

What Are the Effects of Anxiety?

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ABSTRACT

In this paper, we aimed to discover the compilation of effects that anxiety has on different elements of life, so that we could better understand how to cope with its influence. Previous research has predicted how sexual trauma, academic performance, and codependency are all impacted by anxiety. In our first (correlational) study, we tested the strength of these relationships by examining naturalistic daily changes in their variables longitudinally over a period of one week. We measured sexual trauma with a traumatic rumination scale, academic performance by using an academic performance scale, codependency by using three codependency scales, and Anxiety with the Hamilton Anxiety Rating Scale (HAM-A). Based on the strength of correlation found between anxiety and codependency in our correlational study, we then conducted a second (experimental) study to test for a causal relationship between these two variables. Over a period of one week, we randomly assigned participants each day to either do a guided meditation or scroll through social media. Using a single-blind procedure, we then measured the effect this manipulation had upon codependency. Data pooled across participants in our correlational study showed significant correlations of anxiety with academic performance and codependency, but not with sexual trauma. Data pooled across participants in our experimental study failed to establish a causal role of anxiety on codependency. Our experimental study showed only one significant relationship which occurred in the opposite direction that we predicted (see Table 2). The findings from our study revealed that there was no large impact of anxiety on codependency. However, considering the significance of the results from our correlational study it could be suggested that the real-world implications of this research may highlight a relationship between anxiety and reduced functionality - predictive qualities for people with anxiety.

1. Introduction

1.1 Research Problem

The effect of anxiety is visible in many parts of an individual’s life and occupies the question of how to cope with its influence. A potential research question is if anxiety’s impact can be observed in relationship

attachment styles, predominantly with individuals who have experienced sexual trauma. Another promising research question is if an individual's ability to take on large academic tasks is affected by anxiety. A finalizing topic of research is if an individual's gravitation toward codependent tendencies is caused by anxiety. We aim to discover how the effects

of anxiety influence one's ability to function in day-to-day life, so that we can better understand how to cope with its presence.

1.2 Literature Review

One factor previously found to be associated with anxiety is sexual trauma (Anderson & Kosloff 2020). For example, in a correlational study, by Anderson & Kosloff (2020) a total of 321 victims of sexual or physical assault completed questionnaires, self-reporting their levels of attachment-anxiety and post-traumatic stress (PTS) in two separate studies. In both studies, researchers measured anxious attachment with the Experiences in Close Relationships Scale (revised). The scale consisted of 36 items; they asked participants to reflect on how they feel in their relationship with their partner and then rate each item using a 7-point scale (1 = strongly disagree; 7 = fully agree). Each item described a way that a person may feel in a relationship (e.g., "I worry that romantic partners won't care about me as much as I care about them"). Additionally, researchers measured PTS with the post-traumatic stress disorder (PTSD) checklist for DSM-5 in both studies. The checklist was designed to highlight how frequently the participants were reminded of their worst traumatic experience. This checklist consisted of 20 questions that participants rated on a 5-point scale (0 = not applicable; 4 = very applicable). Each question assessed the patient's frequency of traumatic memories (e.g., "In the past month, how much were you bothered by [memories of your worst traumatic experience]"). Based on the data collected in both studies, the researchers were able to measure the overall means and standard deviation of anxious attachment and PTS: the means for anxious attachment was (3.28) and the standard deviation (1.51),

PTS had a means of (45.76) and the standard deviation was (18.06). Based on these results, the researchers suggested that there was positive correlation between attachment-anxiety and PTS. The data collected in study 1 identified a direct relationship between attachment anxiety and PTS ($c' = 2.73$ $p = 0.02$), in the second study the relationship was again validated ($c' = 3.30$, $p < .01$). Furthermore, it could be predicted that individuals who have PTS from assault trauma will experience greater levels of attachment anxiety in relationships.

Another factor previously found to be associated with anxiety is poor academic performance (Cohen et al., 2019). For example, in a correlational study by Cohen et al. (2019), 342 Psychology students volunteered to partake in 2 questionnaires. They measured social anxiety with the Social Interaction Anxiety Scale (SIAS-6/SPS-6), which had questions such as (e.g., "I have difficulty talking with other people"). Researchers made a 12-item questionnaire from the original 40-item SIAS and SPS questionnaire and provided a 4-point scale with (0 = not at all characteristic or true of me; 4 = extremely characteristic or true of me). They then summed items 1-6 to create a composite SAIS score ($x = .80$). Additionally, they used a 3-item measure to capture student's discomfort with an active learning environment, with questions such as (e.g., "I have skipped lectures in the past when I knew we might have to make a presentation or do group work."). Students provided responses on a 5-point Likert scale with (0 = not at all true of me ; 4 = extremely true of me). Researchers then summed the three items to create a composite active learning discomfort score ($a = .68$). This study was conducted 3 times throughout the year: once at the beginning of the school year, once in the middle, and once at the end, overall

determining the grades and performance of the students. The results in the third and final study for the SIAS-6 and SPS-6 questionnaire ranged from 0-18, with a mean of 5.95 and standard deviation of 3.71. In total, 61.3% of the sample reached the social anxiety disorder diagnostic cut off score of 7 or higher. The active learning discomfort questionnaire results ranged from 0-3.64, with a mean of 1.51 and standard deviation of 0.84. Students' final grades ranged from 20%-100%, with a mean of 90% and standard deviation of 12%. Based on these results, the researchers suggested that students who reported higher social anxiety levels and greater discomfort with active learning had significantly lower grades. In conclusion, it can be predicted that discomfort with an active learning environment mixed with social anxiety correlates with difficulty in academic performance and lower grades.

