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Original

How does discrimination and emotional intelligence predict affective symptoms in transgender people? The role of subtle discrimination and emotional attention, clarity and repair

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A B S T R A C T

Transgender people experience higher levels of symptoms of depression, anxiety and stress than the general population. This distress has been linked to the different forms of discrimination that transgender people often experience. Emotional intelligence could be a factor protecting the mental health, but studies focusing on protective factors are scarce. The purpose was to analyze the impact of perceived discrimination and emotional intelligence on affective symptoms in transgender people. The participants were 115 Spanish adults aged 18-64 years (26.1% transgender women, 47.8% transgender men, 20.9% non-binary transgender people; 5.2% questioning their gender). Participants completed validated questionnaires to assess affective symptoms, discrimination and emotional intelligence. Hierarchical linear regressions and qualitative comparative analyses (QCA) were performed. The results of hierarchical regressions showed that subtle individual discrimination was a positive predictor of affective symptoms. Emotional repair was a negative predictor of depression, while emotional attention was a positive predictor of stress. The QCA results showed that subtle individual discrimination appeared in the main pathways of high and low levels of affective symptoms. Also, emotional attention and repair differed in their functioning according to the combination of variables. The impact of subtle discrimination and emotional regulation on transgender people's mental health is clear.

¿Cómo predicen la discriminación y la inteligencia emocional los síntomas afectivos en las personas trans? El papel de la discriminación sutil y la atención, la claridad y la reparación emocional

Palabras clave:
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R E S U M E N

Las personas trans experimentan niveles más altos de síntomas de depresión, ansiedad y estrés que la población general. Esta angustia se ha relacionado con las distintas formas de discriminación que suelen sufrir las personas trans. La inteligencia emocional podría ser un factor protector de la salud mental, pero los estudios centrados en los factores protectores son escasos. El propósito fue analizar el impacto de la discriminación percibida y la inteligencia emocional sobre los síntomas afectivos en personas trans. Los participantes fueron 115 personas adultas españolas de entre 18 y 64 años (26,1% mujeres trans, 47,8% hombres trans, 20,9% personas trans no binarias; 5,2% que cuestionaban su género). Las personas participantes completaron cuestionarios validados para evaluar síntomas afectivos, discriminación e inteligencia emocional. Se realizaron regresiones lineales jerárquicas y qualitative comparative analyses (QCA). Los resultados de las regresiones jerárquicas mostraron que la discriminación individual sutil era un predictor positivo de los sín-

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tomas afectivos. La reparación emocional era un predictor negativo de la depresión, mientras que la atención emocional era un predictor positivo del estrés. Los resultados de QCA mostraron que la discriminación individual sutil aparecía en los caminos principales de los niveles altos y bajos de síntomas afectivos. Asimismo, la atención emocional y la reparación diferían en su funcionamiento según la combinación de variables. El impacto de la discriminación sutil y la regulación emocional en la salud mental de las personas trans es evidente.

Transgender individuals are those whose gender identity does not match the one assigned at birth, and their identity may fall on a binary spectrum, identifying as either female or male, or as non-binary, agender, or gender nonconforming (APA, 2019). Transgender individuals may experience higher levels of distress than the general population, with symptoms of depression, anxiety, post-traumatic stress disorder, dissociative symptoms, self-harming behaviors, and suicidal ideation (Horwitz et al., 2021; Keating & Muller, 2019), as well as lower levels of life satisfaction and psychological well-being (Rabito-Alcón & Rodríguez-Molina, 2016). More specifically, individuals on the non-binary spectrum show higher levels of stress and lower health indices compared to binary transgender individuals (Lefevor et al., 2019; Thorne et al., 2019).

This has been related to the fact that within the diversity of sexual and gender identities, transgender individuals face specific stressors that predispose them to higher rates of harassment and discrimination, such as sexism, rejection, victimization, or nonaffirmation, which correlate with higher rates of depression and anxiety (Hendricks & Testa, 2012; Testa et al., 2015). The transgender population experiences various forms of discrimination, ranging from overt hostility to exclusion from social and relational spaces, as well as various types of microaggressions and ostracism (DeSouza et al., 2017; Nadal et al., 2012, 2014). Non-binary populations may experience discrimination in the form of aggression and microaggressions on a daily basis (Truszczynski et al., 2022).

