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Emotional Intelligence Profiles among Lesbians, Gays and Bisexuals (LGB) People: Their Influence on Mental Health, Life Satisfaction, Self-esteem and the Development of Sexual Identity

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Abstract

Introduction Many studies have focused recently on the negative impact of homophobia or biphobia, seeking to identify protective factors for the LGB (lesbian, gay, and bisexual) community.

Methods The present study aims to identify emotional intelligence (EI) profiles among a sample of 1215 LGB people in order to determine whether significant differences exist between them in terms of mental health, life satisfaction, self-esteem, and the development of sexual identity. To analyse the differential effect of EI on the variables, four cluster profiles were defined by combining the three dimensions of EI (attention, clarity, and repair). The first profile had low levels in all three dimensions; the second had high attention and low repair; the third had high general EI and the fourth had low attention and high repair.

Results Significant differences were observed among profiles ($p<.001$; $\eta^2=0.126$). Those with high EI indexes reported less anxiety and depression and had better levels of self-esteem, life satisfaction and acceptance of their non-normative sexual identity. Those with low rates in all areas of EI or high levels of attention were at risk of developing psycho-emotional problems.

Discussion We can conclude that different EI profiles exist among LGB community and that these profiles influence mental health, life satisfaction and self-esteem outcomes and identity development in different ways.

Policy Implications The findings reported here have practical policy implications for psychoeducational proposals and interventions aimed at improving the experiences of LGB people, particularly in terms of promoting individual characteristics that can help them cope with systematic oppression, such as emotion repair.

Keywords Emotional intelligence · Mental health · Life satisfaction · Self-esteem · Identity development · LGB

Introduction

LGB (Lesbian, Gay, and Bisexual) people face numerous challenges that can adversely affect their physical and psycho-emotional health and well-being (Flores et al., 2022; Peel et al., 2022; Riggle et al., 2017). According to Flores et al., (2020, 2022) and Hafeez et al. (2017), members of the LGB community are exposed to a high level of psychosocial risk due to the oppression of a system that judges any sexual orientation except heterosexuality. In this context, without the necessary resources or support, their situation may, over time, become chronic and give rise to high levels of psychiatric morbidity (Hoy-Ellis, 2021).

One of the most prominent psychosocial paradigms of the risks faced by sexual minorities is the minority stress model. Through his theory of minority stress, Meyer (2003) posited that social minorities are victims of different sources of stress. On the one hand, general stressful events that affect everyone; and on the other hand, additional stressors (i.e. those not experienced by other population groups) coming from a non-inclusive society that may have a negative impact on their mental health and well-being (Frost & Meyer, 2023). Focusing specifically on the LGB population, this author argued that, since they break away from heteronormative stereotypes, they face multiple unique challenges all along a distal–proximal continuum due to the influence of a hostile and non-inclusive climate dominated

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by heteronormativity (Baiocco et al., 2023; Li et al., 2023). Distal stressors (contextual stressors such as harassment and the denial of rights), which often take the form of insults, rejection or micro-aggression, affect the entire minority group in a range of social spheres (e.g. work, education) (Flores et al., 2022). For their part, proximal stressors (rumination, suppression and self-stigma) develop as a result of the subjective internalisation of those adverse social events and behaviours (Frost & Meyer, 2023; Martínez et al., 2022).

This model, in fact, does not demonstrate that stressful situations are directly linked to poor mental health in people from minorities, but rather confirms that stress, generated by complex social-cultural experiences occurring over time, may cause chronic (medium and long-term) mental health deficits (Meyer, 2003; Ribeiro-Gonçalves et al., 2024). In this case, in comparison with their heterosexual counterparts, the extant literature confirms a stronger trend among LGB people to develop mental health disorders (anxiety and low self-esteem), low satisfaction, risky behaviours (self-harming, substance abuse and suicide) and difficulties linked to the development of their sexual identity (Flores et al., 2022; Hoy-Ellis, 2021; Peel et al., 2022; Tolmacz et al., 2023).

According to Hatzenbuehler (2009), stigma-related stress has harmful general consequences (such as rumination, for example) that are not specific to the LGB population, and which result in psychopathology in individuals with emotional deficits. Indeed, in a community sample of 4248 individuals, Timmins et al. (2020) found that trauma in the form of prejudice, discrimination or lack of affect was significantly associated with psychological distress and psychopathology among the LGB population, particularly those with a strong propensity towards rumination. In a sample of 157 LGBTQ+[1] people, Keating and Muller (2020) also found that, alongside rumination, poor emotion repair may directly result in high levels of anxiety, depression and post-traumatic stress. Other studies also confirm that minority stress and difficulties managing and repairing affective states are risk factors in sexual minorities, particularly among young people (Caba et al., 2023; Hafeez et al., 2017), who report increased psychological distress and isolation, and more risky sexual relations and dangerous behaviours such as alcohol and drug abuse (Mann et al., 2022).

