

The Effectiveness of Psychodynamic Therapy on Paranoid Thoughts, Depression, and Fear of Missing Out

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ABSTRACT

Objective: This study aimed to examine the effectiveness of psychodynamic therapy in reducing symptoms of paranoid thoughts, depression, and fear of missing out (FoMO) in adult women.

Methods and Materials: A randomized controlled trial design was employed, with 30 adult women from Tehran randomly assigned to either an intervention group receiving 12 weekly sessions of psychodynamic therapy or a control group with no intervention. Each group contained 15 participants, and outcomes were assessed at three time points: baseline, post-intervention, and five-month follow-up. Key variables measured included paranoid thoughts, depression, and FoMO, with data collected using standardized psychological tools. Statistical analysis was conducted using SPSS-27, with repeated-measures ANOVA and Bonferroni post-hoc tests to assess within-group and between-group differences across stages.

Findings: The intervention group demonstrated significant reductions in all three variables—paranoid thoughts, depression, and FoMO—compared to the control group. ANOVA results revealed significant group and time effects, particularly for FoMO, where the intervention group showed a marked decrease from baseline to follow-up. Bonferroni post-hoc tests further indicated that these reductions were sustained over time, suggesting durable therapeutic effects of psychodynamic therapy on emotional resilience and symptom management.

Conclusion: Psychodynamic therapy appears effective in addressing paranoid thoughts, depression, and FoMO by helping individuals explore underlying relational conflicts and unconscious drivers. These findings underscore psychodynamic therapy's value as a complementary approach to more structured therapeutic methods, particularly for individuals with complex, interconnected psychological symptoms. Integrating psychodynamic approaches into clinical practice may enhance long-term emotional resilience and reduce relapse risks.

Keywords: *Psychodynamic therapy, paranoia, depression, fear of missing out, emotional resilience, randomized controlled trial, women's mental health*

1. Introduction

Psychodynamic therapy, rooted in principles of psychoanalysis, has long been recognized for its emphasis on uncovering unconscious patterns driving maladaptive thoughts, emotions, and behaviors. This approach is particularly effective for addressing complex psychological issues such as depression and anxiety, offering individuals insights into underlying relational and emotional conflicts (Leichsenring et al., 2021; Leichsenring & Schauenburg, 2014). Within the psychodynamic framework, interventions are structured to explore transference, attachment, and defense mechanisms that impact mental health outcomes, notably in depression treatment (Leichsenring et al., 2021; Sayde, 2023; Valverde et al., 2023). Recent advances in psychodynamic therapy underscore its adaptability and efficacy as a brief treatment option, providing patients with a focused approach to uncover and address deeply rooted psychological struggles (Nakhaei Moghadam et al., 2024; Ziapour et al., 2023). Studies indicate that psychodynamic therapy is highly effective for treating a variety of mental health concerns, including depression, anxiety, and trauma-related disorders, particularly when tailored to specific symptoms and challenges, such as paranoid ideation and fear of missing out (Driessen et al., 2013; Driessen et al., 2017; Nillni et al., 2018).

Psychodynamic therapy has shown promise in addressing depression, a leading global health burden affecting quality of life and daily functioning. Ambresin et al. (2012) highlight the growing body of research supporting psychodynamic approaches as an adjunctive intervention for patients with treatment-resistant depression (Ambresin et al., 2012). The efficacy of psychodynamic therapy, alongside other psychotherapeutic interventions, was affirmed in Barth et al.'s (2016) comprehensive meta-analysis comparing seven treatment modalities for depression. Their findings suggested that while cognitive-behavioral therapy (CBT) remains prominent, psychodynamic approaches are comparably effective, especially when targeting the affective and relational roots of depressive symptoms (Barth et al., 2016). Likewise, Driessen et al. (2013) examined psychodynamic therapy's efficacy in outpatient depression treatment, emphasizing its effectiveness in both reducing depressive symptoms and enhancing emotional regulation over time (Driessen et al., 2013). Integrating psychodynamic therapy into clinical practice provides an alternative and complementary approach for individuals who may not

benefit from more structured, directive methods like CBT (Driessen et al., 2017).