The impact of stigma and discrimination on the health and well-being can be understood from the Minority Stress Model (Meyer, 2003; Testa et al., 2015), which posits that stigmatized groups are exposed to increased stress due to their minority status, with discrimination being one of the underlying distal stressors (Hendricks & Testa, 2012). Transgender individuals live in contexts where gender norms are structurally imposed in an oppressive manner through laws, policies, or gender binarism (Puckett et al., 2021). Discrimination may be explicit or manifest as subtle microaggressions. It is important to pay attention to the effects of subtle discrimination, as it is not always conscious and can significantly impact the daily experiences of transgender people (Galupo et al., 2014). Explicit discrimination can include acts of violence such as verbal, physical, or sexual aggression, denial of access to housing or employment, and even extreme acts of violence such as murder (APA, 2019; Truszczynski et al., 2022). Microaggressions or subtle discrimination are brief and routine verbal, behavioral, or environmental slights, intentional or unintentional, that communicate contempt or hostility toward oppressed groups (Nadal et al., 2012). Microaggressions include a variety of behaviors that can come from strangers as well as family members, friends, or partners, among others; but their negative impact increases with closer ties (Galupo et al., 2017; Galupo et al., 2017).

Up to 14 types of microaggressions experienced by transgender people have been identified (Galupo et al. , 2014, 2017; Nadal et al., 2012): 1) use of transphobic terminology or incorrect pronouns, 2) assumption of a universal trans experience, 3) exotification, 4) discomfort or disapproval of the transgender experience, 5) endorsement of binary gender culture, 6) denial of transphobia, 7) assumption of sexual pathology, 8) physical threat or harassment, 9) refusal to acknowledge individual transphobic bias, 10) denial of bodily privacy, 11) family factors, 12) systemic factors, 13) questioning the legitimacy of gender identity, and 14) emotional communication of discomfort with the transgender experience. Microaggressions negatively impact the mental and physical health of transgender individuals (Brown, 2013), including depressive symptoms, distress, and substance use (Nadal et al., 2012, 2014; Truszczynski et al., 2022). They are also associated with lower self-esteem, increased social isolation, feelings of helplessness, and suicidal behavior (Drescher et al., 2023; Seelman et al., 2016). Similarly, chronic stress associated with the risk of experiencing discrimination due to being transgender, as conceptualized by the Minority Stress Model, could lead to greater emotional dysregulation, as chronic adverse experiences may decrease tolerance, leaving individuals feeling overwhelmed and more prone to states of hypo- or hyperactivation (Keating & Muller, 2019). However, the Minority Stress Model also proposes that there are protective factors against psychological distress (Meyer, 2003, 2015). Some observed protective factors include the presence of resilience, gender affirmation, family connectedness, and, especially, belonging to the LGBTQ+ community, which acts as a buffer between minority stress and suicidal ideation (Doyle et al., 2021; Horwitz et al., 2021; Rogers et al., 2020; Watson & Tatnell, 2019).

Emotional intelligence (EI) has been found to be positively associated with higher levels of empathy, self-esteem, and well-being and negatively associated with anxiety and depressive symptoms in the general population, and to act as a protective factor against suicidal behavior (Cha & Nock, 2009; Jiménez Ballester et al., 2022). Individuals with high EI can understand and regulate the emotions of others and their own, which allow for better social adjustment and more positive and satisfying experiences with their environment (Castilho et al., 2017; Higgs & Dulewicz, 2014).

Although emotional intelligence has been widely studied in the general population, research specifically focused on transgender individuals remains scarce in both availability and scope. While some studies have explored emotional processes and emotional intelligence in relation to gender identity and resilience (Pinna et al., 2022), much more research is needed to fully understand the role of emotional intelligence in the mental health and well-being of transgender people. This gap underscores the importance of investigating whether emotional intelligence may serve as a protective factor in this population. Could emotional intelligence help buffer the effects of discrimination on mental health among transgender individuals, as it does in the general population?

Purpose of the present study

Despite the impact of minority stress on people's mental health and that emotional skills can be seen as a protective factor for well-being, to the best of our knowledge, there are no studies that relate EI to discrimination in the transgender population. Thus, this study aimed to analyze the impact of perceived discrimination and EI on the mental health of transgender population, comparing two different methods to analyze the impact of discrimination and EI on affective symptoms. It was hypothesized that, among transgender individuals, high levels of discrimination and low

levels of EI will predict high levels of affective symptoms; whereas low levels of discrimination and high levels of EI will predict low levels of affective symptoms.

Method

Participants

The participants were 115 adults between 18 and 64 years old (*M*=26.29, *SD*=8.83) from thirteen different Spanish regions. In terms of gender, 26.1% were transgender women, 47.8% were transgender men, 20.9% were non-binary transgender people and 5.2% were questioning their gender. Regarding sexual orientation, 25.8% were heterosexual, 11.3% were homosexual, 59.8% were bisexual and 3.1% were uncertain about their sexual orientation. Regarding their marital status, 69.3% of the people were single, 14% had a stable partner, 9.6% had a common-law partner, 3.5% were married and 3.5% were divorced. The highest education level attained was Master's degree (7%), University degree (27%), Vocational training (33.9%), Baccalaureate (20.9%), Secondary school (5.2%) and Primary school (6.1%).

