The Debilitating Obsessive Thoughts and Guilt of Young Adults

Rapid Report

Mental Health Million Project 2022
Summary

The Mental Health Million Project has revealed a global decline in the mental health of successively younger generations. The most common mental health symptom characterizing this decline reported by young adults in 2021 was, unexpectedly, debilitating Obsessive, Strange or Unwanted Thoughts at 41% (along with feelings of sadness, distress and hopelessness). Another symptom of unexpectedly high prevalence was debilitating feelings of Guilt & Self Blame at 37%. These were 3.3 and 2.6 times the prevalence in their parents’ generation (age 45-64), respectively. In this report we explore the nature of the obsessive thoughts and guilt that plague young adults.

We show that the predominant nature of such debilitating obsessive thoughts was around relationships with others, with a prevalence of 20% in the 18-24 age group, four times that of their parent’s generation. Following this in prevalence were obsessions over something negative that happened in the past and something negative that could happen in the future. While the lowest in prevalence was an obsession with celebrities, it was a full 12-fold higher among 18-24 year old’s relative to their parents’ generation.

The predominant source of debilitating guilt and blame was feelings of disappointing or letting people down, with a prevalence of 13% in the 18-24 age group, 2.6 times the prevalence in their parents’ generation. The next most prevalent were guilt over something that happened in the past and something that was not your fault. While lowest in prevalence was guilt over one’s race or gender, it was 11 times higher among the 18-24 age group compared to their parents’ generation. Obsessive thoughts around cleanliness and orderliness typically associated with obsessive compulsive disorder (OCD), and survivor guilt that is typically associated with post-traumatic stress disorders (PTSD), were relatively low in prevalence.

Overall, the types of obsessive thoughts and guilt that are debilitating young people today are distinct from those typically considered in traditional mental health paradigms. Instead, they encompass more broad and varied themes of mental distress that likely arise from the changing socio-cultural environment that today’s young people inhabit that is characterized by diminished in-person social interaction, a distortion of social bonding within virtual environments, and a dominance of negative information on the Internet.
Introduction

The Mental Health Million Project has revealed recent trends of significantly diminished mental health and wellbeing of successively younger generations, in a stark reversal of patterns reported 12 years ago\(^1\)\(^2\). In 2021, 44% of those 18-24 years old across 34 countries had a mental wellbeing status that was in the struggling or distressed range compared to just 7% of those 65 and older\(^3\). In the Core-Anglosphere or English speaking developed countries, this trend was even more pronounced, with 54% of those aged 18-24 years distressed or struggling. This trend, observed globally in the Internet-enabled populations of the world, and supported by other research\(^4\)^\(^5\), is not yet well understood but is likely a consequence of our changing cultural, social, technological and environmental circumstance.

The dominant pattern of mental health symptoms prevalent in young adults across the world are distinct from traditional disorder groupings of symptoms as laid out by the DSM-5\(^6\). While debilitating feelings of sadness, distress or hopelessness were most common and reported in 41% of young adults aged 18-24 in 2021, two unexpected symptoms reported as severely debilitating to their ability to function were the experience of Obsessive, Strange or Unwanted Thoughts also at 41%, and feelings of Guilt & Blame at 37%, 3.3 and 2.6 times the prevalence in their parents’ generation (age 45-64). While there were differences in the prevalence across countries, the aggregate pattern was largely the same in all countries. We show select countries in Figure 1 where the sample sizes were largest.

In this report, based on analysis of a sample of 148,398 English-speaking respondents from 19 countries collected during 2021-22, we probe further the nature of obsessive thoughts and guilt and blame that plague the younger generations.

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**Figure 1:** Prevalence of debilitating obsessive, strange and unwanted thoughts (left) and guilt & (self) blame across different age groups

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![Graph showing prevalence of debilitating obsessive, strange and unwanted thoughts and guilt & (self) blame across different age groups](image-url)
**Obsessive, Strange or Unwanted Thoughts**

Within a general population, occasional intrusive, or unwanted thoughts are a normal occurrence\(^7\)\(^8\). In the 2021-22 Mental Health Million data, 84% indicate some presence of obsessive thoughts consistent with other estimates suggesting that 80% of the population experience them\(^9\). However, they are typically not of a frequency or duration that has a severe impact on a person’s ability to function in daily life. Within the clinical domain, debilitating obsessive thoughts have long been associated with obsessive compulsive disorder (OCD) where they typically involve either obsessions with cleanliness or orderliness of the environment\(^6\). However, obsessive, intrusive, or repetitive forms of thinking are also associated with other mental health disorders including depression\(^10\), addiction\(^11\), eating disorders\(^12\), anxiety, autism spectrum disorder (ASD)\(^13\) and attention-deficit/hyperactivity disorder (ADHD)\(^14\). More recently, given their rising and broad prevalence, they have been proposed as a cross-disorder (transdiagnostic) factor associated with multiple psychiatric disorders and types of psychopathology\(^15\).

