# Emotional Awareness 2026

## Why More People Are Feeling ·Off·

# Emotional Awareness 2026

changing culturally in 2026, and what these directional shifts may suggest about collective emotional experience.

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CONTENTS

## EXECUTIVE SUMMARY

Between May 2025 and May 2026, four emotional phenomena (anxiety, dread, doom, and doomscrolling) appear to have undergone a directional shift in how they are collectively searched, named, and experienced. This report synthesises Google Trends data across 12-month and 3-month windows, the World Happiness Report 2026, the Global Mental Health Crisis Index 2026 dataset (92 countries, community-compiled), and peer-reviewed physiological signal research (Girgis et al., 2026, *Scientific Reports*) to document that shift.

The central observation is this: emotional awareness in 2026 appears to be shifting away from primarily definitional modes. The data suggests it may be becoming more coping-oriented, relational, and culturally embedded. Definition-oriented searches appear to be declining. Coping strategy searches are rising sharply. And collective emotional framing is breaking out. The question people are searching is simply: *"does anyone else feel this?"* This is not a mental health crisis report. It is a report about where the language, behaviour, and body-felt experience of human emotion is moving, and what that movement is telling us.

Across Preveal, this shift is interpreted through a simple reflective structure: Body Signal ? Emotional Tone ? Life Context.

## SCOPE NOTE

This report is an independent interpretive analysis, not a clinical, diagnostic, or epidemiological study. It does not claim that search trends cause emotional states, that social media causes anxiety, or that Google Trends data can diagnose population mental health. The report identifies directional patterns across public datasets and proposes cautious interpretations for further discussion. Readers are encouraged to consult primary sources before drawing independent conclusions.

**01** ?Searches related to anxiety coping strategies rose +1,200% over 12 months.?

# A Possible Shift: From Naming to Living With

WHAT PEOPLE ARE ACTUALLY SEARCHING

Emotional awareness often begins indirectly. Many people do not search for terms like ?emotional dysregulation? or ?interoception.? Instead, they search for what the experience feels like in daily life.

Common Emotional Search Patterns

? ?Why do I feel off lately??
? ?Why do I feel dread at night??
? ?Why do I feel like something bad is going to happen??
? ?Why am I anxious for no reason??
? ?Why do I feel numb lately??
? ?Why does my chest feel tight when nothing is wrong??

These searches matter because they reveal how emotional experience is often processed through body signals, uncertainty, emotional tone, and life pressure before people have language for what they are experiencing.

Many people describe this experience not as panic or sadness, but simply as feeling ?off,? unsettled, emotionally distant, heavy, or internally braced without fully knowing why.

may reflect something broader than isolated search fluctuations.

The World Happiness Report 2026 data provides the structural context: Finland, Iceland, and Denmark top the global wellbeing rankings, while countries in Sub-Saharan Africa and South Asia sit at the bottom. But the happiness index measures cognitive life evaluation, not the texture of daily felt experience. The divergence between high-happiness scores and rising anxiety burden in the same countries is a gap this report addresses directly.

# 02

# The Four Emotional Search Signals: What Google Trends Reveals

Google Trends data, while non-clinical, offers something clinical datasets cannot: real-time access to how people are naming their inner experience when they turn to the internet for recognition. The data below compares 12-month and 3-month windows for four search terms, identifying both directional shifts and emerging query clusters that indicate where emotional language is moving.

### Signal 01: Anxiety

*"Anxiety coping strategies" rose +1,200% over 12 months. "Health anxiety" is up +120%. The medical definition is fading; the lived management is rising.*

**12-Month Top Rising:** Anxiety coping strategies +1,200%, anxiety management +500%, performance anxiety +350%, health anxiety +120%, social anxiety +60%

**3-Month Shift:** "Anxiety symptoms" +100%, social anxiety disorder growing, comparative framing emerging ("panic vs anxiety")

**Trajectory:** Medical basics → coping and management → relational and comparative framing

**Note:** Some rising queries in the broad "anxiety" term include unrelated content (technology searches), reflecting Google's broad matching. Only emotionally relevant signals are reported here.