To contextualize our study, we considered estimates from previous research on the transgender and non-binary population in Spain. According to the *Pride Report 2024* by Ipsos (2024), approximately 4% of the Spanish population identifies as transgender, non-binary, or gender-diverse. According to the National Statistics Institute, the 2021-2024 census will count a total of 48,619,695 people in Spain. Taking into account the Pride Report, approximately 1,944,788 people would identify as transgender, non-binary or gender diverse. In order to determine the appropriate sample size for this study, a calculation was performed based on a population of 1,944,788 individuals (the estimated number of transgender, non-binary, or gender-diverse people in Spain). Using a 95% confidence level and a 7% margin of error, the required sample size was estimated to be 196 participants. Given that the target population is a hard-to-reach minority group and that the study has an exploratory nature, a 7% margin of error was deemed acceptable. Despite the broader margin of error, a 95% confidence level was maintained to ensure the reliability of the preliminary conclusions. However, due to the inherent difficulties in recruiting participants from the transgender and non-binary population, the final sample consisted of only 115 individuals. This limitation has been acknowledged and addressed in the discussion section.

Instruments

Age, gender, sexual orientation, studies and marital status of the participants were assessed using an *ad hoc* questionnaire.

The Spanish version of the Trait Meta-Mood Scale (TMMS-21; Fernandez-Berrocal & Extremera, 2004; Salovey et al., 1995) was used to assess EI. The instrument consists of 24 items divided into three factors: emotional attention (the predisposition to perceive feelings); emotional clarity (the ability to understand emotional states); and emotional repair (one's beliefs about one's own ability to regulate emotions). It is answered on a 5-point Likert-type response scale (1=*strongly disagree* to 5=*strongly agree*). Previous studies demonstrated adequate psychometric properties (Sánchez-Ferrer et al., 2023), which were also observed in the current study (Table 1).

The Multidimensional Scale of Perceived Discrimination validated for Spanish stigmatized groups (MSPD; Molero et al., 2013) was used to assess discrimination. The instrument is composed of 20 items that are divided into four subescales: blatant group discrimination, subtle group discrimination, blatant individual discrimination and subtle individual discrimination. It is answered on a 5-point Likert-type response scale. Adequate psychometric properties observed in Spanish LGBTI populations (Molero et al., 2017) were also found in the current study (Table 1).

The Spanish adaptation of Depression, Anxiety and Stress Scales (DASS-21; Daza et al., 2002; Lovibond & Lovibond, 1995) was used to assess the affective symptoms. The scale consists of 21 items and evaluates three subscales: depression (dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest, anhedonia and inertia), anxiety (autonomic arousal, skeletal muscle effects, situational anxiety and subjective experience of anxious affect), and stress (difficulty relaxing, nervous arousal, and being easily upset, irritable and impatient). It is answered on a 4-point Likert-type response scale (0 = *never* to 3= *almost always*). Previous studies in Spanish samples demonstrated adequate psychometric properties (Ramón-Arbués et al., 2021), which were confirmed in the current study (Table 1).

Procedure

The study was conducted in accordance with the recommendations of the Helsinki Declaration (World Medical Association, 2013) and approved by the Ethics Committee of Research in Humans (reference 2023-MAG-2822344). A convenience sample was obtained from thirteen different regions from Spain and all participants previously signed the informed consent, which informed that participation was anonymous, voluntary and that they could withdraw from the study at any time. Participants completed the questionnaires via the Limesurvey platform. The duration of the assessment was approximately 30 minutes. The inclusion criteria were: (a) being over 18 years old; (b) being a transgender person. To assess participants' attention during the survey, three control items were included throughout the questionnaire. These items required respondents to select a specific answer (e.g., "Please select 'Strongly agree' for this item") to verify that they were reading the questions attentively. Participants who answered at least two out of the three control items correctly were retained in the final sample. As all participants met this criterion, no exclusions were made on the basis of these items.

Data analysis

The study design was cross-sectional. First, reliability and descriptive analyses were performed. ANOVA was used to analyze the differences in affective symptoms, discrimination and EI according to gender.