To understand what constitutes these debilitating obsessive thoughts we asked those individuals who reported a severe impact of obsessive thoughts on their ability to function (defined as a selection of 8 or 9 on a 9-point life impact scale where 9 represents a constant and severe impact on the ability to function) to describe the dominant nature of these thoughts by selecting from the following list of options. Respondents could choose up to 2 options that dominated their obsessive thoughts.

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<tr>
<td>A</td>
<td>Hygiene, cleanliness (e.g. cleanliness of objects, need for handwashing)</td>
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<td>B</td>
<td>Order of things in your environment (e.g. aligning edges and positioning of objects, walking a certain way)</td>
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<td>C</td>
<td>Your relationship with one or more people that you know (e.g. thinking constantly about a particular person in an unhealthy way)</td>
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<td>D</td>
<td>Social media comments relating to you (e.g. how many likes you have and what people say about your posts)</td>
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<td>E</td>
<td>A celebrity or person that you don’t know (e.g. thinking constantly about that person to the detriment of your own life)</td>
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<td>F</td>
<td>Possible disasters that could happen (e.g. imagining someone close to you will die or that you will have a car accident)</td>
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<td>G</td>
<td>A macro issue or current event (e.g. a constant rumination on the possible consequences of climate change or Covid)</td>
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<td>H</td>
<td>Something negative or bad that you experienced in the past</td>
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<td>I</td>
<td>Other</td>
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Here we report the percentage of people out of the total population across all ages, and within each age group, who experienced debilitating thoughts of each type. Across all age groups the most prevalent obsession related to a “Relationship with one or more people that you know” (9.9%). This was followed by obsessions relating to “Something negative or bad that happened in your past” (9.0%) and “Possible disasters that could happen [in the future]” (7.1%). The classic OCD symptoms of obsessing about orderliness or hygiene were substantially lower for all age groups (both 2.6%) while the lowest prevalence were obsessive thoughts relating to a macro issue or current event (1.3%), comments on social media (1.2%), or a celebrity (0.8%) or. Across all age groups 0.3% selected the option ‘Other’ suggesting this list covered all the dominant obsessive, unwanted and strange thoughts.

While the ordering of prevalence was similar for all age groups, in all cases, the prevalence was several times higher among the 18-24 age group (Figures 2 and 3). In percentage terms the largest increase was with respect to obsessions with relationships which increased from 4.8% of adults 45-64 to 20.0% of the 18-24 age group, an approximately four-fold difference between 18-24 year olds and their parents’ generation. Celebrity obsessions, although the lowest prevalence overall, were almost 12-fold higher in the 18-24 age group compared to those 45-64.

Guilt and Blame

Guilt and self-blame are socially and morally important emotions that people feel when they think they’ve caused harm or breached their moral code\textsuperscript{16}. Like obsessive thoughts they are a common experience, reported at varying levels by 82% of those in the 2020-2021 Mental Health Million data, but typically are not debilitating. However, debilitating feelings of this nature such as guilt over something that is not your
fault (for example, parents’ divorce or familial conflict), or survivors guilt have been associated with a number of mental health disorders including depression and post-traumatic stress disorder (PTSD). As with obsessive thoughts, we asked those individuals who reported a severe impact of Guilt & [Self] Blame on their ability to function (selection of 8 or 9 on a 9-point life impact scale) to describe the dominant source of these feelings by selecting from the list of options shown below. Respondents could choose up to 2 options that dominated their feelings of guilt and blame.

Across all age groups the most prevalent source of guilt was disappointing people or letting them down (13.1%). This was followed by feeling guilt about the way they treated someone, or for what they did to someone in the past (10.7%), blaming themselves for things that aren’t their fault (8.6%), conflict between personal values and choices they made (8.5%) and feeling guilty about thoughts or desires that they believe they should not have (6.8%). Lowest in prevalence was guilt over their race or gender (1.3%). Across all age groups only 0.2% selected the option ‘Other’ suggesting this list covered all the dominant sources of guilt and self-blame.

As in the case of obsessive thoughts, these sources of guilt and self-blame were more prevalent in young adults (Figures 4 and 5). For example, 26.1% of young adults reported feeling guilt over disappointing people or letting people down compared to 7.9% of the 45-64 age group, while 20.7% of young adults reported guilt relating to the way they treated someone, or for what they did to someone in the past, compared to 6.4% of older adults. Although the overall prevalence of guilt over one’s race or gender was low, it was 10-fold higher in younger adults compared to the older generation. Feeling guilt about thoughts or desires that they felt they should not have was five-fold higher in young adults compared to the older generation.
What do we make of this?