### Signal 02: Sense of Dread

*"Existential dread" rose +70% over 12 months and then began normalising. Dread is moving from crisis language toward integrated cultural vocabulary.*

**12-Month Top Rising:** Existential dread +70%, sense of impending doom +7%, dread meaning +5%

**3-Month Shift:** Overwhelming dread -30%, impending doom -40%, "sense of dread meaning" +20% (definition stabilising)

**Trajectory:** Existential crisis framing → normalisation → cultural integration

**Key Insight:** The sharp decline in "overwhelming dread" queries suggests the acute crisis peak has passed and dread is being absorbed into everyday emotional vocabulary.

### Signal 03: Sense of Doom

*Panic attack searches +500%. The breakout query "does anyone else sense impending doom" signals a fundamental shift: doom is becoming a collective emotional experience, not just a personal medical symptom.*

**12-Month Top Rising:** Panic attack symptoms +500%, pulmonary embolism +250%, heart attack symptoms +100%, anxiety symptoms +70%

**Breakout Query:** "Does anyone else sense impending doom" — a new query with no prior baseline, reflecting the shift toward collective framing

**3-Month Shift:** Panic attack symptoms +160%, medical framing sustained, collective and relational framing emerging

**Trajectory:** From medical warning signal → collective emotional experience

**Key Insight:** The co-rise of doom and panic attack searches suggests that body-felt alarm may be an important part of current distress language.

Related Guides:
? feeling dread at night ? preveal.life/blog/dread-at-night.html
? sense of impending doom ? preveal.life/blog/feeling-of-impending-doom.html
? anxious for no reason ? preveal.life/blog/anxious-for-no-reason-what-your-body-is-telling-you.html

### Signal 04: Doomscrolling

*From academic curiosity to crossword clue in 12 months. Doomscrolling has completed its cultural mainstreaming arc. The rise of "how to stop" searches suggests people are now acting on the awareness.*

**12-Month Rising:** Doomscrolling multilingual spread ("que es doomscrolling" +40%, "o que é" +110%), cultural references emerging

**Breakout Queries:** "Result of doomscrolling perhaps crossword" — signals full cultural embedding

**3-Month Shift:** "Stop doomscrolling" +20%, "how to stop doomscrolling" +20%, coping urgency rising

**Trajectory:** Definition → coping urgency → cultural mainstreaming

**Key Insight:** Doomscrolling is the only one of the four signals to show full completion of the definition→coping→cultural arc within this reporting window.

#### GIRGIS ET AL. 2026: KEY FINDINGS RELEVANT TO THIS REPORT

Fear was the most physiologically distinct emotion across nearly 25,000 participants. For most other emotions, physiological signals alone could not reliably predict what participants reported feeling. **Fear vs All classifier:** F1 score of 0.88, suggesting the body's fear response may produce a more consistent physiological signature than other emotional states. **Broad emotion classification:** Overall F1 score of 0.24–0.29, indicating the body's signals do not map cleanly to named emotional categories. **Critical finding:** Using participants' own subjective rating reduced classification accuracy compared to the intended stimulus category. *Source: Girgis J., Lavoie R. & Blain-Moraes S. (2026). Scientific Reports. doi:10.1038/s41598-026-48250-7*

# 03

## The Global Context: Happiness, Anxiety, and the Treatment Gap

To understand why these search shifts matter, they must be read against the structural backdrop of global emotional wellbeing. The World Happiness Report 2026 and the Global Mental Health Crisis Index 2026 dataset, covering 92 countries, together appear to indicate a system under considerable strain.