Second, two methods to analyze the effects of discrimination and EI on affective symptoms were performed. Previously, correlational analyses of discrimination, EI and affective symptoms were carried out. In hierarchical linear regressions, the four dimensions of discrimination were entered in Step 1, and the three dimensions of EI were included in Step 2. Fuzzy Set Qualitative Comparative Analysis (fsQCA), conducted using Fs/QCA version 3.0, applies Boolean logic to examine how combinations of conditions contribute to a given outcome (Ragin, 2008; Eng & Woodside, 2012). This study used fsQCA to explore the combined impact of discrimination and EI on high and low levels of affective symptoms. Dimensions of each variable were calculated by multiplying item scores, which were then recalibrated to range between 0 and 1. Recalibration was performed by calculating the 10th percentile (low levels of the variable), the 50th percentile

(medium levels) and 90th percentile (high levels). Next, necessity and sufficiency analyses were carried out for high and low levels of affective symptoms. The four dimensions of discrimination and the three dimensions of EI were taken as conditions.

Results

Gender differences on discrimination, EI and affective symptoms

The results showed statistically significant differences in stress (F=3.09; p≤.05), in blatant group discrimination (F=11.63; p≤.001), in subtle group discrimination (F=5.16; p≤.01) and in emotional attention (F=9.21; p≤.001). Specifically, non-binary transgender people showed higher levels of stress (M=22.67; SD=8.12) than transgender women (M=17.00; SD=7.75). In blatant group discrimination, non-binary transgender people showed higher levels (M=31.17; SD=4.66) than transgender women (M=23.83; SD=6.92) and transgender men (M=18.76; SD=8.98). Similarly, non-binary transgender people had higher levels of subtle group discrimination (M=12.21; SD=3.06) than transgender women (M=9.90; SD=3.06) and transgender men (M=10.02; SD=3.12). Finally, differences in emotional attention were observed between transgender men (M=24.56; SD=6.58) and non-binary transgender people (M=31.38; SD=6.34), with the latter showing higher levels. No statistically significant differences were observed between the three groups in depression, anxiety, personal discrimination, clarity or emotional repair.

Relations between discrimination, EI and affective symptoms

The results showed that all four types of discrimination were positively related to each other, with an effect size between medium and large. Furthermore, they were positively and significantly associated with depression, anxiety, stress (medium effect size), and emotional attention (small effect size). No statistically significant relationships were observed between discrimination and clarity and repair. Regarding EI, clarity and repair were negatively related to depression, while attention was positively associated with depression, anxiety and stress (small effect size). Regarding affective symptoms, depression, anxiety and stress were positively and significantly related to each other (large effect size).

Hierarchical regression analysis

Hierarchical regressions were performed to analyze the ability of discrimination and EI to predict depression, anxiety and stress (Table 2).

The results showed that discrimination and EI predicted depression (R^2=.30; p≤.001). Specifically, results in Model 1 showed that blatant group discrimination and subtle individual discrimination were statistically significant positive predictors of depression. In step 2, in addition to discrimination, the three dimensions of EI were included in the model (ΔR^2=.07; ΔF=3.67; p≤.05) and the results showed that the predictive power of individual subtle discrimination was maintained, and emotional repair emerged as a statistically significant negative predictor.

The results showed that discrimination predicted anxiety (R^2=.22; p≤.001), but the inclusion of EI did not improve the model in a statistically significant way (ΔR^2=.03; ΔF=1.57; p>.05). Results in model 1 showed that individual subtle discrimination was a statistically significant positive predictor of anxiety. In step 2, none of the three dimensions of EI was found to be a statistically significant predictor of anxiety.

Finally, the results of hierarchical regressions showed that discrimination and EI predicted stress (R^2=.37; p≤.001). Specifically, the results in Step 1 showed that blatant group discrimination and subtle individual discrimination were statistically significant positive predictors of stress. In Step 2, EI was also included in the model (ΔR^2=.05; ΔF=3.10; p≤.05) and both individual subtle discrimination and emotional attention were statistically significant positive predictors of stress.

