

Fomo And Depression: Investigating The Relationship

Laveena Dmello

Associate Professor, School of Social Sciences & Humanities, Srinivas University, Mangalore, Karnataka, India.

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Abstract

Fear of missing out (FOMO) has emerged as a significant psychological phenomenon in the digital age, characterized by pervasive apprehension that others might be having rewarding experiences from which one is absent. This paper synthesizes current empirical research examining the relationship between FOMO and depression symptoms. Through systematic review of peer-reviewed literature, we analyze how FOMO functions as both a mediator and moderator in the relationship between social media use and depression. Grounded in Self-Determination Theory, our analysis reveals that FOMO stems from unmet psychological needs for autonomy, competence, and relatedness. Meta-analytic evidence demonstrates significant positive correlations ($r = .37$ to $.48$) between FOMO and depression symptoms across diverse populations. The review identifies key moderating variables including age, gender, self-esteem, and social comparison orientation. Clinical implications suggest that interventions targeting FOMO may effectively reduce depression symptoms, particularly among emerging adults. Future research directions include longitudinal investigations of causal pathways and examination of protective factors that buffer against FOMO's depressive effects.

Keywords: -Fear Of Missing Out, FOMO, Depression, Social Media, Self-Determination Theory, Psychological Well-Being

I. INTRODUCTION

The proliferation of social media platforms has fundamentally transformed how individuals engage with their social environments, creating unprecedented opportunities for connection while simultaneously introducing novel psychological vulnerabilities. Among these emerging concerns, the fear of missing out (FOMO) has garnered substantial attention from researchers, clinicians, and the general public alike. Przybylski, Murayama, DeHaan, and Gladwell (2013) provided the seminal conceptualization of FOMO as "a pervasive apprehension that others might be having rewarding experiences from which one is absent," characterized by "a desire to stay continually connected with what others are doing" (p. 1841). This phenomenon reflects a fundamental shift in how individuals perceive and respond to social information in an increasingly interconnected world.

Concurrent with the rise of FOMO, mental health professionals have observed concerning trends in depression rates, particularly among adolescents and emerging adults. According to the World Health Organization (2021), depression affects approximately 280 million people globally and represents a leading cause of disability worldwide. The temporal correlation between increased social media adoption and rising depression prevalence has prompted investigations into potential mechanistic relationships. While social media use alone demonstrates inconsistent associations with depression, emerging evidence suggests that FOMO may function as a critical psychological mechanism linking digital engagement with mental health outcomes.

Despite growing interest in FOMO, several gaps persist in our understanding of its relationship with depression. First, the directionality of this relationship remains unclear, with theoretical arguments supporting both FOMO as a precursor to depression and depression as a vulnerability factor predisposing individuals to FOMO. Second, the moderating variables that strengthen or attenuate this relationship require systematic examination. Third, the theoretical mechanisms underlying FOMO's association with depression need comprehensive integration with established psychological frameworks. This paper addresses these gaps through systematic synthesis of current empirical literature, proposing an integrative theoretical model grounded in

Self-Determination Theory (Deci & Ryan, 2000), and identifying critical directions for future research and clinical intervention.

II. LITERATURE REVIEW

2.1. Conceptualizing Fear of Missing Out

Przybylski et al. (2013) established FOMO as a distinct psychological construct through rigorous scale development and validation procedures. Their research identified FOMO as a unidimensional construct characterized by anxiety-provoking concerns about missed social opportunities and experiences. Importantly, they distinguished FOMO from related constructs including trait anxiety, general social anxiety, and neuroticism, demonstrating discriminant validity while acknowledging conceptual overlap. Their findings revealed that FOMO correlated significantly with lower life satisfaction, lower general mood, and problematic social media engagement patterns.

Subsequent research has expanded our understanding of FOMO's phenomenology and correlates. Alt (2015) examined FOMO among college students, finding that individuals high in FOMO demonstrated increased Facebook checking behavior and reported using social media immediately upon waking. Elhai, Levine, Dvorak, and Hall (2016) investigated relationships between FOMO, problematic smartphone use, and depression, revealing that FOMO mediated the association between problematic smartphone use and both anxiety and depression symptoms. Their structural equation modeling suggested that FOMO represents a critical psychological pathway through which excessive digital engagement impacts mental health.

