Thoughts & Mind

All-or-Nothing Thinking

“I’ve ruined it, so what’s the point?”

All-or-nothing thinking turns eating into a pass-or-fail test. A meal is 'perfect' or 'ruined', a food is 'good' or 'bad', recovery is 'going well' or has 'failed'. Once a rule is broken, the mind may conclude that there is no point continuing. This black-and-white pattern can maintain restriction, binge-restrict cycles, compensatory behaviour, shame and repeated attempts to start again tomorrow.

Key idea: One meal, one food, one difficult moment or one change of plan does not erase everything else. Recovery is built through what happens next, not through performing every step perfectly.

What black-and-white thinking sounds like

“If I cannot do it perfectly, there is no point.” “I ate something I had not planned, so the whole day is ruined.” “I struggled today, so I am back at the beginning.” “If I need support, I am failing.” The details differ between people, but the structure is similar: there are only two possible categories and no room for context, learning or partial progress.

Why eating disorders like rigid categories

Rules reduce uncertainty. When anxiety is high, a clear right/wrong system can temporarily feel safer than making flexible decisions. Restriction and undernutrition can also make thinking more rigid. The problem is that ordinary life is variable: meals change, bodies change, plans change and recovery itself is uneven.

Perfectionism and control

Perfectionism is not simply having high standards. Difficulties arise when self-worth becomes tied to meeting inflexible standards, mistakes feel intolerable or success is repeatedly discounted. In eating disorders, perfectionistic rules may become attached to food, exercise, body shape, routines or treatment itself.

ARFID can have all-or-nothing patterns too

Black-and-white thinking is not limited to weight- or shape-focused eating disorders. Someone with ARFID may think, 'If I cannot eat a full portion, there is no point trying', or 'If the food is not exactly the expected brand or texture, I cannot eat any of it.' A flexible approach recognises partial participation and carefully graded progress.

The all-or-nothing thoughts I notice:

Find the middle ground

The aim is not to force positive thinking. It is to make the thought more accurate and give yourself more than two possible responses.

1. What happened?

Describe the event without judgement or numbers. For example: a plan changed, eating felt difficult, you ate something unexpected or a recovery step did not go as hoped.

What happened:

2. What rule was I expecting myself to meet?

Look for words such as always, never, must, should, exactly, perfect or ruined.

The rule:

3. What extreme conclusion followed?

Notice whether one event became a judgement about the whole day, your body, your recovery or your worth.

The conclusion:

4. What exists between the two extremes?

Ask what a 40%, 60% or 'good enough for today' response might look like without turning those figures into food or body targets. Consider context, effort, support and what was still achieved.

A more balanced view:

5. What is the next useful step?

Return to the next planned meal or snack, use support, continue the day, repeat an exposure another time or review what made the situation difficult. The next step does not need to repair or compensate for the previous one.

My next step:

Practising flexibility instead of perfection

Flexible thinking is a skill. At first it may feel less safe than a strict rule because it includes uncertainty. Repetition helps the brain learn that an imperfect moment can be tolerated without abandoning the wider recovery direction.

All-or-nothing thought	More flexible response
“I ruined the meal.”	“Part of that meal was difficult. I can still continue with my plan.”
“I should be further ahead.”	“Recovery is not linear; I can look at what I need now.”
“If I need a safe food, I have failed.”	“A safe food can support nutrition while I build flexibility elsewhere.”
“I could not complete the step.”	“I attempted it and learned what support or adjustment may help next time.”
“I had a setback, so I am back at the beginning.”	“I still have the knowledge and experience I built before today.”
“I need to make up for it.”	“Compensation strengthens the cycle; continuing normally protects recovery.”

Language can change the frame

Try replacing 'I failed' with 'I found that difficult'; 'I ruined it' with 'something changed'; 'I have to start again' with 'I can continue'; and 'I should be able to do this' with 'what support would make this more manageable?' These are not excuses. They describe the situation without turning it into a verdict.

Supporting someone who thinks in extremes

Avoid praising perfect eating or framing difficult days as failures. Help the person identify what still counts, what was learned and what the next planned step is. With ARFID or sensory needs, recognise that accommodation and progress can exist together. Do not use another person's recovery as a comparison.

Setbacks are information

A setback can show that a step was too large, support was missing, sensory demands were higher than expected, a trigger was present or the eating disorder was particularly strong. That information can improve the next plan. It does not erase previous progress.

Flexible phrases I want available when things feel 'ruined':

When specialist support matters

Seek professional eating-disorder support when rigid thinking is driving restriction, bingeing, purging, compulsive exercise, significant distress or interference with everyday life. Medical risk can occur at any body size and requires appropriate assessment.

My interactive All-or-Nothing Thinking Plan

Use this plan to interrupt the 'ruined, therefore give up' moment. It is not a scoring system and does not ask you to judge whether your eating was good or bad.

NOTICE - What words tell me I have moved into black-and-white thinking?

INTERRUPT - What can remind me that one moment is not the whole picture?

MIDDLE - What is a more accurate, flexible description?

CONTINUE - What is the next treatment-aligned step rather than compensation?

LEARN - What information can I take forward without judging myself?

A message from Maggie

> *Eating disorders can make recovery feel like something you have to get exactly right. Then one difficult meal, one unexpected change or one moment when things do not go to plan can feel as though everything has been lost. It has not. You do not have to begin again from zero. You can continue from exactly where you are, carrying everything you have already learned with you. Progress has room for difficult days, adjustments and imperfect steps.*

Books, resources & clinical sources

NICE NG69: Eating disorders: recognition and treatment. NHS eating-disorders information. Beat eating-disorders information and support. Fairburn, *Cognitive Behavior Therapy and Eating Disorders*. Waller et al., *Cognitive Behavioral Therapy for Eating Disorders*. Thomas, Lawson & Eddy, *Cognitive-Behavioral Therapy for Avoidant/Restrictive Food Intake Disorder*. Cognitive and behavioural interventions should be tailored to the person's diagnosis, physical health and individual formulation.