In this sense, empirical research is aware that the real problem to struggle against and eradicate are homophobia and biphobia, which results in prejudice and different forms of symbolic and structural violence and has a negative impact on the mental health and well-being of the LGB people (Flores et al., 2022; Hafeez et al., 2017; Ribeiro-Gonçalves et al., 2024). However, an increasing number of studies have tried, in parallel, to find ways of enabling sexual minorities to cope better with stigma and reduce its impacts on mental health, life satisfaction and self-esteem. Especially since personal, interpersonal, and community skills, competences, and resources have been confirmed as key mediating factors in the relationship between systemic oppressive attitudes and mental health outcomes (Baiocco et al., 2023).

Emotional Intelligence: A Protective Factor Against Homophobia and Biphobia

A new area of research has recently opened up that aims to explore and provide a response to LGB experiences from a less pathological perspective, beginning by focusing on the protective role played by variables such as emotional intelligence (EI) (Arsyane & Aishah, 2015; Mîndru & Năstasă, 2017). According to Mayer and Salovey (1997), EI is a meta-skill made up of three independent yet complementary elements that enable individuals to manage their affective states: the ability to pay attention to one's own and other people's emotions (emotional attention), the ability to clearly identify said emotions (emotional clarity), and the ability to effectively regulate one's emotions (emotion repair). Indeed, the way in which individuals develop these three factors significantly determines their mental health, life satisfaction and self-esteem outcomes (Millán-Franco et al., 2020).

In the general population, several different EI profiles have been found, with the characteristic pattern of those with high levels of EI being moderate scores in emotional attention and high scores in emotional clarity and repair (Fernández-Berrocal et al., 2004; Millán-Franco et al., 2020; Sánchez-Álvarez et al., 2016). Previous studies, in general, have identified four EI profiles with a cluster analysis, following empirical recommendations that suggested studying both high and low levels of EI as well as the differential role of attention and emotional repair. In this regard, Martínez-Monteagudo et al. (2019) found that those in which high levels of emotional repair was accompanied by moderate levels of attention had significantly better mental health, life satisfaction and self-esteem outcomes. This study therefore confirmed the key role played by sub-dimensions such as emotional attention and repair. In fact, in line with previous studies, it shows that low or excessively high levels of emotional attention are associated with different mental disorders, such as anxiety, depression and rumination (Sánchez-Aragón, 2020), and adequate levels of emotion repair are associated with cognitive processes that lead to positive psychological functioning (Millán-Franco et al., 2020; Sánchez-Álvarez et al., 2016). Other studies have also associated emotion repair with high self-esteem (Aguilar-Rivera et al., 2014), optimism, resilience (Sánchez-Aragón, 2020)

[1] In this work, we generally use the acronym LGB except in some specific cases where we refer to the sample of another study and we respect the acronym used in that study.

and life satisfaction and healthier living habits (Acebes-Sánchez et al., 2019). In relation to the LGB community, however, there are still many gaps in our knowledge of the benefits and implications of this (Mîndru & Năstasă, 2017).

The study of EI in the LGB community should be a key focus in a context characterised by the need to explore their lives and experiences from a more positive and resilient perspective (Fonseca et al., 2017; Strizzi et al., 2016), viewing stress and discrimination as opportunities for growth and development (Keating & Muller, 2020; Riggle et al., 2017). Hatzenbuehler (2009) not only hypothesised that exposure to stigma leads to rumination, but also argued that, according to the Psychological Mediation Model, by reducing an individual's negative or repetitive cognitions, effective coping or regulation of affective states can actually give rise to better mental health and self-esteem outcomes. Similarly, Chang et al. (2021) and Rogers et al. (2017) highlighted the role played a good understanding and management of one's own moods (or in other words, the search for emotional balance), as a protective factor that helps reduce or even reverse the impact of minority stress in a non-inclusive context.

More recently, authors have begun to focus specifically on EI. In a study with 120 gay men, Arsyane and Aishah (2015) found that, despite the influence of the heterosexist environment, those with better levels of EI managed to develop different aptitudes that enabled them to cope better with homophobic or biphobic events. Moreover, high scores in EI were positively associated with variables linked to better psycho-emotional status and better development of one's sexual identity. For their part, Mîndru and Năstasă (2017) found that the correct development of the different components of EI is fundamental not only for fostering the psycho-cognitive adjustment that prepares each individual for coming out and accepting their own LGB identity, but also for improving attitudes towards sexual diversity among the heterosexual population. In both studies, however, the authors point out that very little empirical attention has been paid to the emotional competences of the LGB community.