**5.6%**
Global average anxiety prevalence across 92 countries

**58.9%**
Average treatment gap. More than half of people who need care are not receiving it.

**2.2h**
Average daily social media use globally

**9.3%**
Brazil's anxiety prevalence — highest in this dataset

*Anxiety Prevalence — Selected Countries, 2026*

| Country | Happiness Score | Anxiety Prevalence |
|---|---|---|
| Brazil ■■ | 6.08 | 9.3% |
| Iran ■■ | — | 9.1% |
| Iraq ■■ | — | 8.8% |
| Portugal ■■ | 6.24 | 8.7% |
| Lebanon ■■ | — | 8.4% |
| United States ■■ | 6.82 | 7.7% |
| Colombia ■■ | — | 7.0% |
| Global Avg | — | 5.6% |
| Finland ■■ | 7.76 | 3.1% |

Sources: World Happiness Report 2026 · Global Mental Health Crisis Index 2026 dataset (community-compiled, Kaggle)

The paradox is visible in the data: the United States ranks 23rd for happiness globally (6.816) while showing one of the highest anxiety prevalence rates at 7.7%. Brazil scores 6.08 for happiness while carrying the highest anxiety prevalence in the dataset at 9.3%. Portugal sits at 6.24 happiness with 8.7% anxiety. The cognitive evaluation of life quality and the felt body burden of anxiety appear to be measuring different layers of the same human experience, and in several countries they appear to be moving in opposite directions.

The Global Mental Health Crisis Index 2026 shows **an average treatment gap of 58.9% across 92 countries.** This means that in the average country, more than half of people who need mental health care are not receiving it. In low-income countries, that gap reaches 90–97%. The emotional distress reflected in Google Trends searches is largely being processed outside any formal support system. That makes what people search for, and how they search for it, functionally important data.

# 04

## The Physiological Layer: What the Body Is Telling Us

The search data and prevalence statistics describe the surface of emotional experience. A 2026 study published in *Scientific Reports*, described by its authors as the largest dataset of emotion-annotated physiological signals collected from a public setting, offers a glimpse beneath that surface.

Girgis, Lavoie, and Blain-Moraes (2026) collected physiological signal data from nearly 25,000 participants at the Montreal Science Centre, measuring electrodermal activity (EDA), blood volume pulse (BVP), and skin temperature across emotional states including fear, calm, sadness, frustration, and love. Their findings are directly relevant to what the search trend data is showing.

**GIRGIS ET AL. 2026: KEY FINDINGS RELEVANT TO THIS REPORT**

**Fear vs All classifier:** Achieved 0.88 F1 score — the body's fear response may produce a more consistent physiological signature than other emotional states.
**Broad emotion classification:** Overall F1 score of 0.24–0.29 — the body's signals do not map cleanly to named emotional categories.
**Critical finding:** Using participants' own subjective rating reduced classification accuracy — what people say they feel and what their body signals are expressing are not always the same thing.

This finding is significant in the context of the search data. If people's subjective emotional labels diverge from their physiological signals, then searches such as "I feel anxious," "sense of doom," or "dread for no reason" may function as rough linguistic proxies for experiences people are trying to understand.

**THE GAP THIS RESEARCH IDENTIFIES**

*Some emotionally relevant information may emerge in bodily experience before it is fully translated into language, formal assessment, or clinical systems. The body and the label may be reflecting different aspects of emotional experience — and the space between them has no longitudinal dataset, no instrument, and no study yet attached to it.*

# 05

## The Happiness Paradox: High Scores, Hidden Signals

The World Happiness Report 2026 documents a global ranking in which Finland (7.764), Iceland (7.701), and Denmark (7.688) lead. At the other end, Afghanistan (1.446), Congo DR (2.761), and Sierra Leone (3.401) sit at the bottom. These scores reflect the Cantril Ladder: how people cognitively evaluate their lives on a 0–10 scale.

The paradox is visible in the data: the United States ranks 23rd for happiness globally (6.816) while showing one of the highest anxiety prevalence rates at 7.7%. Brazil scores 6.08 for happiness while carrying the highest anxiety prevalence in the dataset at 9.3%. Portugal sits at 6.24 happiness with 8.7% anxiety. The cognitive evaluation of life quality and the felt body burden of anxiety appear to be measuring different layers of the same human experience, and in several countries they seem to be moving in opposite directions.

