended to feeling pressure to conform and engage in intimate heterosexual relationships with men (9). These experiences also involved a degree of 'internalised homophobia and/or heterosexism', where pressure to conform, discriminatory and prejudicial views were held by and directed towards the self (2,7,9).

For some women who held multiple minoritized identities, they described an internal conflict whereby it did not feel possible to hold both their cultural and sexual identities simultaneously: "*In my mind's eye, being gay was diametrically opposed to being Iranian*"(8). Other women experienced an internal innate sense of 'wrongness' or 'badness' in relation to their sexuality and at being 'different' to heterosexual women (2,7) or felt that

by being lesbian or bisexual, they were 'challenging everything that you have ever grown up with' (2).

Emotional experience

All studies spoke to the emotional experience of minority stress for Queer women. Fear was the most commonly reported emotion (2,4,7,9,10,13), most often described in the context of unwanted disclosure (7,10,13), but for some, the fear related to their own sexuality; the feelings of attraction to women were themselves a source of threat and fear (2,9). This fear or worry was described as 'a daily struggle' with some women *'constantly having to worry'* (7), *'be very very careful'* (4) or *'always very cautious'* (13), whilst others described feeling discomfort (7,13), afraid or nervousness in relation to how they may be perceived in particular settings or people due to their appearance or sexuality (7,13). Some women described more acute experiences (11), such as feeling *'terrified'* about risk of being 'outed' and the potential ramifications (8). In contrast, some women described how it felt *'incredibly hurtful and stressful'* or *'difficult and tiring'* to not feel 'seen' or 'visible' as a queer woman (2,7,8) "*I am an invisible woman, and I ache to exist*." (7). Frustration, rage or anger were also part of minority stress for some women, especially in relation to feelings of injustice (1,4,7,11,13). Some women talked about how homophobic discrimination or rejection was experienced as painful, or hurt (7,9,12) or described feeling the pain of others in their community (10).

Response

The Queer women in these studies responded to the threat and experience of minority stress in a variety of ways. Some explained their strategies and cognitive processes for

managing; *strategy and process*. Women described choosing to minimise, de-emphasise or hide their sexuality in order to remain safe; *flexibility and acceptance*. They also talked about taking action, challenging and educating; *activity and opposition*. Connecting with others, support and community was another way women responded to minority stress; *unity and connection*. Finally, women described different emotional responses including developing strength and pride in their identity, and responding to shame and difficult experiences with alcohol and self-harm; *identity and internalisation*.

Strategy and Process

Some women described cognitive processes, or strategies they had for managing and responding to minority stressors including weighing up their options based on their values and particular circumstances. Women who felt their Queer identity was incompatible with other identities they wished to hold onto, described compartmentalising their identities, allowing them to retain and develop a positive sense of self without taking on the insurmountable challenge of changing the minds of their family, culture, community, religion or society (1,6,8,13). This strategy necessarily involved tolerating and interacting with those who held ignorant, discriminatory or prejudicial views, and some women described their desire and aim to do this with dignity (6,11). However, for many this was balanced against the idea of an 'authentic self' and the importance and strength gained from feeling they were 'being true' to their identities (1,3,4,6,7,10,11,13). For some, this need outweighed the desire to retain ties to people and groups (1,3,11), whereas others described an ongoing conflict between these two values (7,8).

Women described methods of 'strategic disclosure'; carefully choosing who, where, when and how they disclosed their sexuality to minimise the risk of negative outcome (4,6,13). Some felt confident their ‘natural’ way of disclosing their sexuality was the reason they had positive experiences or had not been discriminated against in that circumstance (4,6).

Some women described cognitive vigilance of others: a hypervigilance for potential threats especially from heterosexual people (11), but also of themselves: where women continuously monitored their speech, behaviour and presentation in order to not present a threat to others or receive discrimination (4). Some women described weighing up the potential risk of physical, verbal or negative consequences of speaking out or challenging discrimination (11). When the risk to self or others was perceived as unacceptable or unwise, they consciously chose to conduct the challenging within their mind alone, or to ‘reframe or deflect’ the potential damage by locating the problem and undesirable qualities within the oppressor (11).

Flexibility and Acceptance

Women described adapting in order to manage and cope with minority stress through concealment, minimisation, de-emphasisation, hiding, avoidance, deflection, silence, creating distance or camouflaging (1,3,4,7,8,9,10,13). Contrasting with those who described pain in response to unwanted invisibility, others describe consciously invoking invisibility as protection and *'trying to be invisible when I don't feel safe'* (7). Those who occupied multiple minoritised identities as both Queer and Asian-American, described having the option to 'camouflage' their sexual identity within their cultural identity; for example, holding hands

with a same-sex partner within a cultural context whereby heterosexual women would hold hands with those they feel close to (7).

Some participants explained how they created a distance or separation between groups or locations associated with their incompatible identities such as home and social/school (7) or family and friends (8). In 'unsafe' environments or contexts, including work, family, church and community, women actively sought to conceal their sexuality (1,4,7,13). Although some women described a wish that they could be more open about their sexuality, they explained how this method was necessary, adaptive and protective, allowing access to valuable resources and support from relationships and communities associated with other aspects of their identity such as culture, race, family or work (1,4,7,8,13). For example, Black lesbian women explained how retaining close ties with the Black community whilst minimising or concealing their sexuality was essential as, *'a buffer against racism'*. In some circumstances, women described unspoken agreements, where important people in their lives were assumed to know of their sexuality, but it was not spoken about or acknowledged because, '*they just know'* (4,13).

Activity and Opposition

Women described responding to minority stressors and threat with action, through meaningful activities, engaging with activism, educating others and 'acts of resistance' (1,4,6,7,10,11,13). Some women used words which indicated they felt positioned to 'fight' against minority stress or heteronormative society with individual and collective action (1,11,13), with some women using the word '*battle*' (4,11). Often this was accompanied by strategic thoughts in relation to power and potential consequences described above. Asian American women described how simply making a conscious decision to be 'visible' as Queer

Asian-American was an act of resistance against heteronormativity (7) a sentiment echoed by Australian Queer women who described choosing to be visibly Queer as an act of 'holding space' (11). Women also reported that challenging and taking purposeful action on behalf of oneself or others was a way of building resilience (1,4,5,7,11) and coping with trauma (5) but that this did not diminish the pain from discrimination and prejudice (11). Queer women chose to advocate on behalf of themselves through educating others (4,6,13), and others and took activist roles in education, community and politics (7). Some women chose to challenge homophobia on a more personal, day-to-day basis, or to disclose their sexuality as an act of Pride signifying, they were not ashamed nor controlled by stigma (1,7,11).

Unity and Connection

'A common way in which Queer women reported responding to minority stressors and managing threat was through finding ways to connect with others (1,3,5,7,8,9,10,11,12,13). For Queer women, social support was described as 'essential' for resilience (1,10) and how having 'safe' friends and people in their lives offering unconditional support, 'made coping easy' (7). For some, this involved finding groups of LGBTQ people (7,8) or accessing Queer-specific spaces such as Lesbian bars where they felt free to be themselves and were able to meet other Queer women (3,5,9,12) reducing the stress associated with isolation (10). Women with multiple minoritised identities, described the particular kinship they felt with those who also had this experience, and the particular value these relationships offered in terms of a shared understanding (7,8). Some women reported experiences of discrimination (racism, sizism) within LGBTQ environments, and how relationships with women who embodied multiple aspects of their own experience felt safer and more 'freeing' (3). However, some Queer women explained the difficulty in finding these connections and

reported finding support and 'safe-connections' outside of their culture (7,8). Some women had positive family relationships from which they drew strength (5), and other women described creating a 'chosen' family (5,10,12).

Identity and Internalisation

Women described their experiences as contributing to 'positive' identity development and as a source of shame and self-destruction. Queer women felt pride in their identities (6,7,11,13), and explained how facing the challenges of navigating these in the face of discrimination helped to create a 'strong self-identity' and reach a place of 'peace' (7). For some women recognising and accepting their sexuality had been an affirmative experience, reducing feelings of inner conflict and confusion and generating relief (2). Asian-American women who occupied an intersection between three marginalised identities (race, sexuality and gender), described the value of the unique perspective their identities brought, allowing them to connect with multiple communities and understand different views (7). Conversely, some Black lesbian women explained how they felt forced to fragment in the absence of spaces which they felt safe and free enough to bring all of their identities (4). However, women with a range of identities explained how being considered 'other' or 'different' for them, allowed a freedom, or liberation from traditional heterosexual gender norms and roles and for them to create their own values, rules and expectations (1,2,7).

Some women described engaging in alcoholism or self-harm in order to manage their internal homophobia, identity conflict and feelings of fear and shame (2,5,9,12). Alcohol was used both to facilitate connections and to reduce unwanted emotions (5,9,12). For some women, alcohol allowed them to engage in intimate relationships with men (9), and it gave

others the courage to engage in relationships with women (9). Some women explained they felt alcohol minimised or 'numbed' them to the fear, stress, shame and pain associated with their sexuality or associated difficulties (5,9,12). Some women took action against themselves in the form of self-harm, explaining this helped them cope with feelings of self-hate, stress, fear and shame (2) or as a way of punishing themselves (2) which potentially indicates an enactment of internalised homophobia whereby the threat (unwanted sexuality) resides within.

Position

The Queer women in these studies described a wide variety of backgrounds, contexts and privileges relating to their experiences of minority stress and to their responses. Line of argument synthesis allowed the proposal of the model (Figure 2) which shows that the cultural context in which women currently lived, their personal history in terms of previous experiences and their intersecting identities impacted their experiences of threat and choice of response.

Context and Culture

The context in which Queer women live, in terms of their location, representation and the legislative situation around their sexuality has a direct relationship with their experiences of minority stress, and the type of resources they can use in response (5,13). Some women described how their geographic location, and whether they lived rurally or not, impacted their ability to access support and connection with other Queer women (13). Women in the USA spoke about the legalisation of gay marriage, and how this 'legitimized' their relationships (13) and helped families become more accepting 'because it was actually real'

(13). Women also spoke about the financial, legal and occupational benefits and protections marriage offered (13). In contrast, women (also in the USA) for whom this was not an option, describe the potential double-loss experienced when a partner dies and this legal protection is not present (5). Similarly, a 62-year-old woman in an Australian study described how *'by choosing to be my authentic self without compromise [visible and vocal as a lesbian during a time when police were persecuting the queer community], I relinquished a place in society- an acceptable place in society for, for most of my life*.' (11); illustrating how cultural context has a temporal element, as well as a direct impact on the potential threat and the consequences of different forms of response.

Personal History

Women described adverse historical events and experiences which impacted their relationship to threat, emotional experience and ways of responding or coping. Some women who used alcohol as a coping mechanism described family histories of alcoholism or having alcohol readily available throughout their lives (5,9,12). Other women described chronic and acute stress experiences from multiple sources such economic challenges, displacement and abusive relationships (12). Some women, who engaged in self-harm or used alcohol as coping mechanisms, described childhood and adult experiences of emotional, physical and sexual abuse, including intimate partner violence (2,5,12). Iranian-American women described how within Iranian culture, as Queer women, they were assumed by some to have experienced sexual abuse and/or trauma because of their sexuality when this was not the case (8).

Multiplicity

Seven studies explored and reported the perspectives of women who were Queer and also held racialised minority identities within their country (1,3,4,7,8,10,12). A few also included women who talked about other identities which were important to them, such as religious (7), professional (1,4,6,10), body size (3) and gender/sexuality identities (1,4,5,7). This intersectionality interacted dynamically with experiences of minority stress or threat, and with the resources individuals had access to, to respond with. Some women described how their intersecting identities exposed them to threats beyond and in combination with sexual minority stress, which Bowleg (1,4) described as 'triple jeopardy'; the combinations and interaction of racism, sexism and homophobia (1,3,4,7,8). There were also; however, many descriptions of how these women harnessed the intersects of their identities in order to access and connect with a variety of support and resource (1,3,4,7). Often this required some ‘agility’ (1,4) and ‘flexibility’ in that woman minimised or de-emphasised particular identities in particular contexts in order to remain safe and/or access vital connection and support, including multiple perspectives and ways of thinking (1,4,7,8). For example, some Asian American women described how their cultural identity gave them access to alternative perspectives to heteronormative, gender binary and homophobic narratives that accompany minority stress (7).

DISCUSSION

The findings of this meta-ethnography add to our understanding of the ways in which Queer women report experiencing and responding to minority stress. The ‘Threat’, ‘Position’, ‘Response’ model helps to describe how sexual minority-based stigma and psychological responses or ways of coping may best understood in the context of personal history, current context and culture, and knowledge of intersectionality.

Queer women report a mixture of chronic and isolated discrimination events. As suggested in the literature (Hatzenbuehler, 2009), women spoke less of discrimination in the form of physical violence, rather experiencing potential discrimination and direct discrimination resulting in tangible damage and loss across multiple life domains of family, work and community. Women described contextually appropriate emotional experiences primarily involving fear (hypervigilance, terror, anxiety), discomfort, frustration and shame. In the context of chronic or unpredictable and uncontrollable threat exposure, these emotional responses were not limited to isolated incidents. Chronic and repeated exposure to fear is associated with poor physical and mental health outcomes (Ropeik, 2004).

Women described threat from internal and external sexual identity conflict. 'Internally', women faced the threat from their sexual identity when it felt incompatible or at odds with their sense of self, values or other identities. Cognitive dissonance has been proposed as an additional MST component, as this has been linked to poorer well-being in LGBQ individuals (Bejakovich & Flett, 2018). Managing 'external' conflict within relationships, such as strained relationships with parents or disapproving relationships with colleagues likely reflects social identity threat theory; individuals can be threatened by moral judgement of their group identity (sexuality) or threatened by exclusion from a group to which they feel they belong (family, work) (Holmes et al., 2016). Social identity threat has been theorised to link to responses which mirror those of the Queer women in this review: concealment (flexibility and acceptance), constructive action and derogation (activity and opposition), seek assistance (unity and connection) and ignore (strategy and process) (Petriglieri, 2011; Holmes et al., 2016).

Arguably, from this review, we see how women may respond in similar ways to the threat from minority-based stigma, but the way in which they conceptualise their response could in part mediate the relationship between stressor and mental health outcome. For example, coping through detachment, compartmentalism and concealment has been linked to psychological distress (Szymanski & Obiri, 2011) and some women within this review described how they felt distress at not being able to bring their 'whole' or 'authentic' selves within particular environments or with particular people. However, some women who held multiple minoritized identities, clearly described how minimising, concealing and compartmentalising their sexuality represented their adaptability and resilience. This strategy allowed them to more fully engage with important resources. Some longitudinal psychotherapy research has shown changes in personal narratives around agency occurred prior to improvement in mental health (Adler, 2012); having a sense of agency, and the narrative people have around their coping, may mediate mental health outcome.

Clinical Implications

Psychological formulation does not always include sexuality or gender. This review suggests for Queer women, psychological therapists, as professionals holding access to resources, understanding and support, could be viewed as potential sources of stigma-based threat. Therefore, the findings support affirmative therapy techniques whereby clinicians consciously make space for discussions around sexuality and gender and make their non-judgemental position explicit (Hinriches & Donaldson, 2017). Not only could this have a positive impact on rapport, but theoretically, reducing hypervigilance and the negative effects of unwanted emotion could improve clients' ability to access and engage with therapy. Acknowledging ways in which clients may already be regulating emotion and

responding to stigma-based threats could give more information about the strengths and resources available, as well as potential targets for change.

For Queer women accessing mental health services, exploring the links between homophobia, heterosexism and sexism and their mental health could offer a more nuanced understanding of their current difficulties. Psycho-education is often a part of modern cognitive-behavioural based therapies, working on the assumption that clients may feel empowered and liberated by acknowledgement and understanding of their situation (Dale & Safren, 2018). Thus, supporting clients' awareness and knowledge of systemic sexism and heterosexism and the ways in which this can impact mental health arguably should be a part of therapist education and practice.

Research Implications

Intersectionality research clearly describes how multiple-minority stress is far more than just the sum of its parts (Bowleg, 2008b). In-depth qualitative studies examining the intersections between sexuality, gender, race, age in the context of culture, family and environment could build on understanding of how Queer women mediate the negative effects of minority-based stigma. Future research could also employ longitudinal approaches to better understand the temporal effect of context, life stage and identity on internal and external responses to minority stress.

Strengths and Limitations

This review only included peer-reviewed research as this is one way of filtering out studies which may not have been conducted under sufficient rigour, or within ethical frameworks;

however, it also filters out research or evidence which has not been peer-reviewed for other reasons. For example, research may not be published due to economic barriers or through lack of access to educational systems which facilitate the publication process. Therefore, whilst the results are potentially stronger in terms of scientific rigour, they are also limited by the systemic biases within this process.

The review is limited by the depth with which specific areas of diversity and context could be explored. For example, it was often not possible to contextualise primary-order data within historical timeframe and personal life-stage; differentiating experiences during the 80's or of 18-19 year olds from experiences in the early 2000's or of women in their 40's. However, the wide range of participant ages, alongside the variety of cultural identities adds a richness to this review, as it better represents the diversity found within the Queer population.

CONCLUSION

Homophobia, sexism and heteronormativity mean queer women face 'threats' across a minimum of two axes of sexuality and gender, from both internal and external sources. Queer women described a wide variety of responses, both empowering in terms of activism, pride and connection to community, and challenging in terms of additional cognitive processing, identity and relational conflict, minimisation, and maladaptive coping strategies. How queer women are positioned, including racialisation, supports intersectionality research explaining how the sum of multiple minoritized identities is not purely cumulative (Bowleg, 2008b). Furthermore, positions of geography, finance, culture, political and temporal contexts influence the types of threat experiences and range of responses

available to queer women. This review explains why consideration of sexuality and gender are vital, as understanding of how minority stress permeates the lives of queer women, how they may adapt themselves and respond as a result, alongside appreciation of the intersections of culture and context makes sense of experiences and responses which otherwise may appear opaque.

REFERENCES

Abdi, S., & Gilder, B.V. (2016). Cultural (in)visibility and identity dissonance: Queer Iranian-American women and their negotiation of existence, *Journal of International and Intercultural Communication, 9(*1), 69-86, **https://doi.org/10.1080/17513057.2016.1120850**

Adler, J. M. (2012). Living into the story: Agency and coherence in a longitudinal study of narrative identity development and mental health over the course of psychotherapy. *Journal of Personality and Social Psychology, 102*(2), 367–389. **https://doi.org/10.1037/a0025289**

Alexander, N., & Clare, L. (2004). You still feel different: The experience and meaning of women's self-injury in the context of a lesbian or bisexual identity. *Journal of Community & Applied Social Psychology.* (14) 70 – 84, **https://doi.org/10.1002/casp.764**

Aranda, F., Matthews, A. K., Hughes, T. L., Muramatsu, N., Wilsnack, S. C., Johnson, T. P., & Riley, B. B. (2015). Coming out in color: racial/ethnic differences in the relationship between level of sexual identity disclosure and depression among lesbians. *Cultural diversity & ethnic minority psychology*, *21*(2), 247–257, **https://doi.org/10.1037/a0037644**

Bachmann, C.L., & Gooch, B. (2018) *LGBT in Britain. Health Report.* Stonewall. https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

Bejakovich, T., & Flett, R. (2018). "Are you sure?": Relations between sexual identity, certainty, disclosure, and psychological well-being, *Journal of Gay & Lesbian Mental Health, 22*(2), 139-161, **https://doi.org/10.1080/19359705.2018.1427647**

Bishop, J., Crisp, D., & Scholz, B. (2022). "*We are better and happier if we are inclusive*." Therapist perspectives on the importance of LGB cultural competence in a mental

health setting. *Counselling and Psychotherapy Research*, 00, 1– 10, **https://doi.org/10.1002/capr.12586**

Bjorkman, M., & Malterud, K. (2009). Lesbian women's experiences with health care: a qualitative study. *Scandinavian Journal of Primary Health Care*, *27*(4), 238–243, **https://doi.org/10.3109/02813430903226548**

Bjorkman, M., & Malterud, K. (2012). Lesbian women coping with challenges of minority stress: a qualitative study. *Scandinavian journal of public health, 40*(3), 239–244, **https://doi.org/10.1177/1403494812443608**

Bowleg, L., Huang, J., Brooks, K., Black, A., & Burkholder, G. (2003). Triple jeopardy and beyond: multiple minority stress and resilience among black lesbians. *Journal of lesbian studies*, *7*(4), 87–108, **https://doi.org/10.1300/J155v07n04_06**

Bowleg, L., Brooks, K., & Ritz, S.F. (2008a) "Bringing home more than a paycheck", *Journal of Lesbian Studies, 12*(1), 69-84, **https://doi.org/10.1300/10894160802174342**

Bowleg, L., Burkholder, G., Teti, M., & Craig, M.L. (2008) The Complexities of outness: Psychosocial predictors of coming out to others among black lesbian and bisexual women. *Journal of LGBT Health Research, 4*(4), 153-166, **https://doi.org/10.1080/15574090903167422**

Bowleg, L. (2008b) When black + lesbian + woman ≠ black lesbian woman: The methodological challenges of qualitative and quantitative intersectionality research. *Sex Roles,* (59), 312–325. **https://doi.org/10.1007/s11199-008-9400-z**

Cerezo, A., Williams, C., Cummings, M., Ching, D., & Holmes, M. (2020). Minority Stress and Drinking: Connecting Race, Gender Identity and Sexual Orientation. *The Counseling Psychologist, 48*(2), 277–303. **https://doi.org/10.1177/0011000019887493**

Chakraborty, A., McManus, S., Brugha, T. S., Bebbington, P., & King, M. (2011). Mental health of the non-heterosexual population of England. *The British Journal of Psychiatry : the Journal of Mental Science, 198*(2), 143–148. **https://doi.org/10.1192/bjp.bp.110.082271**

Clarke, M. (2021, February 9th). *'Queer' history: A history of queer.* The National Archives. **https://blog.nationalarchives.gov.uk/queer-history-a-history-of-queer/**

Condit, M., Kitaji, K., Drabble, L., & Trocki, K. (2011). Sexual Minority Women and Alcohol: Intersections between drinking, relational contexts, stress and coping. *Journal of gay & lesbian social services*, *23*(3), 351–375. **https://doi.org/10.1080/10538720.2011.588930**

Critical Appraisal Skills Programme (2018). CASP Qualitative Checklist. Retrieved from [September 2022]: https://casp-uk.net/images/checklist/documents/CASP-Qualitative-Studies-Checklist/CASP-Qualitative-Checklist-2018_fillable_form.pdf

Dale, S.K., & Safren, S.A. (2018). Striving towards empowerment and medication adherence (STEP-AD): A tailored cognitive behavioral treatment approach for black women living with HIV. *Cognitive and Behavioral Practice, 25*(3), 361-376. **https://doi.org/10.1016/j.cbpra.2017.10.004.**

Dorn-Medeiros, C.M., & Doyle, C. (2018). Alcohol as Coping: Internalized Homophobia and Heterosexism's Role in Alcohol Use among Lesbians, *Journal of LGBT Issues in Counseling*. *12*(3), 142-157. **https://doi.org/10.1080/15538605.2018.1488230**

Drabble, L., Trocki, K., Salcedo, B., Morales, B. R., & Korcha, R. A. (2018). Strengths and coping strategies in the life narratives of sexual minority women. *Journal of gay & lesbian social services, 30*(4), 409–429. **https://doi.org/10.1080/10538720.2018.1509757**

Fish, J., & Bewley, S. (2010). Using human rights-based approaches to conceptualise lesbian and bisexual women's health inequalities. *Health & social care in the community*, *18*(4), 355–362. **https://doi.org/10.1111/j.1365-2524.2009.00902.x**

Government Equalities Office (2018, July). National LGBT survey. October 2022. Retrieved from: National LGBT Survey: Summary report (publishing.service.gov.uk)

Gruskin, E., Byrne, K., Kools, S., & Altschuler, A. (2006). Consequences of frequenting the lesbian bar. *Women & health*, *44*(2), 103–120. **https://doi.org/10.1300/j013v44n02_06**

Hatzenbuehler, M.L. (2009) How does sexual minority stigma “get under the skin”? A psychological mediation framework. Psychological Bulletin, 135 (5), 707-730. **https://doi.org/doi:10.1037/a0016441**

Henderson, G., & Varney, J. (2017). Mental health challenges within the LGBT community. May 2021. Retrieved from: https://publichealthmatters.blog.gov.uk/2017/07/06/mental-health-challenges-within-the-lgbt-community/

Hinrichs, K. L. M., & Donaldson, W. (2017). Recommendations for use of affirmative psychotherapy with LGBT older adults. *Journal of clinical psychology*, *73*(8), 945–953. **https://doi.org/10.1002/jclp.22505**

Holmes IV, O., Whitman, M. V., Campbell, K. S., & Johnson, D. E. (2016). Exploring the social identity threat response. *Equality, Diversity and Inclusion: An International Journal, 35*(3), 205–220. **http://doi.org/10.1108/EDI-08-2015-0068**

Hudson-Sharp, N., & Metcalf, H. (2016). Inequality among lesbian, gay bisexual and transgender groups in the UK: a review of the evidence. [online report] May 2021. retrieved from: 160719_REPORT_LGBT_evidence_review_NIESR_FINALPDF.pdf (publishing.service.gov.uk)

Lehavot, K., & Simoni, J. M. (2011). The impact of minority stress on mental health and substance use among sexual minority women. Journal of consulting and clinical psychology, 79(2), 159–170. **https://doi.org/10.1037/a0022839**

Lewis, R. J., Kholodkov, T., & Derlega, V. J. (2012). Still stressful after all these years: a review of lesbians' and bisexual women's minority stress. Journal of lesbian studies, 16(1), 30–44. **https://doi.org/10.1080/10894160.2011.557641**

Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychological bulletin, 129(5), 674–697. **https://doi.org/10.1037/0033-2909.129.5.674**

National Health Service England, (2019). The Equality and Health Inequalities Hub: LGBT Health. October 2022. Retrieved from: NHS England » LGBT health

Noblett, G.W. and Hare, R.D. (1988) Meta-Ethnography: Synthesizing Qualitative studies. Sage Publications, Newbury Park. **https://doi.org/10.4135/9781412985000**

Petriglieri, J. L. (2011). Under threat: Responses and consequences of threats to individuals' identities. *Academy of Management Review, 36*(4), 641–662.

Reindl, D.M., McIntosh, T., Lewis, R. & Gellar, L. (2020). An exploration of social & emotional factors impacting well-being in women who have sex with women (WSW), *Journal of Gay & Lesbian Social Services, 32*(3), 377-392. **https://doi.org/10.1080/10538720.2020.1762820**

Ropeik D. (2004). The consequences of fear. *EMBO reports*, *5*(1), S56–S60. **https://doi.org/10.1038/sj.embor.7400228**

Sattar, R., Lawton, R., Panagioti, M., & Johnson, J. (2021). Meta-ethnography in healthcare research: A guide to using a meta-ethnographic approach for literature

synthesis. *BMC Health Service Research, 21*(50). **https://doi.org/10.1186/s12913-020-06049-w**

Smith, N., Graetz, J.S. (2018). Australian same-sex attracted women resisting sexism and homophobia: a qualitative investigation. *The Australian Community Psychologist, 29*(2), 108-124. **https://psychology.org.au/getmedia/0d458489-d3b7-4037-84c1-3140573725f2/vanags-smith-graetz-simmonds-acp-vol-29-2-2018.pdf**

Sung, M. R., Szymanski, D. M., & Henrichs-Beck, C. (2015). Challenges, coping, and benefits of being an Asian American lesbian or bisexual woman. *Psychology of Sexual Orientation and Gender Diversity, 2*(1), 52–64. **https://doi.org/10.1037/sgd0000085**

Rehman, Z., Lopes, B., & Jaspal, R. (2020). Predicting self-harm in an ethnically diverse sample of lesbian, gay and bisexual people in the United Kingdom*. The International journal of social psychiatry, 66(*4), 349–360. **https://doi.org/10.1177/0020764020908889**

Stonewall (2018). LGBT in Britain: Health. [Online report]. Retrieved from: https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

Szymanski, D. M., Dunn, T. L., & Ikizler, A. S. (2014). Multiple minority stressors and psychological distress among sexual minority women: The roles of rumination and maladaptive coping. *Psychology of Sexual Orientation and Gender Diversity, 1*(4), 412–421. **https://doi.org/10.1037/sgd0000066**

Taylor, P. J., Dhingra, K., Dickson, J. M., & McDermott, E. (2020). Psychological Correlates of Self-Harm within Gay, Lesbian and Bisexual UK University Students. *Archives of suicide research: official journal of the International Academy for Suicide Research, 24*(sup1), 41–56. **https://doi.org/10.1080/13811118.2018.1515136**

Wei, M., Alvarez, A. N., Ku, T.-Y., Russell, D. W., & Bonett, D. G. (2010). Development and validation of a Coping with Discrimination Scale: Factor structure, reliability, and

validity. *Journal of Counseling Psychology, 57*(3), 328–344, **https://doi.org/10.1037/a0019969**

FRANKIE WITHERS BSc (Hons), MSc, PGCE

QUEER WOMEN AND MINORITY STRESS.

Section B: Rationalising (in) Silence; Lesbians' experiences of Clinical Psychology training.

Word Count: 7997 (299)

A thesis submitted in partial fulfilment of the requirements of
Canterbury Christ Church University for the degree of
Doctor of Clinical Psychology

February 2023

SALOMONS INSTITUTE OF APPLIED PSYCHOLOGY
CANTERBURY CHRIST CHURCH UNIVERSITY

ABSTRACT

Introduction: UK Clinical Psychology (UKCP) courses are committed to increasing diversity within the profession and therefore to supporting a range of individuals with their personal-professional development. Most trainees on UKCP courses are female, but only 1-2% identify as lesbian/gay women. There is little known about the impact of sexual orientation on clinical psychology training.

Aims: To explore the impact of sexuality and gender on the UK Clinical Psychology training experiences of lesbian/gay trainees.

Method: Individual semi-structured interviews were conducted virtually with 7 trainees and 1 newly qualified clinical psychologist and transcripts were analysed using Interpretive Phenomenological Analysis.