Based on the information gathered during our review of the literature, the present study has two main aims. First, to identify different EI profiles in a sample of LGB people, based on different combinations of the degree to which each of the three dimensions has been developed, following the proposal made by Martínez-Monteagudo et al. (2019), we expect to confirm the existence of at least four EI profiles: (1) a profile with low scores in all three dimensions of EI and (2) a profile with high scores in all dimensions; as well as (3) a profile with high scores for emotional attention and low scores for emotional clarity and repair, and (4) a profile with low scores for attention and high scores for clarity and repair. Second, after identifying and defining the profiles, we aim to analyse their relationship with mental health, life satisfaction, self-esteem and identity development in order to identify what individual characteristics can help LGB people cope with systemic oppression. Based on previous findings (Acebes-Sánchez et al., 2019; Millán-Franco et al., 2020), we expect to find that the profile with low global EI scores (1) and the one with high scores for attention (3) are associated with higher levels of anxiety and depression, lower life satisfaction and self-esteem and more identity uncertainty. In contrast, we expect the profile with high global EI scores (2) and the one with high scores for clarity and repair (4) to have better mental health, life satisfaction, self-esteem and identity acceptance scores.

Materials and Methods

Participants

We used a convenience sample of 1,215 emerging adults recruited through different LGB associations in Spain. In terms of gender, 48.7% identified as women, 45.58% as men and 5.72% checked other options. In terms of sexual orientation, 41% identified as bisexual, 30.7% as gay and 28.3% as lesbians. Participants were aged between 17 and 25 years ($M = 23.22$, SD = 7.42); in addition, the majority acknowledged that they lived in a large city of more than 50,000 inhabitants (50.4%), that they were studying (57.1%) and that they had a monthly income of less than 1000 euros (55.4%).

All were asked to complete a voluntary and anonymous self-report questionnaire (15 min) designed ad hoc for the present study. In addition to sociodemographic data (e.g. sex assigned at birth, sexual orientation, age, place of residence and academic situation), the questionnaire also included other items about EI, heath and identity.

Variables and Instruments

Emotional intelligence (EI): EI was measured using the Spanish version of the *Trait Meta-Mood Scale-24* (Fernández-Berrocal et al., 2004), mainly because it was the most widely used among studies focused on analysing EI profiles. This 24-item self-report instrument was designed and standardised by Mayer and Salovey (1997) after determining that EI was an ability that could be measured in a self-reporting manner. It uses a Likert-type scale (1 = totally disagree to 5 = totally agree) to measure three independent dimensions of EI: emotional attention, emotional clarity and emotional repair. An example of an item is 'I pay a lot of attention to my feelings'. The original version had sound psychometric properties and, in the present study, the reliability scores for each factor were also adequate ($\alpha = 0.91$, $\alpha = 0.89$ and $\alpha = 0.90$, respectively).

Mental health: Anxiety and depression were the variables used to measure mental health. To measure these variables, following the international study by Shevlin et al. (2022), we used the Spanish versions of the *9-item Patient Health Questionnaire* (PHQ-9) and the *7-item Generalised Anxiety Disorder Scale* (GAD-7), both developed by Pfizer (w. d.). The two scales present diverse symptoms and ask respondents to rate the frequency with which they have experienced each one over the past two weeks. Responses are given on a Likert-type scale ranging from 0 = 'Never' to 3 'Every day'. An example item for depression is: 'Feeling down, depressed or hopeless', and for anxiety: 'Feeling nervous, anxious or on edge'. As in the study by Shevlin et al. (2022), the scales were found to have adequate psychometric properties ($\alpha = 0.91$ and $\alpha = 0.89$, respectively).

Life satisfaction and self-esteem. The first was measured using the Spanish version of the Satisfaction With Life Scale (SWLS) (Diener et al., 1985) by Atienza et al. (2000), which includes items such as 'I feel satisfied with my life'. The reliability of the scale in this study was $\alpha = 0.88$. The second variable was measured using the Spanish version of the 10-item Self-esteem scale ('In general, I am satisfied with myself') originally developed by Rosenberg (1985), and later used by Martxueta (2012) with adequate psychometric properties ($\alpha = 0.88$). In both cases, answers are given on a 5-point Likert-type scale (1 = totally disagree, 5 = totally agree).

LGB Identity Development: LGB identity development was measured using the Spanish version of the Identity Scale (EDOS-LGB) by Vinces-Guillén (2016). The scale comprises two opposing factors that together determine respondents' level of identity development: uncertainty (concern about acceptance) and acceptance (positive perception). Responses are given on a 5-point Likert-type scale (1 = totally disagree, 5 = totally agree) and item examples include "Accepting that I am LGB has been a slow process" and "Being LGB is a very important aspect of my life", respectively. The internal consistency values obtained were $\alpha = 0.89$ and $\alpha = 0.86$.

Procedure

An introductory letter was sent out to different LGB associations in Spain to request their collaboration in disseminating the survey. Said letter outlined the study's aims, described the survey instrument (emphasising its anonymous and voluntary nature), specified the estimated time required for completion (15 min), provided the link to the questionnaire and the commitment document for dissemination that associations were asked to sign and return to the PI before publishing the questionnaire on their virtual platforms and social media sites. Using the link provided by the associations, users accepted the informed consent form and completed the survey online through Google Forms, a virtual platform that enables you to create and disseminate forms. The entire procedure and all the resources used to collect the data were previously verified and approved by the Ethics Committee at the University of the Basque Country (CEISH, M10_2021_140).

