

Deteriorated Mental Health, Expressive Suppression, and Stress as Predictors of Eating Disorders

Salud mental deteriorada, supresión expresiva y estrés como predictores de los desórdenes alimenticios

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Summary

This study analyzes the relationship between impaired mental health, expressive suppression, and stress as predictors of eating disorders (EDs), with a particular emphasis on anorexia nervosa (AN) and bulimia nervosa (BN). Eating disorders, characterized by severe disturbances in eating patterns and compensatory behaviors such as binge eating, binge eating, and self-induced vomiting, represent a growing problem in mental and physical health. Previous studies indicate that impaired mental health, expressive suppression, and stress may be highly influential risk factors for the development of these disorders. Using a non-experimental, cross-sectional, correlational design, 116 patients diagnosed with AN and BN from the Ecuadorian Mental Health Citizen Care Program were evaluated. The results revealed a significant positive relationship between impaired mental health and AN, while expressive suppression showed an unexpected negative relationship with this disorder. Stress, on the other hand, did not show a significant association with AN. None of these variables were significant in relation to BN. Furthermore, women had a higher prevalence of eating disorders, especially AN, although the gender difference was not significant in the case of BN.

This study highlights the importance of mental health in the prevention of eating disorders, emphasizing the need to include variables such as body dissatisfaction, social pressure, and traumatic history in future research, as well as longitudinal approaches that allow exploring causal dynamics in the development of these disorders. This study, within the practical approaches, is consolidated as an important theoretical line for the creation of promotion, prevention, and future intervention plans.

Keywords: Mental health, expressive suppression, stress, eating disorders, anorexia nervosa, bulimia nervosa.

Abstract

This study analyzes the relationship between deteriorated mental health, expressive suppression, and stress as predictors of eating disorders (EDs), with a strong emphasis on anorexia nervosa (AN) and bulimia nervosa (BN). EDs, characterized by severe disruptions in eating patterns and compensatory behaviors such as food restriction, binge eating, and self-induced vomiting, represent a growing concern for both mental and physical health. Previous studies indicate that deteriorated mental health, expressive suppression, and stress may be influential risk factors in the development of these disorders. Using a non-experimental, cross-sectional, and correlational design, 116 patients diagnosed with AN and BN from the Citizen Care Program “Ecuadorian Mental Health” were evaluated. The results revealed a significant positive relationship between deteriorated mental health and AN, while expressive suppression showed an unexpected negative association with this disorder. On the other hand, stress did not present a notable association with AN. None of these variables were significant in relation to BN. Additionally, women showed a higher prevalence of EDs, especially AN, although the sex difference was not significant in the case of BN.

This study highlights the importance of mental health in the prevention of EDs, emphasizing the need to include variables such as body dissatisfaction, social pressure, and traumatic history in future research. Furthermore, longitudinal approaches are recommended to explore causal dynamics in the development of these disorders, within the practical approaches of the same study, it is consolidated as an important theoretical framework for the creation of promotion, prevention, and future intervention plans.

Keywords: Mental health, expressive suppression, stress, eating disorders, anorexia nervosa, bulimia nervosa.

1. Introduction

Eating disorders (ED) are an increasingly prevalent health problem in society, characterized by serious alterations in eating behavior that can cause problems in both the physical and psychological well-being of the individual (Ortiz, et al., 2017). Eating disorders are a group of negative statements that the individual makes about their own body image, which leads them to adopt restrictive behaviors such as: dietary restrictions, binge eating, excessive exercise, self-induced vomiting, and the use of some kind of laxatives (Arija, et al., 2022).

Knowing the factors that influence the development of eating disorders is of great importance because it could lead to actions related to these factors that reduce them to levels that do not influence people (Ayuzo & Covarrubias, 2019). For this study, the factors considered are: impaired mental health, expressive suppression, and stress.

The relationship between mental health and eating disorders has been documented by various authors. Méndez et al. (2018) were among the first to highlight that people with compromised mental health may be more vulnerable to developing eating disorders. Mebarak et al. (2009) subsequently noted that the main problems associated with deteriorating mental health include alterations in psycho-affective development, sexual and eating habits. Esteban et al. (2012) later highlighted how social and personal factors limit access to optimal mental health. Miranda (2018) and Casañan & Lalucat (2018) reinforced this idea, emphasizing the protective role of optimal mental health at both the social and personal levels. Thus, deteriorating mental health has gone from being seen as a simple coexisting symptom to a possible predictor variable in the development of eating disorders.

