

Anxiety, Dread and the Sense of Impending Doom

What the Global Data Shows and What It Cannot Yet Answer

A synthesis of GBD 2021 mental-disorder burden data, World Happiness Report life-evaluation findings, and Google Trends search-interest observations — examining the gap between measurable clinical burden and the body-felt experience of dread, doom, and internal alarm before diagnosis.

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PUBLISHED	May 2026 · Preveal.life
ARTICLE TYPE	Research Provocation / Interpretive Data Synthesis
CLASSIFICATION	Non-clinical. Informational purposes only. Not diagnostic.

Cite as: Carvey, D. (2026). Anxiety, Dread and the Sense of Impending Doom: What the Global Data Shows and What It Cannot Yet Answer. Preveal.life / Carvey Innovations Limited.

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
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KEY FINDINGS

Global anxiety burden has risen significantly since 1990. Clinical data from 204 countries confirms a 47% rise in total cases between 1990 and 2019, with a further 25% surge in the first year of COVID-19 alone.

Search language around dread and impending doom has become increasingly visible online. Google Trends data shows growing public search interest in dread-related language, though this reflects cultural naming rather than clinical incidence. Google Trends data reflects search-interest patterns rather than confirmed clinical prevalence and should not be interpreted as direct evidence of rising psychiatric diagnosis.

No longitudinal dataset currently measures body-felt dread before diagnosis. The gap between clinical burden and lived body experience remains formally unstudied at scale across populations.

The relationship between rising anxiety burden and dread-language growth has never been formally studied. Whether one causes the other, or both are driven by a third set of forces, is a genuinely open research question.

METHODOLOGY & DATA SOURCES

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 article is interpretive synthesis and research-gap identification, not causal proof.

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

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

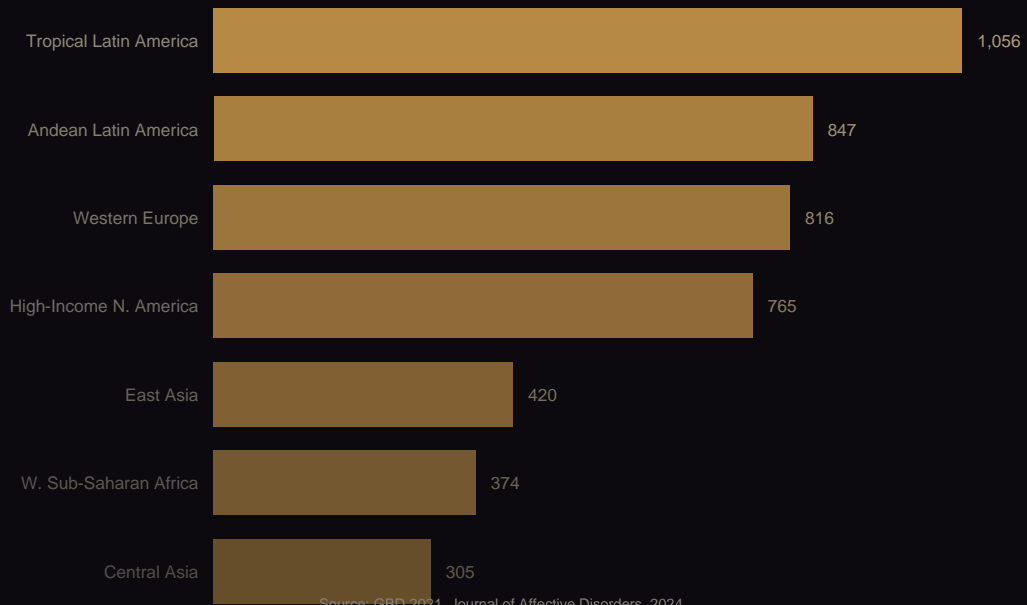
The GBD 2021 Mental Disorders Collaborators, writing in The Lancet Psychiatry, documented that global anxiety disorder cases rose from 311 million in 1990 to 458 million by 2019 — a 47% rise in total burden over three decades — with a further 25% surge in the first year of the COVID-19 pandemic alone,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

Regional Distribution: Where Anxiety Sits Heaviest

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



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.

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

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 a heaviness in the chest every morning that they do not 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.

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

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

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.

Why This Gap Is Where Preveal Operates

Preveal is not a diagnostic tool. It makes no claim to identify, classify, or treat any clinical condition. What it does is something the three datasets above have never done: it creates a non-judgmental space where a person can notice what they feel in their body, name it in their own language, and reflect on it without requiring a clinical label to proceed.

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.

Methodological Limitations

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.

References

- [1] GBD 2021 Mental Disorders Collaborators. (2022). Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2021. *The Lancet Psychiatry*. doi:10.1016/S2215-0366(22)00185-2
- [2] Wang J, Guan X, Tao N. (2025). GBD: incidence rates and prevalence of anxiety disorders, 1990–2021. *Frontiers in Public Health*. PMC12124139
- [3] COVID-19 Mental Disorders Collaborators. (2021). Global prevalence and burden of depressive and anxiety disorders in 2020. *The Lancet*, 398(10312), 1700–1712. PMC8500697
- [4] *Frontiers in Psychiatry*. (2024). Rising global burden of anxiety disorders among adolescents and young adults, 1990–2021. PMC11651023
- [5] UNDP Latin America. (2023). Strong on the outside, struggling within: A decline in mental health in LAC. undp.org
- [6] Moreno-Agostino D, et al. (2023). Epidemiology of anxiety disorders: global burden and sociodemographic associations. *Middle East Current Psychiatry*, 30, 37.
- [7] Bayati M, et al. (2022). Association between socioeconomic inequality and the global prevalence of anxiety and depressive disorders. *BMJ Open*. PMC9114840
- [10] World Happiness Report. (2025). Methodology FAQ. Oxford Wellbeing Research Centre and Gallup. worldhappiness.report
- [11] Gallup. (2024). Understanding how Gallup uses the Cantril Scale. news.gallup.com
- [12] World Happiness Report. (2025). Chapter 2: Global happiness rankings 2022–2024. worldhappiness.report/ed/2025
- [14] Rogers S. (2016). What is Google Trends data and what does it mean? Google News Lab.
- [15] Paulus MP, Stein MB. (2022). Neuroimmune mechanisms in fear and panic pathophysiology. *Frontiers in Neuroscience*. PMC9745203
- [16] Möller M, et al. (2018). Catastrophic misinterpretation of bodily sensations in panic disorder. *PLOS ONE*. PMC5860765

How to Cite This Research Brief

Carvey, D. (2026). *Anxiety, Dread and the Sense of Impending Doom: What the Global Data Shows and What It Cannot Yet Answer*. Preveal.life / Carvey Innovations Limited. Retrieved from <https://preveal.life/blog/anxiety-dread-doom-global-trends.html>

■ 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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