Data Analysis

Once the data had been digitised and refined, and after eliminating outliers, a K-means cluster analysis was performed to identify the EI profiles and group participants in accordance with their shared characteristics. To this end, we used the scores obtained in the three dimensions of EI assessed using the TMMS-24 (attention, clarity and repair). After establishing the groups, we described and compared their mental health (anxiety and depression), life satisfaction and self-esteem results and identity development (uncertainty and acceptance) through descriptive, correlational and comparative analyses (ANOVAs and MANOVAs), using SPSS v.28. We also calculated the effect sizes of the most significant cases using Cohen's *d*, in accordance with the following criteria: no effect ($d \leq 0.20$), small effect ($d = 0.21$–0.49), moderate effect ($d = 0.50$–0.70) and large effect ($d \geq 0.80$) (Cohen, 2013).

Results

The descriptive statistics and correlation matrix are presented in Table 1.

Identification of EI Profiles

Different theoretical and empirical criteria were taken into account to determine the appropriate number of groups for analysing the data. First, we analysed whether a convergent solution was reached prior to the 10 iterations established for the hypothetical four-group model. We also analysed concordance between the chosen model and the study hypotheses.

An initial three-group cluster analysis identified one group of LGB participants with low EI levels, another with high mean levels in all three dimensions and a third group with high levels of emotional repair. However, this analysis did not reflect the differential role identified in the literature for attention to affective states and their repair (Millán-Franco et al., 2020). Consequently, the four-cluster formula was chosen as the optimum convergent solution.

To ensure a correct definition, the means of each cluster for each of the three dimensions of EI were typified and then compared. The results indicate that the first group (cluster 1), which accounted for 7.7% of the sample group, was

Table 1 Descriptive statistics and correlations between the study variables

	1	2	3	4	5	6	7	8	9
1. Attention	–								
2. Clarity	.13**	–							
3. Repair	.290**	.52**	–						
4. Anxiety	−.06*	−.34**	−.41**	–					
5. Depression	−.06*	−.32**	−.41**	.65**	–				
6. Life satisfaction	.12**	.42**	.44*	−.55**	−.53**	–			
7. Self-esteem	.09**	.51**	.53**	−.49**	−.52**	.64**	–		
8. Uncertainty	.07*	−.19**	−.17**	.28**	.29**	−.31**	−.40**	–	
9. Acceptance	.12**	.29**	.32**	−.29**	−.28**	.35**	.32**	−.31**	–
M	25.84	27.07	27.64	4.91	4.87	15.74	31.78	21.61	19.00
SD	7.78	6.98	6.85	3.78	5.19	5.04	9.76	7.42	5.09

*$p \leq .05$; **$p \leq .001$

characterised by low scores in all three dimensions of EI (low EI); the second group (cluster 2), which accounted for 27.2% of participants, was characterised by high scores for attention and low scores for the other two dimensions of EI (high attention); the third group (cluster 3), which accounted for 41.7% of participants, was characterised by high scores in all three dimensions of EI (high EI); and finally, the fourth group (cluster 4), which accounted for 23.5% of participants, was characterised by low scores for attention and high scores for clarity and repair (high repair) (Fig. 1).

Intergroup Differences in Mental Health, Life Satisfaction, Self-esteem, and Identity Development

The MANOVA performed for all the variables, Pillai's trace 0.371, $F_{(3,1212)} = 28.99$, $p < 0.001$, revealed significant differences in mental health and identity development in accordance with EI profile, with a large effect size ($\eta^2 = 0.126$). Consequently, we proceeded to explore both general differences between the clusters in terms of the different dimensions of EI (and their effect sizes), and the most striking specific differences between the different groups.

Figure 2 and Table 2 show the significant differences found between groups in terms of anxiety, with a large effect size ($p < 0.001$; $\eta^2 = 0.148$). Specifically, those in the low-EI cluster, followed by those in the high-attention cluster, had significantly higher values ($M = 8.02$; SD = 3.21; $p < 0.001$; $d = 1.32$, and $M = 6.26$; SD = 3.39; $p < 0.001$; $d = 0.53$, respectively) than those in the high-EI cluster ($M = 3.46$; SD = 3.63). The same trend was observed in relation to depression ($p < 0.001$; $\eta^2 = 0.142$), with those scoring low for attention, clarity and repair (low EI) perceiving themselves as being more depressed ($M = 9.27$; SD = 5.96; $p < 0.001$; $d = 1.19$) than the rest (high EI: $M = 2.98$; SD = 4.46).