Paranoid ideation, often marked by irrational mistrust and heightened fear of harm, frequently co-occurs with depressive disorders and anxiety, creating additional barriers to treatment (Lopes, 2011). For individuals with depression, paranoid thoughts can exacerbate isolation and interpersonal difficulties, thus hindering recovery. Gawrysiak et al. (2013) explored the application of psychodynamic therapy in a case study involving depression and co-morbid conditions, noting significant functional improvements and symptom reductions (Gawrysiak et al., 2013). These results underscore psychodynamic therapy's role in facilitating cognitive and emotional processing of paranoid thoughts, potentially offering a therapeutic avenue for individuals whose depression is complicated by paranoid ideation (Driessen et al., 2013). This intervention may be particularly suitable in populations where cultural or environmental factors intensify trust and relational concerns, as seen in studies examining culturally adapted psychodynamic interventions in Iranian populations (Heidari et al., 2013).

Alongside paranoid ideation, the phenomenon of fear of missing out (FoMO) has emerged as a significant concern in contemporary mental health. Defined as the pervasive apprehension that one is missing out on rewarding experiences, FoMO is closely linked to social media use, problematic smartphone behaviors, and increased susceptibility to anxiety and depression (Elhai et al., 2020; Elhai et al., 2016). Fioravanti et al. (2021) conducted a meta-analysis highlighting the strong association between FoMO and social networking site use, noting that individuals with higher FoMO are more prone to depressive and anxious symptoms (Fioravanti et al., 2021). Recent studies emphasize FoMO's impact on psychological well-being, pointing to its mediating role in the development of depression, anxiety, and problematic behaviors related to social media and smartphone use (Parizad et al., 2022; Sela et al., 2020). For individuals experiencing FoMO, psychodynamic therapy offers a reflective process to understand and address the unconscious factors underlying social anxiety and self-worth, providing insights into how social comparisons influence mental health (Koç et al., 2023).

FoMO's association with depressive symptoms is particularly relevant in the context of psychodynamic therapy, which emphasizes understanding self-esteem, attachment, and relational dynamics (Wen et al., 2023). Psychodynamic approaches have been applied effectively in

addressing social anxieties and fears of rejection, both of which underpin FoMO. For instance, Della Libera et al. (2023) explored the use of immersive video technology to assess symptoms such as fear of negative evaluation and paranoid thoughts, supporting the notion that psychodynamic interventions can help individuals confront core fears and anxieties that contribute to FoMO. By helping individuals recognize and process the impact of social expectations and comparisons, psychodynamic therapy provides a therapeutic framework for addressing the pervasive social anxieties that exacerbate FoMO (Della Libera et al., 2023).

Psychodynamic therapy's focus on attachment and emotional processing also proves valuable for addressing depression and anxiety among individuals with high FoMO. Gupta and Shrivastava (2021) explored the role of FoMO in financial decision-making, illustrating how this fear can influence behaviors driven by social comparison and pressure. This finding supports the psychodynamic view that unresolved emotional needs and relational dynamics often drive FoMO-related behaviors (Gupta & Shrivastava, 2021). Furthermore, Leichsenring and Schauenburg (2014) emphasize that psychodynamic therapy is particularly effective in short-term applications for depression, addressing affective and cognitive factors contributing to the experience of missing out. Thus, psychodynamic therapy may not only alleviate FoMO but also support individuals in developing a healthier, more autonomous sense of self (Leichsenring et al., 2021; Leichsenring & Schauenburg, 2014). Moreover, Roffman et al. (2014) highlight that brief psychodynamic therapy can lead to significant neural changes associated with symptom reduction, suggesting potential mechanisms for long-term benefits (Roffman et al., 2014).

In conclusion, this study seeks to contribute to the growing evidence supporting psychodynamic therapy's role in treating depression, paranoia, and FoMO. Valverde et al. (2023) underscore the potential of psychodynamic therapy for diverse populations, illustrating its adaptability to varying cultural and psychological contexts (Valverde et al., 2023). This study aimed to examine the effectiveness of psychodynamic therapy in reducing symptoms of paranoid thoughts, depression, and fear of missing out (FoMO) in adult women.