Findings: Three super-ordinate and nine subordinate themes emerged from the data: Rationalising (in) Silence, Working With and Within, and The Building Blocks are there.

Conclusions: Sexuality and gender are important yet largely overlooked parts of PPD for lesbian/gay female trainee psychologists. A collective silence may compound internalised homophobia, maintain heteronormative values and limit opportunity to reflect and learn about sexuality and gender personally and professionally. Is there space for LGBTQ+ affirmative UKCP training?

Keywords: *sexuality; gender; trainee psychologist; queer; female*

INTRODUCTION

Clinical psychologists are employed within the National Health Service (NHS) to "reduce psychological distress and to enhance the promotion of psychological wellbeing" (BPS, November 2022). NHS services are experiencing unprecedented levels of pressure due to the effects of the pandemic and austerity measures compounding existing difficulties with long waiting times, staff retention and increased levels of staff 'burn-out' (The Kings Fund, 2020; NHS Workforce Alliance, 2021). The British Psychological Society (BPS) recommends UK Clinical Psychology (UKCP) training programmes support trainees to become: *"reflective scientist practitioners…aware of the importance of diversity, the social and cultural context of their work, ..and the need for continuing professional and personal development." (p.8-9, BPS, 2019)* in order to prepare Trainee Clinical Psychologists (TCPs) for sustainable careers within the NHS. Research highlights the stressors associated with the UKCP doctorate and the importance of personal resilience and adaptive coping styles (Jones & Thompson, 2017). Facilitating personal-professional development to build resilience involves understanding the individual differences which impact TCPs experiences and responses to stress on a personal level (Davidson & Patel, 2009). With increasing efforts to diversify the profession based on knowledge of the benefits this has for clients and psychology as a whole (BPS, 2019), understanding the needs and perspectives of minoritised groups is of ever-increasing relevance.

2023 marks the 50-year anniversary of the removal of homosexuality from the DSM (Drescher, 2015)*. TCPs with Minority Sexual Orientation (MSO), enter a profession which previously treated their sexuality as a 'mental illness'. Whilst the UK has made important legislative steps towards protecting and legitimising MSO people in recent years, the legacy of pathology remains, with Lesbian, Gay, Bi-sexual, Trans and Queer (LGBTQ) individuals still

**'homosexuality' was removed from the World Health Organisation's (WHO) International Classification of Diseases (ICD) in 1992 (30 years ago); 'ego-dystonic sexual orientation' (where individuals acknowledge their sexuality but "wishes it were different because of associated psychological and behavioural disorders.") was removed from the DSM in 1987 (35 years ago), and from the WHO's ICD in 2019 (3 years ago).*

more likely to experience verbal harassment, physical violence and work-based bullying (Government Equalities Office, July 2018). Experiences of violence, discrimination towards LGBTQ people escalated in the UK and globally during the COVID-19 pandemic (Hubbard, 2021; Adamson et al., 2022), and UK data suggests 90% of the most severe incidents go unreported (Government Equalities Office, July 2018). LGBTQ people experience mental health inequalities, being more likely to receive diagnoses (Hudson-Sharp & Metcalf, 2016), or to cope through maladaptive means i.e alcohol, self-harm or other substances (Bachman & Gooch, 2018). Additionally, LGBTQ people are more likely to experience discrimination whilst accessing healthcare in the UK (Bachman & Gooch, 2018).

Social identity theory (Tajfel, 1978) explains how people create groups based on shared identities. Often members of different groups are stereotyped and discriminated against in favour of one's own group. This is enacted for LGBTQ+ people through sexual stigma. Sexual stigma describes the negative beliefs, perceived inadequacy or deficiency attached to minority sexual orientation (Herek, 2004). 'Felt stigma' has psychological consequences for sexual minority individuals who may experience fear of enacted stigma, shame associated with their stigmatised identity, and be required to learn and employ coping strategies, adaptive or otherwise to manage these emotions (Herek et al., 2007). Meyer's Minority Stress Theory (MST) explains how *distal* stress factors of MSO stigma, prejudice and discrimination (experienced personally, feared or happening to others) combine with *proximal* factors such as a person's relationship with their sexual and gender identities, and internalised homophobia/heteronormativity, to produce mental health difficulties or 'maladaptive coping strategies' for MSO individuals (Meyer, 2003).

On UKCP training courses, TCPs begin a process of integrating their personal and professional selves (Hughes & Youngson, 2009), in order to consciously make the most of their unique life experiences, personality and abilities whilst maintaining an awareness of their unique bias, prejudices and limitations. This development process involves 'reflection', both personal and shared, where individuals gain a broader and deeper understanding of themselves across time, contexts and relationships (Lavender, 2003) moving from unknown to known (figure 3).

Figure 3. Johari Window (Luft & Ingram in Hughes & Youngson, 2009)

	Known to self	Unknown to self
Known to others	Public self- You and others know	Blind self- Others know but you do not.
Unknown to others	Hidden self- You know but others do not	Unknown self- You and others do not know

Thus, training courses have the important and challenging task of supporting an increasingly diverse range of people, to gain a greater awareness of their unknown selves, in order to ethically and effectively provide an equitable service for diverse clients, in diverse services with diverse colleagues.

There is very sparse published research documenting how TCPs from minoritised groups experience UKCP training courses. Though there is a commitment to increasing diversity (BPS, 2019), UKCP currently remains largely white, female, heterosexual and middle-class (Ahsan, 2020). A small number of studies explore the experience of training for male (Himmerich, 2019), 'disabled' (Lund, Andrews, & Holt, 2014) and racially minoritised groups (Shah, Wood, Nolte, & Goodbody, 2012). Pedrotti & Burnes (2016) talked about the "new face of psychology", and how this increasingly diverse trainee population in terms of race and/or MSO experience requires further thought and action from training providers who may be unwittingly assuming 'one size fits all'. Bautista-Biddle, Pererira & Williams (2021) outline the need for courses to be aware of gender-based harassment and sexual-identity-based microaggressions and recommend courses are proactive in their support of trainees through reflective supervision.

One qualitative study explored the UKCP doctorate experiences of three lesbian and three gay trainees (Butler, 2004). Most trainees viewed their MSO as an asset despite all encountering anti-lesbian/gay attitudes on their courses and/or placements. Trainees described being purposeful and responsive in their decisions around disclosure of their sexual orientation with peers, staff and colleagues; they assessed the 'lay of the land' first. Trainees also reported being reticent to speak up about Lesbian and Gay (LG) issues,

especially when in their final year due to not wanting to be viewed as 'the gay trainee' or 'the expert on LG issues'. Trainees experienced staff becoming anxious when LG issues were raised, viewing these discussions as irrelevant, or mistakenly believing the trainee was raising a problem by raising LG issues as a topic. There was a notable difference in visibility of LG staff, with only gay male staff being 'out'. Trainees found these staff members also expressed a desire not to speak directly to LG issues. Trainees reported encountering the echoes of homosexuality as a pathology in their teaching. In healthcare education, a neo-liberal wish to demonstrate equality may inadvertently silence discussion of sexuality and gender differences (Lowe, 2011).

18 years have passed and it is unclear whether these experiences reflect those of current LG trainees. Lesbian women are known to experience stressors associated with the intersectionality of their gender and sexuality in the form of heterosexism and homophobia (Everett, Steele, Matthews & Hughes, 2019). Therefore it is likely Lesbian trainees' experiences differ to Gay mens' (Everett et al., 2019). Whilst women on UKCP training are in the majority, those female trainees identifying as gay/lesbian are a significant minority, likely representing less than 2% of all UK trainees each year. Consequently, this population simultaneously occupy both a gender majority position, whilst varying from the 'norm' on at least one other axis: sexuality. The current study sought to better understand how gay/lesbian women on UKCP training experience the course.

Research Questions

This study aims to answer the questions:

1. How do people identifying as female and gay/lesbian experience clinical psychology training in the UK?
2. What meaning or understanding do they have about the impact their sexuality and gender have on their experiences?

Terminology

Throughout this paper, the terms lesbian and gay will be used interchangeably to reference women who primarily are attracted to and engage in intimate relationships with women. For some, this terminology lacks some of the nuance and resonance, carries additional meaning

and weight, or is at times considered to be more or less useful. Participants had a preference of either lesbian, gay or queer. In order to situate this research within the literature, it was important to use language already defined and well understood i.e. 'lesbian'. However, the author acknowledges that terminology is lacking, and largely created based on a heterosexual model of sexuality.

METHOD

Design

This qualitative study used semi-structured interviews and Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2009). As the aim was to create a detailed understanding of individuals' experiences, IPA was chosen as it is an ideographic approach (Coyle & Lyons, 2007). Overall, IPA sits within a critical realist epistemological position, as though it acknowledges the role the individual's impact, it *does* assume there is a reality which can be described and understood through the process of interviewing (Biggerstaff & Thompson, 2008).

Participants and Recruitment

Eight participants were recruited from seven UK clinical psychology training programmes: six third-year trainees, one second-year trainee and one newly qualified clinical psychologist (5 months post-training) who identified as female and gay/lesbian.

Demographic data is presented separately (Table 4) to give the reader an impression of the population whilst preserving anonymity. Recruitment was purposeful; the primary researcher sent an email (Appendix V) detailing the study along with an information sheet for participants (Appendix VI) to 29 UKCP training course directors requesting they distribute it to their third-year trainees and newly qualified alumni. Confirmation of study distribution to online message boards or via email was received from 21 courses. Two universities replied but declined to distribute the study information to their students, explaining they did not support research focusing on trainees as they are not a clinical population.

Table 4

Demographic data for the eight participants.

Demographic	Categories and participant responses		
Age	25-30	31-35	36-40
n	3	4	1
Preferred terminology	Lesbian	Gay	Queer
n	4	3	1
Nationality	British	European Union	Other
n	5	2	1
Ethnicity	White	White British	White other
n	5	1	2
Relationship status	Long-term relationship	Single	In a relationship
n	3	3	2
Faith	Christian	Atheist	None
n	1	1	6
Course location	Southern England	Midlands & Northern England	Scotland
n	3	2	3
	Yes	No	
Relocated for training	4	4	
Homeowner	3	5	
Has children	1	7	
Mental health difficulties	5	3	
Physical health difficulties	2	6	
A disability	4	4	

Interview schedule

The interviews were semi-structured, covering experiences of the following areas: placement and teaching, relationships with clients, colleagues, supervisors, peers and staff, disclosure, and relationship with sexuality and gender identity in the context of training. The interview questions (Appendix VII) and standard prompts were developed using IPA guidelines (Smith et al., 2009) as well as consultation with two third year trainees who identify as female and queer within the researcher's doctorate course. Questions initially comprised of six open-ended questions aimed to allow participants to express a broad range of experiences and their understanding of these in their own words (Smith et al., 2009).

Procedure and Materials

Interviews took place virtually, using Zoom. Participants who emailed the author were sent a consent form (Appendix VIII) in response, alongside answers to any questions prior to interview. Completed consent forms were collected prior to interviews. Interviews lasted between 55 and 75 minutes and were recorded via Dictaphone. Debrief sheets (Appendix IX)

were emailed to participants immediately following interview, and vouchers were sent following participation as a 'thank you'. Interviews were transcribed manually by the primary researcher. Transcripts were anonymised, password-protected and any identifiable information either pseudonymised or erased. The recordings were deleted within two weeks of the interview, when transcription had taken place.

Data Analysis

Analysis was conducted following the principles and guidelines laid out in Smith, Flowers and Larkin (2009). Recordings were listened to once prior to transcription, and once afterwards. To increase familiarity with each participants experiences and to 'enter their world' (Smith et al.,2009 p82), initial notations were made in pen on paper transcripts, focusing on the descriptive (what are they talking about?), linguistic (what words and language do they use?) and conceptual (what concepts, ideas or theory could apply?) (Appendix X). Themes were elicited from the data through an iterative process of reading, commenting and re-reading. These gradually enabled connections to be drawn between initial notations within and then between participants. A combination of verbal discussions with supervisor, written notes, printed themes and electronic databases (Nvivo) were used to arrange the initial notations and emergent themes in different ways (Appendix XI). Nvivo was used to identify notations and themes which were spoken about by half or more of participants, to ensure the findings related to 'shared' experiential phenomena. The final super-ordinate themes resulted from grouping these emergent themes until both the primary researcher and research supervisor felt they represented a shared overall meaning (Appendix XII). Superordinate themes combined interpretations from all eight participants.

Quality assurance and Reflexivity

To carefully consider the double hermeneutic process, focus was placed on reflexivity. It is not possible, nor desirable to completely remove the perspective of the researcher from IPA, as the process acknowledges and makes use of, the researcher's own position in the double hermeneutic (Smith, Flowers & Larkin, 2009). Triangulation was employed to improve reliability, with the primary researcher and research supervisor independently coding three transcripts, before comparing and discussing ideas. In addition, meetings were held between the researcher and supervisor to discuss the data, analysis and themes. Bracketing interviews

(Appendix XIII), memos (Appendix XIV), a research diary (Appendix XV) were employed to disentangle researcher prejudice, assumption and bias from the value and insight the personal experiences of the primary researcher lent to the interpretation. In the interest of transparency, information which may allow the reader to contextualise the findings of this project within the frame of the primary researcher's experience are also included (Appendix XVI).

Ethical Approval and Considerations

Ethical approval was granted by Salomons Institute for Applied Psychology Research Ethics Committee (Appendix XVII). Participants were encouraged to re-read the participant information sheets prior before providing informed consent and were given time to think through their decision. Particular attention was paid to discussing and explaining anonymity procedures due to the small participant population making demographic information sensitive. Information was made available to participants prior to, and following each interview, to ensure participants could voice if they found any part of the study unacceptable. The researcher explained prior to the interview that participant should only share what they were comfortable sharing and encouraged to say if they did not want to or feel able to answer specific questions. Following the interview, time for discussion and questions was provided and formal debrief information were sent in a follow-up email. Participants were provided with contact details for organisations which provide support for LGBTQ+ persons in the event that they wished to talk about any of the issues raised by the interviews.

RESULTS

Overview

Participants reported a range of relationships with their own sexuality, approaches to navigating training, and beliefs about the ways in which sexuality and gender can or should feature in UKCP programmes. Three superordinate and nine subthemes emerged:

a) 'Rationalising (in) Silence': the internal mental processes trainees described engaging with in isolation around feeling vulnerable and different, the context of their lived experience, and their understanding of sexuality and gender on UKCP training.

b) 'Working with and Within': the relational aspects involved with training such as ascertaining whether people and institutions were allies, choosing to take action and challenge on behalf of oneself and/or others, or instead minimising sexuality/gender.
c) "The building blocks are there": the benefits, both personally and professionally of including the perspectives and knowledges of female trainees with minority sexual orientations, and sexuality and gender in clinical psychology discourse and training.

Example quotations can be found in table 5 below.

Table 5.
Themes and example quotations.

Superordinate Themes	Sub-themes	Quotations
Rationalising (in) Silence	Training on the edge	*"The first thing that springs to mind is, how, I think clinical psychology training makes you feel quite vulnerable, ... I spent a lot of time really reflecting on my life, and I wonder if this is part of actually what made me realise my sexuality at this point in my life, um alongside the pandemic and the lockdown, or if it would just have happened anyway, but there is just something about having to constantly think about formulation and what's impacting people that you can't help but put parts of yourself, into, and reflect on your own life. I think it's so challenging, that, um, you know, that, kind of extra emotional work that you're doing behind the scenes, just makes that like coming into placement that much harder, there's that real vulnerability,"(Charlotte)*
		"There is something about the disempowerment of being a trainee and the hoops that you're expected to jump through, and the stakes being really really high. Because this training, ...most of us, including myself, I tried for 10 years to get onto training. This was what I had thought about for years and years. I made career choices based on it, I applied every year. I worked bloody hard and so did most other people on the course. So, the sense of this thing that you've worked for years for, could be taken away from you. The stakes are enormous, and the disempowerment is incredibly enormous as well, so how do you stand up for yourself? How do you stand up for other people? In that environment? It's really hard work."(Audre)
		"I think, it, there were times maybe where I felt a bit, like I didn't belong, I think that's probably the biggest thing for me, is that I always felt a little bit different, not visibly different obviously, I think I probably in a lot of ways fit what people would expect um, visually, erm, and you know, [I] don't present overly, sort of stereotypically gay either, I would say that I'm probably a bit more feminine so often people wouldn't assume or they would assume I'm straight, more than, that I'm gay. Um. Yeah. I think just feeling a bit sort of awkwardly out of like, like, slightly different from people, erm, and I've made some really fabulous friends, but now my friendship group is so straight (laugh), you know, and that's lovely in a lot of ways, but it makes you feel a bit different, I've been thinking that I need more gay friends, because of that feeling of belonging."(Vita)
	The stage I'm at now	*Honestly I think, this has, this has to do with intersectionality, because where I was born it is a more traditional and homophobic country than the UK, so I did grow up with quite a lot of internalised homophobia myself and I mean, I'm not saying the UK is perfect, because it's not there is a lot of things to be worked on, but in comparison to other countries, it is a more free and accepting place. So for me it was a lot of things that I, you know, that I haven't had the experience I don't know if that would be similar for someone who was born in the UK, you know, like I don't know. But I, for me, it had to do with things that were happening quite earlier on in my life.(Frida)*
		"I think, within myself, I feel like I'm 95% of the way there. I think what came up as a result of my work and um, the context of what was happening in the world at the time, was the fact that I wasn't out to members of my family, who then passed away during the pandemic, and now, and I was like, how comfortable am I with that? Because I wasn't out to them for a reason. But then, the choice of potentially changing my mind was taken away from me. And so, I had a bit of an internal battle."(Eleanor)

Table continued overleaf…

Table 2. *continued..*

Superordinate Themes	Sub-themes	Quotations
Rationalising (in) Silence	That's neither relevant nor appropriate	*"That, yeah, maybe sexuality isn't that mentioned. But again, it's, I'm thinking about my patients, actually, it's not really come, come up. I don't think it's ever come up, which is interesting because they don't bring it. They don't really bring it up. .... Um, even though we often, I always ask about relationships, and I quite like the, looking at the social networks and how they experience their kind of social worlds, but yeah, its' not, it's not really come up, at all, so (laugh), again maybe that's what I'm thinking, maybe it's a taboo, a bit of a taboo subject, that it's just not the priority in terms of content or people are ashamed to talk about it."(Lena)*
		"I'm just, I haven't really thought about how much it, I guess it's a part of my life, part of my experience, part of my experience on training, I can't think of a time when it's been discussed like in teaching or anything. Like, does this, you know, "how does this map on to your experience of working with other people, whether they are straight, or whatever they identify as". Um, I've always just seen it as something "that is for me, and not for any clients, or colleagues or whatever, that I don't want to tell". But it's interesting that it hasn't really come up, and I hadn't really noticed that it hasn't come up until we had this conversation."(Gina)
		"Um, it's a conscious, it's a conscious decision to not out myself to new teams. ... So it's kind of personal safety things that we, ... like not to talk about having children, not to talk about where you live and things like that, ...I guess for that personal, for that neutrality as a clinician, that's a part of my life that isn't involved in work, so I don't need to talk about it."(Jacqueline)
Working with and within	Friend or Foe?	*"I'm quite open, I don't mind discussing it with like, colleagues or, but I do find that when I've got like an older supervisor I do struggle to talk about my own sexuality. Um, I think, I think for of fear of judgement, which is debateable, I don't know if it's true or not." (Gina)* *I do think about it, but it's not necessarily like a massive thing for me anymore, like I guess it's something I always think about, and I do remember feeling nervous whenever I'm in a new setting I feel nervous (Vita)*
		"I think more just nervous that I'm going to do it, I don't really weigh it up that much. I've been relatively lucky I would say, and I've not experienced any overt homophobia at work, so I've not got those kind of experiences, to kind of massively put me off, I would say, doing it. but it's still that kind of like, you don't know what people's reactions will be, you don't know how people… will treat you or how they might view you slightly differently, or yeah, that, I think that's the maybe the pause that it gives me, but then I'm like, that's their problem, their problem not mine. And I should just talk about my life however I choose to talk about it. um, I just don't make a big deal out of it. I try to do it really casually (laugh)."(Vita)
		"I don't know if the training had much of a difference, I guess in a way, just the exposure of telling people, new people, that I didn't know, and telling people like my clinical tutors or, that come from different backgrounds or that have different natures about it, or about my relationship, was I guess maybe encouraging, because nobody had any sort of negative reaction, even in the moment I didn't feel that people were shocked, or were very awkward, er, so I guess maybe in a sense it just made it, made it even more, comfortable to, talk about."(Lena)

Table continued overleaf…

Table 2. *continued..*

Superordinate Themes	Sub-themes	Quotations
Working with and within	Friend or Foe?	*"What she also acknowledged at the beginning,...was that she acknowledged that some of the people she was speaking to would be, would themselves be in the LGBTQ community. ..so she was sort of like naming that, the topic she was speaking to would be personal to some of us, and might hit on personal places for some of us as a result. ... There was a sense there that, some of what she was saying I would not be the intended audience for, but she was acknowledging my existence; I wasn't made invisible, in a topic that was about me."(Audre)*
		"I was able to, be open, about, my sexuality with my peers and with my supervisor when, when it was relevant and even a client when it was relevant. Erm. Because I didn't see that, being the case, a couple of years before. And I think. Having to consider that, having to hold that in my head, and, know, just, just means that, erm, I, I can understand, slightly perhaps in the way that some people might not be able to , or understand a different way when, clients or peers or friends are, erm, having to hide a part of themselves, or they're, they're not knowing how safe they are in a situation."(Eleanor)
	Standing up and standing with	*"we were getting a lecture .. and ... we did notice that .. it was quite heteronormative in the discussions and we did bring it up with them, and ...they reflected that the vast majority of the population that they worked with is heterosexual people, so on one hand it was making sense, but on the other hand, we did talk about how it might be harder for LGBT parents to seek support from services if, you know, if the language around it is quite heteronormative, and we talked about maybe differences in the experiences of parenthood between heterosexual and LGBTQI people, and I think it was, it was a good discussion, it was something that we brought up to the presenters."(Frida)*
		"Me being mouthy mostly! Um, so I, I mentioned that I had an interest in, in, in sexuality and in gender. And, they, they had previously had sort of, I suppose, this is actually another example of sort of marginalised being told to do the work of, for diversity in one way, which is that they had an LGBTQ ambassador for that team, who had left some months ago, the position hasn't been filled, and while I was there on placement, there was basically a sense of like, 'oh you've said this is one of your interests, do you want to step into this role?'. I was like, 'I'm only going to be here 4 more months, but ok why not' and so I did. Um, and one of the things the previous ambassador had done was an early piece of training on sexuality and ..sexuality. And it had been very well received and so while I was there I said, 'do you want me to extend this training with a follow up?' And they said yes, so I got to do it."(Audre)
		"It, I guess it feels like I've got a purpose in it, rather than feeling like, I'm on my own, and I don't, I'm, you know, having to kind of, I don't know, its' quite difficult to find the words without it all seeming negative (laugh). Um. I guess it's the helping others and advocating for others, to make it better for the future, to make the course aware of things that happen that are, things like, yeah that are, just not as inclusive as they should be, has helped me to feel like I'm doing something. So it's not, so I don't feel the isolation as much." (Jacqueline)

Table continued

Table 2. *continued..*

Superordinate Themes	Sub-themes	Quotations
Working with and within	Standing up and standing with	*"I think because you know, it's a point in time where 'I could have done something but didn't'. Could have done something to maybe make things better for someone. Been an ally in a way that sometimes, you know, I would, I would hope that other people would be allies towards the LGBT community, and just because I'm part of the LGB bit, I then should be an ally towards the T part as well, and I think that gets missed sometimes in like, gay community, and often with lesbian's as well, it's not always been a great relationship and great history, and I don't want to be part of that, you know, so I'm glad that I was able to overcome the anxiety of me to sort of say something."(Vita)*
	Standing back (the echoes of pathology)	*"if I thought that was relevant I would push for it. I think the honest answer is no. Um, that's, it doesn't mean that I wouldn't do it though, it just means that I'd feel probably really uncomfortable about it. but, I guess that's for a few reasons that, I'm not sure 100% due to, that, so it would be like, er, a combination of things like I don't particularly like asking for things generally, so that would factor into it, I think making it a big issue, by asking for it, would probably imp....really kind of personally, kind of, 'what would that mean for me?', 'That means I really need to talk about it'. 'What does', you know, 'how would people perceive that?', 'why does she want to talk about it so desperately?' Um, and I would probably justify that to myself by being like ok, 'well it's really not a big deal for me, but for some people it might be really important', and that's what would motivate me to doing it, so me not, really not caring but, it's not really a big deal, but for me recognising that for other people in the group or the cohort, this might be something really really significant that they don't feel like they can ask for,"(Gina)*
		"I can't remember why, but I said, 'well as being as part of the community' and I outed myself in this conversation! And it came naturally because you do just kind of talk about it naturally. But I realised, 'she didn't know that before.' Um, you know, so I don't mind people knowing, but it's not something that I'll join a team and go, 'Hi!!!!' (laugh) 'the only gay in the village', because I'm probably not, now I've found out my supervisor is, you know, I guess it's just if it's part of work then I'll say it, and if it's not part of work then I'll keep it quiet."(Jacqueline)
		"I'm happy when we have them (lectures on sexuality and/or gender), because it's nice to see there is effort being put in developing training psychologists that might otherwise have little experience in understanding you know, not just sexual orientation and gender identity and a lot of other things. So it's, it's, I'm actually very happy that we have them. But, still, I do notice that a lot of the times it is led by heterosexual facilitators and, and you know I think there is still a bit of a way to go in terms of widening the profession, to, to a lot of other parts of the population. So yeah, I'm happy when we have them, I do notice it's mainly from people who might not have personal experience, but it's better than not having them." (Frida)
		"It's like anxiety I think. Of like, being but anxiety of being too much, or like, not necessarily about being gay, just making too much of a something, being a bit too loud or too… in your face, or whatever, like, and being like, I don't know, I don't, there's maybe part of me doesn't want to be like, considered yeah, I don't know really like, politically gay or something. Which I don't even know if I know what that means, it just feels a bit like, somehow making a song and dance, making a big thing about it, makes it into something, that it's not, or that I'm not. It's definitely, it's definitely an anxiety thing, and I'm not entirely sure why or where it comes from." (Vita)

Table continued overleaf..

Table 2. *continued..*

Superordinate Themes	Sub-themes	Quotations
The Building Blocks are There	Representation Matters; "we have to stick together"	*"Well I mean, you know, it is important to have role models, if you don't have yourself represented, it really stops you from being able to imagine yourself in that space. And I had different role models in my environment, that maybe they were not LGBT, but I had contact with women who were scientists, I had contact with other sort of minorities who broke through. I think LGBTQI is another layer of role modelling for people. If you can't see yourself represented, yeah exactly, it makes it hard to see yourself doing it."(Frida)*
		"I think it comes from the majority. You know, we've got a course that is majority women, therefore those conversations are, always there, because it's kind of a common theme that people identify with, whereas sexuality, if the majority of people are straight, there's like less room for it?"(Charlotte)
		"No. I don't, I'm trying to think if I have met anyone. I don't think I have. Um. Like, people maybe in other years, but not in like, not qualified people, not that I've known anyway. Um, yeah. No I would like to, I'd like to meet some other gay female psychologists, that would be quite nice."(Vita)
		That's what I thought when I saw your study, I was like, I'm really busy but I think it's also really nice, because I think it's very very rare, and I was looking at statistics a while ago, few, maybe 2-3 years ago, just out of curiosity, and I couldn't find anything directly, but even with the LGBT I think there were a few courses who reported, or maybe, I can't remember exactly what I saw, but it was such a small percentage anyway, and I assumed probably more, gay guys rather than, yeah, women, of, again, don't know, we don't necessarily, introduce ourselves with 'hey my name is…and I am (laugh)'(Lena)
	An Extra Spice	*I think it makes me, I think it makes me a better clinical psychologist. Not in relation to someone else, but within me. Um, in terms of, I am more aware of impact of power systems, you know we talk about it in training a lot but I feel that I've had sort of, first-hand experience of power systems or um, struggling with parts of yourself, um, or experiencing distress, so I think, I think it helps me being able to sit next to someone, and with them, in terms of compassion and empathy, than I would have been without this experience. (Frida)*
		"I really like my identity now, as, I think because it is actually who I am, I don't have that distance, of, of not feeling quite like I'm, like something's not quite right, erm, yes, but I think it does make you, think about things more, so kind of like, the pride flag within the NHS, and, just that maybe awareness of a certain type of diversity, um, which I think is really an asset. In terms of working with people, erm, you know, if somebody came in, and, and they wanted to talk about sexuality or, I would like, I would like to think that they, they thought I was a safe person to talk to, erm, that would mean a lot."(Charlotte)
		"I can't find the words for it, it's almost like it adds an extra spice? I can't find another way of saying that. It's just an added element, for, for me to consider, for me to navigate. But that it, you know, you know I said about it's almost isolating, but at the same time it's kind of nice, having something different than other people."(Jacqueline)

Table continued overleaf…

Table 2. *continued..*

Superordinate Themes	Sub-themes	Quotations
The Building Blocks are There	An Extra Spice	*"I think being able, being able to contain my emotions, erm, you know as a clinical psychologist, you know, you're in a room potentially where a lot of, a lot of triggering things are being said. And your job is to maintain the calm, and continue to, to do your job, I feel like, when I have previously been in environments where, homophobia has been around me, I've been able to, erm, keep calm and steady, to not let the cat out of the bag, and I feel like, that is a skill slightly, that I've adopted, but also, just having empathy for people who don't feel like they can truly be themselves in a situation. Being able to empathise with somebody like that, with some of my, some of my clients who are, gay and are not out, or who are still dealing with it, or who are very out with their families and that is wonderful to see. So I suppose there's a bit of shared experience there."(Eleanor)*
	Hope for the future	*Well generally around more inclusion and, of all sorts. And not feeling that there is a barrier around the profession that is around characteristics that you have no control over like sexuality, place of birth, race, I think we are trying to, well we, I'm a trainee, but I think as a profession we are like trying to bring down those barriers and it's, it's a process, it takes time, it doesn't just happen overnight. So I'm definitely seeing that it is happening, in the courses, especially the course that I'm in. So it does say to me, that the future might likely to be different, but again it takes time for it to happen, so you will have to have people qualifying, getting their experience getting some training for them to become supervisors, so it take time, these things don't happen overnight, but the building blocks are there.(Frida)* *"Oh there'll be workshops on sexuality, there'll be workshops on things like sense of identity in general, but like: what are the elements? How does it impact your work? I think it will be much much a bigger part of it. "(Gina)* *I feel like I have to caveat this, with the fact that I,... don't see myself progressing to such a level, erm, so I kind of remove myself when I think, we've got, you know, we as women have got to be able to get to those positions, erm, it's important that we do, it's important that we're represented, and it's unfair and unjust that, of all the service leads, they're all men, and you know, there's nothing wrong with their professionalism or anything, but, just wonder how things might be different with a more equal, at that level, and you wonder, why, you know what is wrong with the system, that we are such a majority, at, band 7, 8a, maybe even 8b level, erm, but the 8c's are majority male, in my experience.(Eleanor)* *Yeah when they talk about privileges I guess, and kind of, yeah, all the demographics, ... I think ... it would be nice to touch on other, areas, like sexuality that, bring a, kind of, minority status. And I'm thinking also, working with, … yeah, for example, working with refugees or people in, in er, again from minority backgrounds, in terms of cultural, maybe cultural differences, I think would be really interesting to talk about it (sexuality), because I think there is, (laugh), yeah I wonder if there is an assumption that, 'well, we don't need to talk about it because nobody cares anymore' so, in a way it is good because maybe it's not 'a problem' to talk about, but at the same time, not every culture has that (view of sexuality).(Lena)*

Rationalising (in) Silence

This superordinate theme describes some of the internal mental processes participants engaged in around having a MSO and being on a UKCP training course.