Statistically significant differences were also observed between clusters for life satisfaction ($p < 0.001$; $\eta^2 = 211$). People who measure high on EI scale (high EI) scored significantly higher ($M = 17.92$; SD = 4.44) than both those with good levels of emotional repair (high repair: $p < 0.001$; $d = 0.41$) and those in the other clusters (low EI: $p < 0.001$; $d = 1.67$, and high attention: $p < 0.001$;

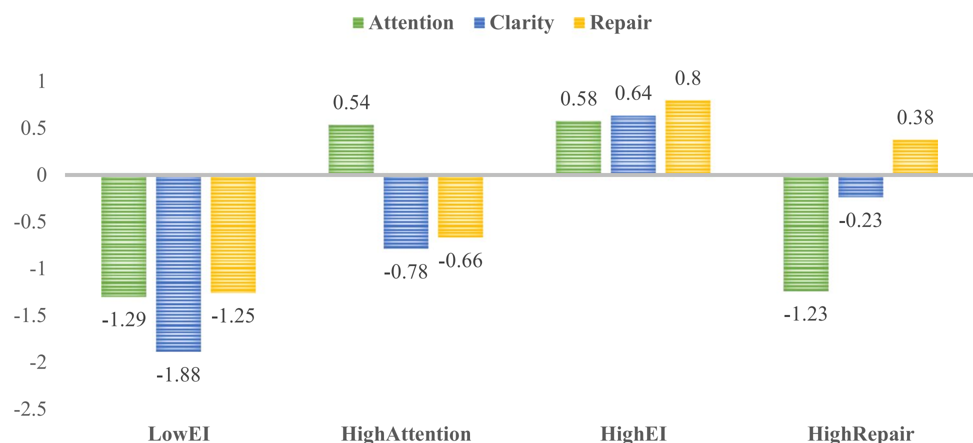

Fig. 1 Graphic representation of the four emotional intelligence clusters (z scores)

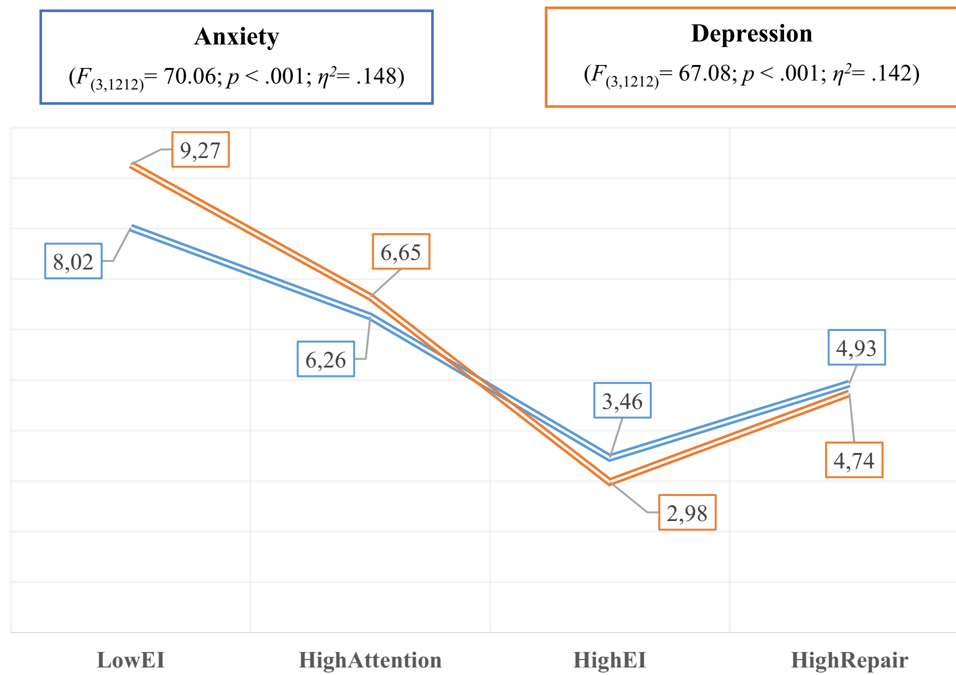

Fig. 2 Means for mental health, significance and effect size

$d = 0.99$). Similar results were observed for self-esteem ($p < 0.001$; $\eta^2 = 0.298$). Specifically, the high-EI cluster ($M = 36.80$; SD = 7.61) had significantly higher scores than clusters with poorer EI scores: low EI ($M = 19.99$; SD = 9.58; $p < 0.001$; $d = 1.94$) and high attention ($M = 26.68$; SD = 8.19; $p < 0.001$; $d = 1.28$) (Figs. 2 and 3).

Finally, the results for identity development revealed significant differences ($p < 0.001$) in both uncertainty ($\eta^2 = 0.077$) and acceptance ($\eta^2 = 0.142$). In the first case, it was those in the group most prone to rumination and with the poorest capacity for repair (high attention: $M = 23.80$; SD = 7.18) who expressed more concern about their LGB identity than their counterparts in the high-EI ($p < 0.001$; $d = 0.78$) and high-repair clusters ($p < 0.001$; $d = 0.36$). In the second case, it was those in the high-EI cluster who scored highest ($M = 20.99$; SD = 3.91; $p < 0.001$; $d = 1.24$), with the difference between them and those in the low-EI cluster ($M = 14.74$; SD = 5.94) being particularly striking (Fig. 4).

