

# Anxiety, Dread and the Sense of Impending Doom

*What Anxiety Data, Dread Searches, and Body Signals Still Cannot Fully Explain*

*A Preveal research analysis comparing global anxiety-disorder estimates, wellbeing research, and Google Trends observations with one still-unmeasured layer: the everyday body signals people may notice before they know what to call what they feel.*

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| <b>ARTICLE TYPE</b>   | Research Analysis / Interpretive Data Synthesis            |
| <b>CLASSIFICATION</b> | Non-clinical. Informational purposes only. Not diagnostic. |

## **POSITIONING NOTE**

This report discusses public data, search trends, and research related to anxiety, dread language, emotional awareness, and body signals. Preveal does not diagnose, treat, or measure disorders. Its focus is the earlier everyday layer many people notice first: overwhelm, restlessness, unease, emotional pressure, or body signals they do not yet have clear words for.

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## EXECUTIVE SUMMARY

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This research brief synthesises publicly available data from three global sources to examine a question that has not yet been formally studied: whether rising clinical anxiety burden and growing dread-related search language reflect overlapping shifts in how distress is experienced, interpreted, and named before diagnosis.

**311M**

people with anxiety disorders globally in 1990

**458M**

by 2019 — a 47% rise in total burden

**+76M**

new cases in the first year of COVID-19 alone

**52%**

rise in youth anxiety incidence 1990–2021

### KEY FINDINGS

#### **Global anxiety burden has risen significantly since 1990.**

GBD data shows a major increase in anxiety-disorder estimates across decades, with a sharp rise around the first year of COVID-19.

#### **Search language around dread and impending doom has become more visible online.**

Google Trends observations suggest that people increasingly reach for everyday phrases when trying to name inner alarm, dread, or the feeling that something is wrong. Google Trends data reflects search-interest patterns rather than confirmed clinical prevalence and should not be interpreted as direct evidence of rising diagnosis.

#### **Major datasets still miss the earlier body-signal layer.**

Before people use formal labels, they may first notice overwhelm, restlessness, unease, emotional pressure, or body-based alarm.

#### **This report names a research gap, not a diagnosis.**

The available data cannot prove causation between anxiety burden and dread-language growth. It can only show that different layers of experience are being measured separately while the body-signal layer remains undermeasured.

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## METHODOLOGY & DATA SOURCES

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This analysis synthesises publicly available data from:

- GBD 2021 mental-disorder burden estimates (Global Burden of Disease Study)
- COVID-era anxiety prevalence research (The Lancet, 2021)
- World Happiness Report life-evaluation data (2024–2025)
- Google Trends search-interest observations, 2004–2026

These datasets measure different dimensions of human experience and are not directly comparable. The purpose of this analysis is interpretive synthesis and research-gap identification, not causal proof.

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## Section 1

### What We Actually Know: The Clinical Picture, 1990 to 2021

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The Global Burden of Disease study is the most comprehensive longitudinal dataset on illness burden that exists. It aggregates data from 204 countries and territories, applies standardised epidemiological modelling, and produces estimates comparable across regions, age groups, sexes, and decades. When it comes to anxiety disorders, the trend it describes is unambiguous.

#### THE GBD 2021 FINDING

The GBD 2021 Mental Disorders Collaborators documented that global anxiety disorder estimates rose from 311 million in 1990 to 458 million by 2019 — a 47% rise in total burden over three decades — with a further 25% surge in the first year of the COVID-19 pandemic alone, representing the largest single-year increase on record.

Among adolescents and young adults aged 10 to 24, the picture is particularly striking. Anxiety disorder incidence in this group increased by 52% between 1990 and 2021, with the sharpest acceleration occurring in the two years between 2019 and 2021. The trajectory was not a straight line upward. It was a slow climb, then a sudden steep ascent.

## Section 2

### Regional Distribution: Where Anxiety Sits Heaviest

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When the GBD data is broken down by region, Tropical Latin America, Andean Latin America, and Western Europe carry the highest anxiety burden by disability-adjusted life years. The Caribbean sits inside one of the highest-burden regions on earth. Latin America and the Caribbean reported 7.3% prevalence in 2021, against 4.7% globally.

### ANXIETY BURDEN BY GBD REGION, 2021

DALY rate per 100,000 population



Source: GBD 2021, Journal of Affective Disorders, 2024

Importantly, anxiety disorder prevalence is positively correlated with GDP per capita — wealthier countries report more anxiety, not less. Three competing explanations account for this: detection bias (richer countries record more), wealth pressure (individualistic societies generate more comparison anxiety), and the hedonic treadmill (rising expectations offset rising incomes). All three are likely operating simultaneously.

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### Section 3

## The World Happiness Report: What It Measures and What It Misses

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### THE GALLUP / CANTRIL LADDER FRAMING

As Gallup explains in its official methodology documentation, the Cantril Scale is designed to measure overall life evaluation — a reflective cognitive judgement rather than a measure of how the respondent feels in daily life. Gallup is explicit that the scale captures where people believe they stand overall, not the texture of how they feel from day to day or what their body is carrying beneath conscious evaluation.

A person can genuinely rate their life a seven out of ten and still wake with restlessness, unease, emotional pressure, or a body signal they do not yet have words for. The Cantril Ladder was not designed to see that layer. The 2024–2025 reports documented a notable decline in happiness among people under 30 in North America, Australia, and New Zealand, while East Asia showed increasing happiness across age groups during the same period — suggesting the forces driving distress are not uniform.