Training on the edge

Participants described being 'on the edge' emotionally and figuratively during training. Furthermore, trainee's positions were somewhat 'absolute' and polarised, occupying conceptual edges.

Some participants spoke about feelings of vulnerability which they experienced whilst on training.

".. it is quite nerve-wracking sometimes saying things that are personal, and I think, because I have found it quite emotional, I don't always know, it might be ok saying it in my head, but I don't know if I say it out loud then I'll just start crying (laugh). I think I feel very close to the edge like all the time on training (laugh) you know how it is."(Charlotte)

Some of these were in relation to their power status as a trainee, some related directly to their sense of isolation or difference as a gay/lesbian trainee and some about the emotional requirements of the course in terms of personal reflection.

"I guess there's that, we're being assessed, we're being monitored, by our supervisors, more than we would in a working relationship, like it's for training. Erm, I don't know, I guess, I guess the fear of being judged, that was probably up there, that was making me think, making me nervous to talk about it (sexuality)." (Jacqueline)

Some participants reported feeling different to their colleagues and peers or not fitting either 'trainee' nor 'gay' stereotypes.

"I think I always felt a bit like uncomfortable because I felt a bit different, I mean obviously externally not at all particularly because I'm white and I'm middle class and all of that kind

of stuff, so in that sense I fit the stereotype, um but yeah, I always felt like, well I'm gay and single, I'm often like one of the bigger people in the room as well, that was always something that I felt a bit uncomfortable about, you know, a lot of .. women who do psychology are quite slim (laugh), like, yeah so there were lots of things that made me feel a bit kind of like, oooh I don't know, do I belong in this world?"(Vita)

Some participants described being positioned as the 'expert' on LGBTQ psychology which highlighted their difference in terms of sexuality. Some participants described feeling isolated by those real and perceived differences, emphasised the additional impact of the pandemic upon this isolation, and explained the isolating effect of navigating a personal journey with sexuality whilst on the course.

"But because of the nature of my placement being very rural, and because of the pandemic shutting down the world (laugh), erm I think we all felt isolated, but I think my isolation perhaps was a little bit worse, when, I was very rural, far from any of my peers, um, and also, in the place where, I was, experiencing this kind of regret about not being out within my personal life, erm, and that felt quite isolating, that, that was a challenging moment within training for me."(Eleanor)

The stage I'm at and the life I've lived

Participants reflected on how the relationship they had with their sexuality and gender, and the context of their personal history, influenced their experiences on training. Some found the course a new environment and opportunity to express and embrace their sexuality with supportive peers. Some described how the course changed their perspective about the importance of their sexuality.

"I think if anything, it's probably just made me a little bit more, ok with it? So I have really struggled on and off with it. Um, yeah it's always in the sort of, back of my head. .... I think training, you, you get to see just such a wide range of people and meet so many different people and work in so many different settings, and loads of people have loads going on, it (sexuality) just feels like a really minor thing."(Gina)

Some felt they already had a firm sense of their personal and professional identity in relation to their sexuality and felt the course had very little impact.

".. my undergraduate course definitely had an impact on my sexuality, um, because I was, you know, I was 19 and ..I was in a position where I could talk lots with other queer people and .. learn tonnes and tonnes of new things. But that was at a very different life stage to where I am now on this doctorate course where I already have a sort of have a pretty clear sense of myself and a pretty settled sense of my identity." (Audre)

Some participants described past experiences of homophobia finding clinical psychology training open and accepting in comparison. Most participants were keen to emphasise how training had not been an actively discriminatory nor prejudicial environment and described feeling grateful for this. Most participants also described sexuality and gender as topics which were seldom raised or reflected upon.

"I think it is really hard to describe it. I think it's been positive in the sense of, I felt like the training has always been very inclusive in general, not only about sexuality but about disabilities and everything else. I don't think I've ever actually had to use anything related to sexuality in any kind of conversation or yeah, training points, so yeah I don't feel like it's even played a huge part in my training experience"(Lena)

That's neither relevant nor appropriate

Participants talked about the limited time devoted, (if any), to reflecting on sexuality and gender in relation to their professional practice outside of specialist placements. Some participants attributed this to the nature of sexuality and gender as topics; questioning their relevance in clinical psychology, or if they are 'taboo' or 'private' and therefore inappropriate topics.

"I'm just, I haven't really thought about how much it, I guess it's a part of my life, part of my experience, part of my experience on training, I can't think of a time when it's been discussed like in teaching or anything. Like, does this, you know, "how does this map on to your experience of working with other people, whether they are straight, or whatever they

identify as". Um, I've always just seen it as something "that is for me, and not for any clients, or colleagues or whatever, that I don't want to tell". But it's interesting that it hasn't really come up, and I hadn't really noticed that it hasn't come up until we had this conversation."(Gina)

"…I'm thinking about my patients, actually, it's [sexuality] not really come up. I don't think it's ever come up, which is interesting because they don't bring it. They don't really bring it up. .... Um, even though we often, I always ask about relationships, and I quite like the, looking at the social networks and how they experience their kind of social worlds, but yeah, its' not, it's not really come up, at all, so (laugh), again maybe that's what I'm thinking, maybe it's a taboo, a bit of a taboo subject, that it's just not the priority in terms of content or people are ashamed to talk about it."(Lena)

Some participants attributed this silence to heteronormative bias or ignorance within individuals and institutions; lack of interest, understanding, capacity or willingness to engage in the complexity of intersectionality.

"I think just a sense ..that it's not seen as necessary, it's not seen as needed, that there's no sense of, LGBTQ people needing particular attention, or needing to be considered as a, a discrete group. And I think it probably sort of comes from the fact..., what a white gay man needs is going to be very different from what a black gay woman needs, and therefore there's an unwillingness to engage in the complexity of the LGBTQ community. Because...it's so …, heterogenous, .. So the two options are: to engage with them in a really one dimensional way, which would not really be very acceptable or: to try and engage with the incredible amount of nuance that it covers, which is seen as too much work, so they don't bother." (Audre)

Most participants described looking to others; supervisors, staff organising the curriculum, lecturers, to either create space for these topics or to indicate explicitly that these topics were welcome or acceptable positions to speak from.

"Sometimes you need the invitation I think, to know that it's a space where that is, it is gonna be safe, and it is gonna be ok. And even though you can kind of know that intellectually because you know your like course mates are generally pretty cool people who are probably not going to be massively homophobic, that was never an assumption that I would have made, and yet there wasn't ever the space for kind of, thinking about it, erm, and so therefore, I never really felt like I could or wanted to."(Vita)

"Yeah, and there were issues that I had with the uni just slapping a load of pride flags up for pride month, and yet we got really limited sexuality teaching, and it was never really talked about, but 'we're all allies!', and it was like, 'are you though?' like, there's you know, performative, being performative allies, you know, much like M&S having an LGBT sandwich for pride month, it doesn't mean anything unless you do something active to support your LGBT students, right?" (Vita)

Working with and within

This superordinate theme describes the ways in which participants navigated working with others within the systems and institutions of clinical psychology training.

Friend or foe?

Most participants presented as very keen to emphasise how they had not experienced any overt homophobia from peers, staff or colleagues whilst on training and therefore felt sexuality was accepted within clinical psychology. Half of participants described allocating no thought to disclosing their sexuality whilst on the course; however, all participants described choosing not to disclose or discuss sexuality with some supervisors, colleagues or peers at some point.

"So, I think there's always that kind of fear of perhaps rejection telling people, like supervisors, um, especially, I'm just thinking of the differences. So the supervisor I've got at the moment, I knew before, so I feel much more comfortable, it's not an issue. Um, but people I guess I'm going to new places, I don't really know them, I'd yeah, I do feel a little more reluctant to be open."(Gina)

For some, this was explained by their belief that their sexuality had no relevance, and therefore disclosure was not needed. However, most described making regular observations and judgements about whether or not individuals and environments were 'safe'.

"… I think you're more, maybe more vulnerable to those sorts of heteronormative assumptions, … I think it's about that process of coming out; I think it never kind of ends, and, and clinical training it is, you're coming to something very new, this new job, its, and it's that, you know, you've got 6 new placements, 6 new supervisors, 6 new teams, so it's a lot of introducing yourself, and you have that added element, of, your sexuality, which people might not know to begin with, and, maybe you're going to have to come out every, or not come out, every time? Even though that might be something that's so important to your identity, and you might want to discuss with particular cases, I think that it's hard, and I think it does, really help when people do use words like, 'partner' and, erm, .., or maybe bring up about sexuality with clients, .. in supervision and things like that, or even just ask questions like, 'oh you know, is there anything about your identity that, that might be impacting you on this case?' and… I think there's more that could be done in terms of just giving that room for you to come out …, and ..the same with on the course as well, assumptions made by lecturers, and just, potentially being put on the back foot on a training course, when you shouldn't be."(Charlotte)

A large source of allyship came from within cohorts, where participants could observe how others navigated sexuality before disclosing.

"People sort of came out more explicitly, perhaps in the way that I said I wasn't, I was trying not to? Or chose not to? Other people made a different decision and that felt wonderful. Even just sitting in a room with people who were willing to do that…It made me feel more comfortable, that any way that I decided to come out to my cohort, I would be accepted, because I saw the acceptance that they received."(Eleanor)

Asking for training, discussing LGBTQ health or well-being in relation to clients, speaking openly about own sexuality, using words such as 'partner' when talking to trainees and

inviting discussion around sexuality were indications that individuals, teams or organisations were 'allies' and 'safe'.

"I know that she's very supportive because she's asking for the training so I wasn't worried about her response or, I guess you kind of have to test the waters a little bit. Yeah. I guess, when you hear about those conversations of what training do we need? How do we support service users? …, I guess then you, you get a sense of, how safe it is, to out yourself." (Jacqueline)

Demonstrating discriminatory views about any part of the LGBTQ community or minoritised group reduced feelings of safety. Some participants discussed age as a factor which they associated with fears of rejection or discrimination; people older than themselves were perceived as more likely to hold prejudicial views. Most participants who expressed these ideas reflected on the potential injustice of these judgements, and the historical context, both personal and societal from which they felt they originated.

Standing up and standing with

Some participants described how their experiences of sexuality motivated them to 'standing up', and engaging in activism, or challenging others and 'fight' for what they felt was important.

"…you know the kind of idea of what psychologist you want to be? I'm definitely one for social justice and I pick up on those, ideas, and challenge them, and I don't think I would have done that, if I hadn't been part of a marginalised group, it wouldn't have been relevant for me. So I'll do a lot more for erm, I guess any, if I see any oppression of any group, I, I'll challenge it…. So that's given me a basis of, like my values, but then my position as a psychologist has been able to, I've been able to action those values."(Jacqueline)

However for some participants there was a relationship between their willingness to 'lean in' to fighting for and defending others, and to 'lean back' from activism for themselves.

Some participants reported strong beliefs around sexuality being a vital part of human experience for clients and therefore challenging systems on their behalf, and yet held similarly strong beliefs that their own sexuality had no impact on their training experiences. Participants channelling their energy into noticing the needs of others, which include LGBTQ+ people, especially aware of the needs of trans people for allyship within the queer community and a willingness to "stand up and be counted".

Standing back; the echoes of pathology

Some participants described a strong desire to minimise their homosexuality; they wished not to draw attention to, nor place importance on, this part of their identity. Most of these participants spoke of previous experiences of direct discrimination, internalised homophobia, ongoing shame and distress around their sexuality, or currently not having shared their sexuality with parents or family members due to potential rejection. Some participants justified their wish to not emphasise their sexuality by drawing comparisons with heterosexual supervisors and looking to the way in which heterosexual colleagues and peers negotiated sexuality.

"I don't know. Like (laugh), I just.. it feels like, well partly because it feels a bit like, I don't feel it's necessary, like straight people don't have to do that, straight people don't have to walk into a room and be like, I'm heterosexual, or I'm straight, so like why should I do that?"(Vita)

Participants used the words 'natural' and 'normal' to describe their sexuality, strongly stressing the lack of importance, relevance, and difference between their sexuality and that of others, their aim 'not to make a big deal' nor appear 'too gay', or as if they thought they were 'special' or 'unique' in some way.

"So, when we have let's say a reflective exercise at um, in classroom or if we are talking about ourselves it's, it's something that, well, I don't, in a natural way, so I don't feel that I am overly projecting it, but in the same way that someone might talk about their relationship I talk about my relationship so it, it feels natural."(Frida)

The building blocks are there

This superordinate theme speaks to the ideas, hopes and dreams participants had around sexuality and clinical psychology training moving forward which perhaps sheds some light on unmet needs.

Representation matters; we need to stick together

Most participants described the positive effect of representation within the profession on their own relationship with their sexuality on training. Some explained how seeing themselves represented allowed them to imagine themselves in that 'world' and to 'belong'.

"I think it ties with other parts that we don't really talk about in clinical psychology so similarly to how we don't talk about mental health in clinical psychologists, there is, you know, role modelling has to come from the top. ... And you're more likely to be open and express about different things, if you have some positive examples, or examples of, um people you might look up to that are doing so."(Frida)

Some participants spoke about the wealth of strong female role-models in the profession and the impact it has on them:

"I as a woman, I am a majority in my cohort, in my profession, I see a lot of, erm, amazing, clever, leaders (smiling), female leaders, and get lectures from them, and, um, am supervised by them, and that is really inspiring, erm, because I don't know, if that's, if that's the case for many people. Erm. And I love that (laugh)."(Eleanor)

Some participants wanted to be role models or to represent their sexuality for others, especially clients. Five participants reported not knowing any queer female psychologists, and the majority of participants' 'role models' were members of the LGBTQ community within their own cohorts. Many described some degree of curiosity around queer women in the profession or lack-there-of, explaining how (even an imagined) representation can 'set the tone'. Participants seemed to desire contact with 'previous generations': queer women

in cohorts who had gone before, and a wish for more of a sense of belonging, community and direction.

An Extra Spice

Participants described their perception of the benefits of their sexual identity and related experience, some highlighting the unique value or 'extra spice' they felt it gave them as a clinical psychologist. Having a minority sexual orientation meant having access to a 'lens' which highlighted injustice and hardship both sexuality-specific, such as mental health inequalities for LGBTQ people, and more generally in relation to other minoritised groups in the UK who may face discrimination or feel 'othered'.

"Yeah. I think it, makes an additional lens available to me by default, as opposed to by deliberation. Um. So that the lens of sexual orientation is available for me to look through, very very easily, never really, never really goes away whereas .. other sort of, differences are ones that I have to deliberately pull to mind.."(Audre)

Most participants spoke about the importance of sexuality and gender on human experience for clients; sexuality being a basic human need, and all people possessing some relationship with these aspects of identity. This included participants who had been quite clear that their sexuality did not impact their own identity or practice as a TCP.

Participants described an increase in feelings of empathy and understanding for minoritised people, people in disempowered positions, and people who struggle with identity conflict or choose to hide parts of themselves from others.

"Thinking about my country, a few years ago, ... (there was a political movement) to stop people from getting any sort of legal recognition of same-sex partnerships even though, I don't even know if that existed to begin with, because it's not really accepted. Er, but people want to prevent that from even happening in the future. And it, luckily didn't pass, but there was a huge number that did pass (vote in favour). And I was telling some of my [trainee] friends here about it, and, and people were just so shocked, they didn't even think that was

possible, especially in a European country, you know, it's quite modern in many ways, but erm. Yeah. So I think in the, it would probably be quite relevant to think about it (sexuality), especially when we work with different, with people from different cultures, but again, not something, not something I remember having been touched on."(Lena)

Hope for the Future

Most participants spoke to a desire for things to be different in the future, regardless of whether they reported difficulties related to their sexuality on training or not. Participants hoped training courses would continue to diversify, and to embrace and place more emphasis on multiple areas of intersectionality, drawing from some of the changes which have followed the Black Lives Matter (BLM) movement in relation to talking about race.

"…It could of. Who knows right? Like, who knows what that would have done [to my understanding of sexuality and gender] if there was more space to talk about the impact or influence of sexuality on everybody's lives … because, you know, straight people also have a sexuality, and that's never talked about right? Straight's like this default thing that's a non-sexuality, but it is, they have sexual experiences of being a sexual person, having a sexuality, so all of us could have had that conversation. In the same way that, [the course] created space to reflect on race and racism, and we started to talk about racism and everyone having a race, you know, you can have a similar sort of space for conversation, and like, but that wasn't, there wasn't that. But again, I don't know how comfortable I would have felt, maybe I would have felt quite anxious, in a quite dominant, in a room where I would be in the minority by like quite a considerable amount."(Vita)

Participants predominantly described more supportive, nuanced understanding around diversity coming from within their peer group. Most placed their hopes for the profession and training on these and subsequent cohorts reaching positions of power and shaping training and clinical psychology, but others positioned themselves as the agents of change.

"I think it gives me hope for the future, it lets me know that I can be a role model for people who are not heterosexual and are interested in psychology because …we were talking earlier

about not having role models, and I can't ever see myself, when I am qualified, doing things significantly different to how I am now, so I will always be open about my sexuality and I will always give the space to talk about it, how I am doing now being supervised, I will be doing the same thing when I'm supervising others. And, so, I think it, it's another building block into getting the profession where we want to get it, 20 years from now. And by then there will be other reasons why we are going to be inadequate! But, but that's something for the future, you know one step at a time."(Frida)

DISCUSSION

The participants largely described the absence of overt discrimination or prejudicial attitudes towards their sexual or gender identities whilst on UKCP training. Whilst all had reflected on diversity and believed it to be core part of professional development, most remarked that the interview was the first time they discussed their own sexuality/gender identities in depth. The apparent absence of a space to reflect on two core aspects of identity in clinical work raises questions around how trainees are developing a nuanced understanding of sexuality and gender both in relation to themselves and for clients. Whilst some participants initially emphasised how unimportant and insignificant their sexual identity was to their training experience, most commented with increasing confidence how on reflection, their sexual identity did play some part in how they received and behaved on the course. Furthermore, as described in 'hope for the future', towards the end of interviews, all participants described hopes that sexuality and gender would be given more explicit value, space and time on clinical training, which felt striking in contrast to earlier comments of sexuality being of little or no consequence and unproblematic.

Participants described numerous internal processes they used to navigate their experiences and understand the role of sexuality and gender in the context of their training including hypervigilance, minimisation, mirroring heterosexual colleagues, connecting with LGBTQ peers, and keeping their sexuality and professional identities separate.

Participants reported feeling vulnerable and anxious, and described a 'hypervigilance' in relation to potential judgement, discrimination and/or rejection by course staff, lecturers, supervisors and colleagues. Hypervigilance for judgement and rejection are psychological

processes associated with minority stress (Hatzenbuehler, 2009; Szymanski & Sung, 2010). UKCP training is associated with stress (Jones & Thompson, 2017), partly stemming from holding a subordinate position of power whilst being evaluated (Pakenham, & Stafford-brown, 2012). Thus 'trainee' status/identity carries a greater likelihood of hypervigilance for judgement, and feelings of vulnerability. However, for lesbian/gay female trainees, these processes may be magnified and/or multiplied, across multiple axis of 'trainee' + 'lesbian/gay' + 'female', suggesting minority stress can place additional cognitive, emotional and interpersonal pressure on lesbian/gay trainees. Furthermore, two of the three participants were not born in the UK described additional layers of awareness, alertness and anxiety in relation to their nationality. This fits with research exploring the impact of the MST with people who fit within multiple-minority groups (Cyrus, 2017) and the importance of considering the relationship between intersecting identities and potential stress, and demand on cognitive, emotional and interpersonal resources (Balsam et al., 2011).

Most participants had received one or two lectures on sexuality and/or gender. Three participants' cohorts had independently sourced training on working with transgender individuals, and three completed specialist LGBTQ placements. Outside these contexts; however, participants described very little emphasis or reflective practice relating to sexuality or gender, fitting with previous research into UKCP training curriculum (Montenegro, 2015). This general silence arguably provided space for participants to project their own understanding and assumptions about why these topics were not core reflective material. Some participants reflected on the potential role unconscious systemic heteronormativity may have had on their training, wondering whether sexuality and gender were truly not relevant to most lectures, cases, or formulations or whether this highlighted a 'blind spot'. Similar reflections were discussed 18 years ago (Butler, 2004), suggesting some patterns persist. There is theory suggesting organisations may develop defences against psychic pain (Menzies, 1960); understanding these can explain institutional resistance towards change. The apparent collective silence could be understood as an avoidance or denial of sexuality and gender as threatening topics. Perhaps acknowledgement would raise into consciousness ongoing inequalities around gender and sexuality within the profession? Or could it force difficult (both culturally in a reserved

British sense, and professionally in a historical sense) conversations around sex and sexuality?

Some participants' responses echoed heterosexist and even homophobic sentiments, suggesting they may have internalised the stigma, shame and stereotypes around their sexuality and gender from wider contexts and people (Szymanski et al., 2008; Berg, Munthe-Kass, & Ross, 2016; Wickham et al., 2021). For example, participants spoke about their desire to 'not be too gay', or to discuss their sexuality in a 'natural way', conforming with the idea that minimising one's sexuality and emulating heterosexual attitudes and behaviours was 'the norm', and 'professional'. Some described the lack of homophobia and attention drawn to their sexuality on the doctorate as positive; it allowed them to feel less stigmatised and shame. Concealment and minimisation are well documented responses to minority stress (Hoy-Ellis 2015). Within the literature, long-term concealment has been found to contribute to psychological distress in LB women (Kuyper & Fokkema, 2011). However, minimisation or de-emphasising one's sexuality in heterosexist and/or homophobic contexts, can be adaptive, and an effective way to reduce risk of discrimination and maintain wanted connections (Bowleg et al., 2008; Sung et al., 2015).

Most participants reported not being aware of having met any lesbian psychologists, echoing the findings from 2004 (Butler, 2004). They described a strong desire to see themselves represented, and in this way to 'belong'. Seeing oneself as invisible in society can contribute to feelings of isolation and minority stress (Sung et al., 2015). Community, and meaningful connections with other sexual minorities is well-documented as a means of moderating some of the negative effects of minority stress (Szymanski, Chung, & Balsam, 2001; Lewis, Kholodkov & Derlega, 2012). The 'transgenerational silence' effect could be self-perpetuating; with each 'generation' learning from the perceived silence of the last. Some participants also reflected on their own experiences of invisibility; of being perceived as heterosexual and explained this as both problematic and protective; it allowed them to choose whether or not to disclose their sexuality, but it also necessitated they make a conscious act of disclosure. This is an example of the stress associated with heteronormativity (Peel, 2001). In a system that is actively challenging heteronormativity,

sexuality would not be assumed, and therefore the responsibility and 'stress' around disclosure is shared (Ozeren, 2014).

Participants' varied in how they responded to experience of being a minority; not all opted to minimise their sexuality and most were willing and motivated to 'stand up and stand with' others. There is good evidence that activism is an adaptive way MSO individuals cope with minority stress (Frost, Fine, Torre & Cabana, 2019). All participants who described advocating and challenging norms did so on behalf of others. Only one described also advocating for her own emotional needs in response to witnessing ignorant/heterosexist material. Notably, this participant described having longstanding affirmative experiences in psychology education and work, prior to the doctorate; positive and affirming experiences and relationships have been correlated with greater resilience and coping in relation to minority stress (Bowleg et al., 2003)

Most participants in this study felt positively about the contribution they could make, and the additional perspective, drive and empathy their sexuality and gender identities lent to their work. Participant's hopes for the future mirrored aspects of the BPS accreditation (2019) guidelines; a conviction that clinical psychology training embrace the complexity and nuance of intersectionality and include more conversations about sexuality and gender into training and beyond. It felt significant that whilst participants emphasised how their 'sexuality was no problem' on training, most described hopes for change. Their experience gave them hope for a future with visible representation and shared supportive spaces to reflect on sexuality and gender with cohorts they trusted.

Limitations

The scope of this study meant that some intersectional and contextual factors could not be considered in depth. For example, demographic information included whether participants identified as having mental and/or physical health difficulties, but it was not feasible to extend interviews to capture more understanding around these factors. The small sample of participants were self-selecting, meaning that they had some interest and motivation to discuss sexuality and gender in the context of their training. It is possible they are not wholly

representative of those lesbian/gay trainees who did not hear about the study or did not wish to take part.

Trainees raised the importance of intersectionality in relation to sexuality and gender. All participants and researchers involved with this study identified as white. Therefore the findings of this study are limited in their scope, and cannot give a whole picture of the experience for all lesbian/gay women on UKCP training.

IMPLICATIONS

Future Research

Future research could involve qualified clinical psychologists, including those who work within leadership and organisational roles, who identify as female and lesbian/gay. It would be interesting to explore their experiences, both of training but also of working within UKCP as a qualified practitioner and the profession more generally. Perhaps these psychologists could offer ideas about what could help facilitate reflective spaces and discussion around sexuality and gender within training programmes in the UK, whilst also maintaining a sense of safety for trainees who identify as having an MSO.

There is research that suggests women's experiences of mental health difficulties and inequalities, discrimination, stigma and factors associated with minority stress vary between MSOs (Puckett et al., 2016). Future research could explore whether these findings are similar across MSOs. Participants within this research commented on the importance of intersectionality. Future research could explore this directly, for example, focusing on the experiences of psychologists who hold multiple minoritised identities.

Clinical Implications

This study suggests creating space to support reflection around sexuality and gender may be especially important for lesbian/gay female trainees, who may experience additional stressors whilst on training. Training programmes could provide more explicit space to reflect on sexuality and gender for all trainees, acknowledging and directly facilitating

thinking about heteronormativity, stigma and sexism. It is not just about the absence of overt discrimination. Affirming and destigmatising actions, environments and experiences can promote and support reflection and acceptance, reducing shame. This would ideally support MSO trainees mental health and the longevity of their practice, but also *all trainees* to think about these factors in their personal professional development and practice. As one participant pointed out; training is ideally the most supportive and appropriate place to reflect on prejudice you may unknowingly have held, assumptions you may have made, and discrimination you may have overlooked, supported or enacted. Similar to affirmative therapy, where Clinical Psychologists adopt an 'affirmative' stance in relation to LGBTQ clients (Litam & Speciale, 2021) to promote reflection and reduce minority stress (Freeman-Coppadge & Langroudi, (2021) UKCP training courses may benefit from thinking about the ways in which they could adopt an affirmative stance towards their LGBTQ trainees, beyond rainbow flags. Courses could bring sexuality and gender into all teaching similar to race and racism. Explicit teaching on heterosexism (how institutions and societal norms can facilitate and perpetuate sexual prejudice, discrimination homophobia and heteronormativity) could be given alongside teaching on the historical context surrounding sexuality. This would help trainees to contextualise minority stress and understand stigma in the context of pathological and general psychological consequences for sexual minorities.

CONCLUSION

Clinical psychology is committed to increasing the diversity within the profession, to better mirror the population it serves. Personal professional development within clinical psychology requires reflective practice, in order to create a resilient workforce, ready for longstanding careers within the NHS. UKCP trainees identifying as lesbian/gay and female face additional cognitive, emotional and interpersonal stressors relating to their minority sexual orientation. Most preferred not to highlight nor draw attention to their sexuality as an area of difference whilst on training. Shared reflection around the impact of sexuality and gender appeared largely absent from their training experience though most held hope that greater appreciation, understanding and opportunity to reflect on these topics would become a core part of UKCP training curriculum in the future.