Table 1
Descriptive statistics and bivariate correlations between variables

Variables	*M*	*SD*	1	2	3	4	5	6	7	8	9	10
1. Blatant Group Discrimination	25.87	6.75	.92									
2. Subtle Group Discrimination	10.49	3.11	.69*** [.58, .79]	.83								
3. Blatant Individual Discrimination	18.30	7.77	.52*** [.38, .64]	.59*** [.45, .70]	.89							
4. Subtle Individual Discrimination	7.87	3.52	.33** [.15, .48]	.65*** [.53, .74]	.72*** [.61, .80]	.85						
5. Emotional attention	27.06	7.09	.25** [.06, .41]	.28*** [.11, .44]	.19* [.01, .36]	.22* [.04, .39]	.90					
6. Emotional clarity	22.93	5.91	.04 [-.15, .22]	.06 [-.13, .24]	.04 [-.15, .22]	-.14 [-.32, .04]	.15 [-.04, .32]	.87				
7. Emotional repair	23.65	6.49	-.12 [-.30, .06]	.04 [-.14, .23]	-.01 [-.20, .17]	-.09 [-.26, .10]	.20* [-.02, .37]	.50*** [.35, .63]	.86			
8. Depression	18.64	11.56	.35*** [.18, .50]	.41*** [.24, .55]	.37*** [.20, .52]	.48*** [.33, .61]	.20* [.01, .37]	-.21** [-.38, -.03]	-.29** [-.45, -.11]	.92		
9. Anxiety	15.34	9.83	.32** [.15, .48]	.38*** [.21, .53]	.40*** [.23, .54]	.44*** [.28, .58]	.20* [.01, .37]	-.18 [-.35, .01]	-.13 [-.31, .06]	.65*** [.53, .74]	.84	
10. Stress	19.34	8.62	.35*** [.18, .51]	.47*** [.31, .60]	.37*** [.20, .52]	.54*** [.40, .66]	.32*** [.14, .47]	-.15 [-.32, .04]	-.18 [-.35, .01]	.70*** [.60, .79]	.75*** [.65, .81]	.80

Note. M = Mean. *SD* = Standard deviation. Cronbach's alpha in correlation matrix diagonal. Values in square brackets indicate the 95% confidence interval for each correlation. *p ≤ .05. **p ≤ .01. ***p ≤ .001. N = 115.

Table 2
Hierarchical regression analyses on depression, anxiety and stress

	Depression				Anxiety				Stress			
	ΔR^2	ΔF	β	*t*	ΔR^2	ΔF	β	*t*	ΔR^2	ΔF	β	*t*
Model 1	.28	10.65***			.23	8.31***			.36	14.50***		
Blatant Group Discrimination			.27	2.15*			.18	1.35			.24	1.99*
Subtle Group Discrimination			-.05	-0.33			.01	0.04			.04	0.28
Blatant Individual Discrimination			-.09	-0.73			.17	0.50			-.19	-1.50
Subtle Individual Discrimination			.49	3.55***			.33	2.31*			.58	4.34***
Model 2	.07	3.67*			.03	1.57			.05	3.10*		
Blatant Group Discrimination			.13	1.04			.11	0.81			.13	1.09
Subtle Group Discrimination			.08	0.52			.07	0.44			.10	0.70
Blatant Individual Discrimination			-.01	-0.07			.13	0.95			-.13	-1.02
Subtle Individual Discrimination			.34	2.35*			.22	1.43			.46	3.33***
Emotional attention			.13	1.56			.11	1.24			.22	2.64**
Emotional clarity			-.07	-0.79			-.15	-1.55			-.05	-0.50
Emotional repair			-.23	-2.45*			-.04	-0.43			-.15	-1.65
Durbin-Watson				2.34				2.42				1.87
R^2				.30***				.22***				.37***

Note. R^2 = Coefficient of determination. ΔR^2= Increment of R^2. ΔF = Increment of F. β = Standardized coefficient. $^{*}p \leq .05$. $^{**}p \leq .01$. $^{***}p \leq .001$. N = 115.

Fuzzy Set Qualitative Comparative Analysis

FsQCA was conducted to analyze the combined contribution of discrimination and EI on high and low levels of depression, anxiety and stress. Calibration of the values was performed using percentiles (Table 3).

Regarding the necessary analyses, none of the dimensions of discrimination or EI could be considered as necessary conditions for high and low levels of depression, anxiety and stress. Regarding the sufficiency analyses, the results obtained in the intermediate solutions for high levels of depression, anxiety and stress (Table 4) and low levels of depression, anxiety and stress (Table 5) are detailed below.

According to the intermediate solution results for the high levels, 56% of high depression was explained by 7 combinations of conditions of which the three main ones are shown in Table 4. Path 1 showed that high levels of blatant group discrimination, subtle group discrimination, blatant individual discrimination, subtle individual discrimination and emotional attention explained 33% of the high depression. Path 2 showed that the interaction of high levels of blatant group discrimination, blatant individual discrimination, subtle individual discrimination and emotional attention, together with low levels of emotional repair explained 32% of the high depression. Path 3 showed that the combination of high levels of blatant group discrimination, subtle group discrimination, subtle individual discrimination, emotional attention and emotional clarity explained 29% of the high depression.