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## Section 4

### The Cultural Language of Dread: What Search Data Observes and Cannot Prove

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*Sometimes people do not search for 'anxiety disorder.' They search in the language of lived experience: 'Why do I feel like something bad is about to happen?' 'Why do I feel dread for no reason?' 'Why can't I settle even when nothing obvious is wrong?' The language people reach for online often begins with the body, long before it finds a formal label.*

Google Trends offers a window into how people name their inner experience online. Since 2004, search interest in terms like 'sense of impending doom,' 'feeling of dread,' and 'dread for no reason' has been observable and appears to have grown, particularly following periods of collective stress. The COVID-19 years produced notable spikes. The period following them did not return to earlier baselines.

#### **IMPORTANT LIMITATION ON SEARCH DATA**

Google Trends normalises search volume to a scale of 0 to 100 rather than reporting absolute numbers. An increase in search interest for 'sense of impending doom' could mean more people are experiencing it, more people have the language to name it, or simply that the internet-searching population has grown. These explanations produce the same signal in the data.

Google Trends data reflects search-interest patterns rather than confirmed clinical prevalence and should not be interpreted as direct evidence of rising psychiatric diagnosis.

*"We still do not know what comes first. Does anxiety push people toward words like dread and doom? Or does having the language help people finally recognise what they already feel? The data shows two parallel rising trends. It does not show a causal arrow between them."*

## The Gap: What Three Global Datasets Together Cannot Tell Us

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### THE UNMEASURED LAYER

The GBD 2021 study measures clinically diagnosed anxiety disorder burden. The World Happiness Report measures cognitive life evaluation. Google Trends observes what people search for when trying to name something. None of these instruments measures the felt body experience of dread and internal alarm before it becomes a diagnosis. No study has yet tracked dread as a felt body signal longitudinally, across populations, before it becomes a clinical category. That is not a minor gap. It is the gap between what the data knows and what people are actually living.

The regional dimension sharpens this further. Low-income and lower-middle-income countries systematically under-report anxiety disorders because diagnostic infrastructure is limited and stigma suppresses disclosure. But under-reporting is not the same as under-experiencing. The body carries what the system has not recorded. And the regions most undercounted are precisely those where economic, cultural, and social pressure concentrates most acutely at the level of daily life.

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## Section 6

### Why This Gap Is Where Preveal Operates

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Preveal is not a diagnostic tool. It makes no claim to identify, classify, or treat any clinical condition. It operates in the earlier layer this report keeps pointing toward: the moment when a person notices overwhelm, restlessness, unease, emotional pressure, or a body signal they cannot clearly name yet.

Most large datasets measure either formal diagnosis, population-level life evaluation, or public search behavior. Preveal sits closer to the private reflective moment before those categories appear. It asks: what are you noticing in your body right now? What does it feel closest to? What might your body be asking you to notice?

Over time, patterns in how people describe body signals may help illuminate a layer that is currently undermeasured in public research. That would not replace clinical measurement, wellbeing surveys, or search data. But it could add something those systems often miss: the language people use when the body registers a pattern before the mind has settled on an explanation.

That is the role of Preveal in this conversation. Not diagnosis. Not treatment. Not prediction. Reflection. Pattern noticing. Body-signal awareness before formal labeling.

#### THE FRANKL PRINCIPLE — APPLIED

As Viktor Frankl observed in *Man's Search for Meaning*: 'Emotion, which is suffering, ceases to be suffering as soon as we form a clear and precise picture of it.' The research gap this analysis names is precisely this: there is no instrument at scale that helps people form that clear picture before the clinical system has given it a name. That is the space Preveal occupies.

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## Methodological Limitations

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This brief draws on datasets designed to measure different things, and that distinction matters. The GBD study measures clinically diagnosed disorder burden. The World Happiness Report measures cognitive life evaluation. Google Trends measures relative search interest, not clinical incidence. These three instruments cannot be combined to prove causation. They speak different languages about different layers of human experience.

The purpose of this analysis is not to claim causation. It is to place three real, credible, observable trends alongside each other, name the space between them honestly, and argue that the space itself is worth studying. A research hypothesis is not a conclusion. The gap identified here is real. The instrument to measure what sits inside that gap has not yet been built at scale.

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## How to Cite This Research Brief

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**MEDICAL NOTICE**

This research brief provides general information only and is not a substitute for professional medical advice, diagnosis, or treatment. A sense of impending doom, overwhelming dread, or acute anxiety can in some cases be a clinical sign of a medical emergency — including cardiac events, anaphylaxis, or pulmonary embolism. If you experience acute physical signals such as chest pain, shortness of breath, fainting, or rapid heartbeat, seek emergency medical care immediately. Preveal is a reflection tool, not a diagnostic service.

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DC Derrick Carvey · BSc Sociology, University of the West Indies · Founder, Carvey Innovations Limited · This brief incorporates data from the GBD 2021 Mental Disorders Collaborators (The Lancet Psychiatry), the World Happiness Report 2025 (Oxford Wellbeing Research Centre), Gallup's Cantril Scale documentation, and peer-reviewed research in Frontiers in Psychiatry, BMJ Open, and PLOS ONE.

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# PREVEAL

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