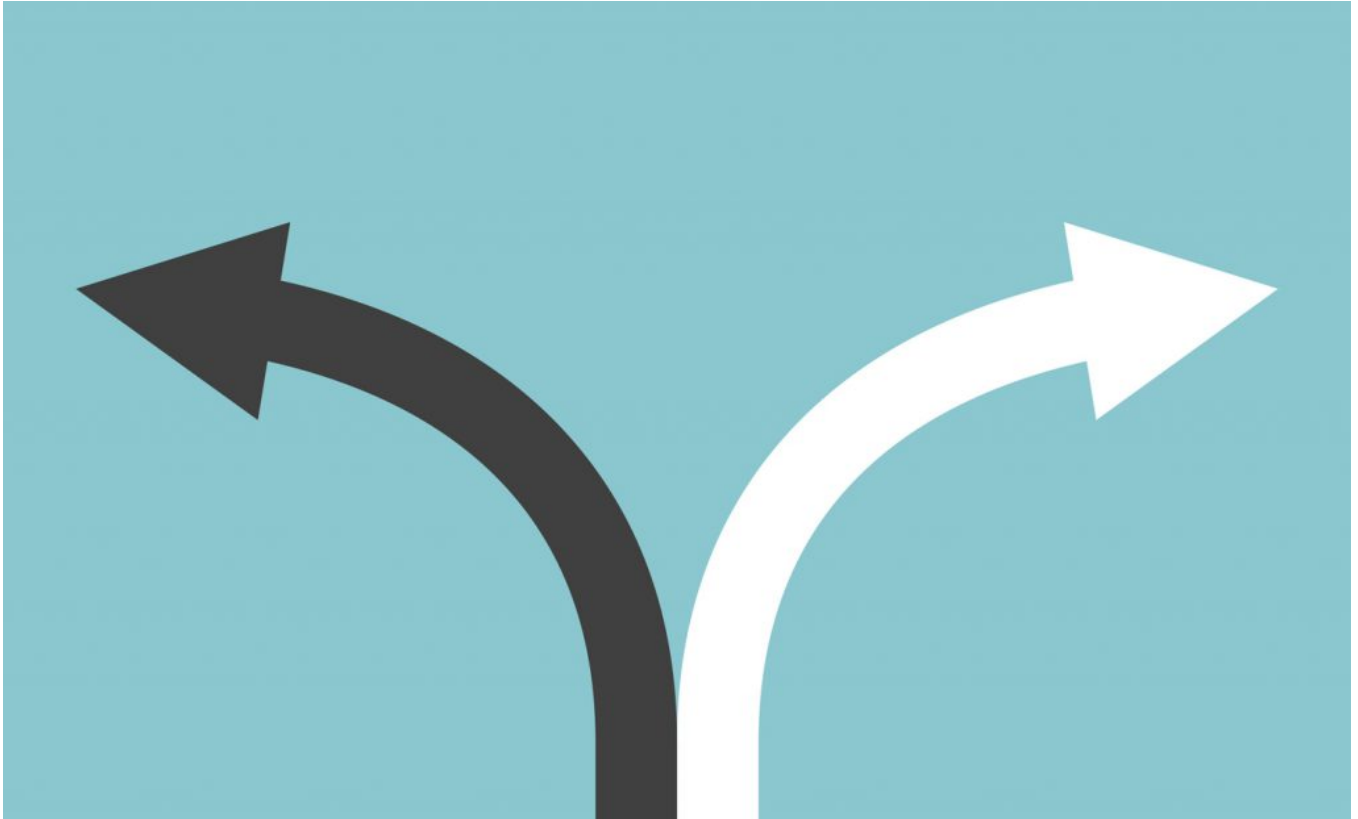


‘All-or-Nothing’ Thinking More Common in People with Anxiety, Depression, and Suicidal Ideation

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Thinking in black and white arranges the world into extremes: good and bad, yes and no. This duality might help us make sense of the world but the truth is that most things can be approached from multiple perspectives, adding shades of grey to otherwise clear-cut answers. The tendency to overlook these alternatives and intricacies, known as absolutist thinking, can contribute to problematic patterns of thought.

Absolutist thinking, or thinking in terms of totality, is communicated through words such as “always,” “nothing,” or “completely,” and often appears in the thought processes of individuals diagnosed with eating disorder (ED), and affective disorders such as borderline personality disorder (BPD) and suicidal ideation. Understanding how people suffering from affective disorders think, not just what they think, is an area of interest for cognitive psychologists. Past research shows that two aspects of language – negative emotion words and first-person pronoun use – are associated with depression and other affective disorders. However, *how* people write about their experiences can serve as an implicit marker of cognitive processes.