REFERENCES

Adamson, T., Lett, E., Glick, J., Garrison-Desany, H.M., & Restar, A. (2022). Experiences of violence and discrimination among LGBTQ+ individuals during the COVID-19 pandemic: a global cross-sectional analysis. *British Medical Journal. Global Health* (7). **http://dx.doi.org/10.1136/bmjgh-2022-009400**

Ahsan, S. (2020). Holding up the mirror: deconstructing whiteness in clinical psychology. *Journal of Critical psychology, Counselling and Psychotherapy, 20* (3), 45-55. https://www.researchgate.net/profile/Sanah-Ahsan-2/publication/345242611_Holding_Up_The_Mirror_Deconstructing_Whiteness_In_Clinical_Psychology_Ahsan_2020/links/5fa14c0aa6fdccfd7b97ab18/Holding-Up-The-Mirror-Deconstructing-Whiteness-In-Clinical-Psychology-Ahsan-2020.pdf

Bachman, C.L., & Gooch, B. in Stonewall (2018). *LGBT in Britain; Health report*. Stonewall. Retrieved from (April 2022) https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBT People of Color Microaggressions Scale. *Cultural Diversity and Ethnic Minority Psychology, 17*(2), 163–174. **https://doi.org/10.1037/a0023244**

Bautista-Biddle, M. M., Pereira, L. M., & Williams, S. N. (2021). The fallacy of "good training experiences": The need to protect psychology trainees from harassment and the imperative of multiculturally competent supervision. *Training and Education in Professional Psychology, 15*(4), 323–330. **https://doi.org/10.1037/tep0000353**

Berg, R.C., Munthe-Kaas, H.M., & Ross, M.W. (2016). Internalized Homonegativity: A systematic mapping review of empirical research, *Journal of Homosexuality, 63*(4), 541-558. **https://doi.org/10.1080/00918369.2015.1083788**

Biggerstaff, D., & Thompson, A. R. (2008). Interpretative Phenomenological Analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology, 5*(3), 214–224. **https://doi.org/10.1080/14780880802314304**

Bowleg, L., Huang, J., Brooks, K., Black, A., & Burkholder, G. (2003). Triple jeopardy and beyond: multiple minority stress and resilience among black lesbians. *Journal of lesbian studies*, *7*(4), 87–108. **https://doi.org/10.1300/J155v07n04_06**

Bowleg, L., Brooks, K., & Ritz, S. F. (2008). "Bringing home more than a paycheck:" an exploratory analysis of Black lesbians' experiences of stress and coping in the workplace. *Journal of lesbian studies*, *12*(1), 69–84. **https://doi.org/10.1300/10894160802174342**

British Psychological Society. (2019). *Standards for the accreditation of doctoral programmes in clinical psychology. January.* Leicester. Retrieved from: https://cms.bps.org.uk/sites/default/files/202207/Clinical%20Accreditation%20Handbook%202019.pdf

British Psychological Society. (2022, November). *Clinical Psychologist Job profile.* https://www.bps.org.uk/clinical-psychologist-job-profile

Buchanan, N. (2015). Intersectionality and clinical psychology: Recognizing ethnicity, gender and other salient identities as mutually informative. *American Psychological Association, 12* (6) 1, 4. Retrieved from: https://www.researchgate.net/publication/314089295_Intersectionality_and_clinical_psychology_Recognizing_ethnicity_gender_and_other_salient_identities_as_mutually_informative

Butler, C.A. (2004). Lesbian and gay trainees: The challenges of personal and professional integration. *Lesbian and Gay Psychology Review, 5* (1). https://researchportal.bath.ac.uk/en/publications/lesbian-and-gay-trainees-the-challenges-of-personal-and-professional-integration

Coyle, A., & Lyons, E. (2007). Analysing qualitative data in psychology. Sage Publications Ltd.

Cyrus, K. (2017). Multiple minorities as multiply marginalized: Applying the minority stress theory to LGBTQ people of color. Journal of Gay and Lesbian Mental Health, 21(3). **https://doi.org/10.1080/19359705.2017.1320739**

Davidson, S., & Patel, N. (2009). Power and identity: considerations for personal and professional development. In: Hughes, J. & Youngson, S. (2009). *Personal professional development in clinical psychology*. British Psychological Society and Blackwell Publishing Ltd. ISBN: 978-1-4051-5866-4

Drescher, J. (2015). Out of DSM: Depathologizing homosexuality. *Behavioural Science, 5* (4), 565-575 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4695779/

Everett, B.G., Steele, S.M., Matthews, A.K., Hughes, T.L. (2019). Gender, race and minority stress among sexual minority women: An intersectional approach. *Archives of Sexual Behaviour, 48*(5), 1505-1517. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7212784/pdf/nihms-1584348.pdf

Fish, J., & Bewley, S. (2010). Using human rights-based approaches to conceptualise lesbian and bisexual women's health inequalities. *Health & social care in the community*, *18*(4), 355–362. **https://doi.org/10.1111/j.1365-2524.2009.00902.x**

Freeman-Coppadge, D.J., & Langroudi, K.F.(2021). Beyond LGBTQ- Affirmative Therapy: Fostering growth and healing through intersectionality. *Behavioural Science and Psychology, 2* (3), 445-460.

Frost, D.M., Fine, M., Torre, M.E., & Cabana, A. (2019). Minority stress, activism, and health: Results from a national participatory action survey of lesbian, gay, bisexual, transgender, queer, and gender non-conforming youth. *American Journal of Community Psychology, 63*, 511-526. **https://doi.org/10.1002/ajcp.12326**

Government Equalities Office (July 2018). National LGBT survey; Summary report. Retrieved June 20, 2022 from http://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722314/GEO-LGBT-Survey-Report.pdf

Hatzenbuehler, M.L. (2009). How does sexual minority stigma "Get under the skin?" A psychological mediation framework. *Psychological Bulletin, 135* (5), 707-730. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2789474/pdf/nihms148495.pdf

Herek, G. M. (2004). Beyond "Homophobia": Thinking About Sexual Prejudice and Stigma in the Twenty-First Century. Sexuality Research & Social Policy: A Journal of the NSRC, 1(2), 6–24. https://doi.org/10.1525/srsp.2004.1.2.6

Herek, G. M., Chopp, R., & Strohl, D. (2007). Sexual stigma: Putting sexual minority health issues in context. In I. H. Meyer & M. E. Northridge (Eds.), *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual, and transgender populations* (pp. 171–208). Springer Science + Business Media. https://doi.org/10.1007/978-0-387-31334-4_8

Himmerich, J. (2019). Male Clinical Psychologists: Role of the male gender in therapy and on the route to qualification. Unpublished Doctoral dissertation, Canterbury Christ Church University. Retrieved on July 2022, from: https://repository.canterbury.ac.uk/download/e59c58ecd65c409695f88520269eeb503c3186774876cb82d87e8b543e2deaaf/1800929/Julian_Himmerich_MRP_2019.pdf

Hoy-Ellis, C.P. (2015). Concealing concealment: The mediating role of internalized heterosexism in psychological distress among lesbian, gay and bisexual older adults. *Journal of Homosexuality, 63*(4), 487-506. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4802965/pdf/nihms766179.pdf

Hubbard, L. (2021). *The Hate Crime Report 2021: Supporting LGBT+ Victims of Hate Crime*, London: Galop. Retrieved X from https://galop.org.uk/wp-content/uploads/2021/06/Galop-Hate-Crime-Report-2021-1.pdf

Hudson-Sharp, N., & Metcalf, H. (2016). Inequality among lesbian, gay bisexual and transgender groups in the UK: a review of the evidence. Government Equalities Office. Retrieved from (May 2021) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/539682/160719_REPORT_LGBT_evidence_review_NIESR_FINALPDF.pdf

Hughes, J., & Youngson, S. (Eds) (2009). *Personal development and clinical psychology.* British Psychological Society and Blackwell Publishing Ltd. ISBN: 978-1-4051-5866-4

Jones, R., & Thompson, D. (2017). Stress and Well-Being in Trainee Clinical Psychologists: A Qualitative Analysis. *Medical Research Archives, 5*(8). Retrieved from (October 2022) https://esmed.org/MRA/mra/

King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry, 8,* 70. **https://doi.org/10.1186/1471-244X-8-70 article/view/1455**

Kuyper, L., & Fokkema, T. (2011). Minority stress and mental health among Dutch LGBs: Examination of differences between sex and sexual orientation. *Journal of Counseling Psychology, 58*(2), 222–233. **https://doi.org/10.1037/a0022688**

Lavender, T. (2003) Redressing the balance: the place, history and future of reflective practice in clinical training. *Clinical Psychology, 27,* 11-15. https://www.researchgate.net/profile/Tony-Lavender2/publication/290575681_Redressing_the_balance_The_place_history_and

future of reflective practice in clinical training/links/5b1faf0c0f7e9b0e373ea684/

Lewis, R. J., Kholodkov, T., & Derlega, V. J. (2012). Still stressful after all these years: a review of lesbians' and bisexual women's minority stress. Journal of lesbian studies, 16(1), 30–44. **https://doi.org/10.1080/10894160.2011.557641**

Litam, S.D.A., & Speciale, M. (2021). Deconstructing sexual shame: Implications for clinical counselors and counsellor educators. *Journal of Counseling Sexology and Sexual Wellness:Research, Practice, and Education, 3*(1), 14-24

Lowe, W. (2011). Silences in healthcare education and practice: Gender and sexuality. *Gay & Lesbian Issues and Psychology Research Review, 7* (3). https://groups.psychology.org.au/Assets/Files/GLIP%20Review%20Vol%207%20No%203.pdf#page=7

Lund, E.M., Andrews, E.E., Holt, J. (2014). How we treat our own: the experiences and characterists of psychology trainees with disabilities. *Psychology Medicine, 59,* 367-375. **https://doi.org/10.1037/a0037502**

Mays, N., Pope, C. (2000). Assessing quality in qualitative research. Qualitative research in health care. *British Medical Journal, 320,* 50-52. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117321/pdf/50.pdf

Menzies, I. E. P. (1960). A Case-Study in the Functioning of Social Systems as a Defence against Anxiety: A Report on a Study of the Nursing Service of a General Hospital. *Human Relations*, *13*(2), 95-121. **https://doi.org/10.1177/001872676001300201**

Meyer, I.H. (2003). Prejudice, social stress and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychology Bulletin, 129*, 674-697. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2072932/

Montenegro, M. (2015). Sexuality and diversity training in clinical psychology courses in the UK. *Clinical Psychology Forum, 270.* https://www.researchgate.net/profile/Miguel-Montenegro5/publication/279568050_Sexuality_and_diversity_training_in_Clinical_Psychology_courses_in_the_United_Kingdom/links/5b8d16914585151fd1452768/Sexuality-and-diversity-training-in-Clinical-Psychology-courses-in-the-United-Kingdom.pdf

National Health Service England, (2019). The Equality and Health Inequalities Hub: LGBT Health. October 2022. Retrieved from: NHS England » LGBT health

NHS Workforce Alliance. (2021, July 9th). *Helping the NHS workforce recover from the pandemic.* NHS Workforce Alliance. https://workforcealliance.nhs.uk/healthbusiness-pandemic-recovery/

Ozeren, E. (2014). Sexual orientation discrimination in the workplace: A systematic review of the literature. Social and Behavioural Sciences, 109, 1203-1215 **http://doi:10.1016/j.sbspro.2013.12.613**

Pakenham, K., & Stafford-brown, J. (2012). Stress in Clinical Psychology Trainees: Current research status and future directions. *Australian Psychologist, 47* (3), 147-155. https://aps.onlinelibrary.wiley.com/doi/epdf/10.1111/j.1742-9544.2012.00070.x

Pedrotti, J. T., & Burnes, T. R. (2016). The new face of the field: Dilemmas for diverse early-career psychologists. *Training and Education in Professional Psychology, 10* (3), 141–148. **https://doi.org/10.1037/tep0000120**

Peel, E. (2001). Mundane heterosexism: Understanding incidents of the everyday. *Women's Studies International Forum, 24*(5), 541–554. **https://doi.org/10.1016/S0277-5395(01)00194-7**

Piggot, M. (2004). Double jeopardy: lesbians and the legacy of multiple stigmatised identities. Unpublished doctoral thesis. University of Swinburne. Retrieved May 2022

from: https://researchbank.swinburne.edu.au/file/4a7c253c-86df-4891-9420-8ac639834d5a/1/Margaret%20Piggott%20Thesis.pdf

Public Health Research Unit (2006). CASP quality assessment tool for qualitative research: Critical Appraisal Skills Programme (2018). *CASP qualitative research quality checklist.* CASP-UK. http://esquiresheffield.pbworks.com/f/WeChecklists.pdf

Puckett, J.A., Surace, F.I., Levitt, H.M., & Horne, S.G. (2016). Sexual orientation identity in relation to minority stress and mental health in sexual minority women. *LGBT Health 5*(3), 350-356. **http://doi.org/10.1089/lgbt.2015.0088**

Scheadler, T.R., Haus, K.R., Monley, T.A., & Mark, K.P. (2022). LGBTQ+ Grassroots activism: An opportunity for resilience. *Journal of Homosexuality, 4.* **https://doi.org/10.1080/00918369.2022.2040928**

Shah, S., Wood, N., Nolte, L., Goodbody, L. (2012). The experience of being a trainee psychologist from a black and minority ethnic group. A qualitative study. *Clinical Psychology Forum, 232,* 32-35. **https://doi.org/10.1177/0081246317722099**

Sheikh, A.I., Milne, D.L. & MacGregor, B.V. (2007). A model of personal professional development in the systematic training of clinical psychologists. *Clinical Psychology and Psychotherapy, 14*: 278-287. **https://doi.org/10.1002/cpp.540**

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* Los Angeles, CA: SAGE

Sung, M. R., Szymanski, D. M., & Henrichs-Beck, C. (2015). Challenges, coping, and benefits of being an Asian American lesbian or bisexual woman. *Psychology of Sexual Orientation and Gender Diversity, 2*(1), 52–64. **https://doi.org/10.1037/sgd0000085**

Szymanski, D. M., Chung, Y. B., & Balsam, K. F. (2001). Psychosocial correlates of internalized homophobia in lesbians. *Measurement and Evaluation in Counseling and Development, 34*(1), 27–38.

Szymanski, D. M., Kashubeck-West, S., & Meyer, J. (2008). Internalized heterosexism: measurement, psychosocial correlates, and research directions. The *Counseling Psychologist, 36*(4), 525–574. **https://doi.org/10.1177/0011000007309489**

Szymanski, D. M., & Sung, M. R. (2010). Minority stress and psychological distress among Asian American sexual minority persons. *The Counseling Psychologist, 38*(6), 848–872. **https://doi.org/10.1177/0011000010366167**

Tajfel, H. (1978). The achievement of inter-group differentiation. In H. Tajfel (Ed.), Differentiation between social groups (pp. 77–100). London: Academic Press.

The King's Fund. (2020). *The courage of compassion: Supporting nurses and midwives to deliver high-quality care.* https://www.kingsfund.org.uk/publications/courage-compassion-supporting-nurses-midwives

Thoma, B. C., Eckstrand, K. L., Montano, G. T., Rezeppa, T. L., & Marshal, M. P. (2021). Gender nonconformity and minority stress among lesbian, gay, and bisexual individuals: A meta-analytic review. *Perspectives on Psychological Science, 16*(6), 1165–1183. **https://doi.org/10.1177/1745691620968766**

Wickham, R. E., Gutierrez, R., Giordano, B. L., Rostosky, S. S., & Riggle, E. D. B. (2021). Gender and generational differences in the internalized homophobia questionnaire: An alignment IRT analysis. *Assessment, 28*(4), 1159–1172. **https://doi.org/10.1177/1073191119893010**

SECTION C: Appendix of Supporting Material

Appendix I: Phase 4: grouping of second order categories

Extract from second-order concept table – example of one paper:

Author(s) (year)	**Primary author's themes**		***Participant quotes (1st order constructs)***	**Primary author interpretations (2nd order constructs)**
Bowleg et al., (2003)	Minority and Multiple Minority Stress	Heterosexism	*homophobic kinds of mentalities are very rampant…and being gay is like an affront to your Blackness.*	Heterosexism, homophobia are rife, creating fear, stress and the need for concealment, including within Black communities, but women were agile in negotiating different environments, in order to protect themselves against heterosexism and to maintain important protective and supportive connections to the Black community, friends and family, as well as to avoid danger and discrimination. (Bowleg et al., 2003)
			I just feel like it's very difficult living as a Black woman in this lifestyle. If I had to do it all over again…I would walk the walk like my [heterosexual] sister.	
			I dislike the discrimination and the judgement and the oppression that comes with [being lesbian]. And the same thing applies to being Black.	
			[being a lesbian has] never held me back from gettin' a job, which is very important [to] your economic survival. So if it hasn't stopped me from gettin' a job, then there is a nothing else…But I can speak for being Black, because I do remember a situation that I had when I was in [large city on East Coast USA]. When I was around 21, I went to an employment agency to apply for a job, and the man said, "He don't hire [racial slur]." So I guess if he knew I were a lesbian, he would have really thrown me down the stairs.	
			already challenged as a Black woman in this White society [she chose to] 'not add the lesbian factor' [by coming out in her workplace]	
			to be a butch lesbian, which is what my girlfriend is, [means] constantly having to deal with battles with people.	
		Triple jeopardy: intersections of racism, sexism and heterosexism	*the deck is definitely stacked against you.*	Ambiguous stress, multiple reasons to be hypervigilant, feel vulnerable, potential and experienced discrimination, feeling 'the deck is stacked against you', forced to fragment, dichotomise, self-monitor, code-switch, struggle to survive and live fully, whole, completely in a world that doesn't want their truth. (Bowleg et al., 2003)
			erode and wear [her] down eventually	
			I'm always a Black lesbian woman, no matter what. But I can be among a [predominantly] Black mixture of people and something could come up and I'm expected to think of myself solely as Black. And, they could be talking about freeing somebody like Farrakhan, who I don't particularly care for, and I don't think is woman-friendly, and definitely not gay friendly.	
			a world that doesn't affirm or even want your truth.	
			[she struggled] to live in the world as fully as I can, with all of my God-given gifts and abilities, completely and wholly; instead of being fragmented or having to have dichotomized selves and realities.	
			[we live in a world which] we don't' feel totally free to conduct ourselves.	

			quite frankly, I [didn't] know whether it's because I'm Black or because I'm woman, or queer.	
	Resilience	External environmental context	*he didn't want [his children] with me because I'm a lesbian…So you know, that was a very rude awakening for me.*	Family and Black community can buffer against racism, sexism & heterosexism, and exacerbate it depending on their position/view. Maintaining ties to family/Community, despite heterosexism can be important and desirable.
			[tendency for some Black lesbians to face] estrangement from the Black church or Black community leaders...unlike White gays and lesbians who are always talkin' about they want to build some kind of gay and lesbian Mecca somewhere [it was important for Black LGBs to maintain ties with the Black community because these communities served as a buffer against racism.	
		Person-environment interactional processes	*See, I've got to travel across country to be connected with my people….I found myself at a recent [predominantly White] political, gay and lesbian political organization [where I said], 'Look, there is a dearth of Black lesbians up here and I'm looking to fill that. Can you help me?'*	Seeking out contact and community both physically and virtually can redress feelings of isolation.
		Internal self-characteristics	*I think that the label of being a Black lesbian is unique. It's unique in the universe and I feel uniquely gifted to be able to love a woman; to love women.*	Spiritual characteristics, feelings of uniqueness, self-esteem, behavioural and social competencies, happiness, optimism and humour are features of resilient individuals. Living outside the box can mean freedom rather than being an outsider, and being unique can be embraced or minimised. (Bowleg et al., 2003)
			I just happen to love women; that's it. You know, I look at myself as a person just like every other person out here, except my sexual preference is different, that's all.	
			I happen to think I'm a pretty damn good person…[and] if someone does not like me because of my color, that's their problem.	
			I like me and I feel fairly good about me unless I'm attacked in some way.	
			…part of my survival was [being] able to stop the perpetrator. I had a sense of power, and once I gained that sense of power, I knew how to use it.	
			the sense of living on the margin and the freedom that comes with it.	
			I enjoy being able to express myself fully. I love being in the company of other lesbians and gay men and that's just my life. And I'm happy I made this transition [to becoming a lesbian].	
			the Black [part of my identity] is just a heck of a lot of fun.	
			[living in a predominantly White small county provided] a lot of occasions to rise to the challenges of being a lesbian and a Black person.	
			It was like a whole new world opened up. And I felt alive again and I just felt like God had given me another chance at life. And I was just so happy. And you know, I have my	

			ups and downs, but I feel like it can be a good life for me, and it is a good life for me. And I proactively do things that will make it good for me.	
		Resiliency processes	*if I have no power then I ignore it. [in relation to a racist comment received on the golf course] I had another round to play, which would only mess up my golf game if I got too mad. So I just put my hand beside my ear saying, 'I didn't quite hear you,' and he didn't get any louder so I did it again and he didn't get any louder so I said, 'I'll ignore that one'. I had no power there. If there is a situation if I feel I have been mistreated and there is management an I figure they want my money I complain. If the need arises I write a letter.*	Resilience through taking action and directly confronting oppression, or through self-definition i.e. developing a stronger sense of self in response through reflection. (Bowleg et al., 2003)
			It must be difficult being you, being Black and being here because you must know you'll never have [what most White people have]. It had a profound effect on me. It didn't weaken my spirit, but it [taught me that] a better approach might be found in trying to find a way where my approach, me, my essence, works in that world.	
		Positive life outcome: socially supportive relationships	*don't ask, don't tell*	Socially supportive relationships are essential, and may not be supportive of whole identity- emotional support provided contingent on a silent pact of invisibility of sexuality. Resilient re-integration- cherishing the parts that accept the parts. (Bowleg et al., 2003)
			surface-wise or invisible	
			I feel that my family, supports every aspect of me. My lesbian self, my female self; my educated self…my healthy self, my unhealthy self. My family is there for me in every aspect.	
			I've been blessed by having some really incredible friends…And I've been blessed with a partner who accepts me absolutely and supports me, in all of my realities…I don't have a lot of support [from my family or in this community], but I have some real solid pieces and it makes a difference when things are incredibly hard or you're met with silence or just simple challenges of dealing as a Black lesbian woman in this world.	

Phase 4 continued: second order concept development: example from one (same as above) paper:

1. **<u>Bowleg et al., 2003</u>**

Heterosexism
Homophobia
Multiplicity – triple jeopardy- triple potential sources of threat, stress, rejection and discrimination.
Forced to fragment/limited space or opportunity to be whole self.

Minority within minority can mean isolation.

Multiplicity – triple agility- triple potential sources of support, protection, identity, allyship and connection.
Balance and some compromise required to access conditional support
Living outside the box can mean freedom.

Uniqueness can be embraced or minimised.
Resilience through taking action
Social support as essential to resilience.

Phase 4 continued: complete second order constructs category creation:

Experiences of Minority Stress for Queer Women:

Reported Experiences of Minority stressors (THREAT):

1. **Discrimination or prejudice**

Heterosexism (Bowleg et al., 2003)
Homophobia (Bowleg et al., 2003)
Discrimination and prejudice (Drabble et al., 2018)
Homophobia- homosexuality as a disease (Abdi & Gilder, 2016)
Vicarious stress- societal homophobia (Sung et al., 2015)
Heteronormativity and Heterosexism (Sung et al., 2015)
Heterosexist environments (Dorn-Medeiros & Doyle, 2018)
Marginalisation (Bowleg et al., 2008)
Discrimination based on sexuality (Bowleg et al., 2008)
Homophobia (Smith & Graetz, 2018)
Discrimination (Smith & Graetz, 2018)
Discrimination (Condit et al., 2011)
Discrimination within minorities (Gruskin et al., 2007)
Heteronormativity perpetuates feeling 'wrong'- on all fronts (Alexander & Clare, 2004)
Internalised homonegativity/homophobia (Dorn-Medeiros & Doyle, 2018)
Internalised heteronormativity- shame, wrongness, abnormalcy, unacceptability (Sung et al., 2015)

2. **Internal & External Identity dissonance**

Identity distress (Dorn-Medeiros & Doyle, 2018)
Conflicting identities- identity dissonance (Sung et al., 2015)
Identity dissonance (Abdi & Gilder, 2016)
Cultural delegitimisation of identity (Abdi & Gilder, 2016)
Dreaming versus reality check (Reindl et al., 2020)
Pressure to conform- Heterosexism (Dorn-Medeiros & Doyle, 2018)
Pressure (Sung et al., 2015)
Pressure to conform to gender norms (Sung et al., 2015)
Pressure to drink in Queer social situations- 'queer norms' as source of stress (Gruskin et al., 2007)
Pressure to conform (Reindl et al., 2020)
'Difference' as wrong/bad/other/trapping (Alexander & Clare, 2004) (this is perhaps 'othering'?)
Heterosexual norms (Reindl et al., 2020)
Heterosexual world (Smith & Graetz, 2018)

3. **Acceptance**

Layers of acceptance (Sung et al., 2015)
Family acceptance as a source of stress, trauma and shame (Condit et al., 2011)
Silent but inclusive (Condit et al., 2011)
Disclosure and rejection (Cerezo et al., 2020)
Companionship

Queer Women's RESPONSES to Minority Stress:

1. **Emotional responses: fear, anger, pride, shame?**

Fear of rejection, discrimination, vigilance (Drabble et al., 2018)
Fear and risk (Reindl et al., 2020)
Shame and Fear (Reindl et al., 2020)
Traditional cultural values creating stress, pressure, fear, worry, discomfort (Sung et al., 2015)
Acceptance of sexuality as 'good' promotes coping (Alexander & Clare, 2004)
Internalised heteronormativity- shame, wrongness, abnormalcy, unacceptability (Sung et al., 2015)

2. **Ways of managing: *How* you do it, process: tolerance, 'mindsets', reframing, strategies**

Strategic disclosure (Bowleg et al., 2008)
Disclosure technique (Bjorkman & Malterud, 2012)
Maintaining relationships (Bjorkman & Malterud, 2012)
Conditional disclosure (Reindl et al., 2020)
Creating cultural distance (Abdi & Gilder, 2016)
Reframing (Smith & Graetz, 2018)
Dignity (Bjorkman & Malterud, 2012)
Hypervigilance (Smith & Graetz, 2018)
Control (Bjorkman & Malterud, 2012)
Regulating distance in relationships- fear & coping (Drabble et al., 2018)

Responsibility to represent and protect (Smith & Graetz, 2018)
Self-monitoring (Bowleg et al., 2008)
Compartmentalism (Reindl et al., 2020)
Authentic self (Drabble et al., 2018)
Honest lives- authenticity (Abdi & Gilder, 2016)
Uniqueness can be embraced or minimised. (Bowleg et al., 2003)
Authenticity (Smith & Graetz, 2018)
Being yourself, being 'authentic'(Gruskin et al., 2007)
Balance and compromise required to access conditional support (Bowleg et al., 2003)
Tolerating non-acceptance (Bjorkman & Malterud, 2012)

3. Ways of coping: concealment and minimisation

Camouflaging one identity within another (Sung et al., 2015)
Hiding/de-emphasising for protection (Sung et al., 2015)
Concealment (Sung et al., 2015)
Strategic concealment (Bowleg et al., 2008)
Avoidance as defence (Sung et al., 2015)
Hiding sexuality (concealment) (Reindl et al., 2020)
Avoidance (Reindl et al., 2020)
Assumption- 'they just know' (Reindl et al., 2020)
Silence (like silent agreements or the elephant) (Reindl et al., 2020)

4. Ways of coping: action and confrontation

Resilience through meaningful activities (Sung et al., 2015)
Activism against oppression (Sung et al., 2015)
Coping through action- mental or physical (Bjorkman & Malterud, 2012)
Resilience through taking action (Bowleg et al., 2003)
Acts of Resistance (Sung et al., 2015)
Collective action (Drabble et al., 2018)
Challenging as resistance (Smith & Graetz, 2018)
Mental action (Smith & Graetz, 2018)
Resistance builds resilience (but does not remove pain) (Smith & Graetz, 2018)
Confronting oppression and educating others can help coping (Bowleg et al., 2008)
Visibility as an act of resistance (Sung et al., 2015)
Visibility as 'holding space'- Counter to stigma and shame (Smith & Graetz, 2018)

5. Ways of coping: support, community & reaching out to others

Experience creating empathy- identification? (Sung et al., 2015)
Virtual community (Reindl et al., 2020)
Support systems (Sung et al., 2015)
Social support as essential to resilience. (Bowleg et al., 2003)
Support and connection (Dorn-Medeiros & Doyle, 2018)
'chosen family' (Drabble et al., 2018)
Blood family versus chosen family (Condit et al., 2011)
Community and belonging (Sung et al., 2015)
Lesbian bars (L spaces?) = comfort, safety, community and 'chosen family'(Gruskin et al., 2007)
Queer spaces (Cerezo et al., 2020)
Community, connection (Cerezo et al., 2020)
Physical community (Reindl et al., 2020)
Coping with positive family experiences (Condit et al., 2011)
Coping with strong social relationships (Condit et al., 2011)
Companionship (Drabble et al., 2018)

Ways of Coping: Internal development vs destruction
Shame & despair vs Pride & joy.