Observing the intermediate solution results, 39% of the high levels of anxiety was explained by 4 combinations of conditions. Path 1 showed that high levels of blatant group discrimination, subtle group discrimination, blatant individual discrimination, subtle individual discrimination and emotional attention together with low levels of emotional clarity and emotional repair explained 27% of the high anxiety. Path 2 showed that the interaction of high levels of subtle group discrimination, blatant individual discrimination, subtle individual discrimination, emotional attention, emotional clarity and low levels of blatant group discrimination explained 23% of the high anxiety. Path 3 showed that the combination of high levels of blatant group discrimination, subtle group discrimination, blatant individual discrimination, subtle individual discrimination, emotional clarity, emotional repair and low levels of emotional attention explained 18% of the high anxiety.

The intermediate solution results for the high levels showed that 54% of the stress was explained by 6 combinations of conditions. observing the three main combinations, path 1 showed that the interaction of high levels of blatant group discrimination, subtle

Table 3
Descriptive statistics and calibration values

		BGD	SGD	BID	SID	ATT	CLA	REP	DEP	ANX	STR
Mean		226.31	51.75	67.38	27.12	525.08	178.54	232.20	19.23	7.96	10.11
Standard deviation		284.39	39.60	186.66	34.15	941.21	484.16	620.63	38.03	22.97	18.18
Minimum		0.03	2.00	0.01	1.00	0.01	0.08	0.09	0.01	0.01	0.02
Maximum		781.25	125.00	781.25	125.00	3906.25	3906.25	3906.25	163.84	163.84	92.16
Calibration values											
	10	2.59	8.00	0.02	1.00	2.11	1.73	0.58	0.04	0.02	0.12
Percentile	50	81.00	45.00	3.84	9.00	172.80	25.90	32.40	1.62	1.44	2.56
	90	781.25	125.00	153.90	80.00	1540.00	374.78	393.98	81.92	19.12	39.71

Note. BGD= Blatant Group Discrimination. SGD= Subtle Group Discrimination. BID= Blatant Individual Discrimination. SID= Subtle Individual Discrimination. ATT= Emotional attention. CLA= Emotional clarity. REP= Emotional repair. DEP= Depression. ANX= Anxiety. STR= Stress. N = 115.

Table 4
Summary of the three main conditions for the intermediate solution of high levels of depression, anxiety and stress.

Frequency cutoff: 1	High level of depression			High level of anxiety			High level of stress		
	Consistency cutoff: 0.87			Consistency cutoff: 0.87			Consistency cutoff: 0.90		
	1	**2**	**3**	**1**	**2**	**3**	**1**	**2**	**3**
Blatant Group Discrimination	●	●	●	●	○	●	●		●
Subtle Group Discrimination	●		●	●	●	●		●	●
Blatant Individual Discrimination	●	●		●	●	●		●	●
Subtle Individual Discrimination	●	●	●	●	●	●	●	●	●
Emotional attention		●	●	●	●	○	●	●	
Emotional clarity			●	○	●	●			●
Emotional repair	●	○		○		●		○	
Consistency	.90	.88	.86	.90	.88	.87	.85	.92	.89
Raw Coverage	.33	.32	.29	.27	.23	.18	.44	.35	.32
Unique Coverage	.059	.014	.011	.106	.037	.034	.071	.019	.016
Overall Solution Consistency			.86			.86			.82
Overall Solution Coverage			.56			.39			.54

Note. ●= presence of condition/high levels, ○= absence of condition/low levels. All sufficient conditions are adequate.
Expected vector for high levels of depression, anxiety and stress: 1, 1, 1, 1, 1, 0, 0 (0: absent; 1: present).

individual discrimination and emotional attention explained 44% of the high stress. Path 2 showed that the combination of high levels of subtle group discrimination, blatant individual discrimination, subtle individual discrimination and emotional attention together with low levels of emotional repair explained 35% of the high stress. Path 3 showed that high levels of blatant group discrimination, subtle group discrimination, blatant individual discrimination, subtle individual discrimination and emotional clarity accounted for 32% of high stress.

According to the results of the intermediate solution for low levels, 50% of low depression was explained by 5 combinations of conditions (Table 5). Path 1 showed that low levels of subtle individual discrimination and emotional attention, combined with high levels of emotional clarity accounted for 36% of low levels of depression. Path 2 showed that the interaction of low levels of subtle group discrimination, blatant individual discrimination, subtle individual discrimination and emotional attention with high levels of emotional repair explained 30% of low levels of depression. Path 3 showed that the combination of low levels of blatant group discrimination, subtle group discrimination, blatant individual discrimination, subtle individual discrimination, emotional clarity and high levels of emotional repair explained 24% of low depression.