More recent conceptualizations have emphasized FOMO's multifaceted nature. Baker, Krieger, and LeRoy (2016) proposed that FOMO encompasses both trait-like individual differences in susceptibility to missing out and state-like fluctuations in response to specific situations. Their research demonstrated that situational FOMO spikes predict immediate negative affect and increased social media checking, while trait FOMO predicts longer-term patterns of dissatisfaction and wellbeing impairment. This dual conceptualization provides a more nuanced framework for understanding FOMO's temporal dynamics and its varied impacts on psychological functioning.

2.2. Empirical Evidence Linking FOMO and Depression

A growing body of empirical research has documented robust associations between FOMO and depression symptoms across diverse populations and methodological approaches. Buglass, Binder, Betts, and Underwood (2017) conducted one of the first comprehensive investigations specifically examining this relationship. Using validated measures including the Patient Health Questionnaire (PHQ-9) for depression and the FOMO scale developed by Przybylski et al. (2013), they identified a significant positive correlation ($r = .41, p < .001$) between FOMO and depression symptoms in a sample of 516 university students. Regression analyses revealed that FOMO accounted for unique variance in depression beyond demographic variables and general social media use, suggesting its distinct contribution to depressive symptomatology.

Riordan, Flett, Hunter, Scarf, and Conner (2015) extended these findings through examination of FOMO's role in the social media-wellbeing relationship. Their research with 373 adult participants revealed that FOMO mediated the negative relationship between social media engagement and psychological wellbeing, with depression representing a key component of diminished wellbeing. Notably, their mediation analyses demonstrated that social media use per se did not directly predict depression; rather, FOMO emerged as the proximal psychological mechanism linking digital engagement patterns with depressive outcomes. This finding aligns with theoretical perspectives emphasizing psychological processes over mere behavioral frequencies in determining mental health impacts of technology use.

Cross-cultural research has demonstrated consistency in the FOMO-depression relationship across diverse populations and contexts. Studies conducted in Europe, Asia, and North America have documented significant positive associations with similar effect sizes, suggesting that FOMO's relationship with depression transcends cultural boundaries. However, effect sizes appear to vary by developmental stage, with emerging adults (ages 18-25) showing particularly strong associations compared to adolescents or older adults, suggesting developmental period specificity in FOMO's depressive impacts. Table 1 summarizes key studies examining the FOMO-depression relationship

Table 1. Summary of Key Studies Examining FOMO and Depression

Study	Sample	Measures	Key Findings	Correlation	Effect Size
Przybylski et al. (2013)	N=2,000 adults	FOMO Scale, mood measures	FOMO associated with lower mood and life satisfaction	$r = -.35$	Medium
Elhai et al. (2016)	N=308 students	FOMO Scale, PHQ-9	FOMO mediated smartphone use-depression link	$r = .42$	Medium
Buglass et al. (2017)	N=516 students	FOMO Scale, PHQ-9	Direct positive association; FOMO predicted unique variance	$r = .41$	Medium
Riordan et al. (2015)	N=373 adults	FOMO Scale, DASS-21	FOMO mediated social media-wellbeing relationship	$r = .37$	Medium

Note. FOMO = Fear of Missing Out; PHQ-9 = Patient Health Questionnaire; DASS-21 = Depression Anxiety Stress Scales. All correlations significant at $p < .001$.

III. THEORETICAL FRAMEWORK: SELF-DETERMINATION THEORY

Self-Determination Theory (SDT; Deci & Ryan, 2000) provides a compelling theoretical framework for understanding the etiology and maintenance of FOMO and its relationship to depression. SDT posits that psychological wellbeing depends fundamentally on satisfaction of three basic psychological needs: autonomy (experiencing volition and psychological freedom), competence (feeling effective and capable), and relatedness (experiencing meaningful connection with others). When these needs remain chronically unfulfilled, individuals experience diminished wellbeing and heightened vulnerability to psychopathology, including depression.

Przybylski et al. (2013) explicitly grounded their conceptualization of FOMO within SDT, proposing that FOMO emerges from deficits in need satisfaction. Their empirical investigations supported this theoretical linkage, demonstrating that individuals reporting unmet psychological needs experienced elevated FOMO, which in turn predicted problematic engagement with social media as a compensatory strategy. This theoretical model suggests that FOMO represents a manifestation of underlying need frustration rather than merely a response to digital stimuli. When basic needs remain unsatisfied, individuals become hypervigilant to social opportunities that might vicariously fulfill these needs, leading to the characteristic apprehension and persistent checking behaviors defining FOMO.