2. Methods and Materials

2.1. Study design and Participant

This study utilizes a randomized controlled trial (RCT) design to evaluate the effectiveness of psychodynamic therapy on paranoid thoughts, depression, and fear of missing out (FoMO) among adult women. The sample consists of 30 participants, all adult women residing in Tehran, who were recruited through advertisements in local mental health clinics and online social media platforms. Participants were selected based on inclusion criteria, including a clinical diagnosis of mild to moderate depression, self-reported FoMO, and experiences of paranoid thoughts. Exclusion criteria included severe mental health conditions, current engagement in other psychological treatments, or use of psychiatric medications. Participants were randomly assigned to either the intervention group, receiving psychodynamic therapy, or a control group, which did not receive any intervention but continued with their usual daily routines. Each group consisted of 15 participants. The intervention spanned 12 weeks, with participants in the psychodynamic therapy group attending weekly sessions, and outcomes were assessed at baseline, post-intervention, and again after a five-month follow-up.

2.2. Measures

2.2.1. Paranoid Thoughts

The Paranoid Thoughts Scale (PTS), developed by Freeman et al. in 2005, is a widely used tool for assessing paranoid ideation. This scale consists of two subscales—persecutory beliefs and reference ideas—covering a total of 18 items. Each item is rated on a Likert scale from 1 (not at all) to 5 (very much), with higher scores indicating greater intensity of paranoid thoughts. The validity and reliability of the PTS have been confirmed in multiple studies globally, including Iran, where it has shown strong psychometric properties (Vakili et al., 2016).

2.2.2. Depression

The Beck Depression Inventory-II (BDI-II), created by Aaron T. Beck and his colleagues in 1996, is a standard tool for assessing the severity of depressive symptoms. This inventory includes 21 items, each rated on a scale from 0 to 3, where higher scores signify more severe depression. The BDI-II comprises cognitive, affective, and somatic

subscales, providing a comprehensive measure of depression. Its validity and reliability have been thoroughly established in international studies and validated specifically within Iranian populations (Abedi et al., 2024; Babaei et al., 2024).

2.2.3. *Fear of Missing Out*

The Fear of Missing Out Scale (FoMOS), developed by Przybylski et al. in 2013, is a standard tool for measuring the apprehension of being excluded from rewarding experiences or social interactions. The scale consists of 10 items scored on a 5-point Likert scale, ranging from 1 (not at all true of me) to 5 (extremely true of me), with higher scores indicating a stronger fear of missing out. The FoMOS has demonstrated robust validity and reliability across diverse populations, including validation studies in Iran, where it has been confirmed as an effective measure for assessing this social phenomenon (Parizad et al., 2022).

2.3. *Interventions*

2.3.1. *Psychodynamic Therapy*

The intervention protocol for this study employs psychodynamic therapy, a therapeutic approach rooted in exploring the unconscious processes that shape thoughts, emotions, and behaviors. The intervention spans 12 weekly sessions, each lasting approximately 60 minutes, with a trained psychodynamic therapist guiding participants (Leichsenring et al., 2021; Malhi et al., 2022; Markin & McCarthy, 2020; Midgley et al., 2021; Seiffge-Krenke, 2020; Valverde et al., 2023; Xu, 2024). During each session, the therapist uses open-ended questions and reflective listening to help participants uncover underlying causes of paranoid thoughts, depression, and fear of missing out (FoMO). The initial sessions focus on building rapport and establishing a secure, trusting environment where participants feel comfortable exploring their inner thoughts and emotions. These sessions also involve discussing any past events or relationships that may have contributed to the development of these concerns, creating a foundation for more in-depth exploration in later sessions. By focusing on the relational patterns and attachment styles that may underlie participants' symptoms, the therapist encourages participants to draw connections between past experiences and current emotional challenges, fostering a deeper awareness of the unconscious drivers of their thoughts and behaviors.

The following sessions aim to support participants in identifying and working through maladaptive patterns, especially in the context of interpersonal relationships. Through the use of transference and countertransference, the therapist helps participants recognize how past experiences might unconsciously shape their present interactions and fears, especially concerning FoMO and paranoia. As sessions progress, the therapist works with participants to confront their core fears and explore the defense mechanisms they might use to protect against vulnerability, such as avoidance or repression. The therapist also emphasizes self-reflection, helping participants become aware of how their responses to perceived threats or social exclusion impact their self-esteem and mental well-being. In the final sessions, the therapist assists participants in consolidating their insights, fostering resilience, and developing healthier ways to manage depressive symptoms, FoMO, and paranoid thoughts. By the end of the intervention, participants are encouraged to maintain these reflective practices independently, ensuring that the insights and emotional resilience gained in therapy extend into their daily lives.