In the intermediate solution results, 46% of the low levels of anxiety were explained by 8 combinations of conditions. Path 1 showed that low levels of subtle group discrimination, blatant individual discrimination, subtle individual discrimination and emotional attention, combined with high levels of emotional repair explained 29% of the low anxiety. Path 2 showed that the interaction of low levels of blatant group discrimination, blatant individual discrimination, subtle individual discrimination and emotional attention and high levels of emotional clarity explained 27% of the low anxiety. Path 3 showed that the combination of low levels of blatant individual discrimination, subtle individual discrimination and emotional attention with high levels of emotional clarity and emotional repair explained 24% of the low anxiety.

The intermediate solution results for the low levels showed that 43% of the stress was explained by 8 combinations of conditions. Examining the three main combinations, Path 1 showed

Table 5
Summary of the three main conditions for the intermediate solution of low levels of depression, anxiety and stress.

Frequency cutoff: 1	Low level of depression			Low level of anxiety			Low level of stress		
	Consistency cutoff: 0.95			Consistency cutoff: 0.95			Consistency cutoff: 0.95		
	1	**2**	**3**	**1**	**2**	**3**	**1**	**2**	**3**
Blatant Group Discrimination			○		○			○	
Subtle Group Discrimination		○	○	○			○	○	
Blatant Individual Discrimination		○	○	○	○	○	○		○
Subtle Individual Discrimination	○	○	○	○	○	○	○	○	○
Emotional attention	○	○		○	○	○	○	○	○
Emotional clarity	●		○		●	●	●	●	●
Emotional repair		●	●	●		●			●
Consistency	.95	.97	.97	.95	.95	.95	.94	.94	.96
Raw Coverage	.36	.30	.24	.29	.27	.24	.29	.29	.26
Unique Coverage	.067	.007	.019	.063	.007	.002	.004	.001	.019
Overall Solution Consistency			.95			.93			.93
Overall Solution Coverage			.50			.46			.43

Note. ●= presence of condition/high levels, ○= absence of condition/low levels. All sufficient conditions are adequate.
Expected vector for low levels of depression, anxiety and stress: 0, 0, 0, 0, 0, 1, 1 (0: absent; 1: present).

that the interaction of low levels of subtle group discrimination, blatant individual discrimination, subtle individual discrimination and emotional attention, combined with high emotional clarity explained 29% of the low stress. Path 2 showed that the combination of low levels of blatant group discrimination, subtle group discrimination, subtle individual discrimination and emotional attention, and high levels of emotional clarity explained 29% of the low stress. Path 3 showed that the combination of low levels of blatant individual discrimination, subtle individual discrimination and emotional attention in interaction with high levels of emotional clarity and emotional repair explained 26% of the low stress.

Discussion

The present study aimed to analyze the impact of perceived discrimination and EI on the mental health of transgender population. The findings suggest that non-binary individuals reported higher levels of stress, as well as higher group discrimination and higher emotional attention. However, no significant differences were observed in depression or anxiety, individual discrimination, clarity or emotional repair. This results are partially consistent with previous literature, which indicates that non-binary individuals tend to experience higher stress levels and lower health indices compared to binary transgender individuals (Lefevor et al., 2019; Truszczynski et al., 2022). The higher levels of stress can be partly attributed to a greater presence of group discrimination, as nonbinary identities do not conform to binary gender structures and challenge normative frameworks, placing them in a more vulnerable social status (Thorne et al., 2019). Moreover, there are no differences in symptoms of anxiety and depression, or in emotional clarity and repair; maybe because the binary transgender population also experiences high levels of discrimination, which, according to the literature, correlates with higher rates of anxiety and depressive symptoms (Hendricks & Testa, 2012; Testa et al., 2015). Another possible explanation for the lack of observed differences in anxiety and depression by gender could be the sample size. A smaller sample may limit statistical power, especially in subgroups with fewer participants. Additionally, cultural, social, or environmental factors not considered in the present study might have influenced participants' experiences, regardless of their gender identity The homogeneity of the sample could also have contributed to the absence of significant differences between transgender individuals.