Alcohol as a coping mechanism (Dorn-Medeiros & Doyle, 2018)
Self-harm as an expression of internalised homophobia (Alexander & Clare, 2004)
Coping through self-punishment or self-harming (Alexander & Clare, 2004)
Alcohol to cope (Cerezo et al., 2020)
low self-esteem (Alexander & Clare, 2004)
Self-hate (Alexander & Clare, 2004)
Wanting to conform/belong (Reindl et al., 2020)
Identity development/process (Drabble et al., 2018)
'Queer coming of age, rites of passage' (Cerezo et al., 2020)
Queer norms- alcohol (Cerezo et al., 2020)
Queer process stereotypes (Reindl et al., 2020)
Fundamental confidence in homosexuality as 'good', 'ok' and 'equal'(Bjorkman & Malterud, 2012)
Unique intersectional perspectives (Sung et al., 2015)
'Difference' as freeing and affirming (Alexander & Clare, 2004)
Living outside the box can mean freedom. (Bowleg et al., 2003)
Freedom and Liberation from heterosexuality, gender norms and expectations (Sung et al., 2015)

POSITIONING? RESOURCE?: Power, privilege, Resources, Time

Emotional, mental strength & resilience, support from community

Strength from culture (Sung et al., 2015)
Support and community as strength (Drabble et al., 2018)
Community, allies, solidarity, strength (Smith & Graetz, 2018) Empowerment (Drabble et al., 2018)
Strong self-identity (Sung et al., 2015)?
"safe haven" or 'another world'(Gruskin et al., 2007)
Support from community, friendship (Abdi & Gilder, 2016)
Multiplicity- multiple sources of support (Abdi & Gilder, 2016)
Supportive relationships prompt care for self and others (Alexander & Clare, 2004)
Affirming communities, connection and belonging (Drabble et al., 2018)
Easy community (Reindl et al., 2020)
Facilitators of intimate relationships (Gruskin et al., 2007)
Isolation (Sung et al., 2015)
Isolation (Drabble et al., 2018)
Illusive community and isolation (Reindl et al., 2020)
Loss of community (Cerezo et al., 2020)

Stress from lack of legislation (Condit et al., 2011)
Rights and opportunities (Reindl et al., 2020)
Invalidation (Alexander & Clare, 2004)
Illegitimised sexuality (Smith & Graetz, 2018)
Sexuality as a phase (Reindl et al., 2020)
Invisibility (Sung et al., 2015)
Representation and invisibility (Abdi & Gilder, 2016)
Invisibility (Alexander & Clare, 2004)
vs
Sharing identities (Abdi & Gilder, 2016)
Shared identities (Sung et al., 2015)
Sharing multiple identities (Cerezo et al., 2020)
Heterosexual family culture (Reindl et al., 2020)
Cultural norms- invisibility and unacceptability of Queer identity (Sung et al., 2015)
Multiplicity – embracing all identities (Drabble et al., 2018)
Multiplicity – triple agility- triple potential sources of support, protection, identity, allyship and connection. (Bowleg et al., 2003)
Forced to fragment/limited space or opp to be whole self. (Bowleg et al., 2003)
Community rejection (Reindl et al., 2020)
Conditional community/support (alcohol) (Dorn-Medeiros & Doyle, 2018)
Gender roles (Smith & Graetz, 2018)
Not conforming to gender norms and familial relationship stress (Condit et al., 2011)
Stereotyping (Sung et al., 2015)
Gender norms & stereotypes (Reindl et al., 2020)

Adverse experiences & trauma
Trust and difficulty building and maintaining relationships (Alexander & Clare, 2004)
Abuse, trauma (Alexander & Clare, 2004)
Alcoholism, abuse, trauma (Cerezo?- check)
Adverse Experiences: vulnerability (Alexander & Clare, 2004)
Chronic stress (Cerezo et al., 2020)

Identities in context: if you hold multiple minoritised positions, then this can mediate the number of threats, and potential responses.
Multiplicity – triple jeopardy- triple potential sources of threat, stress, rejection and discrimination. (Bowleg et al., 2003)
Multiplicity and stress (Abdi & Gilder, 2016)
Multiplicity- multiple sources of discrimination, threat (Gruskin et al., 2007)
Multiplicity (Sung et al., 2015)
Multiplicity- intersection of race, gender, sexuality- multiple threat of discrimination and prejudice (Bowleg et al., 2008)
Homosexuality as a western phenomenon (Abdi & Gilder, 2016)
L is not always all-inclusive- racism and sizism experienced (Gruskin et al., 2007)
Minority within minorities (Gruskin et al., 2007)
Minority within a minority (Sung et al., 2015)
Minority within minority can mean isolation. (Bowleg et al., 2003)

Appendix II: Phase 5: Extract from translations table

Translations table including 1st & 2nd order concepts, against 3rd order emergent descriptors, studies ordered by CASP rating.

Descriptor	***Participant Quotes (1st order constructs)***	**Second order concept**
Experiences of Minority Stress- THREAT		
Discrimination or Prejudice	*There is a consistent expectation for the Asian woman to be overtly sexual and desirous of white men, and if not white men, white women. Day in and out, I face subtle innuendos, subtly sexually suggesting comments, and so forth.* *There are a lot of sexual stereotypes about Asian women which emphasize exotic behaviours and people associate being a lesbian with those kinds of fantasies that is, do not take Asian lesbians seriously as people with real lives.* *I experience people fetishising my race as well as my sexuality. I don't like the idea of 'fulfilling' the freaky Asian woman stereotype that I often see in films so I am extra wary of choosing partners that won't expect certain things because of my race, gender or sexuality.* *I come across a lot of fetishisation of Asian, usually in the form of telling me I'm exotic or look like Mulan. So every time I date someone, I have to take into consideration that it might be 'yellow fever'.* *I am sick of the objectifying fetish-izing of lesbian relationships. While I guess it's better than being hateful, it's still de-humanising and it almost makes me want to not be out.*	Heteronormativity and Heterosexism-ico racism (Sung et al., 2015)
	Once after dinner in a restaurant in the Seattle area, a woman sitting nearby us told her children that 'those people are called lesbians' pointed to my female partner, and said, 'that one's probably transgender'. Unaware of her mistake she smiled at us like she was doing us a favour. *I simply do not tell anyone. I act normal most of the day so not a lot of people know about it.*	Societal heteronormativity, homophobia (Sung et al., 2015)
	I would have to say the biggest challenge is keeping my identity and relationship secret from my family. *I can't tell my family, because if I did, their reaction would be much more drastically negative considering the kind of culture they are from.* *It's also a daily struggle to wonder if I should come out to people or not.* *Coming out is a process that I must go through with everyone I meet, and I have to decide when or if it is ever appropriate to do so. I have to always wonder if my sexuality will threaten my working relationships or friendships.*	Stress of coming out (Sung et al., 2015)

	I constantly have to worry about if letting certain people know about my queer identity, I would be outed to my extremely homophobic parents who currently have no idea about my sexual orientation and the fact that I currently have a girlfriend.	
	I knew somehow that being gay wasn't good and wasn't accepted. Hearing gay jokes and that kind of thing. *They came up to me and said, 'we don't want you to come here anymore, we don't want your type'.* *I told him, [doctor] I was a lesbian and he asked if I used any 'weird sexual instruments' in regards to my UTI. I feel the ignorance around queer issues.*	Heterosexist environments (Dorn-Medeiros & Doyle, 2018)
	She just decided she wasn't ok with my sexuality anymore. She wasn't going to explain to my step brothers that it was okay. She was going to raise them thinking what she believed, that it wasn't okay. It was a sin. I didn't know this was the reason she stopped talking to me and this was the reason she wasn't calling me. I thought it was because her and my dad were having problems.	Rejection, loss of family (Cerezo, 2011)
	homosexuality is a disease *LGBTQ individuals are disgusting and parents should keep them away from their children, "Iranians think queer people are these disgusting sub-human beings."* *The sense I get from my family is that...it is to be washed clean from my body, scrubbed away. They want it gone...it is is something to be fixed or cured.,* *(many Iranians) think we are all victims of really traumatic sexual abuse.* *many Iranians think) LGBTQ individuals have been abused as kids and that's why they're like this.* *(If I were to come out to my mother) she would demand I see a therapist until I'm healed.* *usually, most of what I hear goes along the lines of 'poor boy, he used to be so smart and well-mannered' and for women. Out individuals are talked about in a past tense as if they were deceased.*	Homophobia-homosexuality as a disease (Abdi & Gilder, 2016)
	[My child psychotherapist] said everyone goes through a state of being gay whether they're aware of it or not, but some people get stuck in this state because they've got emotional problems. They've got to work through their emotional problems to get out of this state because the state's not desirable. It's not a sign of a healthy, mentally healthy person.	Homophobia (Alexander & Clare, 2004)
	What does make me feel like self-harming at the moment is the amount of homophobic crap that I hear about, and that my girlfriend gets, and that my friends get. I just hear about so much nastiness and violence going on.	Vicarious discrimination (Alexander & Clare, 2004)

	I think that one of the most powerful things that affected me was [my partner's] death and being told over and over how sorry people were that I had lost my friend and not realising the importance of that relationship or having that relationship being invalidated and then going through the process of everything around losing a partner when you don't have the paperwork necessarily in place to protect the property that is both of yours and having their family take everything basically that was ours and make it theirs and having little choice and having to concede in the obituary to being recognised as a special friend and not as a life partner, so that was pretty hard.	Legislative /systemic discrimination (Condit et al., 2011)
	…walking down Lygon stress with my partner holding hands and suddenly becoming aware, feeling like my hairs were standing up on the back of my neck, hearing like male voices, deep male voices, laughing and sneering at us. You think you are being paranoid and you turn around. No you are not being paranoid, there are two dudes leering at us. Then one said something like 'give us a kiss', or 'give her a kiss for us' lik ethey wanted a show ostensibly. Like my feeling I had for another human being were actually just a show for their entertainment value.	Homophobia (Smith & Graetz, 2018)
	to be a butch lesbian, which is what my girlfriend is, [means] constantly having to deal with battles with people.	Heterosexism (Bowleg 2003)
	already challenged as a Black woman in this White society [she chose to] 'not add the lesbian factor' [by coming out in her workplace]	Homophobia (Bowleg et al., 2003)
	[My workplace is full of] Black women who talk constantly about finding their man or what they did or didn't do [sexually with men]. I can hang with [those discussions] because I like Black men. I talk about them and you know that's cool. But I don't really get involved with [my experiences]...I don't expect [my co-workers] to talk about homosexuality.	Marginalisation (Bowleg et al., 2008)
	[the omnipresent stress of heterosexism on the] basic fundamentals [of daily economic survival]. I resent the homophobia of other people and having to be so concerned about what other people think so much, and how that affects simple day-to-day life, i.e., working and a career and being able to pay the mortgage and eat.	Discrimination based on sexuality (Bowleg 2008)
	And ever since I opened up that closet there's been family members that have been trying to put me back in the closet. There's been people that's been in my corner saying, look, you've got to live your life for who and what you are and don't worry about what people think. So I'm at the point in my life where i'm not caring about what people think. I'm a person that beat to the beat of my own drum. I've always been that, so why wouldn't my sexuality be like that aswell? I am defined by a black lesbian woman that I am. And it's not an easy thing to be because the majority of people don't like me because of my choice but I can't worry about what people think.	Discrimination and prejudice (Drabble et al., 2018)
	So, you know, in the lesbian community and being gay and being a person of color, being a big person, you know, it's all those stresses. They take a toll on you. And sometimes you just don't want to feel it. You just want to, like, be out and have fun. And sometimes you need alcohol or drugs or whatever, because then you don't feel so self-conscious about being who you are. And that's sad....	Discrimination within minorities (Gruskin et al., 2007)

Appendix III: Research diary extracts for meta-ethnography

Whilst trying to work out how to do a meta-ethnography: why is this methodology so complex? I feel that it is unnecessarily so. Sometimes I feel very frustrated with psychology, because it's ironic that a discipline entirely about understanding and communicating with people can be so inaccessible and jargon-centric. I have found some papers about how to do the process, which are more accessible. There is a lot of work to do.

Whilst writing introduction: It has been really great talking to my supervisor at work about this project. I have found people at work very understanding and supportive. They have helped me to be more positive and proud around the topic- and to understand part B. It makes complete sense that we need to be diversity aware, and it's ok for me to talk about sexuality, and to highlight that it is a minority. I remember raising it in 1st year and being told that 'you're over-represented really if anything'. But now I can more confidently explain why sexuality and gender matter.

Whilst transcribing first-order concepts: 368 quotes transcribed, 3-4 more papers to go. This process is good for helping me to be more familiar with the content. It is also very involved, and to be honest it is also really triggering. It is personally very difficult to read about the experiences of Queer women, of the discrimination and internalised homophobia/ heterosexism- especially the doubt or feelings of being other.

Whilst creating 3rd-order constructs: Ok, so this feels like another part-B! Creating themes again from quotes. I'm torn between not feeling confident in my understanding of the process, and also trusting myself and my ability to follow the guidelines. I think the intersectionality of the research is a real strength- and it makes me reflect how much less aware I was of my racism when I started this project: I would have worried that bringing race into the conversation/discussion/themes was 'in addition' and therefore 'not quite on topic'. But now I can see how that's just from my white perspective, and that race is inherently part of this topic because it's about people, and people are racialised.

During write-up: I wish I had not started again in 3rd year, because this part A is really telling me things which could have improved my part B, but I've done them almost reversed/simultaneously. Regardless, it feels empowering and transformative. I am 'learning about my people', and things about myself I wish I'd known before. As a queer person I don't have family or older queer people who tell me about my identity. I have had connections, but I wasn't aware of this area of research. Of course it is ego-centric, but it is also valuable, for me to know more about the theory which does exist, and the power-systems and dynamics which affect my everyday.

Toward end of write up: So many of my experiences on the doctorate now make sense in the context of the minority stress model/psychological mediation framework and it helps me understand psychology and my relationship with the profession. It makes me feel less 'insane'. I wish I could provide access to this knowledge for other queer trainees. I still fear being viewed as 'the angry lesbian who makes everything about lesbianism and political' but maybe I'm stronger now through what I've learned. Sexuality is relevant to everyone, but even if it was just relevant to queer women- that's enough, because they're worth it.

Appendix IV: Critical appraisal tool (CASP 2018) Quality evaluation

Critical appraisal tool (CASP 2018) Quality evaluation

Author (year): Questions	1 Bowleg et al., (2003)	2 Alexander & Clare (2004)	3 Gruskin et al., (2007)	4 Bowleg et al., (2008)	5 Condit et al., (2011)	6 Bjorkman & Malterud, (2012)	7 Sung et al., (2015)	8 Abdi & Gilder, (2016)	9 Dorn-Medeiros & Doyle, (2018)	10 Drabble et al., (2018)	11 Smith & Graetz, (2018)	12 Cerezo et al., (2020)	13 Reindl et al., (2020)
Was there a clear statement of the aims?	2	2	1	2	2	2	2	2	2	2	2	2	2
Are qualitative methods appropriate?	2	2	1	2	2	2	2	2	2	2	2	2	2
Was the research design appropriate to address the research aims?	2	2	1	2	2	1	2	1	2	1	2	2	2
Was the recruitment strategy appropriate to the aims of the study?	1	1	1	1	2	2	1	2	1	1	1	2	2
Was the data collected in a way that addressed the research aims?	1	1	2	1	1	1	2	2	2	1	1	2	1
Has the relationship between researcher and participants been adequately considered?	0	0	0	0	0	1	2	1	1	0	.0	1	0
Have ethical issues been considered?	0	2	0	0	0	2	2	1	2	0	.2	1	2
Was the data analysis sufficiently rigorous?	1	1	1	1	1	1	2	2	2	2	1	2	1
Is there a clear statement of findings?	1	1	1	1	1	1	2	2	2	2	1	2	1
How valuable is the research?	2	1	2	2	2	1	2	2	2	1	1	2	2
Total:	12	13	10	12	13	14	19	17	18	12	13	18	15

(0 = None 1 = Some 2 =Yes)

Appendix V: Recruitment email

Dear [Name of director],

I hope this email finds you well.

Please could you distribute this email to your third-year cohort and/or most recent alumni?

My name is Frankie Withers and I'm a 3rd year trainee clinical psychologist on the Salomons course. I am looking to recruit women who identify as gay/lesbian who are in their final year of clinical psychology training in the UK. The project is qualitative, supervised by Prof Margie Callanan, and seeks insight into the experiences of training for this group.

My research seeks to amplify the voices of a group rarely placed in the spotlight; women who identify as gay/lesbian. A similar study was published in 2004, but as we know, much has changed in the UK in relation to the LGBT community since then. 2023 marks the 50-year anniversary of the removal of "Ego-syntonic homosexuality" as a diagnosis from the DSM. In the modern era, what is UK clinical psychology training like for women who belong to a minority sexual orientation?

I ask that you distribute this email to your current third-year cohort and/or most recent alumni.

I've attached the information sheet for potential participants. It would involve a single interview which would be conducted via zoom, and I estimate it will take about an hour. I'm able to offer a £10 voucher to say thank you to participants for taking part.

This is a small population so any help reaching potential participants to inform them about the research would be greatly appreciated.

Warmest regards,
Frankie Withers

Appendix VI: Information sheet

Salomons Institute for Applied Psychology
One Meadow Road, Tunbridge Wells, Kent TN1 2YG
www.canterbury.ac.uk/appliedpsychology

Information about the research:

Experiences of Women identifying as Gay/Lesbian on UK Clinical Psychology Doctorate Training.

My name is Frankie Withers and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide whether to take part, it is important that you understand why the research is being done and what it would involve for you.

Please talk to others about the study if you wish.
(Part 1 tells you the purpose of this study and what will happen to you if you take part. Part 2 gives you more detailed information about the conduct of the study).

PART 1:

What is the purpose of the study?

This study seeks to explore and understand the experiences of sexual minority clinical psychology doctorate trainees, specifically gay women. I am only asking women who identify as gay or lesbian to take part because focusing on a specific group (i.e. not LGBTQ+ overall) allows us to more confidently say the findings reflect the experiences of that particular group of people.

Why have I been invited?

This study is open to all women who identify as gay/lesbian in their final year of doctoral training in the UK in 2021/2022.

Do I have to take part?

It is up to you to decide whether to join the study. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw at any time up until a month after your interview, without giving a reason. If you withdraw from the study, this action would not be fed back to your course provider.

What will happen to me if I take part?
If you agree to take part, I will email you a copy of a consent form, and request that you read and electronically sign it. If you would prefer to sign a paper copy, I will send one to an address of your choice along with a pre-paid envelope for you to post it back to me.

Following this I will email you to arrange a date and time when we can have an interview about your experiences on the clinical psychology doctorate. This interview will either be by Zoom or Skype, depending on your preference. I will record the audio of our interview to a Dictaphone, in order to transcribe it. Once it has been transcribed and anonymised, I will delete the recording. I will not record the video of our interview. You may choose to have your video on or off.

During the interview I will ask you a series of questions to help me understand what your experiences of the doctorate have been like. I will ask questions about your experiences of different elements of the course: placement, lectures, study. I will also ask about your experiences of different relationships across the doctorate: supervision at university and on placement, with clients, peers and colleagues. I will be curious whether historical narratives of homosexuality have come up for you whilst on the course, and whether you have noticed any changes in your relationship with your sexuality during the course.

I will aim for the interview to last between 50 minutes and 1 hour. If there are any topics you would prefer not to discuss then you can let me know. You do not need to discuss anything you would not like to talk about.

At the end of our interview I will ask you if you would like to be notified of the results. If you would like, then I will email you with the results of my study when they are written up. I will also email you with information about any publications.

Expenses and payments

There should not be any expenses involved in completing this study. I can offer you a £10 voucher on completion of our interview in thanks of your participation.

What are the possible costs & benefits of taking part?

It is possible that discussing experiences relating to your sexuality and the doctorate may lead to some difficult feelings and/or reflections. Please note that you do not have to answer or respond to any questions or topics you would prefer not to. In addition, if you would like to talk to somebody about the topics raised in our interview, I will provide you with contact details for organisations and services that can offer this. Alternatively, having time and space to reflect on aspects of self that may not otherwise be at the forefront of the training, such as sexuality, could be a positive experience.

What if there is a problem?

Any complaint about the way you have been dealt with during the study, or any possible harm you may suffer will be addressed in part 2.

Will information from or about me from taking part in the study be kept confidential?

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. There are some rare situations in which information would have to be shared with others. The details are included in Part 2.
This completes Part 1.

If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

PART 2 of the information sheet

What will happen if I don't want to carry on with the study?

You may withdraw from the study at any time up until 2 weeks after your interview. At this time I will have already transcribed and included your anonymous data in my analysis, and it will not be possible to disentangle it from the rest of the data.

If you withdraw from the study before 2 weeks after our interview, I will delete all data in this instance. If you have already completed the interview and wish to withdraw your anonymised data for any reason, I would request that you contact me as soon as possible as I will need to recruit another participant to take your place.

What if there is a problem?

If you have a concern about any aspect of this study, you can ask to speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me [Frankie Withers] and I will get back to you as soon as possible.

If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology –fergal.jones@canterbury.ac.uk

Will information from or about me from taking part in the study be kept confidential?

All information which is collected from or about you during the course of the research will be kept strictly confidential, and any information about you which leaves the university will have your name and address removed so that you cannot be recognised. You also have the right to check the accuracy of data held about you and correct any errors.

The audio and transcribed data from your interview will be held on an encrypted memory stick which only I, the researcher have access to. It will be held in a secure locked location at the Salomons campus of Canterbury Christ Church University in line with the recommended data guidelines. Email correspondence in terms of signing up to the study, and consent forms will be held separately to the data.

Brief demographic questions will be gathered at the start of the interview, to provide information on potential intersectionality, and also to help contextualise your experiences. This information will be transcribed, but will not include any clear identifiers e.g. I will ask your age, but not your date of birth, what sort of accommodation/area you live in, but not your address. The participant group will then be described as a whole, and I will not link your responses with this information at any point.

What will happen to the results of the research study?

The results from this study will be submitted as part of my doctoral thesis. I also intend to publish the results. Anonymous quotes will be used in both, and you will not be identified in any circumstances, unless you wish this to be the case and give your consent.

Who is sponsoring and funding the research?

Canterbury Christ Church University is funding this research.

Who has reviewed the study?

All research conducted by Salomon's Trainees is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by The Salomons Ethics Panel, Salomons Institute for Applied Psychology, Canterbury Christ Church University.

Further information and contact details

If you would like to speak to me and find out more about the study of have questions about it answered, you can email me on: f.withers97@canterbury.ac.uk or leave a message for me on a 24-hour voicemail phone line at 01227 927070. Please say that the message is for me [Frankie Withers] and leave a contact number so that I can get back to you.

Appendix VII: Interview schedule

Canterbury Christ Church University

Salomons Institute for Applied Psychology
One Meadow Road, Tunbridge Wells, Kent TN1 2YG
www.canterbury.ac.uk/appliedpsychology

Interview Schedule

Demographic questions to be asked:

Age, & Year began training, Geographic location & did you relocate for training? Preferred sexuality terminology, Nationality, ethnicity, marital status, children, homeowner? faith/religion, disabilities, any mental or physical health conditions.

Primary Research Question: How do female UK trainee clinical psychologists identifying as Gay/Lesbian interpret their experiences of training?

Interview Questions:

Exploration Questions

1. Can you tell me about your experience as a gay/lesbian queer woman on clinical psychology training?

2. Can you tell me about a time when sexuality was or wasn't discussed in your clinical work, (on placement)?
    - Perhaps in relation to clients?

3. Can you tell me about a time when sexuality did or didn't come up in teaching at university?

4. Can you tell me about a time you disclosed or chose not to disclose your sexuality during training?
    - And in client work?
    - And in supervision?

5. Can you tell me about what impact (if any) clinical psychology training has had on your relationship with your sexuality?

6. Can you tell me about what impact (if any) your sexuality has on your professional identity as a clinical psychologist? Can you tell me what effect/if any your gender, teaching about gender?

7. What difference (if any) does being a gay/lesbian woman make to your experience of training?

Is there anything we have missed in our conversation that you feel is important to tell me about your experience of training as a Gay/Lesbian trainee?

General prompts to be used to support participants to elaborate on their understanding of their lived experience:

You said… how do you make sense of/understand that?
You mentioned that…could you tell me what that was like for you?
Could you give me an example of…?
You said…. Can you describe that in more detail for me?
When you say….what's your perspective of why that is?
You said…. Walk me through what that was like for you?
How did you feel when… or what emotions did that bring up for you?
What was that like?
How did you understand that?
How did you make sense of that?
Can you tell me a little bit more about that?

Debriefing Schedule

Recap on purpose of study:

To gain a rich and detailed understanding of what UK clinical psychology training is like for women who identify as gay/lesbian.

Review of interview:

How did you find the interview?

Is there anything you'd prefer me to have done differently?

Do you have any recommendations for me that you think would improve the process?

Unresolved issues:

Have there been any issues raised within this interview that have concerned you?

Did you have any questions for me?

Right to withdraw/ future contact:

After we finish today I will email you a debrief sheet containing my details, the details of who to contact if you have a complaint, and contact details for sources of support should you wish to talk further about any of the themes raised today.

If you think of any questions, or have any concerns after today, please do not hesitate to contact me.

If you don't feel able to speak to me, or if you have a complaint and wish to report this to the university, then please contact Fergal Jones at CCCU.

If you would like to withdraw your responses from the study, you have two weeks from today to let me know, as after this point your responses will have been anonymised and combined with other participants, meaning I will not be able to extract them.

Appendix VIII: Consent form

Salomons Institute for Applied Psychology
1 Meadow Road, Tunbridge Wells, Kent TN1 2YG

Ethics approval number: V:\075\Ethics\2020-21 Version number: __1__Participant ID number: ____

CONSENT FORM

Title of Project: The Experiences of Women identifying as Gay/Lesbian on UK Clinical Psychology Doctoral Training.

Name of Researcher: Frankie Withers

Please initial in the box

1. I confirm that I have read and understood the information sheet dated..09.12.2021.. (version...1...) for the above study. ☐
2. I have had the opportunity to consider the details in the information sheet, ask questions, and have received satisfactory answers. ☐
3. I understand that my participation is voluntary and I am free to withdraw up to 2 weeks after the interview without giving a reason. ☐
4. I understand that 2 weeks post-interview transcription will be complete, and coding will have begun. It will not be possible to withdraw my interview at this point. ☐
5. I understand that data collection will involve audio recording and then transcription of the interview. The audio recording will be deleted post transcription. ☐
6. I understand that transcription will remove any identifying information, and demographic data will be kept securely and reported in a way that prevents identification of individuals. ☐
7. I understand and give my permission for this data to be looked at by the lead supervisor [Dr Alexander Hassett]. ☐
8. I agree that anonymous data including quotes from my interview may be used in published reports of the study findings. ☐
9. I agree that my anonymous data can be used in further research studies. ☐
10. I agree to take part in the above study. ☐

☐

Name of Participant_____ Date_____

Signature _____

Name of Person taking consent _____ Date_____

Signature _____

Appendix IX: Debrief Information

Canterbury Christ Church University

Salomons Institute for Applied Psychology
One Meadow Road, Tunbridge Wells, Kent TN1 2YG
www.canterbury.ac.uk/appliedpsychology

Debrief Information Sheet

Thank you for taking part in this study looking at the lived experience of women who identify as gay/lesbian on UK Clinical Psychology training courses.

If you have any questions or concerns about this research, please do not hesitate to contact me:

You can leave a message for me on a 24-hour voicemail phone line at 01227 927070 (Please say that the message is for me [Frankie Withers] and leave a contact number so that I can get back to you), or email me directly: f.withers97@canterbury.ac.uk .

If you have a complaint about this research, please do not hesitate to contact:
Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology –fergal.jones@canterbury.ac.uk

If you would like to withdraw your responses from the study, you have two weeks from the date of the interview: 06.04.2022 to let me know. After this point your responses will have been anonymised and combined with other participants' data, meaning I will not be able to extract them. I will delete the recording of the interview as soon as I have transcribed and anonymised it.

If you would like to talk further about any of the issues raised during our interview today, here is a list of organisations that can provide support:

LGBT Switchboard is a free and confidential telephone counselling and advice service operating 10.00 – 22.00 every day:

Telephone: 0300 330 0630

Chat- https://switchboard.lgbt

Email - chris@switchboard.lgbt

LGBT Foundation also provide a free and confidential advice and support telephone service:
Website: https://lgbt.foundation
Telephone: 0345 330 3030

Pink Therapy: an organisation providing training on sexualities and genders as well as directories of LGBTQ+ positive therapists and supervisors:
Website: http://www.pinktherapy.com

Thank you again for your participation. A voucher as a thank you for taking the time to share your experiences with me will be sent via email to you in due course.

I wish you luck with the remainder of your training, and in your future as a clinical psychologist.