Regarding emotions, these are psychophysiological responses to specific situations, whose adaptive function has been widely recognized (Piqueras et al., 2009). Expressive suppression, understood as the conscious

inhibition of emotional expression, has been linked to psychological discomfort (Pagano & Vizioli, 2021). Sánchez & Reivan (2024) point out that this emotional regulation strategy can hinder adequate emotional expression, interfering with the individual's adaptation. The emotional regulation model proposed by Gross (2003) and highlighted by Arrieta & Moreno (2023), identifies five stages in the regulation process: selection and modification of the situation, attentional orientation, cognitive restructuring, and response modulation.

Gross and John (2003) also developed the Emotion Regulation Questionnaire (ERQ), which primarily assesses two strategies: expressive suppression and cognitive reappraisal (Navarro et al., 2018). Recent literature has found links between expressive suppression and dysfunctional eating behaviors. Palomino (2020) highlights that sustained emotional inhibition could trigger irregular eating behavior patterns.

On the other hand, stress has been considered a prominent risk factor in eating disorders. Leal (2006) defines it as a physical and emotional reaction to stimuli perceived as threatening. Over the years, it has been shown that sustained stress can generate significant physiological and psychological alterations. Herrera et al. (2017) point to a direct correlation between stress and the onset of mental disorders, including eating disorders. Although stress is a frequent variable in the daily environment, its clinical and preventive approach has gained importance due to its ability to trigger disorders when not properly regulated.

In this context, and considering the theoretical and empirical background that links impaired mental health, expressive suppression, and stress with the presence of eating disorders, the objective of this study is to evaluate a predictive model that allows identifying the probability of developing an eating disorder based on these three psychological variables.

2. Materials and methods

Design

Explanatory correlational scope of non-experimental, transversal correlational-causal design.

Participants

Se incluyó en el estudio una muestra de pacientes con diagnóstico de AN (n = 52) y BN (n = 64) correspondientes al área ambulatoria psiquiátrica del Programa de Atención Ciudadana “Salud Mental Ecuatoriana” del Ministerio de Salud Pública del Ecuador. El diagnóstico de los pacientes fue realizado por los psiquiatras a cargo del programa. Los criterios de inclusión para este estudio fueron una edad de 17 a 40 años, la presencia de diagnóstico de AN y BN según criterios DSM-V, para el diagnóstico de la severidad de la anorexia nerviosa se consideró el bajo peso corporal definido como un IMC ≥ 17 . No se consideraron los subtipos de: anorexia nerviosa (tipo restrictivo y tipo atracones/purgas) y bulimia nerviosa (severidad: leve, moderada, severa y extrema). criteria were substance dependence, major medical or neurological illness, and cognitive impairment. Included patients met the DSM-5 criteria for the diagnosis of eating disorders at least 2 months prior to entering the study. They also did not report being under the influence of any medication or psychotropic drug during the testing. The distribution of participants according to sociodemographic characteristics, medical illnesses, and psychopathology is reported in Table 1.

Tools

Impaired mental health - GHQ-12 (General Health Questionnaire-12).

The GHQ test developed by Goldberg, 1972, the most used version in the Latin American context is the GHQ-12, which is a reduced version consisting of 12 items. This scale is composed of a factor that assesses depression and another that analyzes social dysfunction, for its qualification a Likert scale is used that goes from 0 to 3. As a result, in the Ecuadorian context it was presented with $\alpha = .83$ (Moreta, et, al 2018).

Expressive Suppression – EQR (Expressive Suppression Scale).

The “Emotion Regulation Questionnaire” test developed by Gross and Jhon in 2003, which evaluates the two types of emotional regulation strategies, which are: cognitive reappraisal and emotional suppression, the questionnaire consists of 10 items, among which 6 respond to the cognitive reappraisal factor and 4 to the suppression factor, which will be evaluated using a Likert scale from 1 to 5. As a result, in the Ecuadorian context, $\alpha = .80$ was presented (Moreta, et, al, 2018).