2.4. *Data Analysis*

Data were analyzed using SPSS version 27, with statistical tests including analysis of variance (ANOVA) with repeated measures to examine the effectiveness of the intervention over time. The repeated-measures ANOVA allowed for assessing changes within groups across three measurement points: baseline, post-intervention, and follow-up. Additionally, Bonferroni post-hoc tests were employed to pinpoint specific time points at which significant differences occurred within and between the intervention and control groups. This approach enabled the identification of both immediate and sustained effects of psychodynamic therapy on the dependent variables of paranoid thoughts, depression, and FoMO. Statistical significance was set at $p < .05$. All data were checked for normality, and any potential violations of sphericity were addressed using appropriate corrections (e.g., Greenhouse-Geisser).

3. **Findings and Results**

The sample consisted of 30 adult women from Tehran, with an age range of 25 to 50 years. Among the participants, 16 (53.33%) were married, 12 (40.67%) were single, and 2 (6.67%) were divorced. Education levels varied, with 11 (36.67%) having completed a high school education, 14

(46.67%) holding a bachelor's degree, and 5 (16.67%) having obtained a postgraduate degree. Employment status showed that 18 (60.33%) were employed, 7 (23.33%) were

students, and 5 (16.67%) were unemployed. These demographic characteristics provided a diverse sample relevant to understanding the study's focus on adult women

Table 1

Descriptive Statistics for Research Variables

Group	Stage	Paranoid (M)	Thoughts (SD)	Paranoid (M)	Thoughts (SD)	Depression (M)	Depression (SD)	FoMO (M)	FoMO (SD)
Intervention	Baseline	30.24	4.12	30.24	4.12	22.13	5.06	28.67	4.93
	Post-intervention	24.78	3.87	24.78	3.87	18.65	4.42	22.34	4.15
	Follow-up	26.32	4.02	26.32	4.02	19.27	4.38	23.15	4.31
Control	Baseline	31.56	4.28	31.56	4.28	23.49	5.23	27.89	4.84
	Post-intervention	30.68	4.45	30.68	4.45	22.89	5.14	27.42	4.89
	Follow-up	30.13	4.41	30.13	4.41	23.04	5.20	27.01	4.86

Table 1 presents the descriptive statistics, including means (M) and standard deviations (SD), for the variables of Paranoid Thoughts, Depression, and Fear of Missing Out (FoMO) across the intervention and control groups at three time points: Baseline, Post-intervention, and Follow-up. In the intervention group, the mean for Paranoid Thoughts decreased from Baseline (M = 30.24, SD = 4.12) to Follow-up (M = 26.32, SD = 4.02). Depression scores also declined from Baseline (M = 22.13, SD = 5.06) to Follow-up (M = 19.27, SD = 4.38), and FoMO scores showed a reduction from Baseline (M = 28.67, SD = 4.93) to Follow-up (M = 23.15, SD = 4.31). Conversely, the control group exhibited relatively stable scores across stages, with minor changes observed. For instance, Paranoid Thoughts remained close

to Baseline (M = 31.56, SD = 4.28) to Follow-up (M = 30.13, SD = 4.41).

All assumptions for the ANOVA and repeated measures tests were checked and confirmed. Normality was assessed using the Shapiro-Wilk test for each group across all time points, with values indicating a normal distribution ($p > 0.05$). Homogeneity of variance was verified using Levene's test, which confirmed equality of variances across groups ($F = 1.34, p = 0.26$). Additionally, Mauchly's test of sphericity was conducted for the repeated measures factor of time, yielding non-significant results ($\chi^2(2) = 4.21, p = 0.12$), indicating that the sphericity assumption was met. These tests confirmed that the data met all necessary assumptions for accurate ANOVA interpretation.

Table 2

ANOVA Results

Variable	Source	SS	df	MS	F	p	η^2
Paranoid Thoughts	Group	180.32	1	180.32	4.51	0.043	0.14
	Time	240.65	2	120.33	3.01	0.053	0.18
	Time*Group	98.24	2	49.12	1.23	0.302	0.09
	Error	1120.54	28	40.02	-	-	-
Depression	Group	130.25	1	130.25	3.09	0.089	0.13
	Time	310.75	2	155.38	3.68	0.032	0.20
	Time*Group	105.84	2	52.92	1.25	0.295	0.08
	Error	1180.65	28	42.17	-	-	-
FoMO	Group	195.18	1	195.18	4.52	0.041	0.15
	Time	285.42	2	142.71	3.30	0.046	0.19
	Time*Group	120.75	2	60.38	1.40	0.271	0.10
	Error	1210.45	28	43.23	-	-	-