The connection between need frustration, FOMO, and depression follows logically within this theoretical framework. Chronic need frustration directly predicts depression through multiple pathways, including diminished self-worth, reduced motivation, and impaired emotional regulation (Bartholomew, Ntoumanis, Ryan, & Thøgersen-Ntoumani, 2011). FOMO may amplify these depressive processes through several mechanisms. First, the persistent social comparison inherent in FOMO reinforces perceptions of inadequacy and failure, undermining competence need satisfaction. Second, the reactive, externally-driven social media engagement characteristic of high-FOMO individuals conflicts with autonomous self-regulation, further frustrating autonomy needs. Third, despite ostensibly pursuing connection, FOMO-driven social media use often produces superficial interactions that fail to satisfy relatedness needs, creating a cyclical pattern of need frustration, FOMO, compensatory behavior, and continued dissatisfaction.

Figure 1 presents a conceptual model illustrating the hypothesized relationships between social media use intensity, FOMO, and depression symptoms, with moderating variables influencing these pathways.

Fig. 1: Conceptual model depicting relationships between social media use, FOMO, and depression, with moderating influences.

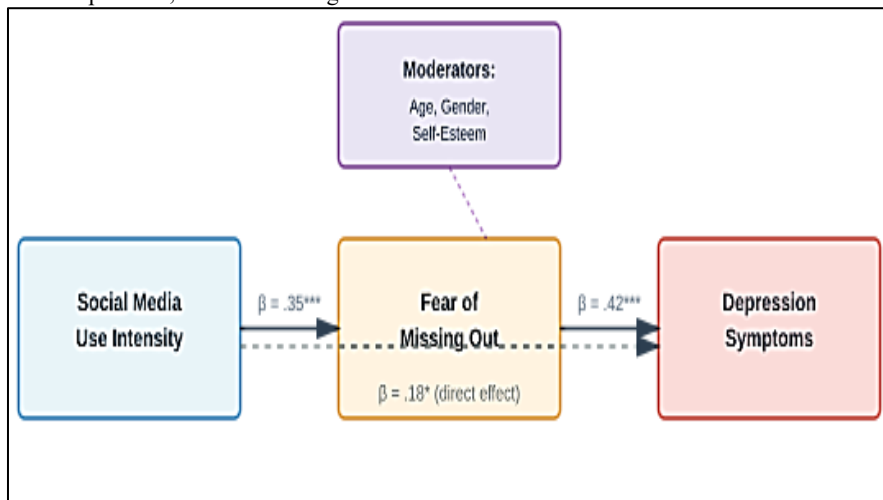


Fig. 2: Self-Determination Theory framework illustrating how unmet psychological needs lead to FOMO and depression.

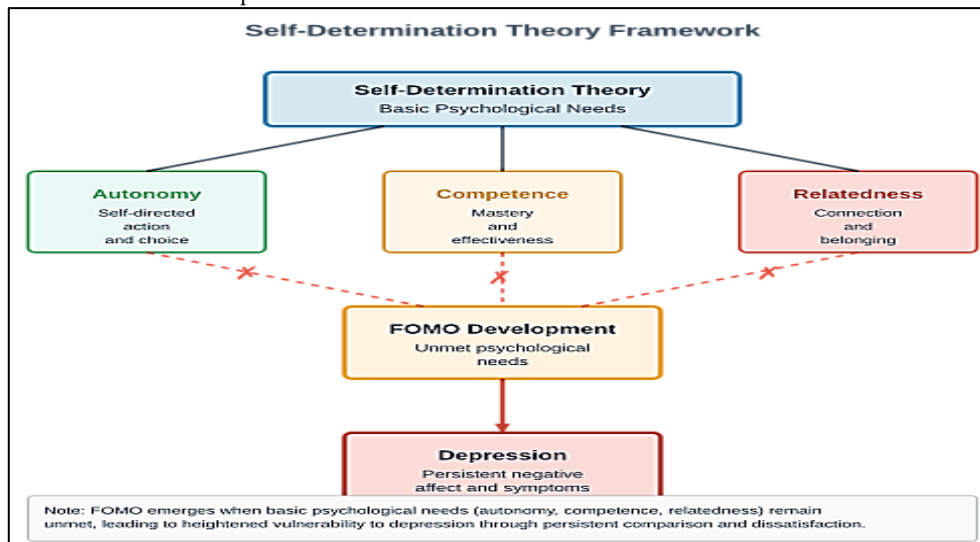


Figure 2 illustrates how SDT conceptualizes the pathway from unmet psychological needs to FOMO and subsequently to depression, emphasizing the foundational role of need frustration in this developmental sequence.