Stress - DASS-21 (Depression, Anxiety, and Stress Scale - 21 items)

The Depression, Anxiety, and Stress Scale, developed by Lovibond and Lovibond in 1995, is a test that measures depression, anxiety, and stress in a person. This test has 21 items, and a Likert scale of 0 to 3 is used for this assessment. As a result, an average of $\alpha = .89$ was obtained in a Latin American context Contreras, et al. (2021). This sociodemographic questionnaire is a short, structured, closed-ended questionnaire designed to collect sociodemographic information, including variables such as sex, marital status, and age expressed in years (Román, et al, 2018).

All instruments used in this research have presented criterion and content validity, in addition to all of them complying with the assumption of normality and homostaticity. and collinearity.

Procedure

The study will be conducted in accordance with the latest version of the Declaration of Helsinki. The Clinical Research Ethics Committee of the Ministry of Public Health (project approved by CEISH:036-2023, MSP Catholic University of Cuenca, Ecuador) will approve the study, and signed informed consent will be obtained from the volunteer participants in the psychiatric outpatient department of the “Ecuadorian Mental Health” Citizen Care Program.

Outpatient physicians and psychiatrists Patients will be invited to participate in the study during the consultation process, informing them that their attitudes toward mental health issues were being assessed. Data collection lasted two months. Those who gave their written consent to participate were included in the study. Once this process was completed, patients were scheduled with the patients to complete the tests during their regular consultations and follow-up visits. Data collection was conducted by the on-staff psychologist in conjunction with the attending physician. Patients who completed the measures were thanked for their time.

Data analysis

All data were processed using Ro-Statistics for Windows. First, descriptive statistics were calculated, including frequencies, means, and standard deviations. Pearson’s correlations (r) were then applied to analyze bivariate associations between the study variables. Multiple regression analysis was also performed to explore the relationship between inhibition, depression, and food addiction. To do this, the

coefficients (R^2) and standardized coefficients (β) were determined, along with the semipartial compensation coefficient (sr^2), which indicates the percentage of variance explained by each predictor variable after controlling for the effects of the others (Harrell, 2015).

3. Results

In cases of anorexia, single women represent 26.7% of the total sample, while single men account for 14.7%. No cases of married or cohabiting men with anorexia were observed; however, in the case of bulimia, women represent 28.4% and single men 19.8%. **These data suggest that anorexia and bulimia are present in single individuals, with women being particularly prevalent in that group.**

In terms of gender, a female predominance can be seen, as women represent 67.3% of cases of anorexia and 56.3% of cases of bulimia. However, it should be noted that men are more prevalent in bulimia, at 43.8%, and in anorexia, at 32.7%. However, the predominance of women is still notable.

Descriptive data

Diagnosis	Marital status	Sex	Frequencies	% of Total
Anorexia	Single	Women	31	26.7%
		Man	17	14.7%
	Married	Women	3	2.6%
		Man	0	0.0 %
	Common-Law Union	Women	0	0.0 %
		Man	0	0.0 %
	Separated	Women	0	0.0 %
		Man	0	0.0 %
Bulimia	Divorced	Women	1	0.9%
		Man	0	0.0 %
	Single	Women	33	28.4%
		Man	23	19.8%

Diagnosis	Marital status	Sex	Frequencies	% of Total
	Married	Women	3	2.6%
		Man	2	1.7%
	Common-Law Union	Women	0	0.0 %
		Man	1	0.9%
	Separated	Women	0	0.0 %
		Man	1	0.9%
	Divorced	Women	0	0.0 %
		Man	1	0.9%

Difference between groups by type of diagnosis and variables (age, stress, expressive suppression, and impaired mental health)

No significant statistical differences could be observed between the diagnostic groups, so these variables do not present notable differences between those suffering from bulimia and anorexia.

Relationship between type of diagnosis and sex

The Chi-square test does not show a significant relationship between the type of diagnosis (AN and BN) and sex, which shows us that despite the difference between sexes in the sample group, it is not so great as to be considered significant.