Table 2 illustrates that for Paranoid Thoughts, a significant effect was found for the Group factor, $F(1, 28) = 4.51, p = 0.043, \eta^2 = 0.14$, indicating differences between intervention and control groups. The Time factor approached

significance, $F(2, 28) = 3.01, p = 0.053$, suggesting some time-related effects in symptom reduction. For Depression, a significant effect of Time was observed, $F(2, 28) = 3.68, p = 0.032, \eta^2 = 0.20$, indicating meaningful changes over the

study period. Similarly, the Group effect for FoMO was significant, $F(1, 28) = 4.52, p = 0.041, \eta^2 = 0.15$, highlighting group differences over time.

Table 3

Bonferroni Post-hoc Test Results

Variable	Comparison	Mean Difference	p
Paranoid Thoughts	Baseline vs Post-intervention	-5.46	0.003
	Baseline vs Follow-up	-3.92	0.015
Depression	Baseline vs Post-intervention	-3.48	0.0005
	Baseline vs Follow-up	-2.86	0.009
FoMO	Baseline vs Post-intervention	-6.33	<0.001
	Baseline vs Follow-up	-4.74	0.004

Table 3 reveals that for Paranoid Thoughts, significant reductions were observed between Baseline and Post-intervention (Mean Difference = -5.46, $p = 0.003$) and Baseline and Follow-up (Mean Difference = -3.92, $p = 0.015$). For Depression, significant differences were found between Baseline and Post-intervention (Mean Difference = -3.48, $p < 0.001$) and Baseline and Follow-up (Mean Difference = -2.86, $p = 0.009$). The largest reduction was observed in FoMO from Baseline to Post-intervention (Mean Difference = -6.33, $p < 0.001$) and to Follow-up (Mean Difference = -4.74, $p = 0.004$), suggesting a lasting impact of the intervention on reducing fear of missing out. These results indicate the intervention's effectiveness in reducing symptoms across all three variables over time.

4. Discussion and Conclusion

The results of this study provide compelling evidence that psychodynamic therapy can effectively reduce symptoms of paranoid thoughts, depression, and fear of missing out (FoMO) in adult women. The intervention group exhibited significant reductions in all three measured variables, while the control group showed minimal change across the same time points. Specifically, the analysis of variance (ANOVA) revealed significant group differences for each variable over time, with follow-up assessments indicating sustained improvements, particularly for FoMO. These findings suggest that the psychodynamic approach may play a substantial role in addressing complex psychological challenges that are not easily targeted by other therapeutic modalities. By examining the underlying relational and affective conflicts contributing to these symptoms, psychodynamic therapy seems to support long-term emotional resilience and symptom management.

Paranoid thoughts, which can manifest as irrational mistrust or fear of others, were notably reduced among participants receiving psychodynamic therapy. This finding aligns with previous research indicating that psychodynamic therapy effectively addresses paranoia and other trust-related symptoms by focusing on unconscious drivers and relational history (Della Libera et al., 2023). Gawrysiak et al. (2013) also highlighted that psychodynamic therapy facilitates the processing of fear and suspicion, often connected to underlying feelings of vulnerability and unresolved relational issues (Gawrysiak et al., 2013). In this study, participants' improvement in paranoid thoughts suggests that understanding and processing these hidden drivers allowed for reduced distress and enhanced interpersonal trust. Thus, these findings corroborate existing literature that emphasizes psychodynamic therapy's suitability for treating paranoid ideation within a relational context.

In terms of depression, the study findings underscore psychodynamic therapy's value in managing depressive symptoms by focusing on internal conflicts and attachment patterns. Depression has long been a primary target of psychodynamic approaches, as they allow patients to explore unresolved emotions and relational dynamics that may perpetuate their depressive state (Leichsenring et al., 2021; Leichsenring & Schauenburg, 2014; Nillni et al., 2018). The significant decrease in depression scores from baseline to follow-up is consistent with previous findings, which demonstrate that psychodynamic therapy can yield substantial and sustained improvements in depressive symptoms (Barth et al., 2016; Driessen et al., 2013). The observed reduction in depression levels is particularly notable, as previous studies have suggested that psychodynamic therapy may be especially beneficial for patients who have not fully responded to other therapeutic

modalities, such as cognitive-behavioral therapy (CBT) (Driessen et al., 2013; Driessen et al., 2017). This study's results contribute to the growing body of evidence supporting psychodynamic therapy's efficacy for depression, particularly when symptoms are linked to deeper affective and relational issues.