Adolescence and early adulthood is a time of immense social change, where concern over social evaluation rises, and self-consciousness peaks. Elevated levels of socially-conscious thoughts and feelings are therefore likely to be a normal feature of this development as individuals learn to navigate the social world and their place in it. However, the magnitude of the prevalence of debilitating obsessive thoughts and guilt and blame, and the multi-fold difference compared to their parents’ generation, is far beyond what is acceptable for a healthy society. Moreover, obsessive thoughts and feelings of guilt and blame that fit with classically defined manifestations, such as cleanliness and order within OCD, or survivor guilt within PTSD, represent a relatively small proportion. Instead, they are more broad and varied themes of distress. How do we understand this alarming phenomenon?

A dominant theme of distorted self and social relationships.

The dominant types of debilitating obsessive thoughts and guilt and self-blame are heavily related to people's self and social perspectives. For instance, both the dominant factors causing distress in young adults, “Relationship with one or more people that you know” in the case of obsessive thoughts and “Disappointing people or letting them down” in the case of guilt and blame, relate to interpersonal factors. Another factor is guilt over the inability to forgive, even for small things. This is likely a consequence of how social relationships form and evolve within this generation, something that has radically changed
compared to their parents’ generation, and compared to 12 years ago\textsuperscript{1,2}, when age-patterns of mental wellbeing were starkly different.

Growing up in a fully internet-connected world means many relationships of today's 18-24 year olds play out online and over social media, rather than in person, something that has been further exacerbated by the Covid-19 pandemic. The diminished number of hours of in-person socializing, by some estimates as much as five-fold relative to their parents’ generation, is likely to bring with it a diminished capability for navigating social situations including appropriately interpreting the behavior of others, resolving conflict, and regulating social expectations\textsuperscript{22}. The shift to online interaction also represents a distortion of the natural mechanisms of reciprocal human bonding. We are physiologically designed to bond by mechanisms that involve eye contact, mirroring of body language, physical touch and olfactory cues, the absence of which can result in distorted and/or unstable bonding. The dramatic 12-fold increase in celebrity obsessions is one such manifestation of this shift. For example, being able to know about people you don't physically know, leads to a distortion of people's perceived connection with others, where they feel they are bonded with them simply because they follow them and know intimate details about their lives.

The negative consequences of changes in the way people interact socially are also strongly visible in other data from the Mental Health Million Project. For instance, the dimension of Social Self, a composite measure of how we view ourselves and our ability to form strong, stable relationships with others, is in rapid decline among younger generations\textsuperscript{3}.

\textbf{A reflection of changing social narratives and expectation}

The social narratives and expectations of each generation are also likely to play a role in the outcomes highlighted here. We previously noted in our 2021 Mental State of the World report that the cultural ethos of performance orientation\textsuperscript{23}, the degree to which a culture values and rewards people predominantly for work performance, is negatively correlated with mental wellbeing\textsuperscript{3}. The growing societal emphasis on performance and achievement is often also associated with growing parental and social expectations in terms of academic and professional accomplishment. This could be another contributing factor behind the large prevalence of young people feeling guilt about disappointing people or letting them down.

Socio-cultural narratives are also likely to have an impact on how young people develop their sense of self. For example, the 10-fold increase in guilt over gender and race may reflect the dominant focus on race and gender narratives in popular discourse, contributing to internal conflicts relating to race. Similarly, a greater awareness of the world's problems can highlight conflict between personal values and choices (e.g. driving a car despite its climate impact).
**A persistence of the past**

After obsessive thoughts around relationships, the next most prevalent debilitating obsessive thoughts relate to “Something negative or bad that happened in the past”, while the second most prevalent source of guilt and blame was “feeling guilty about the way I treated someone, or for what I did to someone in the past”. The increasing prevalence of dwelling on the past may arise from many factors. For example, it may be exacerbated by the diminished or distorted social framework where a strong support network that can help to buffer distress arising from past experiences is increasingly absent\(^2^4\). It may also be exacerbated by the permanent record of life created by the Internet where the past is not easily erased or forgotten, where it’s easy to relive one’s autobiographical history in minute detail on social media timelines, and where the negative tends to be amplified.

**A negative information bias**

After negative things in the past, the next and third most prevalent debilitating type of obsessive thoughts are about “negative things or disasters that could happen in the future”. The negative bias of online news and information on the Internet, leading to behaviors such as doom-scrolling, may encourage increased levels of rumination and catastrophizing – negative emotional regulation strategies that are associated with feelings of depression and anxiety\(^2^5\). Higher levels of guilt relating to having “thoughts or desires that I believe I should not have” may also relate to easier access to negative and inappropriate content (e.g. porn, violence) at much younger ages through the Internet.

**In summary**

This research highlights the alarming prevalence of obsessive thoughts and guilt and self-blame that are debilitating today’s young adults, and reveals a complex and multi-faceted nature that is distinct from those that have been considered in traditional mental health paradigms. In the aggregate, these symptoms appear to reflect the changing socio-cultural environment that today’s young adults inhabit where there is diminished in-person social interaction, a distortion of social bonding within virtual environments, and a dominance of negative information. The ongoing nature of the Mental health Million project provides scope for further exploring causal factors in order to develop interventions and preventative strategies and track their impact.
References