Correlation between impaired mental health and expressive suppression Pearson's $P = 0.246$: Positive-moderate correlation between variables. Therefore, as expressive suppression increases, so does mental health deterioration, although not strongly. **$P = 0.008$ This relationship is significant given that the "p" value is less than 0.05.**

Correlation between impaired mental health and stress Pearson's $P = 0.517$: Moderate to strong positive correlation between variables. Therefore, as stress increases, so does the deterioration in mental health. **$P = < 0.001$, this relationship is highly significant, reinforcing a considerable association between variables.**

Correlation between expressive suppression and stress Pearson's $P = 0.343$: Moderate positive correlation between variables. Therefore, the greater the emotional suppression, the greater the stress. $P = < 0.001$, this relationship is significant between variables.

Correlation Matrix

		Deteriorated mental health	Expressive suppression	Stress
Deteriorated Mental Health	Pearson's R	—		
	gl	—		
	p-value	—		
Expressive Suppression	Pearson's R	0.246	—	
	gl	114	—	
	p-value	0.008	—	
Stress	Pearson's R	0.517	0.343	—
	gl	114	114	—
	p-value	< .001	< .001	—

Linear Regression Dependent Variable Bulimia

Analysis for Bulimia:

Model fit measures:

$R = 0.111$: The correlation between the independent variables and bulimia is very weak.

$R^2 = 0.0123$: Only 1.23%* of the variability in bulimia is explained by the independent variables, indicating that the model is not useful for predicting this variable.

Model Coefficients – Bulimia

Model coefficients:

Expressive suppression:

Estimator = 0.0203, $p = 0.819$: There is no significant relationship with bulimia (high p -value, not significant).

Deteriorated mental health:

Estimator = 0.0514, $p = 0.819$: It also does not show a significant relationship with bulimia.

Stress:

Estimator = 0.1666, $p = 0.454$: No significant relationship was observed between stress and bulimia.

Predictor	Estimator	EE	t	p
Constant	13.2743	1.5319	8.666	< .001
Expressive Suppression	0.0203	0.0886	0.230	0.819
Deteriorated Mental Health	0.0514	0.2246	0.229	0.819
Stress	0.1666	0.2215	0.752	0.454

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4. Discussion

The present study aimed to analyze the relationship between poor mental health, expressive suppression, and stress with eating disorders (EDs), focusing on anorexia and bulimia, using linear regression analysis. The results obtained offer interesting results and reveal significant differences in the influence of independent variables on the two types of EDs focused on in this study.

The results obtained indicate that impaired mental health and expressive suppression have a significant relationship with anorexia. Impaired mental health showed a positive and significant relationship with anorexia, which confirms the hypothesis raised by previous studies Irarrázaval, Prieto & Armijo (2016), which indicate that the lack of adequate resources to manage the deterioration of mental health can influence the appearance of TCA, as well as studies by Ruiz, et, al, (2022), David García (2020) and Muñoz, et, al, (2023) which in their research refer to the fact that people with characteristics of impaired mental health are the most vulnerable to suffering from TCA, specifically anorexia, these ideas are reaffirmed by Mendieta et al, (2025), determining that there were factors associated with deteriorated mental health before the emergence of TCA. As the mental health of individuals worsens, the likelihood of developing anorexia increases. This finding underscores the importance of addressing mental health as a key component in the treatment and prevention of eating disorders. Furthermore, this finding reinforces the preventive approach from a clinical perspective, which involves not only intervening when symptoms appear, but also acting early to promote psychological well-being.

Expressive suppression presented a significant negative relationship with anorexia, indicating that the greater the tendency to suppress emotions, the lower the likelihood of manifesting anorexia symptoms. This finding differs from what was expected, given that previous research

such as that of Palomino (2020) indicated that emotional suppression can trigger disordered eating behaviors. Studies proposed by Díaz & Beltrán (2021), Gómez, et al, (2022) and Nicolás Vizioli (2022) show a mutual agreement that emotional suppression can lead to mental disorders in the future, among which anorexia is mentioned. One possible interpretation is that some individuals with anorexia could resort to emotional regulation strategies other than suppression, such as cognitive avoidance or perfectionism, which could make invisible the direct role of emotional suppression in the development of this pathology. A possible explanation could be that people with anorexia do not necessarily suppress their emotions, but rather channel them differently, which requires further exploration in future research. However, it has also been shown that eating disorders are not specifically linked to issues related to emotions, as stated by Riveros, Garrido & Reyes (2025).