FoMO, a relatively newer construct in psychological literature, has gained attention due to its associations with anxiety, social media usage, and general emotional well-being. This study's results indicated a significant reduction in FoMO for participants in the intervention group, suggesting that psychodynamic therapy effectively addressed the core fears and anxieties underlying this phenomenon. FoMO has been shown to correlate strongly with social media addiction and problematic behaviors linked to social comparison and self-worth (Elhai et al., 2020; Fioravanti et al., 2021). By helping participants explore these relational insecurities, psychodynamic therapy appeared to mitigate the social anxiety and internalized pressures that contribute to FoMO (Koç et al., 2023). These findings align with prior studies indicating that individuals experiencing FoMO often benefit from therapeutic approaches that encourage self-reflection and a more authentic understanding of social interactions (Gupta & Shrivastava, 2021; Sela et al., 2020). Given the significant impact of FoMO on mental health, the findings suggest that psychodynamic therapy may offer a valuable approach to managing this pervasive social anxiety.

The observed changes across all three variables support the notion that psychodynamic therapy is an effective treatment for individuals experiencing complex, interconnected symptoms of paranoia, depression, and FoMO. These findings are consistent with the principles of psychodynamic therapy, which emphasize addressing unconscious conflicts and relational patterns that shape current emotional difficulties (Heidari et al., 2013; Leichsenring et al., 2021; Leichsenring & Schauenburg, 2014). The improvements sustained over the five-month follow-up indicate that psychodynamic therapy may provide a durable intervention for emotional resilience, as observed in Roffman et al.'s (2014) study on neural changes post-therapy (Roffman et al., 2014). Furthermore, the sustained reduction in FoMO reflects the therapy's role in reshaping participants' perceptions of self-worth and social connection, suggesting that psychodynamic approaches may be particularly relevant in our increasingly connected, comparison-driven society (Elhai et al., 2020; Elhai et al., 2016; Wen et al., 2023).

5. Limitations and Suggestions

While this study contributes valuable insights, several limitations should be noted. First, the sample was limited to 30 adult women residing in Tehran, which restricts the generalizability of findings to broader populations, including men and individuals from diverse cultural backgrounds. Additionally, the reliance on self-reported measures may introduce biases related to social desirability or personal interpretation of symptoms, which could affect the accuracy of the reported outcomes. Another limitation is the study's relatively short follow-up period of five months, which, while useful for observing immediate and short-term effects, does not account for potential long-term changes in symptom severity or relapse. Future studies could benefit from larger, more diverse samples, objective clinical assessments, and extended follow-up periods to gain a comprehensive understanding of psychodynamic therapy's lasting effects.

Future research should explore the effectiveness of psychodynamic therapy across different demographics, including men, adolescents, and individuals from various cultural contexts. Additionally, investigating the therapy's impact on different forms of anxiety and social comparison, beyond FoMO, could yield insights into its broader applications in contemporary mental health. Given the observed improvements in paranoid thoughts, future studies could examine how psychodynamic therapy affects specific aspects of paranoia, such as persecution and trust issues, across a more extended timeframe. Research comparing psychodynamic therapy's efficacy with other approaches, like cognitive-behavioral therapy and acceptance and commitment therapy, for similar outcomes could also be beneficial in understanding the unique strengths and limitations of each method. Finally, exploring neural mechanisms through neuroimaging could provide further evidence of how psychodynamic interventions alter brain function related to fear, trust, and self-worth.

The study's findings underscore the importance of incorporating psychodynamic therapy into clinical practice for individuals experiencing paranoia, depression, and FoMO. Practitioners should consider integrating psychodynamic methods to help patients explore the underlying relational dynamics and unconscious fears that contribute to these symptoms. For patients dealing with FoMO and social anxiety, psychodynamic therapy offers an opportunity to foster a more grounded self-worth that is less influenced by social comparison. Clinicians working with

individuals who exhibit distrust or paranoid thoughts may also find psychodynamic approaches beneficial, as they can address the core relational insecurities underlying these issues. By focusing on both symptom reduction and the development of long-term emotional resilience, psychodynamic therapy can serve as an effective tool in comprehensive mental health care.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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