Warmest wishes,
Frankie Withers

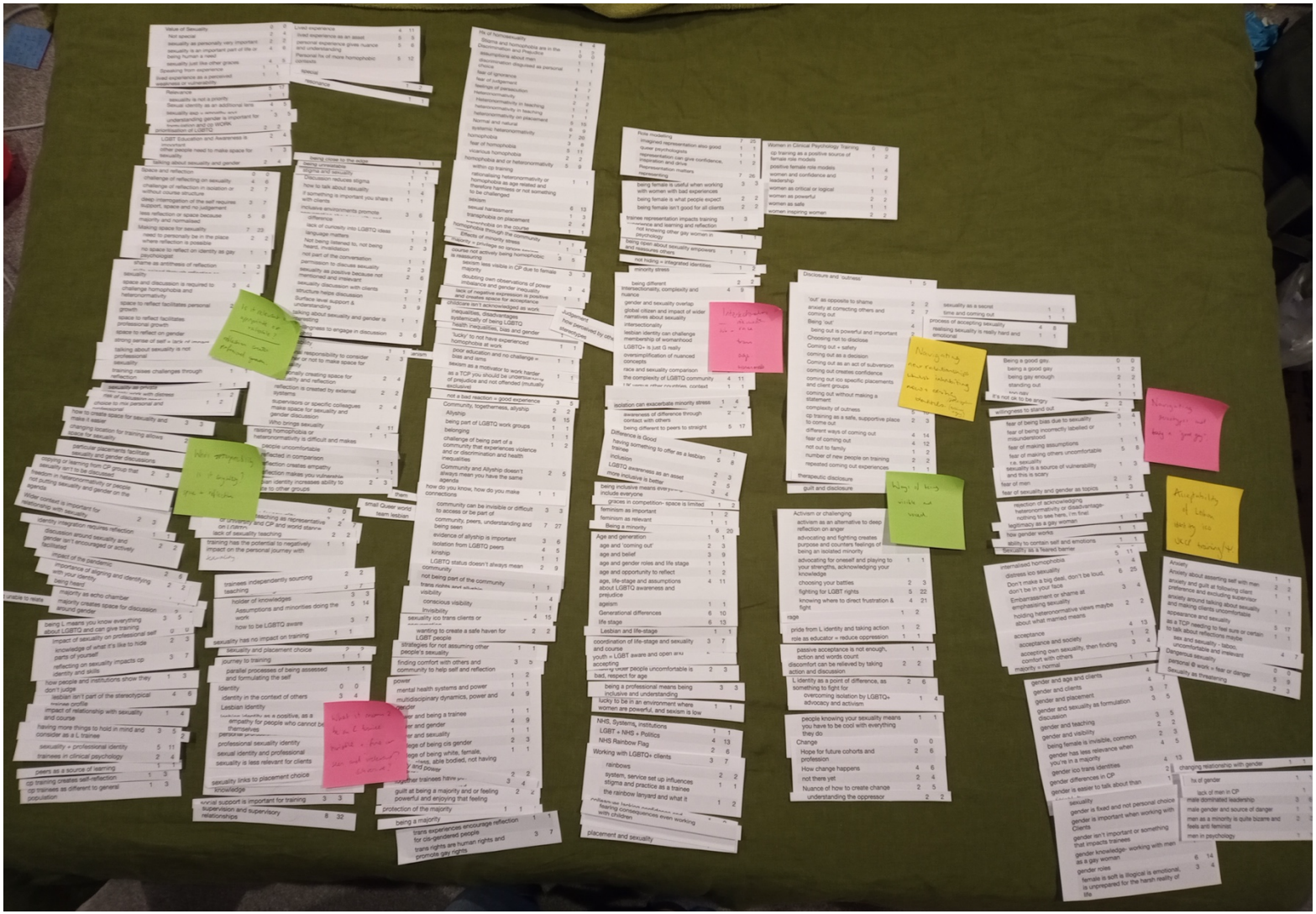
Appendix X: Example of initial notations: descriptive, linguistic and conceptual

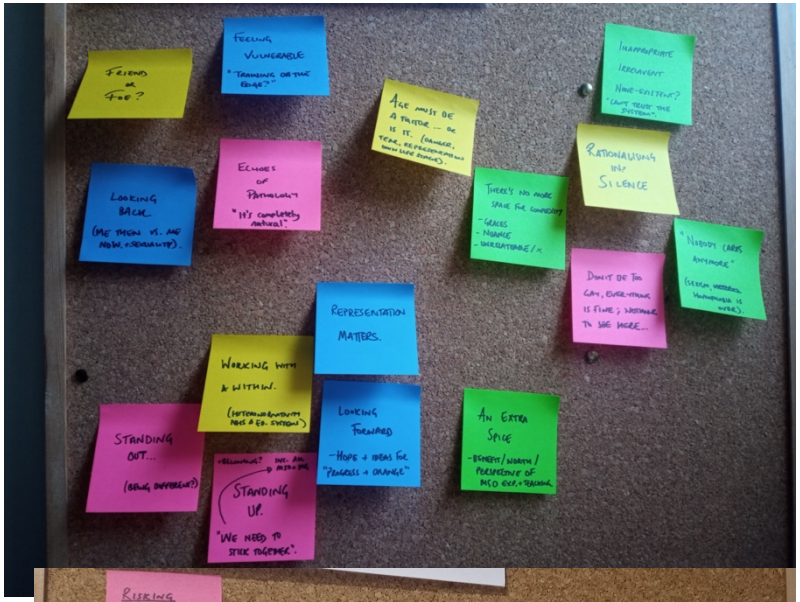
This has been removed from the electronic copy

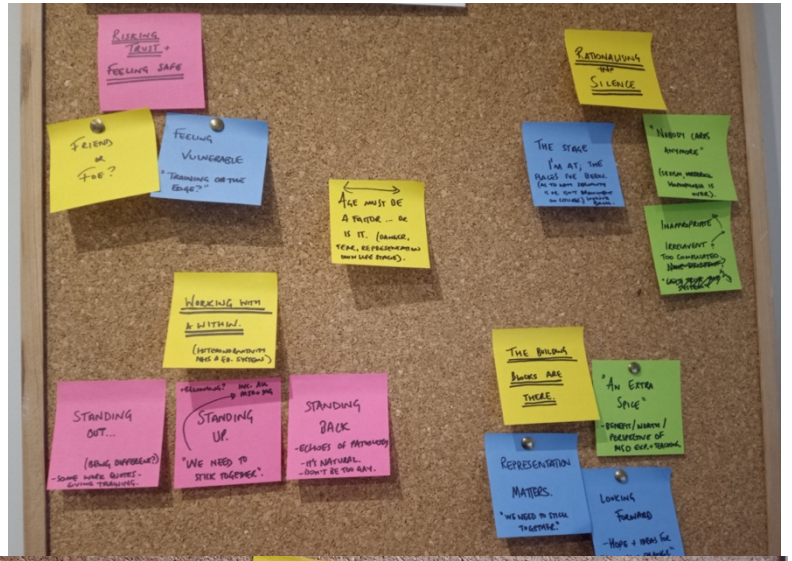
Appendix XI: Example of initial and emergent themes on NVIVO

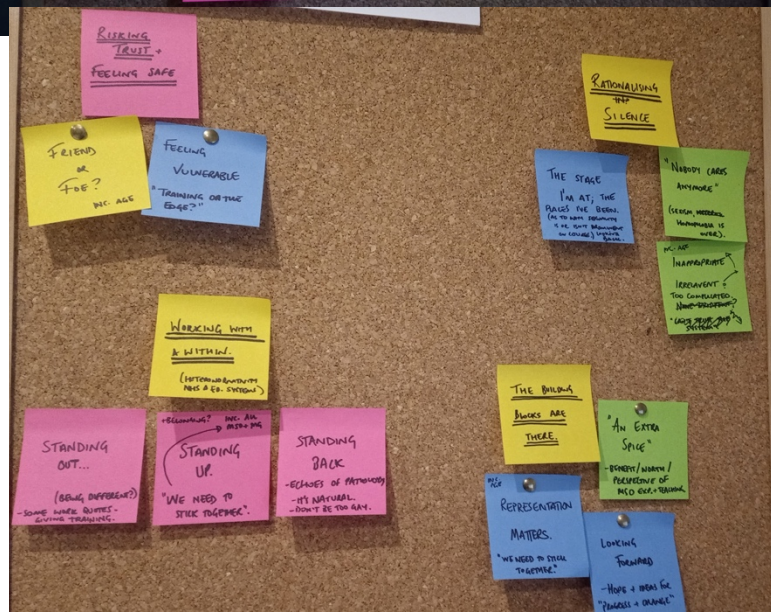
Codes and initial code groups	Number of transcripts	Number of quotes
BEING DIFFERENT AND BELONGING	8	160
being different	6	30
awareness of difference through contact with others	2	2
being different to peers to straight people	5	17
being unable to relate	1	1
being unrelatable	1	4
cp trainees as different to general population	1	3
them	1	1
belonging	8	40
being part of LGBTQ work groups	1	1
community, peers, understanding and being seen	7	27
finding comfort with others and community to help self and reflection	3	5
kinship	1	1
small Queer world	1	2
team lesbian	3	3
Community and Allyship doesn't always mean you have the same agenda	2	5
community as a threat to unicorn status	1	1
community can be invisible or difficult to access or be part of	3	3
how do you know, how do you make connections	1	1
isolation can exaccerbate minority stress	1	4
isolation from LGBTQ peers	4	5
LGBTQ status doesn't always mean community	2	9
not being part of the community	1	1
Difference is Good	1	1
having something to offer as a lesbian trainee	5	8
inclusion	2	3
LGBTQ awareness as an asset	2	5
more inclusive is better	3	4
Intersectionality, complexity and nuance	7	81
being inclusive means everything must include everyone	1	1
gender and sexuality overlap	4	6

Appendix XII: Example of repeated grouping of themes (post-its)



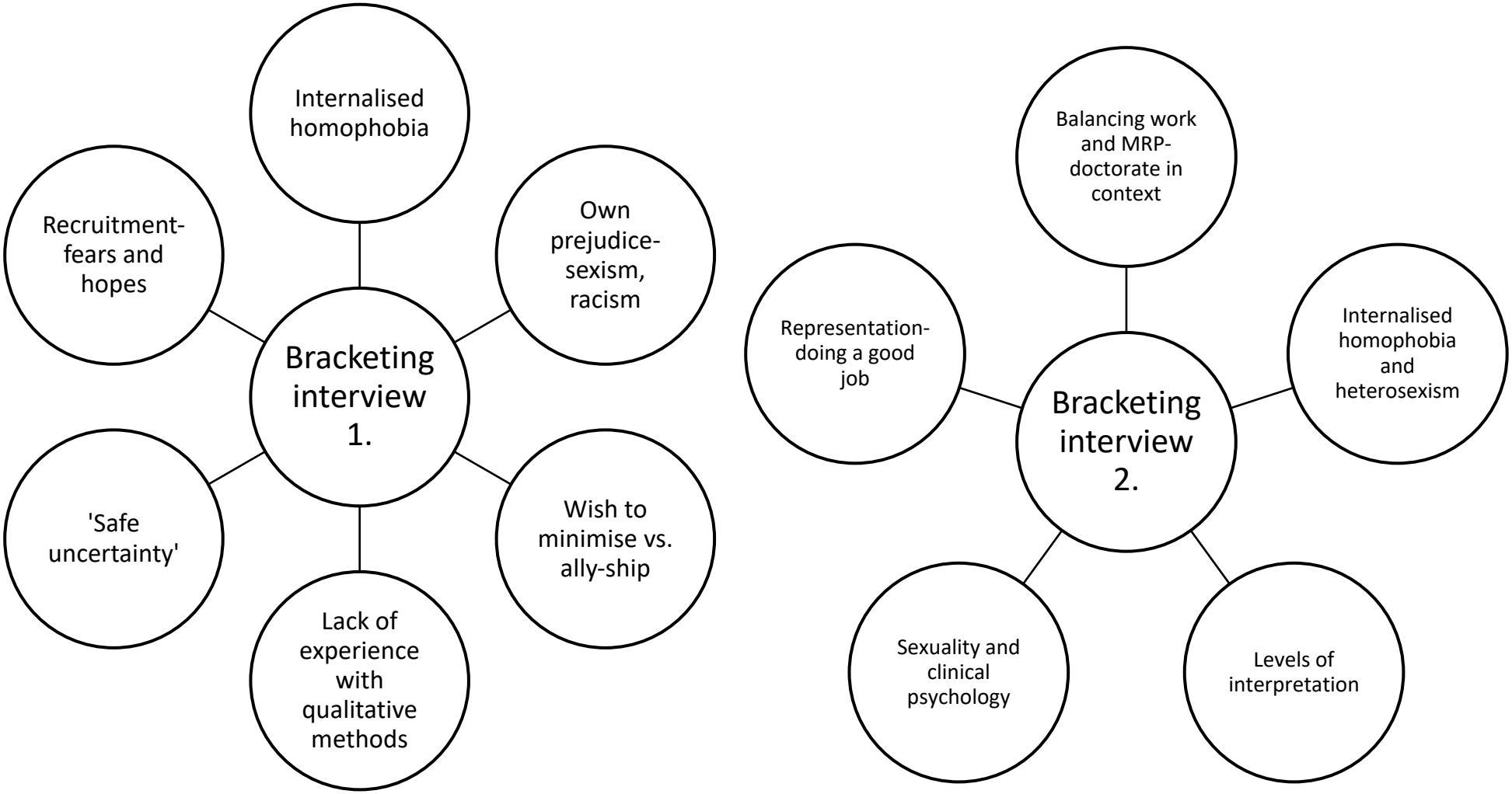

FRIEND OR FOE?
FEELING VULNERABLE
"TRAINING OR THE EDGE?"
AGE MUST BE A FACTOR — OR IS IT. (GRADUATE, YEAR, REPRESENTATION WHEN WAS BORN).
INAPPROPRIATE
IRRELEVANT
NOW-OUTDATED?
"CAN'T TOUCH THE PATIENT."
RATIONALISING IN SILENCE
THERE'S NO MORE SPACE FOR LONGEVITY
- GRACES
- NUANCE
- UNDERSTANDING/K
ECHOES OF PATHOLOGY
"IT'S COMPLETELY NATURAL"
LOOKING BACK...
(ME THEN VS. ME NOW, +SEXUALITY).
DON'T BE TOO GAY, EVERYTHING IS FINE; NOTHING TO SEE HERE...
"NOBODY CARES ANYMORE"
(SEXISM, HOMOPHOBIA, HOMOPHOBIA IS WEB).
REPRESENTATION MATTERS.
WORKING WITH & WITHIN.
(HETERONORMATIVITY NOES & ED. SYSTEMS)
LOOKING FORWARD
-HOPE + IDEAS FOR "PROGRESS + CHANGE"
AN EXTRA SPICE
-BENEFIT/WORTH / PERSPECTIVE OF NEG EXP. + TRAUMA
STANDING OUT...
(BEING DIFFERENT?)
STANDING UP.
"WE NEED TO STICK TOGETHER".


RISKING TRUST + FEELING SAFE
RATIONALISING IN SILENCE
FRIEND OR FOE?
FEELING VULNERABLE
AGE MUST BE A FACTOR — OR IS IT. (GRADUATE, YEAR, REPRESENTATION WHEN WAS BORN).
THE STAGE I'M AT; THE PLACES I'VE BEEN. (AS TO WORK SEQUENCE IN RE. TO MY BEHAVIOUR ON COURSE) LOOKING BACK...
"NOBODY CARES ANYMORE"
(SEXISM, HOMOPHOBIA, HOMOPHOBIA IS WEB).
INAPPROPRIATE
IRRELEVANT
TOO CONFLICTED
NOW-OUTDATED?
WORKING WITH & WITHIN.
(HETERONORMATIVITY NOES & ED. SYSTEMS)
THE BUILDING BLOCKS ARE THERE.
"AN EXTRA SPICE"
-BENEFIT/WORTH / PERSPECTIVE OF NEG EXP. + TRAUMA
STANDING OUT...
(BEING DIFFERENT?)
STANDING UP.
"WE NEED TO STICK TOGETHER".
STANDING BACK
-ECHOES OF PATHOLOGY
-IT'S NATURAL.
-DON'T BE TOO GAY.
REPRESENTATION MATTERS.
"WE NEED TO STICK TOGETHER."
LOOKING FORWARD
-HOPE + IDEAS FOR "PROGRESS + CHANGE"


RISKING TRUST + FEELING SAFE
RATIONALISING IN SILENCE
FRIEND OR FOE?
INC. AGE
FEELING VULNERABLE
"TRAINING OR THE EDGE?"
THE STAGE I'M AT; THE PLACES I'VE BEEN. (AS TO WORK SEQUENCE IN RE. TO MY BEHAVIOUR ON COURSE) LOOKING BACK...
"NOBODY CARES ANYMORE"
(SEXISM, HOMOPHOBIA, HOMOPHOBIA IS WEB).
INAPPROPRIATE
IRRELEVANT
TOO CONFLICTED
NOW-OUTDATED?
WORKING WITH & WITHIN.
(HETERONORMATIVITY NOES & ED. SYSTEMS)
THE BUILDING BLOCKS ARE THERE.
"AN EXTRA SPICE"
-BENEFIT/WORTH / PERSPECTIVE OF NEG EXP. + TRAUMA
STANDING OUT...
(BEING DIFFERENT?)
-SOME WHERE QUOTES - GIVING TRAINING.
STANDING UP.
"WE NEED TO STICK TOGETHER".
STANDING BACK
-ECHOES OF PATHOLOGY
-IT'S NATURAL.
-DON'T BE TOO GAY.
REPRESENTATION MATTERS.
"WE NEED TO STICK TOGETHER."
LOOKING FORWARD
-HOPE + IDEAS FOR "PROGRESS + CHANGE"


RATIONALISING IN SILENCE
FEELING VULNERABLE
"TRAINING OR THE EDGE?"
THE STAGE I'M AT; THE PLACES I'VE BEEN. (AS TO WORK SEQUENCE IN RE. TO MY BEHAVIOUR ON COURSE) LOOKING BACK...
"THAT'S NEITHER RELEVANT NOR APPROPRIATE"
WORKING WITH & WITHIN.
(HETERONORMATIVITY NOES & ED. SYSTEMS)
THE BUILDING BLOCKS ARE THERE.
FRIEND OR FOE?
INC. AGE
STANDING UP.
~~"WE NEED TO STICK TOGETHER".~~
STANDING BACK
-ECHOES OF PATHOLOGY
-IT'S NATURAL.
-DON'T BE TOO GAY.
REPRESENTATION MATTERS.
"WE NEED TO STICK TOGETHER."
"AN EXTRA SPICE"
-BENEFIT/WORTH / PERSPECTIVE OF NEG EXP. + TRAUMA
LOOKING FORWARD
-HOPE + IDEAS FOR "PROGRESS + CHANGE"

Appendix XIII: Extracts from bracketing interviews



Appendix XIV: Example annotations and memos

Transcript	Highlighted transcript content	Annotation / Memo
1	"So, when we have let's say a reflective exercise at um, in classroom or if we are talking about ourselves it's, it's something that, well, I don't, in a natural way, so I don't feel that I am overly projecting it, but in the same way that someone might talk about their relationship I talk about my relationship so it, it feels natural."	Emphasis on 'natural' and 'natural' synonymous with heterosexual and quiet?/blending in.
	"Um, client work, I think again I have not had any negative experiences but that is when I have to think about it a bit more when it comes to self-disclosure, when it comes to um, times that a client might ask a question about myself, as they do, in a sort of curious way and I have to consider, would I tell them, that, you know, I think that, when I have seen supervisors that are heterosexual, or are in heterosexual relationships um, they might talk about being married or having a partner um, and even though we always think about self-disclosure and why we might do it therapeutically, I also have to consider will this create any kind of barrier to therapy or rupture, um. Again, it hasn't happened, so, so I have been maybe a bit fortunate or it's how people see or **maybe it has to do with me feeling quite natural about disclosing things, that it doesn't give others the opportunity to have any kind of different reaction**. I don't know, but I haven't I haven't had negative experiences really, which is kind of nice."	Therapeutic alliance + sexuality, also looking to heterosexual supervisors as a guide, but then acknowledging that there are some ways in which being gay is different. There is something about feeling that her underplaying/not emphasising/ minimising- getting on board with the heteronormative agenda i.e. that homosexuality should be just like heterosexuality- is how she has avoided homophobic/negative experiences?
	"And I do wonder, if I self-disclose will this make them feel that I am not understanding of their position or their struggles. So a lot of the times I don't self-disclose, because I don't want it to feel um, I don't want them to think that I have preconceptions about what it means to be LGBTQI, you know, but I wouldn't also outright lie to them, so if they, if they, so if they ask me, I don't, I'm not going to lie about who I am, I might just, instead guide the conversation elsewhere (laugh),"	Talking about the choice of disclosure, and part of that is about trying to control or influence what people think about you based on your gayness- "preconceptions of what it means to be LGBT
	"When you're thinking about whether to guide the conversation elsewhere, or you might say, you might disclose your sexuality, how do you make sense of that, how do you work out? I think, I think it's because it's something I have considered in advance, it's not something that I have to, that I feel surprised of, in, in the moment, or I have to feel or, a way of dealing with it, it's something that I have previously considered. I mean, it's the same thing when people ask me about where I'm from, or you know, when people ask these sorts of questions, you have prepared already a sort of answer that you feel is good for you and also good for them"	Considering in advance whether people will have preconceptions: forewarned is forearmed? But also essentially this is making assumptions- and an example of fearing rejection/homophobia. Something about making it good for everyone also i.e. a wish not to make others uncomfortable to create a disturbance/discomfort and be perceived as difficult for subversive (links to transcript 8- too gay).
	"When do you prepare or how do you prepare?	Pre-training experiences, reflections, led to prepared answers to questions about personal

	Well, (laugh), years of, through the years of work I imagine. Er, for me because I have worked in many different areas with quite a diverse population, er sometimes er, in my, before training, I had different kinds of experiences so I have had time to take them into supervision, to reflect from them, so I think it is just from experience before training mostly."	life/identity, which 'are good for you and good for them', so that it isn't something you need to think about in the moment- except she does?
	"I think that has to do with, maybe how I approach my relationships with my supervisors, I tell them from the beginning when we do the contracting, look, I'm very honest about things, if, if I'm thinking about something, or if I want to talk about something, I will talk about it, and this has been very well received. So **I cannot think of a time when I couldn't talk about my sexuality** um, times that it was, discussed, um, I'm just trying to think of specific examples, I suppose it comes up sometimes during supervision, when we think about social graces, and how I might have different experiences to a client, and we might talk about, discussions around, their experiences of relationships, but we don't [talk about sexuality].."	Contracting and building relationships, approaching relationships with supervisors, supervision, how to communicate, share, reflect, there may be space within the social graces, it is 'allowed' but perhaps not seen as particularly relevant for most of the work/time?
	"…[on placement]… we talk about sexuality a lot, because as I mentioned, there is quite a lot of work with LGBTQI people, so it does come up in discussion, but again it feels like, quite a normal thing, I dunno, it doesn't feel like we're marking, it doesn't feel like we're marking 'we're going to talk about sexuality now'. You know? You know, it's just that we might be considering a client, considering the sexual orientation and think about how this might fit with a formulation, how this might fit with how they relate to others, how they might engage in certain behaviours and not engage in other behaviours, but **it doesn't feel like it's a special thing**, it feels like as we would be considering anything else."	Really strong theme in this interview of 'natural' and 'normal' and both of these things being inherently linked to heterosexuality- either explicitly i.e. referencing their behaviour to guide one's own, or just in how heterosexuality isn't explicitly raised or spoken about. Which I guess means it's heteronormative- like she's looking through the heteronormative lens, which doesn't value/see the importance of thinking about sexuality/MSO populations.
	"No, (laugh), no, I think, I think unless it was relevant, or part of the formulation, or something that the client brought and wanted to talk about, then of course in any of the placements I can't imagine that we wouldn't have done so, but I suppose we did not make, specific space for it, if it was not, part of the experiences of the client would bring, or any kind of distress."	This idea that sexuality is only relevant to psychology if it causes distress to the client, or they bring it up. If I follow this thought- what would it take for sexuality to be relevant enough for her to bring it or to focus on it? And is discomfort enough? And do clients always raise things that cause them distress if you don't ask first? Again (potentially I'm over-focusing on this or labouring the point) this is a heteronormative lens- a very basic take on sexuality & gender. Strong emphasis on clients bringing what is relevant, and passive psychologist role, lack of confidence/ability to make clinical decisions for/with clients? Something about not wanting to impose? to assume? something about risk of harm
	"Mostly through what a client might bring, what the referral might be about, what they discuss with me during their sessions. Um, if, hmmm, I just thought of a case that was on another placement, but yeah, it would just have to be something that the client brings, because I want to respect, what they want to share, sometimes they might want to share 10 session sin , I suppose, you I know when I work, maybe it's down to personal style, because when I work and I do an initial session with someone, you know, I , I tend to go with what they bring me, instead of what I think they should be bringing me, so if they tell	

	me about their family I will ask more about their family, if they tell me about their work, I will ask them about their work, you know, I don't go through, a checklist, you know, how they might go, 'and what was the name of your second grade (laugh) teacher, and what was your relationship with them?' you know, I just. I try to work with what someone brings with me, to me,"	by highlighting sexuality? Or that not being professional psychologist behaviour.
	"And we did notice that they were talking quite a lot around, it was quite heteronormative in the discussions and we did bring it up with them, and we discussed with them, about how, you know, it, you know, they, they, they reflected that the vast majority of the population that they worked with is heterosexual people, so on one hand it was making sense, but on the other hand, we did talk about how it might be harder for LGBT parents to seek support from services if, you know, if the language around it is quite heteronormative, and we talked about maybe differences in the experiences of parenthood between heterosexual and LGBTQI people, and I think it was, it was a good discussion, it was something that we brought up to the presenters."	Teaching being heteronormative, she found the experience of discussion helpful- but this sounds more collaborative/joint? i.e. she is not having to fly the flag alone, or push the LGBTQ agenda as a lesbian trainee- rather they are pushing as a cohort perhaps? Is this something about the role of true allyship- to magnify voices/carry a chorus for minorities- rather than supporting the voices of the majority/heteronormative views- as these populations are usually (well from this interview- and the others) highly reluctant/have been taught to not prioritise sexuality?
	"There is **quite a lot of allies** in the cohort (laughs) so ,so I think, I mean, I don't know everyone's sexuality, but I know there are quite a few people that I am close with that are heterosexual but they're **quite good allies**, so it was something that we as a cohort brought back to the facilitator."	Trainee relationships as vehicles for creating change, power, challenge. Not knowing everyone's sexuality, yet that not mattering. sense that they're likely heterosexual and that's why it doesn't matter/we should keep it quiet?
	"I'm happy when we have them, because it's nice to see there is effort being put in developing training psychologists that might otherwise have little experience in understanding you know, not just sexual orientation and gender identity and a lot of other things. So it's, it's, I'm actually very happy that we have them."	The university's curriculum- or 'endorsing' teaching means they value the topic. A recognition of sexuality, gender, all things as valid/relevant to UKCP. Perhaps something (if I follow this thought) about this being an indicator- because bringing it up would feel too much/be too loud/non-psychologist?/challenge the heteronorm? Heterosexual people teaching about sexuality is not ideal, but it's better than not having teaching about sexuality- sense of being grateful for what you get? Low expectations?
	"But, still, I do notice that a lot of the times it is led by heterosexual facilitators and, and you know I think there is still a bit of a way to go in terms of widening the profession, to, to a lot of other parts of the population. So yeah, I'm happy when we have them, I do notice it's mainly from people who might not have personal experience, but it's better than not having them."	
	"I think it is another sign of, for many years the profession being quite closed and difficult to get into to because you know, I think about the people who are now supervisors or academics or tutors, I imagine they are people who are, you know, qualified a while ago, I don't want to offend anyone by giving an	Differences in cohorts, that older generations even just 1 generation back, may be less open to being role models, or just not around i.e. even more 'straight' than now (mirrored in the 2004 paper).

	age range, but I think on average, like you would think, so they're more of a representation of cohorts 15-20 years ago."	Some recognition of the historical/contextual factors which may be different for current trainees, but not explicitly said. Also this could be interpreted as a nod towards a cultural historical understanding- that within our community, it was historically very normal and protective to be homophobic- within the community, as well as the more popularised activist/proud position. And perhaps we know this?
	"That's who is there now. But I do think that there is changes in cohorts that I have seen, even during my time, which give me hope for the future."	
	"Well generally around more inclusion and, of all sorts. And not feeling that there is a barrier around the profession that is around characteristics that you have no control over like sexuality, place of birth, race, I think we are trying to, well we, I'm a trainee, but I think as a profession we are like trying to bring down those barriers and it's, its' it's a process, it takes time, it doesn't just happen overnight. So I'm definitely seeing that it is happening, in the courses, especially the course that I'm in. so it does say to me, that the future might likely to be different, but again it takes time for it to happen, so you will have to have people qualifying, getting their experience getting some training for them to become supervisors, so it take time, these things don't happen overnight, but the building blocks are there."	This makes me feel good. Hopeful. Change is hope. Future cohorts and more diversity. Some recognition of the position of TCPs- within clinical psychology. A sense of ownership and belonging and responsibility, but also recognition of potentially as having less power? Recognition of the pace of change, slow systems, slow power shifts, gradual improvement.
	"when you are starting in this profession and you have your degree or your masters, and you are trying to get psychology assistant jobs, and it is a bit of an uphill battle, and every time you get a rejection, and especially when you get a bit of a vague rejection like, oh you know, you were very good but somebody else had more experience, or, you know, it's not something about you can control to do better at, it does start, it does make you think, is there something about me that, is a barrier?"	In psychology you face rejection repeatedly, and it feels possible that it could relate to protected characteristics i.e. sexuality. Getting on the doctorate can ameliorate those fears.
	"that I was not born in Britain, um, so I have an accent, um, if, it, it, I was wondering about sexuality, I was wondering how, would supervisors would want to have these discussions, or if a client doesn't want to work with someone who is a lesbian, what would that mean for me professionally, you know, so there is these things that you start wondering as you're going through that uphill sort of route to clinical psychology, but the training itself actually being a welcoming space, and a space where I have felt always quite comfortable with my cohort and with my supervisors and with my tutors, it has actually helped me feel a bit more confident in myself in relation to my sexuality."	Fear xenophobia, fear homophobia, surprise?? that training is welcoming, comfortable. Peer and supervisor relationships increasing confidence with sexuality. Also I can't help but feel- not experiencing homophobia on the course = a bit more confident in relation to sexuality- what if the course had been affirming?
	"You know, you know what I mean, like, so it has felt that actually, once you're there, it has made me feel more confident and comfortable with my sexuality professionally, not overall but in the	Doesn't influence relationship with sexuality generally, just in a professional sense- i.e.

	professional sort of sphere, which, um, yes, which has been , which has, yeah, it had quite a positive effect."	perception of the profession as homophobic/sexuality being a barrier is lessened through being on the course and getting support and being welcome.
	"Honestly I think, this has, this has to do with intersectionality, because where I was born it is a more traditional and homophobic country than the UK, so I did grow up with quite a lot of internalised homophobia myself and I mean, I'm not saying the UK is perfect, because it's not there is a lot of things to be worked on, but in comparison to other countries, it is a more free and accepting place. So for me it was a lot of things that I, you know, that I haven't had the experience I don't know if that would be similar for someone who was born in the UK, you know, like I don't know. But I, for me, it had to do with things that were happening quite earlier on in my life."	Being born/living somewhere more homophobic, awareness of UK as "better" than other places- legally more affirming and tolerant. Fear of homophobia coming from historical experiences, but still applied to UKCP despite rationalising it that they were just linked to being in a different country- this is how she makes sense of it.
	"I think it makes me, I think it makes me a better clinical psychologist. Not in relation to someone else, but within me. Um, in terms of, I am more aware of impact of power systems, you know we talk about it in training a lot but I feel that I've had sort of, first-hand experience of power systems or um, struggling with parts of yourself, um, or experiencing distress, so I think, I think it helps me being able to sit next to someone, and with them, in terms of compassion and empathy, than I would have been without this experience."	This is interesting- I feel she's been minimising and dismissing it's impact so far- so this was surprising to hear- that there are positive professional consequences of being a lesbian TCP.
	"But other people on the training might have different experiences that make them better clinical psychologists, so someone who might have come from a poor socio-economic background, or someone who might have experienced racism. You know, I don't think that being LGBTQI is unique in giving you some, er, you know, inner understanding of those aspects, but, I think for me it has definitely had a positive impact on my professional practice."	Strong awareness, need?? to say that other social graces or demographics or identities are equal or more than sexuality. Important to downplay? or not emphasise, not be too loud or proud? Not to put self beyond others? but still saying it's positive…
	"You know, even small things, even here like, um, going to the pride, the local pride here and having people holding up signs saying that, oh you're a sinner, and or being out with friends and having people act towards them, or talk towards them in a nasty way, it really, it really sorts of helps to understand these systems, sorry I need to clear my throat… it helps to understand these systems and how, you know, because someone feels they have power if they feels it's ok for them to talk to someone or treat them badly, um, because they know that nothing will happen to them, they are part of the dominant culture, they are, you know, and the other person is weaker, it really brings it into a real lived experience of power difficulties and trying to be a minority in a system. So yeah, it's mostly that, it is first-hand experiences of those things, actual lived experiences."	Talking about experiences of discrimination, and feeling powerless/ less powerful, dominated by heterosexual people as a dominant group- that heterosexual/dominant/powerful groups feel ok to treat people badly because they know nothing will happen to them. Being a minority in a system.
	"I, you know we were talking earlier about not having role models, and I can't ever see myself, when I am qualified, doing things significantly different to how I am now, so I will always be open about my sexuality and I will always give the space to talk about it, how I am doing now being supervised, I will	The importance about being 'out' - value, weight ? power? of being out. This as an act of defiance/personal identity? Very symbolic? And again -what a contrast to earlier focus of it being

	be doing the same thing when I'm supervising others. And, so so, I think it, it's another building block into getting the profession where we want to get it, 20 years from now. And by then there will be other reasons why we are going to be inadequate but, but that's something for the future, you know one step at a time." "Well I mean, you know, it is important to have role models, if you don't have yourself represented, it really stops you from being able to imagine yourself in that space. And I had different role models in my environment, that maybe they were not LGBT, but I had contact with women who were scientists, **I had contact with other sort of minorities who broke through**. I think LGBTQI is another layer of role modelling for people. If you can't see yourself represented, yeah exactly, it makes it hard to see yourself doing it." "I'm cis female, but I think by being open your sexuality if you're not heterosexual it might also be sort of like a sideways role modelling for people who experience gender differently, because they will know you're an ally, so you know there is things that you will, you start making assumptions, you know, so I think it will be safe for someone to talk to me about, like they will assume it is ok to talk to me about different experiences of gender alongside sexuality, so I think, even though I might not be 100% role model for someone who might see themselves as non-binary or might be trans, I think that by being openly lesbian, I hope that they would feel comfortable to see us overall as LGBTQI role modelling." **"We have to stick together."**	normal and natural not to emphasise it or make it important- now I feel pride from her- it feels warm. Use of the words- broke through- makes me think of success 'a break through' and also fight, struggle, certain amount of violence or aggression that is required. Also- 'through'- like into a main group area? Or through what? This is a nod to the relationship between gay women and trans identities i.e. the overlap between society finding trans ideas challenging to the heteronorm r.e. gender roles- which can also be the case for homosexual individuals- women loving women is a challenge to masculinity. Considering this was the first interview- this comment really stuck out throughout, and was really powerful. I'd like it to be my title I think. It's a sentiment I struggle to hold onto at times, but that also really strikes me.
2	"I can remember being on that course and almost feeling like, um, almost feeling, and this is, so this is ten years ago, and almost feeling like I had to kind of, it felt like a confession to the cohort you know, it almost felt like a, oh god, I don't know if I should tell them I'm gay. And like it felt like a real, you know, like a secret I was holding back." "I was thinking that's changed quite a lot. And it's nice to feel, kind of in that position where it's just like, yeah, **it's not a big deal**. **Rather than keep it like a kind of secret,** like I did used to. But like I think your question was how does it impact you, or what's your experience been, um, I guess **it's felt really normal** but I don't have a comparison, I don't think it's had a huge impact on it." "But it hasn't ever come up in a kind of, you know, at the beginning of placement. You know, "Is this something that's going to be relevant, is it going to be important? Shall we discuss it? You know, among other factors," more it's come up as a needs basis. But it has come up on this placement more so, because… um, I don't know, some of the residents have made you know, quite flippant comments er…"	religious language – confession secret- different to private, personal, - negative /shame or power connotation? The course is different to pre=training environments and contexts. The use of the word 'normal' feels 'abnormal' or an over-compensation/minimisation here to me? Again this idea that it's not relevant, nor important, and wouldn't' come up. but less emphasis on heterosexual norm? Hasn't ever been something at the start of placement that felt relevant to talk about purposefully- would that be ok?