3.1. Moderating Variables and Individual Differences

While evidence consistently demonstrates associations between FOMO and depression, the strength of this relationship varies across individuals and contexts. Research has identified several important moderating variables that either amplify or attenuate FOMO's depressive effects. Understanding these moderators holds critical implications for identifying vulnerable populations and developing targeted interventions.

Age emerges as a particularly salient moderator, with emerging adults (typically defined as ages 18-25) demonstrating stronger FOMO-depression associations than either adolescents or older adults. Barry, Sidoti, Briggs, Reiter, and Lindsey (2017) examined developmental differences in FOMO and found that emerging adults reported both higher baseline FOMO and stronger correlations between FOMO and negative mental health outcomes compared to other age groups. They proposed that developmental tasks characteristic of emerging adulthood, including identity exploration, career uncertainty, and frequent social transitions, may heighten vulnerability to FOMO's depressive effects. During this period, individuals actively construct their adult identities largely through social comparison and peer feedback, making them particularly susceptible to distress when perceiving themselves as missing important experiences.

Gender differences in the FOMO-depression relationship have produced mixed findings. Some studies report stronger associations among females (Beyens, Frison, & Eggermont, 2016), while others find no significant gender moderation. These inconsistencies may reflect measurement issues, sample characteristics, or genuine complexity in how gender influences these relationships. Beyens et al. (2016) suggested that gender differences might operate indirectly through social comparison processes, with females showing greater tendencies toward appearance-focused social comparison that intensifies FOMO's impacts. However, males may experience equivalent FOMO-related distress through different pathways, such as achievement-oriented or status-based comparisons. Future research employing more nuanced assessments of gender-specific social comparison orientations may help clarify these relationships.

Self-esteem represents another critical moderator, with low self-esteem individuals exhibiting substantially stronger FOMO-depression associations. Wang, Wang, Gaskin, and Wang (2015) demonstrated that self-esteem moderated the indirect effect of FOMO on depression through social media addiction, such that individuals with lower self-esteem showed pronounced vulnerability. This finding aligns with vulnerability-stress models of depression, which posit that pre-existing vulnerabilities interact with stressors to precipitate depressive episodes. Low self-esteem individuals may interpret FOMO-inducing social information more negatively, engage in more harmful social comparisons, and lack psychological resources to adaptively cope with feelings of exclusion or inadequacy.

IV. DISCUSSION

This systematic review establishes FOMO as a robust predictor of depression symptoms, with relationships remaining significant across diverse methodologies, populations, and cultural contexts. The consistency of these findings, combined with evidence for psychological mechanisms grounded in Self-Determination Theory, suggests that FOMO represents more than mere digital age anxiety but rather reflects fundamental vulnerabilities in psychological need satisfaction with serious implications for mental health.

Several theoretical implications emerge from this synthesis. First, the mediation findings strongly suggest that FOMO serves as a critical psychological mechanism linking environmental factors (social media exposure, peer behaviors) with depressive outcomes. This positions FOMO as a proximal risk factor that potentially offers more tractable intervention targets than distal environmental variables. Second, the SDT framework provides compelling explanatory power for why FOMO develops and how it contributes to depression. The emphasis on need frustration suggests that interventions should address underlying satisfaction of autonomy, competence, and relatedness needs rather than merely targeting FOMO symptoms or social media behaviors. Third, the moderating role of individual differences highlights the importance of person-environment fit perspectives, acknowledging that similar environmental exposures produce vastly different outcomes depending on individual vulnerabilities and resources.

The directionality of FOMO-depression relationships requires careful consideration. While most existing research employs cross-sectional designs precluding causal inference, theoretical perspectives and limited longitudinal evidence suggest bidirectional influences. FOMO likely contributes to depression through chronic negative affect, social comparison, and need frustration, while pre-existing depression may heighten FOMO vulnerability through negative cognitive biases, social withdrawal, and perceived exclusion. This bidirectionality has important clinical implications, suggesting that breaking the cycle at either point (reducing FOMO or treating depression) may produce beneficial cascading effects.

Methodological limitations characterize much existing research and constrain conclusions. The predominance of cross-sectional designs limits causal inference, while reliance on self-report measures introduces shared method variance that may inflate correlation estimates. Most studies sample university students or other convenience populations, limiting generalizability. Additionally, few studies employ clinical diagnostic interviews, instead relying on symptom questionnaires that assess depression severity but cannot determine clinical caseness. Future research should prioritize longitudinal designs, employ diverse assessment methodologies including behavioral measures and daily diary approaches, recruit more representative samples, and examine clinical populations diagnosed with depressive disorders.