> **THE MEASUREMENT GAP — PREVIOUSLY IDENTIFIED**
>
> *As Carvey (2026) observed in earlier Preveal research: "A person can genuinely rate their life a seven out of ten and still wake with a heaviness in the chest every morning that they do not have words for. The Cantril Ladder was not designed to capture that layer." The 2026 datasets reviewed in this report are broadly consistent with the possibility that this gap remains present across multiple high-income and upper-middle-income countries.*

# 06

## Implications: What This Shift May Suggest

### *For individuals*

The shift from definitional to coping-oriented search behaviour suggests that a growing number of people may have moved past asking "what is this feeling" and are now asking "how do I live with it." This may reflect a gradual maturation of emotional literacy, and it appears to be creating demand for tools that facilitate coping and reflection rather than classification and diagnosis.

### *For researchers and clinicians*

The 58.9% average global treatment gap means that the majority of people experiencing anxiety are not in clinical systems. Their primary information-seeking happens via search. The trajectory from definition to coping to relational framing suggests that peer-recognition and community framing are functioning as informal support mechanisms. Formal systems that ignore this layer are missing where most emotional processing is actually occurring.

### *For content and media*

The cultural mainstreaming of doomscrolling — evidenced by its appearance in crossword puzzles and viral website references — suggests that these emotional phenomena are no longer niche wellness topics. They are part of mainstream cultural vocabulary, and content that treats them with appropriate depth and honesty will find audiences that generic wellness content will not.

### *For body-signal tools*

The Girgis et al. (2026) finding that subjective emotional labels diverge from physiological signals creates a specific use case for tools that invite body-first reflection before conceptual labelling. When what the body is doing and what the mind labels it as are not the same, an intermediate step of noticing body signals before assigning meaning may be worth considering before applying a label.

# 06b

## The AI Variable: A New Mirror, and an Open Question

Every significant shift in how humans access information has eventually changed how humans access themselves. The printing press put words to inner experience that had previously been unnameable. The telephone moved grief and comfort across distances that once made both inaccessible. The internet — as this report documents — gave people the ability to search for recognition of feelings they assumed were privately theirs, and to find, often for the first time, that others carried the same weight. Each of these transitions expanded the landscape of emotional awareness. Each also introduced new complexity alongside the expansion.

Artificial intelligence — specifically, the emergence of conversational AI systems capable of extended, responsive emotional dialogue — appears to represent the next such transition. And like those that came before it, its full implications are not yet clear.

### *What the early evidence suggests*

The research to date offers signals that are promising, partial, and in several respects unresolved. Fitzpatrick, Darcy, and Vierhile (2017), in a randomised controlled trial at Stanford, found that a fully automated conversational agent (Woebot) produced significant reductions in depression symptoms over a two-week period among young adults — a finding that has since been replicated and extended across multiple populations.[7]

A 2025 systematic review of 160 studies spanning 2020–2024 found that LLM-based chatbots surged to 45% of new AI mental health research in 2024 alone — yet only 16% of those LLM studies had undergone clinical efficacy testing at time of review, with most still in early validation phases.[8]

There is also an access dimension that deserves attention. With the average global mental health treatment gap sitting at 58.9% — and reaching 90–97% in lower-income countries — conversational AI may be reaching people who are not inside any formal support system and may not be for years. Whether that reach constitutes genuine emotional support, a partial substitute, or something else entirely is a question the field has not yet answered with confidence.