	"And the person walked into the room, put her hands down her tracksuit and just went, "You're well fit miss". And I was like, *ok… um*, but I think, I mean my response was, "ok that's neither relevant nor appropriate, so I'm here to do an assessment, have a seat, if you want and if not…" that's kind of in my nature just to be very, right to the point, you know I'm not going to engage in it. I took that back to supervision just because it was a really interesting, I… it then got me thinking about how people really kind of perceive me. You know, and among all the other things that I's not going to be relevant or appropriate to say to someone, you know, in the healthcare profession."	Experience of being sexualised by clients but because she is female? or because sexuality is irrelevant? or because it's not appropriate? Means she concludes it's not serious, just interesting?
	"Um, it just quite reflective really, you know obviously, "were you alright? Were you, did you, did it feel threatening?" And I said "no", and to be fair I don't think it was necessarily anything explicitly about sexuality, but the implication to me, was then that person was saying, that, associated with my sexuality that I may or may not be interested in being with them… I guess the conversation was more around, you know, did it, did it feel kind of sexually threatening to you, which it hadn't.."	Not reflective? A client directly making a sexual comment to participant- 'not explicitly about sexuality'. Wish or denial of sexuality as relevant, even when clearly and directly relevant. Importance of distancing self / situations from sexuality.
	"I think the conversation was around, feeling like, yeah, sort of threatened but not in a physically violent way, more in a sexually violent, sort of predatory way. And the conversation was sort of yeah, like "how do you feel, you know, seeing that person again, or how do you feel if that comes up? Do you feel like confident to respond to it? You know, would it be problem for you if people knew your sexuality?" That was something that came up, um, and I guess that it's not, it wouldn't be a problem for me any more than it would be knowing what car I drive or where I live or anything like that, and that's just purely because it's very very high security prison, and it would just be all-round not good for anyone to know that kind of information. But I just wouldn't really want them to know it, I guess."	Conversation asked whether it was safe or ok for client to know- and no it isn't, but also all personal information is not ok to share. supervision was a space where questions were asked. Main defence/processing seems to be that this was irrelevant information.
	"I know of several people who have had a really really hard time with their sexuality and it has meant that their life has been very very difficult. And I'm just thinking that if I, you know, was to look at all the bits that make up their current difficulties, that is more than half of it, and not having that information, wouldn't, would, the whole thing wouldn't make sense"	Also here she is saying that sexuality is important, but also that it isn't necessarily possible for her to push for this for clients, she needs the system, supervisors, others to see it, and to push for it, so she can do it. She just knows it's important but doesn't want them to think she is the spokesperson- to be associated with it?
	"I think, that for somebody in that position, I just think, and I'm not saying that, you know, that's the cause of everyone's problems, 'because they're wrestling with their sexuality', not at all, but I just think it's really important to bear in mind, and I think even more so for perhaps people who don't identify as lesbian or gay, because, I'm just not sure it's on many people's radar's. Like probably like a lot of the graces aren't on mine. Probably."	I feel like she fears specifically people perceiving her as bias towards sexuality being very important- due to own sexuality; there's a push to downplay or emphasise awareness that sexuality doesn't have to be an important thing- to minimise.

	"so now as, kind of, they identify as being in a lesbian relationship which they've said is really supportive, really like, really validating, they feel really well supported, and much happier than they have been in ages. I guess, my, my thinking around it is that on the surface, you've kind of, you look at the PTSD and that that will be the first, I guess, you would try and formulate and treat that, because then that's likely to reduce the anxiety. So, on the surface of it, the presenting difficulties are PTSD, flashbacks of kind of being hit and abused, um, but this person kind of has said that, actually being in this relationship now, has been so validating, and they are kind of wrestling with this sort of identity, because as far as I'm aware, they wouldn't have been in this relationship if they hadn't been in prison. So I guess, it's made a whole lot of sense and they feel really validated, and it's been a huge part of their, and you know, 'coming out', you know they're saying things like, "why didn't I do this before? I thought this in school, but I didn't know that it was a thing and now I'm in it". And so I think, I'm just, I guess, on the face of it, that isn't relevant to treating their PTSD, on the.. thinking about resources and time like… that's part of a massive formulation isn't it, 'sense of identity' and stuff, but that wouldn't necessarily come up as a, even kind of relevant factor in a formulation, if you were doing it, it straight kind of pure, CBT for PTSD that's not that relevant, so I guess what I am saying kind of more broadly. This stuff is really really important because it fits somewhere, but we don't often make time for it enough to, to look, um, I guess is what I'm thinking."	She is saying it is relevant, and important, and perhaps doesn't have great skills at explaining or incorporating this into the formulation- and is questioning how it fits into the formulation, which you could perceive as a lack of understanding, but perhaps it is a reflection of the space that has been created on the course and at work for her to reflect and use knowledge and thinking about sexuality in formulation.
	"Whereas before, I would have been like, "Oh they're really going to judge me, they're going to think badly of me", you know, all these negative conversations that used to come alongside that. Like at school, I would never have said anything, like I knew I was gay from when I was young, I would have NEVER have said anything at school. So I think as I've got older, like the amount that I care just has definitely lessened, and I'm just like, I'll just throw it out there, and I'm like, if you don't like it, you can just fuck off. So among the trainees, not bothered at all, just talk about it flippantly, won't even notice I'm saying it."	Feels to me like an over-compensation/denial, perhaps an act of subversion, still actually difficult to bear being gay, she says she doesn't care, but the feeling is that she REALLY cares.
	"I think if anything, it's probably just made me a little bit more, ok with it? So I have really struggled on and off with it. Um, yeah it's always in the sort of, back of my head. Not now, but when I, yeah, when I, I don't mean younger just like when I was like, 14, 15, I mean younger even like probably 24, 25 when I was just like, I just didn't really feel ok, like it felt, not really ok. I think training, you, you get to see just such a wide range of people, and meet so many different people and work in so many different settings, and loads of people have loads going on, it just feels like a really minor thing. Um, so I think if anything, it's made me more, just more confident, and so I guess, I guess the longer, I see it like a graph, like the longer life goes on, the less I care. And I think training has been really helpful for that because like people, and, and so, like people like my clinical tutor on my MRP, and you know, my supervisors for my thesis and stuff, like they, they know because just again I'll just flippantly make comments like, 'oh my girlfriend…'. Um, and that's not been a big deal at all. And again, but I mean, they're slightly younger, they're more like my age, not how I would see like an older person, so I don't	This makes me feel sad. It is the way she describes finding that her sexuality is 'a really minor thing', and that 'it's not a big deal'. I hear that she has found the course good, that it is not an environment where she experiences prejudice or homophobia, but it also doesn't sound like an environment where she has found her sexuality as something she can reflect on and incorporate into her personal-professional identity. It sounds very heteronormative and she makes sense of this by thinking- they're younger so they're not

	know, age has something to do with it, with telling somebody, I guess. Yeah, I think it's made me just a bit more, feeling alright about it. And it took 32 years to be alright about it. Yeah, I've not had any negative experiences that have like impacted on me in a negative way."	homophobic, rather than, they're all straight and they don't have this on their agenda.
	"I'm just thinking about times where it has been discussed in terms of like, I think it came up quite a lot on my older adult placement, among other factors, but working with, um, I guess older particularly gentleman, so if you think about the older man in an older adult service. I think my gender did come up quite often, thinking about how an older male might respond to a younger female, in the potential position of I don't know, perceived power. And I guess as much as you level the playing field, er, with the person, you, often you're kind of positioned automatically as the expert, er which is … stressful to say the least! Because I certainly don't feel like that but um, I think that they, um, yeah, you, they, they kind of want something for you…"	So I've put intersection here because I'm thinking that she's at the intersection of gender, age, role and health. I need to check my bias here: she's saying that she feels more ok with her gender because people have talked about difference (race) on the course, and she hasn't experienced any interest? or like, her sexuality or gender or appearance haven't been highlighted and reflection hasn't been encouraged, so this has created space for her to feel like it's ok? I feel sad or find it difficult, because this doesn't necessarily sound to me like she has really had affirming experiences, but I know later on she does speak about that. It's almost like she lost interest in the questions about her own identity?
	"I think my experience on training has meant that I am just much more accepting probably of myself in all sorts of contexts, so um, probably having more discussions about diversity on the course in general, um focusing, **it has been a huge focus on race**, but I guess, everyone kind of, in the cohort, and all these different experiences, kind of has meant that, I don't feel perhaps the need to be as kind of binary as I kind of originally thought. Um, so my, like my gender, **I identify as female**, and I'm, **I'm ok with that**, and **that's fine**, um but it's made me kind of be like, well if I didn't, that's fine too. **Like I really don't …care.** I think it's meant that, Yeah, I'm **just really accepting of it**, I think now. Of, of, kind of anything. Whereas before I would probably obsess over it for a while, like, "oh, what does that mean about me? You know, what am I?" And now I'm like, I don't really care, I don't really care what I am. And I think the experience of being around other people who are, majority, **the majority are very open minded**, um, has meant that I feel kind of more comfortable with myself probably."	In my mind here – 'really don't' and 'don't really' are different- one is a qualifier and one is very sure. I have highlighted the terms I think show uncertainty, and underlined/put in bold the certain statements.
	"Yeah, I'm like, do you, I'm like, there's a few people, yeah that's the thing, I'm like, do you, not that it's a problem, you know, "you do you", do you know what I mean? You wear whatever, I'm always curious, because then the flip side is that, is like, why am I thinking they shouldn't be wearing it? Should I think that only people that identify as anything under that umbrella gets to wear it? and I'm like, well that's even worse, because then you'd just be like, nah you couldn't do you know what I mean? But I do find that really interesting when I work with people that I know or are known to be straight or whatever. And I'm always like, ah, because I see the flag on the, so you see it and you're	I put 'challenge of reflection' here because she's noticing things about people wearing lanyards and representation/allyship in UKCP as something that is very relevant to her personal and professional identity, but hasn't spoken about it with people at work or on the course, so for whatever reason this hasn't come up before- but she says it is really important and relevant.

	like, hmmm? And I'm like, no?...what? You know, it's that kind of moment. But um, but generally I don't, know any other clinical psychologists, um that are gay. Um, I can't think of one single one, but I think it, but back to your original point, yeah, I think that modelling, and that level of representation was really really important actually. I hadn't really thought about that. But yeah." "I guess, the bigger cohorts, there's a real push for diversity, that's going to come into kind of like, every kind of element of diversity. I think, for me, sexuality is one of the only ones, that you know, we've had… er…teaching on race, and you know, specific things like, disability or ability, um, you know, I've, I even think we've had some, I don't know why, don't quote me, but somewhere in my head I'm like, we've had teaching on how to support someone through therapy if they're visually impaired, and those those, kind of things and how it impacts their experience of it, and all that kind of stuff, and I think, sexuality, probably, hasn't come up as much as it might do. But I think that those are the different things, you're going to have people, I reckon, coming through in the next few years, that are real kind of, more (sorry, - letting cat out), I think society is shifting"	So here I feel she is saying something quite contrary to the rest of the interview- she is saying that if things change for the better in the future, then sexuality will be discussed and reflection on sexuality and gender will be encouraged. However, throughout she's explained how sexuality and gender have very little impact or relevance to her work, and how important it is not to focus on them.
3	"One supervision session where we had a conversation it, that was it, she didn't check in the next week. When I said a couple of weeks later, 'I'm still feeling pretty rough about this', she was like, 'oh that feels really hard.' End of conversation, moving on. When I commented later on, that I felt it was inappropriate that she had sort of pressured me to go along, it felt like a part of the narrative in which, um, minoritized people are asked to take the brunt of the work on equality and diversity, I felt it was, that I really wanted to reflect on that and take that forward, and she got really snippy with me. Yeah. So." "Is it different on, like, how does being female, um, and a trainee can you tell me about a time when that's come up on placement? Oh yes! (laugh), so I'm thinking back to my first placement again. Um, I was, the first placement was in an acute mental health setting, and I was shadowing one day some people doing a mental health act assessment which is a very, it's an incredibly, it's a place where power is extremely active, I would say. There is immense institutional power being backed up by like forceful power because the police can then go and bang down someone's door if they need to. So, it's a place in which there's sharp discrepancies of who is powerful and who is powerless. It's incredibly clear. And the person I, and one of the people who was, who I was sort of, working alongside was a male psychiatrist and he was so patronising, just so patronising to me (laugh). And, so we were sitting, we were standing outside, waiting, waiting for quite a long time, for the police to show up and so we were, we just had a bit of a	Wish for queer minorities to behave and contribute in particular ways, but not really wanting the whole of them. Not being able to relate to our distress. Resistance to providing space for discussion/distress. I find this is interesting because I asked about gender at work, and she gave an example about power and psychiatry- i..e did not directly mention gender as involved or explain how gender was involved. Perhaps thinking it is obvious? Perhaps pointing to an inherent knowledge/awareness of the power dynamics involved in gender? I could say that this speaks to- gender is always 'live' much as race is always 'live', and that it plays a part in the dynamic regardless of whether either party is acknowledging it.

	chat, and I was talking about how I was talking about the discomfort I felt about the use of state and institutional power against someone who is very struggling and in distress. And he didn't know me very well because it was my first day working, …..… 'It makes sense about why you're so idealistic now that I understand that you're a psychologist'." "Because if you encounter it at year 30, when you've never encountered it before and when it is deeply embedded within you. Often at year 30 you don't have the structures in place which are encouraging you to be reflective and encouraging you to look inwards. And to look inwards at that point and to, that point might be deeply painful, because if you do integrate this new you, you're also having to integrate the sense that, 'oh shit! I've been doing some not great things for years and years and years." And so, and also you're sort of coming to it very fresh, you've probably only got a couple of years behind you of clinical practice, if any, where you've been by default doing something not great. And so the pain of incorporating this new information is going to be much less. It's going to involve much less grief, much less moral injury. Where, so I think that if you, by having it right from the start, you're, you're allowing people sort of a, a much easier process of integrating new information than if you wait for years.	The idea that age is perceived as a barrier, and there is great ageism expressed by this population with regard to perceived homophobia or transphobia, that older generations are more likely to be exclusionary. She is explaining that this may be because of a lack of opportunity to reflect, or to be challenged, and that this very process of going unchallenged and not reflecting compounds the 'problem'-which arguably is happening to her in relation to age? Here she is demonstrating an awareness perhaps of how internalised homophobia can be generalised to other populations i.e. that shame can prevent you from facing parts of yourself, or accepting parts of yourself, and how powerful that shame can be. That in order to accept parts of yourself you may not find palatable, you may need other people or systems to create space and facilitate that discussion, that it will need to be supportive, non-judgemental. These things aren't the same, but I feel that she is showing a real understanding/compassion towards people with views she finds deeply upsetting- that they may not be able to move towards acceptance without support.
4	"So it's usually, yeah, that's kind of, I guess it makes me feel a bit anxious, but I think, yeah, people have always taken that on board within, I, I don't remember any case where I've corrected the person and they've persisted or treated me differently or anything."	Interesting- so she hasn't experienced homophobia here, and is saying that she's anxious, but she has experienced homophobia growing up in relation to others, so it's more a systemic wider understanding that it's not safe which is representative I think of minority stress and heteronormativity i.e. internalising the wider norms and messages despite perhaps alternative messages on a local level/current context/more contemporary experiences.

	"I don't know about what everyone else is, (laugh) **we don't talk, necessarily openly about it, but yeah, it feels like it's a lot more, a lot easier to talk about it.** But saying that I think a part of er, a part of it is also my own personal experience in what kind of, expectations I have of people, because like growing up I didn't really consider sexuality, and my, like I moved to the UK to do my undergrad when I was about 19. So, before that I wasn't even, like at school I was thinking I was straight and I, I, didn't really even consider LGBT issues. My hometown is really small and its quite conservative and quite religious so it wasn't something we would be exposed to, or even think about. Um, so it was more I feel like, I'm kind of blocking my experience here in the UK; people are pretty open generally, like I said, I've never really had issues, or felt discriminated against, but back home my friends know everything but my, my family doesn't, so I mean I guess this is big, but I've not really had any, ever, an open conversation with them. Um. So I guess yeah, I always feel like, maybe that's because I have that experience. It maybe holds me back sometimes to be, to correct people, or be very open or talk about it. um. "I think one of the first things is that they really normalise talking about sexuality and, and obviously trans issues because that is what we, we are assessing. Um. So I think that, for example, we would use the Genderbread person, which I don't know if you've ever had to use, and one of the aspects is about sexual orientation, and kind of sexual attraction and romantic attraction, so just by using that tool I feel like we are just saying, 'this is actually an experience for many people, it's ok to talk about it'. um. And we start kind of asking people how they feel about it, where would they rate on a spectrums. We quite often tell people that whatever you identify as is, is fine, and things can change and there is nothing, there is nothing wrong with being unsure, if you don't know or if you think you're somewhere on the spectrum, um because sometimes people come I think with the, maybe the fear that they have to fit into one box or not. Again, we have a lot of links with and we always signpost people to LGBT youth or LGBT (location) and other organisations that, support people. Um. And we have counselling as well where people can talk about sexuality. Yeah, so I think it's just a very, the fact that it's so openly talked about just normalises it and doesn't make it, um yeah, doesn't make it a taboo subject almost." "I don't know if the training had much of a difference, I guess in a way, just the exposure of telling people, new people, that I didn't know, and telling people like my clinical tutors or, that come from different backgrounds or that have different natures about it, or about my relationship, was I guess maybe encouraging, because nobody had any sort of negative reaction, even in the moment I didn't feel that people were shocked, or were very awkward, er, so I guess maybe in a sense it just made it, made it even more, comfortable to, talk about."	This feels like a huge contradiction to me: we don't talk about it-it's a lot easier to talk about it. This feels so similar to other ideas in other transcripts- about feeling lucky/grateful/blessed that people aren't openly homophobic, but a resignation and acceptance of heteronormativity. Important- considering the differences trainees bring and their intersectionality i.e. how different communities may not have the same views about sexuality- and this is present in the UK and our work. Also a parallel of her exp 'not talking about sexuality' at home in homophobic context, and here on the course in an 'pretty open and not discriminating' context. Explaining how inclusive workplaces where people are confident and have a model through which to understand the intersection of gender, sexuality, identity and presentation reduces 'taboo', 'stigma', and perhaps internalised homophobia? Again she is linking ideas about wider global/cultural contexts and then saying that having experience of different groups of people reacting without direct homophobia is helpful in terms of encouraging, and reducing anxiety?? around coming out and being out.
5	"A reflection that the team I was working in was incredibly small, and she shared with me that many of the cases involving erm, sexualities other than straight, and er, genders other than cis gender, were often directed to her as the younger clinical psychologist in the team. And I was curious and ever so slightly	So you need to go back and find the lines in all previous transcripts about youth and age and assumptions/ judgement about being open and

	concerned about this, erm, and we discussed the possible impact of that, and the training needs of the team. Erm. Yeah, so that was, that was a situation where it was discussed."	LGBTQ- this could link to that idea from the Minority stress literature about 'perceived' rejection and discrimination being factors r.e. mental health/stress- just as much as actual experiences of (and often the former is due to the latter). And it is about stereotypes and cognitive shortcuts.
	"I think, I think I might be in the minority by saying that. Erm, I think, now that I'm thinking about it, I'm like, 'you're wrong'. There are, there are aspects that, that its' I suppose thinking about it, less on a day-to-day basis, what the kind of thinking that I've had to do, the kind of reflection that I've had to do, the kind of concealing that I've had to do as a result of my sexuality has been definitely impacted my ability to be a clinical psychologist. But I don't see that as influencing how I present as a professional, if that makes sense?"	This is interesting, so she's saying that personally, her being a CP is affected by her relationship with her sexuality and the experiences and reflection she has done because of this part of her identity. However, it is not visible nor influence how she presents as a professional. There is something negative or undesirable about the idea (or acknowledging?) that being a lesbian would impact her professional identity?
	"I also feel like, our, head, head of course is er, she often presents a sort of, feminist lens, on a lot of our teaching that she's present at, but I'm struggling to remember exact examples because it was in first year, and I feel like that was a million lifetimes ago (laugh). But I remember really valuing that, and feeling like in my previous undergraduate degree and my masters degree that , that had, was never something that had been so explicitly discussed, you know, from a feminist lens, from a, you know, we're thinking about this through a feminist lens, and I'm like, 'I've never heard these words, but it's like music to my ears!'. Um so that, was important."	So feminism is very important, new and exciting, but also not memorable in terms of specific content, and also only provided by one staff member. Not an ongoing discussion perhaps?
	"Is really, is it horrible to say that it's quite nice, to feel in a majority, to get some security from that. Ok, I'm just sensing, I'm just recognising a sense of, maybe that's a selfish thing, to say!"	Is it horrible and selfish to feel nice and secure? Being in the majority and enjoying that sense, whilst also feeling bad that that is the case. Guilt. Somewhat concerning- surely we want this for our clients- i.e. to have some things that make them feel secure and nice? Perhaps she is taking a mental step- mentalising men and thinking she's got this feeling at their expense? I could take a step and say being in a minority feels insecure and not-nice? Is this how she feels about her sexuality sometimes?

6	"so I kind of realised my sexuality during the course, erm, and… so I've kind of been limited in terms of, I guess my experiences, but then I also think it has been a really safe space for me to do that because the friends, erm, I have made are Clinical psychology trainees, and I've found that, that they're super kind of accepting, and just kind and, I've felt very safe coming out with them."	There is perhaps this emphasis here, or connection she has made between being open and accepting, and being a CP trainee.
	"Like there are some people who, um, on my course who are kind of asking me about dating, and I can kind of just start talking about dating women, and they're like, 'ok', which is very different to say, a friend who's known me my whole life, or knew me from ten years ago, I have to almost come out to them in a slightly different way, so I think that bit has been really positive. Erm, and yeah, because I've just sort of had this new environment which feels very safe"	This is similar to transcript 5, and transcript 4 in some ways, that the course offered a new environment and opportunity for people to 'begin as they mean to continue', but also that the course offered a new experience of coming out, or potential- a <u>safe</u> place.
	"that's a good question, I think, I think there's there's been times, and I don't know also if this is just because I'm single, and I find a lot of people who are clinical psychologists, are married with children, I would say most actually, I think all my supervisors have been married with children or at least have children, and I think sometimes a lot of the conversations are around children, especially the team that I'm in in at the moment, they all have young kids, like under five. And they talk about that a lot, and sometimes you get the odd question, of 'oh do you want children?' and I'm kind of like, I mean, I kind of don't want children anyway, but, I also find a little bit of an awkwardness about, you know, do I say I'm gay? (laugh), do I say, like, it's actually a bit more complicated than that? Erm, I feel like sometimes there, it is, it isn't talked about and I don't, I, I think people are quite good at using words like 'partner' rather, you know, 'do you have a partner,' rather than 'do you have a boyfriend', which is really helpful I think then you can, you don't feel that, oh, awkwardness and kind of, wanting to shut yourself down a bit, and hide, and not, erm, yes, I think there's been times, times like that."	This is interesting, sort of illustrates how as a minority you're still raised and part of the majority, whenever you come out, and she's aware that her situation is different, but still looks at it with a heterosexual lens maybe? i.e. perhaps we don't think about how that question could be very awkward for many straight people who have fertility difficulties, miscarriages, struggle to find a partner etc... or am I minimising her reflection because it's something I also struggle with? I would also have this thought- like I'd have to pay, it's a whole thing, am I ready for that? Straight people can have this so easy. (now I know transcript 8 talks about this also).
	"And, now I feel like, if I was, it's a bit like what I said before, people who know me already, you feel like there's that extra step of coming out, because you, you feel like they've already got a preconception about your sexuality and then you're having to change that? Rather than somebody has no preconception, erm, yeah, I, I don't think I've had too many… opportunities, but I do, I do feel like, on placement there's just this, sense of, almost having a sec, not a, **<u>having a secret</u>**, that, I think…and that then might be a ti..and then when relationships are discussed, I'm always, I feel a little bit on edge, like is this the moment when I'm going to have to come out? You just don't know."	Check with transcript 2 but this is the second use of the word **secret**. I think it's a different context, but it's interesting to me- because it's subtly different to 'personal' or 'private'- does secret imply value?shame?risk?
	Have you had any supervisors who are gay women or do you know gay female psychologists?	I should 100% of asked more about this. Was I pushing away from the pain around sexuality, wishing she didn't have to be gay so she wouldn't have this self-hate? She said it was **so hard**, and