Discussion

The present study makes a pioneering and necessary contribution to the study of the factors that have a positive impact on the lives and experiences of LGB people. Specifically, it contributes to developing the theoretical-empirical framework that shows the benefits associated with developing emotional competences in general, and EI in particular, especially for those belonging to sexual minorities, a field of study that has received very little attention to date (Arsyane & Aishah, 2015; Mîndru & Năstasă, 2017).

In terms of the study's first aim, the results show the existence of significantly different EI profiles among LGB people, in accordance with the level of development of each dimension of EI in each sub-scale. In this case, possibly due to the fact that our sample is one of the largest groups of LGB people studied to date in Spain, the cluster analyses (K-means) identified four profiles. The first

Table 2 Means and standard deviations for the groups and eta squared values for each variable

Group (*N*)	Low EI (93)		High attention (330)		High EI (506)		High repair (286)		Statistical significance	
	M	SD	*M*	SD	*M*	SD	*M*	SD	$F_{(3.1212)}$	η^2
AN	8.02	3.21	6.26	3.39	3.46	3.63	4.93	3.45	70.06*	.148
DE	9.27	5.96	6.65	5.05	2.98	4.46	4.74	4.75	67.08*	.142
SA	10.39	4.56	13.68	4.12	17.92	4.44	16.01	4.89	108.09*	.211
SE	19.99	9.58	26.68	8.19	36.80	7.61	32.61	8.65	171.52*	.298
UN	23.24	7.67	23.80	7.18	18.87	7.30	21.17	7.28	33.56*	.077
AC	14.74	5.94	17.49	5.21	20.99	3.91	18.98	4.87	67.02*	.142

AN, Anxiety; *DE*, depression; *SA*, satisfaction; *SE*, self-esteem; *UN*, uncertainty; *AC*, acceptance; $^{*}p \leq .001$

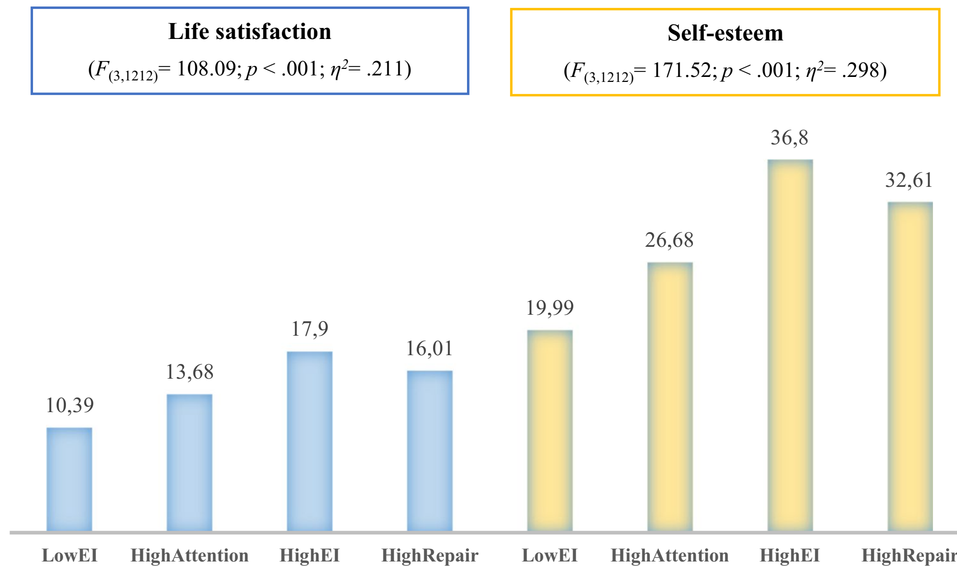

Fig. 3 Means for life satisfaction and self-esteem, significance and effect size

comprised individuals with low scores in all the elements that make up EI (low EI), and the second, in contrast, comprised individuals with high scores in all dimensions (high EI). The third comprised individuals with high scores in emotional attention and low scores in emotional repair (high attention), and the fourth, in contrast, comprised individuals with high scores in emotional repair and low scores in attention (high repair). Consequently, although few studies to date have attempted to analyse EI and its components among LGB community using cluster analyses, our data reveal the existence of differences in the development of EI within that group, a finding that reflects some of the results reported for the general population.