> **THE PATTERN THE DATA IS CONSISTENT WITH**
>
> The search trajectory this report documents — from definition to coping to relational framing — may be partly driven by AI interaction. When people turn to a conversational system and receive recognition, reflection, and language for what they are carrying, they may be doing something that previously required another person, a therapist, or a community. Whether that is a genuine expansion of emotional awareness or a new mode of avoidance is not yet resolvable from the available data. **It may, in the end, be both.**

### *The questions the evidence has not yet answered*

The honest position, given what the research currently shows, is that several central questions remain open. Does sustained interaction with emotionally responsive AI build genuine interoceptive capacity — the ability to notice, tolerate, and interpret body signals with greater skill over time — or does it reduce the tolerance for the productive discomfort of sitting with a signal alone? Does having access to a patient, always-available interlocutor deepen self-awareness, or does it create a new form of dependency that substitutes for the kind of human connection in which emotional growth has historically

been embedded?

And critically: does AI emotional support function differently across cultures, income levels, and linguistic contexts — or does the 58.9% treatment gap get partially closed, or partially papered over, in ways that look similar from the outside? These are not rhetorical questions. They are live empirical and ethical questions that the field is only beginning to develop the methodological tools to examine.

> **WHERE THIS REPORT'S OBSERVATION MEETS THIS VARIABLE**
>
> *The shift this report documents — from naming emotion to coping with it to seeking relational recognition of it — is occurring simultaneously with the arrival of a technology specifically designed to offer recognition on demand, at any hour, without the friction of human relationship. Whether these two phenomena are causally connected, mutually reinforcing, or simply coincident is a question this report cannot answer. It is, however, a question worth holding — and one that the next iteration of this research will need to address directly.*

# 07

## Where Preveal Operates in This Landscape

Preveal is not a clinical tool. It does not diagnose, classify, or treat any condition. What it does is position itself precisely in the gap that this report documents: between the body signal and the clinical label, between the search query and the formal support system, between "I feel something" and "I know what to do about it."

The non-diagnostic body-signal reflection framework that Preveal uses is grounded in the observation that emotional awareness may begin in the body before it is fully translated into language. In a data environment where "panic attack symptoms" is up 500% and "does anyone else feel this" is a breakout query, the need for a non-judgmental space to notice and name body-level experience — before a clinical label is required — appears to reflect a genuine and growing need.

*The data has a gap. Your body does not.*

Preveal creates space to notice what your body is already signalling, before you need a label for it. Free. Non-diagnostic. No clinical framework required.

**preveal.life**

Preveal's reflective structure: Body Signal ? Emotional Tone ? Life Context.

## METHODOLOGY AND LIMITATIONS

**Google Trends** data normalises search volume to a 0–100 scale and does not report absolute search volumes. Directional changes (rising/falling) are reliable signals; absolute comparisons between terms are not. Rising query percentages reflect relative change within each term's own query cluster over the specified time window.

**Broad search terms** (particularly "anxiety") can surface unrelated rising queries through Google's topic-matching algorithm. This report excludes clearly irrelevant queries and notes this limitation transparently.

**World Happiness Report 2026** scores reflect cognitive life evaluation via the Cantril Ladder. They are not measures of moment-to-moment affect, physiological wellbeing, or pre-linguistic emotional experience.

**Global Mental Health Crisis Index 2026** is a community-compiled dataset hosted on Kaggle (compiled by A. Taqi Shah), not an official institutional index. Individual data points should be cross-checked against primary sources before citing independently.

**Interpretation caution:** Correlations, search patterns, and directional trend shifts described in this report should not be interpreted as proof of causation, prevalence forecasting, or diagnostic insight at the individual level.

This report does not claim causal relationships between datasets. It documents co-occurring trends across independent data sources and identifies the space between them as warranting closer attention.

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This report is for informational and research purposes only. It does not constitute medical advice, diagnosis, or treatment. If you are experiencing persistent emotional distress, please consult a qualified health professional.

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Sources: Google Trends 2025–2026 · World Happiness Report 2026 · Global MH Crisis Index 2026 · Scientific Reports (Girgis 2026) · GBD Study 2021–2023 · Fitzpatrick et al. 2017 · AI Chatbot Systematic Review 2025 · WHO MH Atlas 2024 · DataReportal 2025

**Q3 2026 Quarterly Update Planned: August 2026**