	"I, I only know, of ones that have qualified when I was in training, so somebody who's 2 years above me, she qualified, so she'll have qualified when I finished first year, um which was really nice actually because I obviously I knew her when I was coming out, and I just, yeah I just looked to her as a role model because she was very open about her sexuality and that made me, yeah feel better about it, kind of thing, and then, yeah there's someone in my year group who's gay, a gay woman, two women who are bisexual and, yeah so I think I've got, they seem to be the ones who are kind of closer to me in terms of age and where they are, um, but I don't know, I'm just trying to think about, I've had, as an assistant I had um, a supervisor who was gay, or married to a woman, er, um, that was, back when I still, so I feel like I didn't get the full benefits of that, um, yeah, yeah, very few and far between."	she was quite emotional throughout- facially, but perhaps I was projecting this onto her? I wish I asked what the full benefits would have been? To be kind to myself, I do hear in this that she's saying the benefits are having a role model who's open, helped her to feel better about her own sexuality. But I wish I asked more because she's so clear about who she knows- like notice how she lists them, each one stands out. Which is the same for me. I can list everyone because even if we didn't really speak, each one is very important and they stay with me: my supervisor briefly as an AP, my first MRP supervisor, the third year at Sals, the woman in my RPG, the nurse in 3rd year placement, the Dr in 4th yr placement.
	"I think I've just, I know, I think I just, I've thought about it a lot and, I had, I had therapy as well for something unrelated, and I talked to her, she wasn't the best (laugh), but I just talked about it. um and I've got some just, really good friends. I've got a friend who's gone through a quite a similar thing to me at the same time. So I talk to her about it, um, read lots of stuff as well, like on social media like I follow lots of people who, um, I don't know, like a 'late to lesbian' account, and she's got a blog, and reading through that, like stuff like that, and just kind of hearing things, and thinking it through, and then, I think just ultimately being like, ' you know what, I know myself the best' I know this is how, you know, um, and I might change my mind later on, but I'm like, do you know what? It's just about the here and now. Um. Yes so (laugh),so saying all that, I can now see why I sometimes found it quite hard (laugh), to say to (laugh) to people 'I'm gay', you don't want to open a can of worms."	I remember better now, like she gave off this vibe that she'd had some trauma about something else, and I was reluctant to go there. Now I'm less sure why;- at the time I was thinking, "what am I interested in?- experiences of training, and sexuality", and didn't want to ask things that went 'off track'- or to be 'nosey' about her previous difficult experiences if they weren't being brought up or seen as relevant to her.
	"…you'll I'll be sitting there, you know, being like, 'oh my gosh, that happened to me as a child, and that's why I'm like this! And oh my gosh!' (laugh). You know, always doing that, so I think that has made me think about that, that kind of constant process of self-formulation I might call it, that's actually made me think about my own, reflect on my own sexuality quite a lot, so I think that has sort of changed the relationship, erm, and I think definitely yeah, that, that kind of, vulnerability it brings, um, you're almost, you're really being brought to the surface, you're constantly being assessed, you're trying to drop a lot of that imposter syndrome, but it's **really really coming to the forefront, and you're in a very vulnerable position,** um, so I think that as well has, you know**, just made me think about a lot of different parts of my life, and my identity**, um and it's kind of made it very, quite raw,	This is interesting, like she's basically talking about pain, and feeling vulnerable and emotional, and concludes by how this is a sort of happy pain, or less pain than the alternative?? 'quite raw' is interesting- raw is powerful and naked/painful? Implies trauma/violence/burning-intense heat? But 'quite' doesn't seem to fit with this- how can it be quite raw. What is the risk of

	um, and emotional at times, erm, and I think, what we, what I said, at the very beginning about, being in a new place, meeting new people, has probably given me a lot of the space to, just do things differently, and kind of, yeah, ex, explore my sexuality and have that space to, yeah, realise that I'm gay, and, I'm really grateful for that actually, um. Because I think it would have sucked if I went my whole life that I was straight. (all said laughing) How miserable I was. Um, Yeah. I also think it has made it.. quite hard at times, I think it's so challenging, that, um, you know, that, kind of **extra emotional work that you're doing behind the scenes**, **just makes that like coming into placement that much harder, erm, yeah, there's that real vulnerability**, erm,"	being forceful or really acknowledging or stating pain? This is a really strong recurrent theme- so much use of 'qualifiers' to minimise.
7	"because I had suspected from her tattoos, from her pride tattoos, that she possibly was part of the community, but she would have had no clue about me, and I wasn't gonna, you know talk about it on placement because it's just, I'm only there for a few months and I'm moving on, it's **not fairly easy** to 'out', anyway, so we ended up talking about, erm our experiences in the t, like, she's told me about how she came out to her team and stuff like that and then the next supervision a week later she went, 'I really, need to tell you about this, but I'm best friends with so-and-so', I was like, oh no, someone I'd dated like 4, 5 years ago. So, erm, I was just thinking, 'oh, shit, she knows all about me about what happened, she knows', you know. But actually when we talked about it in supervision afterwards. that relationship did not go very well, so that is why it brought up all these, awful emotions and memories and I was really upset for about a day, for a whole day I was really upset about it. and I'm saying, how am I going to manage this for the rest of placement. And so I brought it up again in supervision, but I was like, we definitely need to air this, and talk about, you know, the elephant in the room kind of thing. Erm, and I told her I felt embarrassed, erm, and the feelings I was feeling, and I'm really open in supervision." "And she was, she also had the same worries about me, that I would know a lot about her history, which I didn't as much , I just knew of her. So she was also, like kind of, also saying, you possibly know things about me that I wouldn't want a trainee knowing. So it was almost like that, that connection outside of work, that we'd had like 6 degrees of separation, only through one person, that one person, that one degree of separation." So small circles, and **small psychology circles and small gay circles, are what's to** blame for that interaction we had.	Stating both that 'I wasn't going to talk about it on placement, despite gay supervisor', and 'I'm really open in supervision'. I think she means she feels able to raise difficult topics in supervision, and she has a rule about not coming out in professional contexts and this rule includes time as a variable. Coming out is hard, especially in time-limited situations – perhaps coming out takes time? Wouldn't add to the quality of the placement? Isn't something that would Again this is talking about how your appearance, and the nature of queer community being small, means you may have less choice about which parts of yourself and your personal history and life you bring to work, and this can be a source of anxiety for people. 'to blame': I suppose I am wondering how this is different to 'why' but it shows how difficult it was for her, an undesirable event, something bad/unwanted/mistake? So the meaning she's taken from that, is that being part of a minority within a minority causes personal-professional overlap, and this isn't good? They should be kept separate, or it should be your choice?? Disclosing your SO should be a choice? Control? The inherent risk of coming out- maybe not even to straight people,

		even to gay people, there is risk around coming out?
	"I've just realised, that last week as part of a group, it's, sorry, it was after, somebody I worked with, an OT that I was working with in a group, my siri's just activated, erm, (sigh) she said, oh we have this training and it was amazing, it was really good. I can't remember why, but I said, 'well as being as part of the community' and I outed myself in this conversation! And it came naturally because you do just kind of talk about it naturally. But I realised, 'she didn't know that before.' Um, you know, so I don't mind people knowing, but it's not something that I'll join a team and go, 'Hi!!!!' (laugh) 'the only gay in the village', because I'm probably not, now I've found out my supervisor is, you know, I guess it's just if it's part of work then I'll say it, and if it's not part of work then I'll keep it quiet."	Again, this idea of 'natural', and I wonder about natural and heteronormativity. Is that (heterosexuality) what we are comparing with or using as a guide? Also here again we see this idea about 'not making a big deal, or announcing one's sexuality- that would be very unprofessional/uncouth/impolite/vulgar.
	"Yes I guess I'd say, you know, I might use the term girlfriend instead of partner, those sort of differences in languages, where you've got a **boundary** and if you feel it's ok to let that boundary go, I'd say girlfriend, those might be the sort of differences."	Safety, boundary, assessing the situation before coming out. Language-wise, the connotations of 'boundary' for me- it is associated with territory, home, ownership, inside/outside, us and them. Perhaps sexuality is inside the boundary, and that keeps you safe at work?
	"I think with the cohort, it probably came out quite quickly. Can't really remember coming out. But I probably said 'my girlfriend' quite freely, and thought, **I'm going to be with these people for three years, they're going to find out at one point, I don't mind saying it.** whereas, whereas yeah, the opposite, with placement, my first placement was ten months so, it did come out then, and I guess I went in, I actually, do you know, I actually went in to that first supervision, talking about these are my characteristics, because she was an Asian woman, so I wanted to kind of talk about our differences, and our similarities, as part of that supervisory relationship, um so we talked a lot about kind of, discrimination that we've faced or anything like that, or any potential discrimination and how to work within the team around that as well, so that was good, but yeah, **with this placement, because it was shorter, I thought unless it comes up, I'm not going to talk about.**	Again she's talking about time as a factor in the coming out decision, but in a slightly different way here- where it's more an inevitability: 'they're going to find out at one point'. Then later- if it's shorter time it may not come up, so not worth? Opening the boundary? This is that idea again that imagined rejection or discrimination is powerful and can have adverse effects on MH.
	If your first supervisor had been white, do you think you would have been the same? mmmmm. **no. I wouldn't have needed to have** that conversation first. Or I wouldn't have, or I guess **it would have been less relevant**, because there would have been more similarities, no! I don't even, **that's not even true, that's not even true is it!?** no, I think I went in with the, with the idea of, let's talk about our differences. Yeah.	Inclusion or difference or intersectionality or the graces, anyway something facilitates thinking about sexuality, or creates space to talk about it – there is a mindset or attitude or way of creating an environment/discussion that facilitates reflection on personal characteristics? Inc. sexuality and gender?

	"Um, we've, we've had a lot of teaching on, erm, social graces? Erm, so I've, and the, obviously that's the, you know, talking about it, there's a lot of prompts for us to think about it in the background, but also then to talk about it with services users, and talk about it in supervision. So It's almost like we've been given that prompt, we've been given that nod, that go-ahead to talk about it, it's important. So it'd come from there. D'you know what, interestingly, you've just mad me realise, obviously seeing my second supervisor, she's got a tattoo on her collarbone, you can just see it under her top, and it's obviously a pride one, I've picked up it's obviously a pride one, and I was like, 'ohhhh, I don't want her to know'"	I feel judgemental and annoyed that she can't name very easily why she didn't want to be out at work. To me it feels like shame? when outwardly she's talking about activism and pride. Part of me wants her to be quiet about it! Shhh, don't make a fuss about asexuals, they're such a small group- my internalised heterosexism. And I want her to have a more 'nuanced' approach (which could be my intellectualising as a defence against shame), like, are there any graces that this (psychodynamic) concept or idea doesn't fit for? Is there a way we could integrate ideas to work for them? Why do we think there wasn't space for it? i.e. what does asexuality represent? Could we think about the systemic or organisational defences that asexuality challenges? Sexual desire- represents what? Without it, which constructs or systems would be challenged in how they relate and the assumptions they make?
	"What she told me about how she came out in the team, was that she attended somebody's wedding, um, and took her partner as her plus one. So, she was just joking about the team didn't know, because I'd said, I haven't told anyone in the team, you're the only one who knows. And she said, well the team didn't know until I took my girlfriend to a wedding, like having a joke about how, it just doesn't come up in work unless you talk about personal stuff, erm. Erm I guess, I've not had a qualified supervi, you know, met a qualified supervisor, I had a supervisor in other jobs that I've had before training, so maybe that might just, it was the first encounter almost, but, was a barrier, I don't know."	Something about her finding pride, identity and drive in the fight and advocacy whilst being isolated? Potentially this supervisor or finding another lesbian in psychology, it could challenge this position and her ideas and identity and status- like they might have other ideas about how to handle it/could reinforce heteronormative values which would be doubly shaming?

8	"Yeah, and so I wanted, I very much wanted to do it. I hadn't really thought about how uncomfortable it might make me feel (laugh), or how I'd feel about working with, with men, and talking about sexual issues. I didn't think I'd be bothered, erm and I wasn't, like nothing particularly was that shocking, it was just more that I felt very kind of like, oh I don't even, I'm having to look up so much stuff, like I don't, you know, I don't quite know what… to do, and I don't feel like…whereas when I was working with, when I did get some female clients, you know, I could say stuff without having to have gone and like have done loads and loads of research because I knew some stuff already, and like women's health and stuff is something I'm interested in anyway, and so I had a bit more of background knowledge I guess."	She hadn't been aware of her own blind spots so much, and potentially (it could be argued) because it wasn't something that was specifically encouraged as a topic at university/the course, sort of luckily she had this placement, to highlight to her what impact her sexuality has on her lived experience and knowledge she can bring to placement, sort of limits of that.
	"Like, maybe, a bit of frustration? That I would have to, or and a little bit of, yes something about feeling a bit uncomfortable maybe with like just making like a big statement, like, I think I'm, I'm quite an extrovert but I also don't, I sometimes don't like drawing too much attention to myself, or making a big deal, maybe it feels like I'm making a big deal out of it. Like, and that's something I still think about now, I'm like, do I talk about being gay too much? Like, should I dial it back? Is there too much? And I don't' , I'm just talking about the people I'm dating, it's no different to anybody else."	Anger at having to stand out? Anger that pride is a thing? Some desire/wanting to be like everyone else maybe?
	"I think more just nervous that I'm going to do it, I don't really weigh it up that much. I've been relatively lucky I would say, and I've not experienced any overt homophobia at work, so I've not got those kind of experiences, to kind of massively put me off, I would say, doing it. but it's still that kind of like, you don't know what people's reactions will be, you don't know how people… will treat you or how they might view you slightly differently, or yeah, that, I think that's the maybe the pause that it gives me, but then I'm like, that's their problem, their problem not mine. And I should just talk about my life however I choose to talk about it. um, an hope .. And just don't make a big deal… Yeah. I just don't make a big deal out of it. I try to do it really casually (laugh)."	On reflection that is sad- the idea that she considers herself lucky not to have experienced homophobia. Like imagine if you switched homophobia for the word discrimination- "I'm lucky to not have had active discrimination at work". What an odd thing to feel lucky for? But it also implies part of her thinks homophobia is common perhaps then? And then she goes on to describe microaggressions or homophobia- that she'd been treated differently due to her sexuality.
	"It's like anxiety I think. Of like, being but anxiety of being too much, or like, not necessarily about being gay, just making too much of a something, being a bit too loud or too… in your face, or whatever, like, and being like, I don't know, I don't, there's maybe part of me doesn't want to be like, considered yeah, I don't know really like, politically gay or something. Which I don't even know if I know what that means, it just feels a bit like, somehow making a song and dance, making a big thing about it, makes it into something, that it's not, or that I'm not. It's definitely, it's definitely an anxiety thing, and I'm not entirely sure why or where it comes from."	This makes me feel deeply sad. And it very much resonates with me. To me, this sounds like shame. But she doesn't use the word shame. She uses the word anxiety about being viewed as essentially who she is? Or a caricature of 'lesbian'- because she also thinks this is bad? Here she is saying in my opinion, that heteronormativity or something, is making

	"Sometimes you need the invitation I think, to know that its' a space where that is, it is gonna be safe, and it is gonna be ok. And even though you can kind of know that intellectually because you know your like course mates are generally pretty cool people who are probably not going to be massively homophobic, that was never an assumption that I would have made, and yet there wasn't ever the space for kind of, thinking about it, erm, and so therefore, I never really felt like I could or wanted to."	sexuality and gender invisible as points to reflect on, it's not that people or institutions or UKCP are against LGBTQ+ it's that they don't think about it because the course is heteronormative.
	"And so sometimes I feel like perhaps it's almost doing people a little bit of a disservice, I mean obviously I'll do a fine job, but it, maybe, it would have been more helpful to have a male psychologist, ….. I just thought, 'god if we just had, if there was a bloke in the team, maybe he would feel more comfortable to open up a bit more, maybe it would feel a little bit more straightforward, and he'd engage more, maybe he wouldn't have, but, yeah, sometimes I think, it feels a bit frustrating to, not, yeah, it's not my, yeah, it's just the system, the number of women in psychology."	Perhaps she can see how important it can be to have a clinician who shares important characteristics with you, and therefore having a trainee population that mirrors our client population would make sense- but this would mean having more LGBTQ+ trainees, as they experiences greater health inequalities, and are overrepresented in MH services (or do not attend)
	"I mean, maybe in that, I don't know if I've ever really thought about myself like that. I guess I would think that I'm a clinical psychologist and I'm a woman, or and I'm a gay woman. I don't think I would have ever thought about myself, maybe it's partly though because the profession is dominated by women, it's not like, you know, in like lots of other industries they'll say like, 'a female jockey', and that sort of stuff really annoys me, no well, she's a jockey, what's her gender got to do with anything, other than it's a bit remarkable because there aren't very many women jockey's. so maybe it just doesn't really occur to me to describe or consider myself in that way."	How much is this view influenced by her experiences of the professional training course not actively encouraging discussion around gender and sexuality? Does this give the message that they aren't part of your professional identity?
	"I mean I would say, great, we need more, we need more people, but don't like, don't expect it to be like, super easy to talk about maybe, within the course like, you know I would say my experience of my coursemates you know, down the pub or whatever is fine, but I wouldn't expect to have lots of conversations about sexuality. Bit depressing- lower your expectations, or don't have any (laugh)."	This is again the idea that it is the courses' responsibility to say what is important/create space for topics such as sexuality and gender. Which ties into ideas about minorities 'doing the work for the majority', and that she doesn't have hope that this will change.

Appendix XV: Research Diary extracts

After first interview: I'm struck by how difficult it is to formulate questions and 'dig into' what people are saying without feeling like I'm replicating therapy. It did get easier as the interview went on, but the 'double think' is hard: I was noticing and trying to actively go against my assumptions i.e. when she said there were no issues, and only positive experiences, after asking 'can you tell me more' it felt awkward i.e. she was like, there's not much more to say sort of feeling. I didn't want to push in case that was my agenda i.e. I have found parts of training homophobic/heterosexist and I don't want to push this onto my participants. I wish I had dug more into why they felt it was positive, what made it positive etc.. to really flesh that out. I will try to ask more with the next one.

Whilst researching for part A: I'm finding researching for part A a bit frustrating, i.e. there aren't many papers, and again I'm finding almost everything is about LGBT people as clients. Which is sort of ok, and sort of annoying – are we just mentally ill/not therapists/not relevant? I'm worried people will get even more distant from me/relate to me even less, because I appear threatening when raising sexuality and queerness as a topic or issue. I wish this fear wasn't based on watching it happen/real events.

After first transcription: I can really see where I can improve, but also that I did catch some bits and get something from the interview. I think it's easy to get too close to it and feel like I have missed the most important parts. This topic is really personal- I feel the responsibility to represent these women and to get the most out of the project.

After second interview: actually I notice my position shifting- towards noticing how perhaps my view towards the terminology i.e. lesbian, is influenced by internal misogyny & homophobia. This is interesting, and changes how I relate to my relationship with the word. I.e. I can feel more compassion and understanding, and approach terminology with more openness. I don't have to use it, but I can speak more to my preference than I initially could.

After seventh interview: This topic is challenging for me. When people (colleagues, supervisors, peers, family, friends) ask me what my project is, I'm torn. Part of me wants to be proud and to stand up for my participants and 'people like me' but part of me is humiliated/shamed by the laughter and the questions I've had so far: "What is the point of that? What will that help? You didn't want to do a project that helped people? You didn't want to do something meaningful?". It's difficult because a large part of me strongly identifies with 'everyone else' and agrees, but a small part of me fiercely opposes those who can't see the worth in talking to people like me.

After first draft: I feel like I've done a good job, but it is hard not to feel a bit hopeless about the likely impact. I feel that what I have found is important and useful for the profession, and part of me feels like I should fight for people to hear it but part of me wants to hide away and not stand out for this part of my identity. It has been difficult to face my homophobia and focus intently on a topic which a large part of me wants to disown due to shame/fear. But it will make me a better psychologist, because I can see myself more clearly.

Appendix XVI: Author's positioning statement

The primary researcher typically identifies as a cis gay woman and was at the time of completing interviews and transcription, also completing the final year of the UKCP doctorate. They struggled as a young person, and during the doctorate with their sexual and gender identities and this had a significant negative impact on their mental health. Primarily their experience was informed by:

- not being perceived as 'feminine' within a heteronormative frame,
- a conflict between faith and sexuality,
- living and working in the UK and overseas in homophobic contexts where heterosexual and homophobic people were the only source of support and safety,
- longing to 'belong' and to be viewed as 'kin/unthreatening/good' by heterosexual people,
- having significant internalised homophobia and heteronormativity.

Much of the content described by participants deeply resonated with the primary researcher's own experiences, and some did not. Concerted effort was made to 'step back' from the material, and to reflect on the lenses which were potentially influencing interpretation to ensure differing experiences and interpretations were not overlooked, misinterpreted nor ignored.

Appendix XVII: Ethical Approval

This has been removed from the electronic copy

Appendix XVIII: Author's guidelines for journal preparation

Instructions for authors

Thank you for choosing to submit your paper to us. These instructions will ensure we have everything required so your paper can move through peer review, production and publication smoothly. Please take the time to read and follow them as closely as possible, as doing so will ensure your paper matches the journal's requirements.

About the Journal

Journal of Homosexuality is an international, peer-reviewed journal publishing high-quality, original research. Please see the journal's Aims & Scope for information about its focus and peer-review policy.

Please note that this journal only publishes manuscripts in English.

Journal of Homosexuality accepts the following types of article:

- Research Article

Open Access

You have the option to publish open access in this journal via our Open Select publishing program. Publishing open access means that your article will be free to access online immediately on publication, increasing the visibility, readership and impact of your research. Articles published Open Select with Taylor & Francis typically receive 95% more citations* and over 7 times as many downloads** compared to those that are not published Open Select.

Your research funder or your institution may require you to publish your article open access. Visit our Author Services website to find out more about open access policies and how you can comply with these.

You will be asked to pay an article publishing charge (APC) to make your article open access and this cost can often be covered by your institution or funder. Use our APC finder to view the APC for this journal.

Please visit our Author Services website if you would like more information about our Open Select Program.

*Citations received up to 9th June 2021 for articles published in 2016-2020 in journals listed in Web of Science®. Data obtained on 9th June 2021, from Digital Science's Dimensions platform, available at https://app.dimensions.ai
**Usage in 2018-2020 for articles published in 2016-2020.

Peer Review and Ethics

Taylor & Francis is committed to peer-review integrity and upholding the highest standards of review. Once your paper has been assessed for suitability by the editor, it will then be double blind peer reviewed by independent, anonymous expert referees, each delivering at least one report. If you have shared an earlier version of your Author's Original Manuscript on a preprint server, please be aware that anonymity cannot be guaranteed. Further information on our preprints policy and citation requirements can be found on our Preprints Author Services page. Find out more about what to expect during peer review and read our guidance on publishing ethics.

Preparing Your Paper

Article Types

Research Article

- Should be written with the following elements in the following order: title page; abstract; keywords; main text introduction, materials and methods, results, discussion; acknowledgments; declaration of interest statement; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list)
- Should be no more than 10,000 words, inclusive of:
    - Abstract
    - Tables
    - References
    - Figure or table captions
    - Footnotes
    - Endnotes
- Should contain an unstructured abstract of 200 words.
- Should contain between 5 and 7 **keywords**. Read making your article more discoverable, including information on choosing a title and search engine optimization.

Style Guidelines

Please refer to these quick style guidelines when preparing your paper, rather than any published articles or a sample copy.

Please use American spelling style consistently throughout your manuscript.

Please use double quotation marks, except where "a quotation is 'within' a quotation".

Please note that long quotations should be indented without quotation marks.

Formatting and Templates

Papers may be submitted in Word format. Please do not submit your paper as a PDF. Figures should be saved separately from the text. To assist you in preparing your paper, we provide formatting template(s).

Word templates are available for this journal. Please save the template to your hard drive, ready for use.

If you are not able to use the template via the links (or if you have any other template queries) please contact us here.

References

Please use this reference style when preparing your paper. An EndNote output style is also available to assist you.

Taylor & Francis Editing Services

To help you improve your manuscript and prepare it for submission, Taylor & Francis provides a range of editing services. Choose from options such as English Language Editing, which will ensure that your article is free of spelling and grammar errors, Translation, and Artwork Preparation. For more information, including pricing, visit this website.

Checklist: What to Include

1. **Author details.** Please ensure all listed authors meet the Taylor & Francis authorship criteria. All authors of a manuscript should include their full name and affiliation on the cover page of the manuscript. Where available, please also include ORCiDs and social media handles (Facebook, Twitter or LinkedIn). One author will need to be identified as the corresponding author, with their email address normally displayed in the article PDF (depending on the journal) and the online article. Authors' affiliations are the affiliations where the research was conducted. If any of the named co-authors moves affiliation during the peer-review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after your paper is accepted. Read more on authorship.
2. You can opt to include a **video abstract** with your article. Find out how these can help your work reach a wider audience, and what to think about when filming.
3. **Funding details.** Please supply all details required by your funding and grant-awarding bodies as follows:
   For single agency grants
   This work was supported by the [Funding Agency] under Grant [number xxxx].
   For multiple agency grants
   This work was supported by the [Funding Agency #1] under Grant [number

xxxx]; [Funding Agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx].

4. **Disclosure statement.** This is to acknowledge any financial or non-financial interest that has arisen from the direct applications of your research. If there are no relevant competing interests to declare please state this within the article, for example: *The authors report there are no competing interests to declare*. Further guidance on what is a conflict of interest and how to disclose it.
5. **Supplemental online material.** Supplemental material can be a video, dataset, fileset, sound file or anything which supports (and is pertinent to) your paper. We publish supplemental material online via Figshare. Find out more about supplemental material and how to submit it with your article.
6. **Figures.** Figures should be high quality (1200 dpi for line art, 600 dpi for grayscale and 300 dpi for color, at the correct size). Figures should be supplied in one of our preferred file formats: EPS, PS, JPEG, TIFF, or Microsoft Word (DOC or DOCX) files are acceptable for figures that have been drawn in Word. For information relating to other file types, please consult our Submission of electronic artwork document.
7. **Tables.** Tables should present new information rather than duplicating what is in the text. Readers should be able to interpret the table without reference to the text. Please supply editable files.
8. **Equations.** If you are submitting your manuscript as a Word document, please ensure that equations are editable. More information about mathematical symbols and equations.
9. **Units.** Please use SI units (non-italicized).

Using Third-Party Material

You must obtain the necessary permission to reuse third-party material in your article. The use of short extracts of text and some other types of material is usually permitted, on a limited basis, for the purposes of criticism and review without securing formal permission. If you wish to include any material in your paper for which you do not hold copyright, and which is not covered by this informal agreement, you will need to obtain written permission from the copyright owner prior to submission. More information on requesting permission to reproduce work(s) under copyright.

Submitting Your Paper

This journal uses Routledge's Submission Portal to manage the submission process. The Submission Portal allows you to see your submissions across Routledge's journal portfolio in one place. To submit your manuscript please click here.

Please note that *Journal of Homosexuality* uses Crossref™ to screen papers for unoriginal material. By submitting your paper to *Journal of Homosexuality* you are agreeing to originality checks during the peer-review and production processes.

On acceptance, we recommend that you keep a copy of your Accepted Manuscript. Find out more about sharing your work.

Publication Charges

There are no submission fees, publication fees or page charges for this journal.

Color figures will be reproduced in color in your online article free of charge. If it is necessary for the figures to be reproduced in color in the print version, a charge will apply.

Charges for color figures in print are £300 per figure ($400 US Dollars; $500 Australian Dollars; €350). For more than 4 color figures, figures 5 and above will be charged at £50 per figure ($75 US Dollars; $100 Australian Dollars; €65). Depending on your location, these charges may be subject to local taxes.

Copyright Options

Copyright allows you to protect your original material, and stop others from using your work without your permission. Taylor & Francis offers a number of different license and reuse options, including Creative Commons licenses when publishing open access. Read more on publishing agreements.

Complying with Funding Agencies

> We will deposit all National Institutes of Health or Wellcome Trust-funded papers into PubMedCentral on behalf of authors, meeting the requirements of their respective open access policies. If this applies to you, please tell our production team when you receive your article proofs, so we can do this for you. Check funders' open access policy mandates here. Find out more about sharing your work

APPENDIX Report to Salomons Ethics panel

Dear…

I am writing to describe the findings of my research (V:\075\Ethics\2020-21) for which you granted ethical approval on 2nd March 2021.

The study used Interpretive Phenomenological Analysis to explore in-depth the impact of sexuality and gender on lesbian trainee clinical psychologists' experiences of training.

Eight women were recruited and completed interviews. Coding revealed three super-ordinate themes, and nine sub-themes:

Rationalising (in) Silence: describes some of the internal mental processes participants engaged in around having a MSO and being on a UKCP training course.

- *Training on the edge*

Participants described being 'on the edge' emotionally and figuratively during training. Furthermore, trainee's positions were somewhat 'absolute' and polarised, occupying conceptual edges.

- *The stage I'm at and the life I've lived*

Participants reflected on how the relationship they had with their sexuality and gender, and the context of their personal history, influenced their experiences on training.

- *That's neither relevant nor appropriate*

Participants talked about the limited time devoted, (if any), to reflecting on sexuality and gender in relation to their professional practice outside of specialist placements. Some participants attributed this to the nature of sexuality and gender as topics; questioning their relevance in clinical psychology, or if they are 'taboo' or 'private' and therefore inappropriate topics.

Working with and within: describes the ways in which participants navigated working with others within the systems and institutions of clinical psychology training.

- *Friend or foe?*

Most participants presented as very keen to emphasise how they had not experienced any overt homophobia from peers, staff or colleagues whilst on training and therefore felt

sexuality was accepted within clinical psychology. However, all participants described choosing not to disclose or discuss sexuality with some supervisors, colleagues or peers.

- *Standing up and standing with*

Some participants described how their experiences of sexuality motivated them to 'standing up', and engaging in activism, or challenging others and 'fight' for what they felt was important.

- *Standing back; the echoes of pathology*

Some participants described a strong desire to minimise their homosexuality; they wished not to draw attention to, nor place importance on, this part of their identity.

The building blocks are there: speaks to the ideas, hopes and dreams participants had around sexuality and clinical psychology training moving forward which perhaps sheds some light on unmet needs.

- *Representation matters; we need to stick together*

Most participants described the positive effect of representation within the profession on their own relationship with their sexuality on training. Five participants reported not knowing any queer female psychologists, and the majority of participants' 'role models' were members of the LGBTQ community within their own cohorts.

- *An Extra Spice*

Participants described their perception of the benefits of their sexual identity and related experience, some highlighting the unique value or 'extra spice' they felt it gave them as a clinical psychologist. Having a minority sexual orientation meant having access to a 'lens' which highlighted injustice and hardship both sexuality-specific, such as mental health inequalities for LGBTQ people, and more generally in relation to other minoritised groups in the UK who may face discrimination or feel 'othered'.

- *Hope for the Future*

Most participants spoke to a desire for things to be different in the future, regardless of whether they reported difficulties related to their sexuality on training or not. Participants hoped training courses would continue to diversify, and to embrace and place more emphasis on multiple areas of intersectionality, drawing from some of the changes which have followed the Black Lives Matter (BLM) movement in relation to talking about race.

Clinical Implications:

This study suggests creating space to support reflection around sexuality and gender may be especially important for lesbian/gay female trainees, who may experience additional stressors whilst on training. Training programmes could provide more explicit space to reflect on sexuality and gender for all trainees, acknowledging and directly facilitating thinking about heteronormativity, stigma and sexism. It is not just about the absence of overt discrimination.

Affirming and destigmatising actions, environments and experiences can promote and support reflection and acceptance, reducing shame. This would ideally support MSO trainees mental health and the longevity of their practice, but also *all trainees* to think about these factors in their personal professional development and practice. As one participant pointed out; training is ideally the most supportive and appropriate place to reflect on prejudice you may unknowingly have held, assumptions you may have made, and discrimination you may have overlooked, supported or enacted.

Similar to affirmative therapy, where Clinical Psychologists adopt an 'affirmative' stance in relation to LGBTQ clients (Litam & Speciale, 2021) to promote reflection and reduce minority stress (Freeman-Coppadge & Langroudi, (2021) UKCP training courses may benefit from thinking about the ways in which they could adopt an affirmative stance towards their LGBTQ trainees, beyond rainbow flags.

Yours Sincerely,
Frankie Withers