In relation to the second aim of the study, our results support the idea that the different profiles obtained provide insight into the relationship that exists between EI and mental health (assessed with anxiety and depression scales), life satisfaction, self-esteem and identity development variables (uncertainty and acceptance). Consistently with previous studies (Acebes-Sánchez et al., 2019; Millán-Franco et al., 2020), the results presented here show that, within the LGB population, people with medium

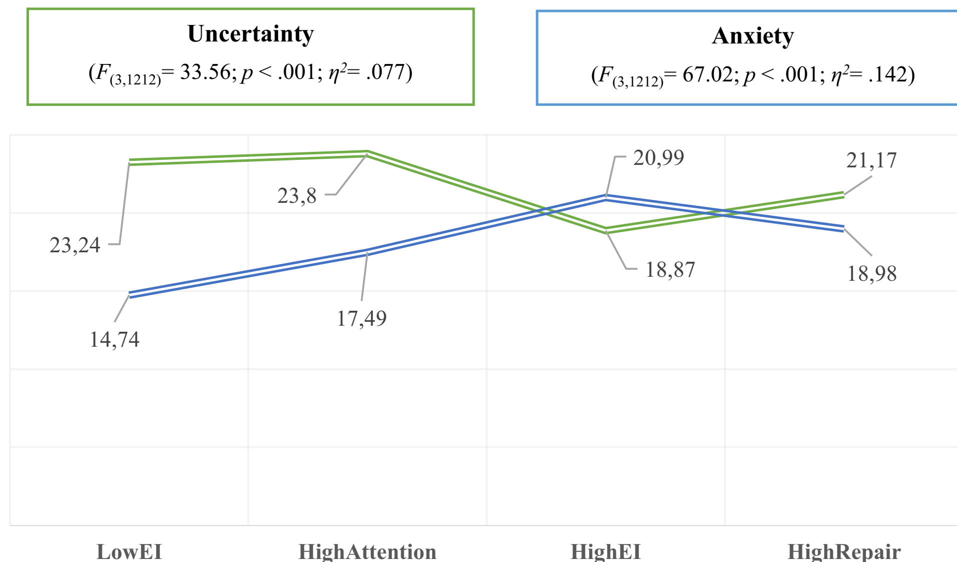

Fig. 4 Means for identity development, significance and effect size

levels of emotional attention and high levels of emotional clarity and repair (high EI) have greater capacity to identify, manage and repair their affective states. These characteristics are significantly associated with better scores in mental health (lower self-perceived depression and anxiety and greater life satisfaction and self-esteem) and identity acceptance. In other words, they are associated with a profile that copes effectively with homophobic and biphobic challenges and has a positive attitude to the development of their stigmatised identity (Chang et al., 2021; Meyer, 2003). Just as proactive attitudes and emotional adjustment to stressors have been empirically associated with better mental health (lower anxiety and depression) and higher life satisfaction and self-esteem among the general population (Millán-Franco et al., 2020; Sánchez-Álvarez et al., 2016), the findings reported here suggest that these same results apply to members of the LGB community. In fact, they are associated with better psychological-emotional indexes, better interpersonal relationships and greater acceptance of their LGB identity, despite the influence of the heterosexist environment (Arsyane & Aishah, 2015; Mîndru & Năstasă, 2017). Consequently, the high-EI profile is the one considered by health professionals to be the basis for defining the keys to improving the skills or individuals characteristics that help this population group to cope with systematic oppression and, indirectly, improve their emotional state despite the influence of a non-inclusive context.

Inversely, another of the profiles found was characterised by low scores in all three dimensions of EI (low EI). According to Acebes-Sánchez et al. (2019), this profile is associated with individuals who have difficulty regulating their emotions. The individuals in this group are more insecure, experience more fear, have more psychopathologies and tend to sink into a spiral of negative thoughts that make it hard for them to cope effectively with homophobic and biphobic events (Arsyane & Aishah, 2015; Caba et al., 2023; Mann et al., 2022; Timmins et al., 2020). In other words, they have greater emotional deregulation, resulting in higher levels of anxiety, depression and identity suppression, which have been associated with different types of risk behaviour (alcohol and drug abuse, self-harming and suicidal tendencies) and difficulty establishing strong, affirmative relationships (Mann et al., 2022; Millán-Franco et al., 2020; Mîndru & Năstasă, 2017). We can therefore conclude that this profile does not foster personal and identity development within the LGB community; moreover, the empirical literature recognises that the combination of the above factors hinders the process of psychological adjustment that LGB individuals need to undergo for the integration of their sexual identity (Rosario et al., 2011).

The results found in relation to clusters 2 (high attention) and 4 (high repair) reveal the differential role played by each dimension of EI (and particularly attention and repair) in the development of psychopathologies (anxiety and depression), life satisfaction, self-esteem and LGB identity. Cluster 2 supports the theoretical-empirical findings reported by studies focusing on the general population, which link excessive attention to emotions with rumination, negative thoughts, psychosomatic disorders (anxiety and depression) and, consequently, poor psychological-emotional adjustment (Martínez-Monteagudo et al., 2019; Mayer & Salovey, 1997; Sánchez-Aragón, 2020). Among LGB people in particular, excessive time dedicated to identifying and understanding one's emotions, as well as to the factors or circumstances that trigger them, provides insight into the association between sources of minority stress (self-stigma, suppression and internalised homophobia or biphobia), mental health and identity development. Maladaptive emotions prompt individuals to enter a repetitive spiral that indirectly fosters the emergence of psychological distress and decreases wellbeing (Timmins et al., 2020), making it difficult for them to develop a positive sexual orientation identity (Mîndru & Năstasă, 2017).