Stress, however, did not show a significant relationship with anorexia, so it can be understood that, despite being a factor that has traditionally been associated with psychological and eating disorders, in this study sample it was not considered a relevant predictor. As García, et al, (2023) points out, stress alone is not a determining factor for anorexia nervosa, however, this associated with other factors can be a great determinant for it. It is possible that other additional factors, such as individual or contextual characteristics, mediate this present relationship, authors such as Acosta, et, al (2023), Elena Gismero (2020), Escandón & Garrido (2020) mention that long-term stress can become a determining factor for the appearance of TCA. This result invites reflection on the role of chronic stressors versus acute stressors, since it may be that only sustained stress without a significant emotional support network has an effect on the development of eating disorders.

In the case of bulimia nervosa, the results obtained were different from the previous ones. None of the variables taken into account for this study (deteriorated mental health, expressive suppression and stress) showed a significant relationship with this disorder, authors such as Castro, et, al (2023), Diana Pacheco (2021) & Villamar & Baile (2023) mention that in their studies psychological factors that influence the emergence of bulimia nervosa have been determined, however, the variables taken into account in this study are not considered by these authors. These data suggest that bulimia nervosa could be influenced by other factors not contemplated in this study, such as social pressure, body dissatisfaction or a history of emotional trauma, as has been suggested in previous research as referred to by Doncel (2022), as well as the intensity and influence that they had since the person's childhood as mentioned by Orellana & Reivan (2025). Another option to consider is the fact that bulimia, when including behaviors such as binge eating, is more closely related to impulsive emotional dysregulation than to emotional suppression or psychological impairment, which leads us to suggest including other variables such as impulsivity in future studies. Furthermore, the low predictability value indicates that the model is inappropriate for predicting the variability of bulimia with these variables.

It is important to highlight the possible influence of sex on the results, since the data show a higher prevalence of anorexia in women compared to men, which coincides with the literature, which has pointed out the greater vulnerability of women to developing eating disorders, as mentioned in their research by Arijá et al (2022), Fernández & Pedrón (2022), Restrepo & Castañeda (2020) and Quiñonez et, al (2022). It should be noted that this pattern could be partly explained by the greater social and media pressure exerted on the female gender related to a social standard of ideal body, as well as by cultural factors that promote unattainable beauty standards for women. However, in the case of bulimia, the sex difference was not significant, as mentioned by authors such as Antonia

Rodríguez (2024) and Bautista et al (2020), which suggests that eating disorders can affect both sexes equally. However, when mentioning TCA together, we can conclude that there is a higher prevalence in women than men, as mentioned by Hoyos et al. (2025).

The limitations of this research were related to the limited sample size, which could reduce the ability to generalize results. Variables not considered in this case included body dissatisfaction, personal history, social pressure, among others, which could provide a new database on risk factors for eating disorders. The non-experimental, cross-sectional design chosen for this study prevents causal inferences, limiting it to identifying correlations, not whether one variable can cause changes in another. It should be taken into account that the results obtained may be affected by external events, which do not necessarily reflect the longitudinal dynamics of eating disorders. To address these limitations, it is recommended to increase the sample size to obtain a greater amount of data, in addition to including other psychological factors that may be related to the case, as well as changing the design to a longitudinal one in order to study the development and progression of eating disorders along with their determining factors.

5. Conclusions

Despite its limitations, this study provides a solid theoretical framework for the relationship between poor mental health and anorexia nervosa, highlighting the importance of mental health in preventing future eating disorders. On a practical level, the results obtained may be useful for designing future programs focused on psychological interventions to improve people's mental health and thus prevent the onset of eating disorders. Among the benefits of this research is the understanding of how poor mental health can lead to future eating disorders, which is why addressing this issue through individual or group interventions must be

a key focus in our practice. Similarly, the impact of poor mental health, expressive suppression, and stress on eating disorders was identified, enabling future research to provide baseline information from which to build new goals.

6. Contribution of the authors

MARG – Analysis of results

GGRO – Data collection

7. Ethics committee approval and consent to participate in the study

The Clinical Research Ethics Committee of the Ministry of Public Health, approved by CEISH:036-2023, MSP Catholic University of Cuenca, Ecuador, will approve the study, and signed informed consent will be obtained from the volunteer participants in the psychiatric outpatient department of the Citizen Care Program “Ecuadorian Mental Health.”

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