In an [article](#) in *Clinical Psychological Science*, researchers Mohammed Al-Mosaiwi and Tom Johnstone explain that “a shift in focus to how we think rather than what we think can provide greater insight into

possible cognitive mechanisms underlying affective disorders.”

In their article, Al-Mosaiwi and Johnstone present research investigating absolutist thinking and its link to various affective disorders. Only preliminary empirical work has investigated its connection to other affective disorders like anxiety and depression, even though it is addressed in cognitive therapy for those disorders.

Al-Mosaiwi and Johnstone conducted three studies to examine absolutist thinking, using a computer program to perform text analysis of 63 Internet forums and posts from over 6,000 contributors. The forums allowed for observation of natural language, increasing the generalizability that a structured response format would not provide.

The researchers developed absolutist and nonabsolutist dictionaries for the program. The absolutist dictionary contained words such as “totally” and “entire,” while the nonabsolutist dictionary identified words such as “rather” and “somewhat.” The program controlled for false positives, such as negation before an absolutist word (i.e., “not entirely”).

In all three studies, the program created an index based on the percentage of absolutist words used in the forum group. In order to rule out other factors related to affective disorders, such as negative emotions and personal pronouns mentioned above, the program also ran posts through 73 other pre-existing dictionaries.

In the first study, the researchers compared forum groups for people suffering from anxiety, depression, and suicidal ideation. To address potential confounding characteristics, the researchers created “general” comparison groups, which included forums to control for gender (ex. Ladies Lounge, Askmen), age (i.e. Student Room for a young group and Pensioners Forum for an old group), chronic physical illnesses (asthma and diabetes forums), and cancer (a form of severe physical and psychological distress). The absolutist word content of each of these forums did not vary, allowing the researchers to combine these general groups into a single control group.

Groups for anxiety, depression, and suicidal ideology had significantly higher absolutist indices than the control group. Additionally, the absolutist index for the suicidal ideation forum was significantly higher than those for both the anxiety and depression forums. Comparing the absolutist dictionary with 73 alternative dictionaries and a nonabsolutist dictionary, the researchers found that the absolutist dictionary was the strongest indicator of anxiety, depression, and suicidal ideation groups.

The authors note that dictionaries for “negative emotion,” “sad,” “affect,” and “feel” reported higher absolutist indices in anxiety and depression than in the suicidal ideation forum, a paradoxical result that is inconsistent with the belief that people with suicidal ideation have higher amounts of negative emotion.

The second study demonstrated that absolutist words reflect absolutist thinking and not psychological distress. The authors compared forum groups for BPD and ED, both highly associated with absolutist thinking, with two groups related to similar negative emotion that are less associated with absolutist thinking: post-traumatic stress disorder (PTSD) and schizophrenia. The BPD and ED groups had significantly higher absolutist indices than both the PTSD and schizophrenia groups. The suicidal

ideation group from the first study also had a much higher absolutist index than the BPD and ED groups.

In a third study, the researchers analyzed subforums of depression and suicidal ideation for people in recovery from those disorders, to identify whether absolutist thinking persists as a possible cognitive vulnerability to experiencing another episode in the future. The absolutist index of the recovery subforums was significantly greater than the control groups from the first study. This result is particularly important, as it suggests that individuals continue to show cognitive vulnerability associated with the disorders, even when they are in recovery.

Some aspects of the research design may limit how the results are interpreted and applied. In particular, the observational research design offers low experimental control. Al-Mosaiwi and Johnstone also note that, beyond a basic check, they were not able to confirm whether each individual was actually a representative of the group.

Additionally, the absolutist index cannot be used as a diagnostic or clinical tool, as it is simply a means of observation and comparison across groups. In a separate article, Al-Mosaiwi and Johnstone explain that, “it is of course possible to use a language associated with depression without actually being depressed.”

Future research could employ an alternative design that ensures participants are representative of the groups of interest, as well including measures that tap into their motivation for writing. Because absolutist thinking also varies within a person, and thereby influences affective symptoms, researchers should also test experimental manipulations of absolutist thinking in individual participants.

References

Al-Mosaiwi, M., & Johnstone, T. (2018). In an absolute state: Elevated use of absolutist words is a marker specific to anxiety, depression, and suicidal ideation. *Clinical Psychological Science*. doi: [10.1177/2167702617747074](https://doi.org/10.1177/2167702617747074)