For their part, the results linked to cluster 4 confirm that individuals who are able to effectively repair their moods have higher levels of psychological-social-emotional adjustment (Fernández-Berrocal et al., 2004; Millán-Franco et al., 2020). In other words, the findings reported here reveal that emotion repair could play a moderating role in the relationship between homophobic and biphobic stressors (discrimination, victimisation or harassment) and the psychological-emotional and identity development of LGB individuals (Chang et al., 2021; Hatzenbuehler, 2009; Rogers et al., 2017). According to Mayer and Salovey (1997), those able to identify and repair their affective states have a more extensive repertoire of strategies for maintaining higher levels of psychological adjustment. The results of our study seem to indicate that, although LGB individuals are exposed to experiences that trigger negative emotions, the ability to adequately regulate one's thoughts and emotions helps them not only to reduce or reverse the impact of said experiences on anxiety and depression levels in order to prevent them from becoming problematic, they also help them gain the confidence and security required to achieve good personal development (greater self-esteem, life satisfaction and optimism) and a positive sense of identity (identity acceptance) (Chang et al., 2021).

Conclusions

In general, the results presented here make a substantive contribution to the study of the relationship between emotional competences and personal and identity development in a population group that has enjoyed little attention to date. Our findings follow those of other studies that highlight the

importance of EI as a protective factor for LGB people (Arsyane & Aishah, 2015; Mîndru & Năstasă, 2017). Specifically, among the LGB population, there are different EI profiles for coping with homophobic and biphobic stressors. Some of these profiles are more adaptive and some less so, and their development has a statistically significant impact on mental health, life satisfaction, self-esteem and identity development outcomes.

These findings have certain implications for improving psychoeducational interventions. For example, promoting and developing emotional competences in order to enable the adaptive management of numerous and varied everyday demands should be one of the priority aims of all initiatives (both prevention and intervention programmes) that seek to foster health and positive development in both the general population (Schoon, 2021) and sexual minorities (Chang et al., 2021; Rogers et al., 2017). In accordance with the affirmative practice guidelines established by the American Psychology Association (APA, 2015), professionals working specifically with this population group should have a broad, deep knowledge of sexuality, sexual and gender diversity and the stages and difficulties faced by the LGB community, in order to enable them to intervene effectively and provide adequate accompaniment during different moments: (1) the process of constructing, accepting and disclosing their LGB identity; (2) attention to and identification and acknowledgment of their emotional states (in other words, reaching the understanding that certain situations that occur in their everyday lives trigger certain states that, positively or negatively, impact their mood, thoughts and behaviour; (3) the improvement or repair of the effects or negative states generated by homophobia or biphobia (for example decreased psychopathologies such as anxiety or depression or the internalisation of stigma), and the fostering of positive states (specifically, self-esteem and life satisfaction scores) to help combat its consequences and (4) guidance and support for families and significant others.

In this sense, public institutions and policymakers (in the educational or health fields, for example the areas in which most efforts are being made in relation to this topic) should work to promote laws, services, plans, programmes and interventions that consider and are based on models rooted in EI. This should be done, not only from an individual perspective, but from a collective-social approach also since empirical research has demonstrated the importance of this construct not only for enhancing the health of the LGB, but also for improving the outlook of society in general regarding sexual and gender diversity (Mîndru & Năstasă, 2017).

Limitations

Although the results reported here provide new evidence of the differential role played by EI profiles in terms of the mental health and sexual orientation identity of LGB people, the study also has some limitations that need to be taken into consideration. First, the design used precludes any conclusions being drawn regarding any significant causal relationship between EI profiles and the development of an LGB identity. A longitudinal study with a more qualitative approach may have been more appropriate. It is also important to remember the bias involved in the sampling technique used. Generally, individuals who are members of an association have publicly disclosed their LGB identity and have constructed a common discourse around it. Consequently, the responses received may be homogeneous and fail to reflect trends present among those who are not members of an association. Moreover, the use of self-report instruments may have influenced responses, giving rise to social desirability bias or answers based on shared beliefs. Future studies should strive to recruit broader and more representative samples and should compare results using additional objective instruments, such as observation scales or interviews, in order to enable them to be generalised.

Implications and Future Directions

Finally, the findings reported here provide preliminary evidence that progressive training in EI, particularly emotion repair, may be a key psychological resource to bear in mind in interventions aimed at combating the impact of a real, latent problem that needs to be eradicated in our society, namely homophobia and biphobia (Mîndru & Năstasă, 2017). Although more exploration, and particularly qualitative research, may be required to determine which specific emotional strategies are used by people with higher rates of EI, so that they can be included in interventions with others, the present study makes a significant contribution to the field in that it confirms that it is necessary for the LGB population to develop certain meta-skills (cognitive, behavioural and emotional) in order to help them identify and choose the most appropriate strategies for coping with homophobic and biphobic situations (Hatzenbuehler, 2009).

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Data Availability The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

Code Availability Not applicable.

Declarations

Conflict of Interest The authors declare no competing interests.

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