The hypothesis stated that, among transgender people, high levels of discrimination and low levels of emotional intelligence (EI) would predict high levels of affective symptoms; whereas low levels of discrimination and high levels of EI would predict low levels of affective symptom. The results provided partial support for the hypothesis. We observed that the presence of discrimination in its different forms, but especially individual subtle discrimination, is the most relevant variable for the occurrence of high levels of affective symptoms. Regarding EI, we observed that low levels of individual subtle discrimination are a determining factor for low levels of affective symptoms, along with the presence of low emotional attention, especially in the case of anxiety and stress. Moreover, the impact of EI is more relevant in the case of predicting low levels of affective symptoms, as emotional repair appears as a relevant variable in the case of depression and anxiety, and emotional clarity has a greater impact on anxiety and stress. These results are also consistent with the existing literature, as we know that the presence of EI predicts lower levels of anxiety and depressive symptoms, as well as higher levels of well-being and social adjustment (Castilho et al., 2017; Cha & Nock, 2009; Jiménez Ballester et al., 2022).

However, to predict high levels of affective symptoms, emotional attention appears as a significant predictor of high levels of depression and stress, whereas its effect on anxiety is less clear. Whereas emotional clarity and repair do not play a significant role when the presence of discrimination is high. In other words, it is not necessary that low levels of emotional clarity and repair are present for discrimination to have a significant impact. This indicates that discrimination itself predicts affective symptoms independently of emotional skills, although it is helped by excessive emotional attention. This findings are consistent with previous literature, which indicates that the primary determinant of distress in transgender populations is experienced discrimination in its various dimensions (DeSouza et al., 2017; Hendricks & Testa, 2012; Puckett et al., 2021; Testa et al, 2015), with particular emphasis on subtle discrimination that, when manifested as microaggressions, is harder to detect and intervene in, resulting in higher levels of distress in the transgender population and even predisposing them to suicidal behavior (Drescher et al., 2023; Seelman et al., 2016; Truszczynski et al., 2022).

Limitations and Future Directions

The strengths of this study lie in the use of a novel methodology that allows for a complex analysis of the interaction between different variables in predicting the presence of affective symptoms in the transgender population, as well as considering the potential protective impact of EI on their mental health when facing different forms of discrimination. To the best of our knowledge, this methodology has not previously been used in research with this population. In addition, by analyzing different types of discrimination, the study highlights the role of subtle discrimination in the mental health of the transgender population, opening the door for further research in this area. Finally, the findings about the influence of EI on the presence of low to moderate levels of discrimination may provide professionals with tools for intervention with this population.

It is important to consider that in highly hostile or discriminatory environments, emotional intelligence alone may not be sufficient to protect transgender individuals from psychological distress. Recent findings suggest that, in contexts of extreme minority stress, individual emotion regulation strategies may be insufficient to prevent outcomes such as suicidality or self-harming behaviors (Drescher et al., 2023). This highlights the need to complement individual-level interventions with broader structural and policy changes aimed at reducing discrimination and improving the social climate for transgender populations.

The study is not free from limitations. First, although the sample included individuals from 13 of the 17 autonomous communities in Spain, the sample size was small and the sampling was not randomized, making it difficult to generalize the results. In future research, it would be interesting to expand the sample and conduct a random sampling. Second, the study design is cross-sectional, which makes it impossible to determine temporal stability or causality. Therefore, it would be advisable to conduct longitudinal studies with transgender population. Third, the instruments used are self-report measures. In future studies, other forms of assessment, such as interviews or performance-based instruments, could complement the self-report measures. Four, the absence of a validated instrument specifically designed to detect random or dishonest responses represents

another limitation. Although control items were included to assess participants' attention, the use of a standardized and psychometrically validated scale, such as the Oviedo Infrequency Scale (Fonseca-Pedrero et al., 2010), would have enhanced the methodological rigor. Future research in this area is encouraged to incorporate such instruments to strengthen the reliability of self-report data.

Conclusion

In conclusion, the present study makes two fundamental contributions to the research area. Theoretically, it provides a better understanding of the impact of discrimination in its various forms, concluding that: a) our findings provide empirical support for the observation that non-binary individuals report higher levels of group discrimination and stress compared to binary transgender people. While this has been previously noted in the literature (Lefevor et al., 2019; Thorne et al., 2019; Truszczynski et al., 2022), our study adds value by confirming it through specific statistical analyses and by differentiating between types of discrimination and affective symptoms; and b) subtle discrimination or microaggressions, which have been less studied than other types of discrimination, are very relevant variables to develop affective symptoms. More specifically, the presence of discrimination in its various forms is the most relevant factor when considering affective symptoms in transgender population. When discrimination is very high, EI has little relevance. However, when discrimination levels are lower, especially in the case of individual subtle discrimination, EI emerges as a protective factor. Practically, it delves into the functioning of different dimensions of EI, which may allow the design of effective EI interventions, specifically directed to transgender populations and specially to non-binary people. In this regard, it is suggested to focus on improving emotional clarity and repair and maintaining an adequate medium level of emotional attention.

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