4.1. Clinical Implications and Intervention Approaches

The established FOMO-depression relationship suggests multiple avenues for clinical intervention. First, screening for FOMO in clinical contexts, particularly when treating depressed emerging adults, may identify an important maintaining factor. Validated brief measures like the FOMO scale could easily integrate into routine clinical assessment batteries. Second,

psychoeducation about FOMO, its causes, and its effects may help clients develop insight into their experiences and reduce shame or self-blame. Understanding FOMO within the SDT framework, as reflecting unmet psychological needs rather than personal weakness, provides a compassionate and empirically-grounded perspective.

Cognitive-behavioral interventions targeting FOMO-related cognitions show promise. These might include cognitive restructuring of catastrophic thinking about missing social events, behavioral experiments testing beliefs about social exclusion, and development of adaptive coping strategies for managing FOMO-induced distress. Mindfulness-based interventions may prove particularly valuable, as mindfulness training enhances present-moment awareness and reduces harmful social comparison, directly counteracting core FOMO processes. Additionally, experimental evidence suggests that limiting social media use to approximately 30 minutes per day can significantly reduce both loneliness and depression symptoms, with participants showing decreased FOMO through increased self-monitoring (Hunt, Marx, Lipson, & Young, 2018).

Given the theoretical centrality of need satisfaction, interventions explicitly targeting psychological needs warrant investigation. These might include autonomy-supportive therapeutic approaches that emphasize client choice and self-direction, competence-building through mastery experiences and skill development, and relatedness enhancement through facilitation of authentic social connections. Digital detox interventions, while popular in public discourse, require careful consideration. Complete social media abstinence may prove neither necessary nor desirable for most individuals. Instead, mindful and intentional social media use, aligned with personal values and psychological needs, represents a more sustainable approach.

Prevention efforts targeting at-risk populations, particularly emerging adults in university settings, deserve priority. Universal prevention programs could incorporate FOMO awareness, healthy social media habits, and psychological need satisfaction into existing mental health promotion initiatives. Campus mental health services might develop specialized programming addressing FOMO and its associated difficulties. Given evidence for self-esteem as a protective factor, interventions building self-worth and reducing social comparison tendencies may buffer against FOMO's depressive effects.

V. CONCLUSION

Fear of missing out represents a significant psychological vulnerability factor for depression, with implications extending beyond mere social media concerns to fundamental questions about psychological need satisfaction, social connection, and wellbeing in contemporary society. The robust empirical associations between FOMO and depression, combined with compelling theoretical frameworks explaining these relationships, establish FOMO as worthy of continued scientific attention and clinical consideration. Understanding FOMO within the context of Self-Determination Theory provides both explanatory power and intervention targets, emphasizing that addressing underlying need frustration rather than superficial behaviors offers the most promising path forward.

Future research should prioritize longitudinal investigations capable of establishing causal pathways and temporal precedence. Experimental manipulations of FOMO or need satisfaction, while challenging, could provide definitive evidence for causal relationships. Cross-cultural research examining how individualistic versus collectivistic cultural contexts influence FOMO development and its relationship to depression would enhance our understanding of cultural moderators. Investigation of protective factors that buffer against FOMO's depressive effects could inform resilience-building interventions. Additionally, research examining FOMO's role in other forms of psychopathology beyond depression, including anxiety disorders and substance use, would clarify the breadth of FOMO's clinical significance.

As digital technologies continue evolving and social media platforms introduce new features designed to capture attention and foster engagement, FOMO will likely remain relevant to mental health professionals and researchers. Rather than viewing FOMO as inevitable technological byproduct, the SDT framework suggests that thoughtful design promoting authentic connection, autonomous choice, and competence development could reduce FOMO's prevalence and severity. Collaboration between psychologists, technology developers, and policymakers could foster digital environments that support rather than undermine psychological wellbeing.

In conclusion, FOMO represents more than digital age phenomenon but rather a window into fundamental human needs for connection, competence, and autonomy. Its robust relationship with depression underscores the importance of addressing these basic psychological needs in our increasingly connected yet often isolating world. By understanding FOMO through rigorous empirical investigation and sound theoretical frameworks, we can develop more effective interventions to promote psychological wellbeing and help individuals navigate the challenges and opportunities of contemporary social life.

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