A third factor associated with anxiety is codependency (Springer et al., 1998). For example, in a correlational study by Springer et al. (1998), 217 psychology students filled out a questionnaire booklet, self-reporting their gravitation toward codependency. Researchers measured anxiety using a Self-Consciousness Scale (SCS). Participants filled out 23 statements where they self-reported how strongly they felt each statement that applied to them on a scale of 1 to 5 (1 = not at all; 5 = very much). The SCS scale contained questions highlighting participants' feelings of discomfort or anxiety in social situations. Additionally, codependency was measured using the Codependency Assessment Inventory (CAI). The assessment was composed of 60 true or false questions that prompted the participants to assess their levels of autonomy, over-commitment to others, and boundaries. Higher scores on the CAI scale indicated higher levels of codependency.

Based on their results, the researchers suggested that there is correlation between codependency and social anxiety ($r = 0.29$). Thus, it could be predicted that there is a relationship between individuals who experience social anxiety and their levels of codependency.

1.3 Hypotheses

Based on the above literature review, we predicted the following hypotheses:

Hypothesis #1: If anxiety increases then sexual trauma will increase.

Hypothesis #2: If anxiety increases then academic performance will decrease.

Hypothesis #3: If anxiety increases then codependency will increase.

2. Methods

2.1 Participants

The two authors of this paper served as the participants in its studies. The participants ranged in age from 23 to 25 years old, with an average age of 24 years, and included two cisgender women. The participants were all undergraduate students at Camosun College who completed the current studies as an assignment for Psyc 110 ("Experimental Psychology") and were grouped together due to their mutual interest in the effects of anxiety. Both participants regularly experienced anxiety.

2.2 Correlational Study Methods

We first performed a correlational study to test concurrently all of our hypotheses by examining naturalistic daily changes in the variables longitudinally. Each participant kept a study journal with them at all times over this study's one-week period in order to record self-observations of the following four variables: (1) sexual trauma, (2)

academic performance, (3) codependency, (4) and anxiety.

2.2.1 *Sexual Trauma*

To measure sexual trauma, participants assessed their frequency of traumatic rumination. For the sake of this study, we are defining traumatic rumination as the memory or fear of sexual trauma occurring. The participants assessed their daily amount of traumatic rumination on a scale that ranged from 0 – 100. The guidelines of the scale consisted of: 0 = no rumination, 25 = some rumination, 50 = moderate rumination, 75 = high rumination, 100 = extreme rumination. Over the course of the seven-day experiment, participants completed the traumatic rumination scale every evening before they went to bed.

2.2.2 *Academic Performance*

To measure academic performance, each participant completed a scale from 0-100 based on their performance that day. For the sake of this study, we are defining academic performance as the ability to successfully manage an academic course load. The guidelines of the scale consisted of: 0 = not at all academically productive, 25 = mild academic productivity, 50 = moderate academic productivity, 75 = high academic productivity, and 100 = extreme academic productivity).

2.2.3 *Codependency*

To measure codependency, each participant completed three codependency themed scales that each ranged from 0-100. Each scale determined the severity of the participant's codependent tendencies. The three different scales used to measure codependency each measured a different aspect of it: autonomy, desire for company, and boundaries. We are defining autonomy as the ability to rely on oneself. The guidelines of the 'autonomy' scale consisted of: 0= extreme autonomy, 25 = high autonomy, 50 = moderate autonomy, 75 =

mild autonomy, 100 = no autonomy.

Additionally, we are defining desire for company as the longing or need for another's companionship. The guidelines of the 'desire for company' scale consisted of: 0= no desire for company, 25= mild desire for company, 50 = moderate desire for company, 75 = high desire for company, 100 = extreme desire for company. Furthermore, we are defining boundaries as the ability to enforce what you are comfortable with and how you would like to be treated by others. The guidelines for the 'boundaries' scale consisted of: 0 = extreme boundaries, 25 = high boundaries, 50 = moderate boundaries, 75 = mild, 100 = no boundaries. Each evening of the experiment, participants filled out the three scales. We combined the data from all three scales that was completed by each participant.

2.2.4 *Anxiety*

To measure anxiety, each participant completed the Hamilton Anxiety Rating Scale (HAM-A) to document the severity of their symptoms during the experiment. The scale consisted of 14 questions that measured the participants' symptoms of anxiety such as worries, feelings of tension, and fear of strangers (refer to the Appendix for the full anxiety scale used in the study). Participants rated each symptom on a 5-point scale (0=not present; 4=very severe). We tallied the total number of points that ranged from 0 –56 to determine our anxiety-score each day. The scale was designed to assess weekly symptoms; for this study the participants used the scale to determine their daily symptoms. Participants completed the scale every evening before they went to bed over a seven-day time-period.

2.3 *Correlational Study Planned Analyses*

To assess the strength and statistical significance of associations between variables predicted by our three hypotheses,

we performed Pearson product moment correlations of their predictor variables sexual trauma, academic performance, and codependency with their outcome variable anxiety. For testing Hypothesis #1 we correlated the participants' daily amount of anxiety using the Hamilton Anxiety Rating Scale with the daily amount of sexual trauma each participant experienced using a subjective traumatic rumination scale. For testing Hypothesis #2 we correlated the participants' daily amount of anxiety using the Hamilton Anxiety Rating Scale with the daily amount of academic performance achieved by each participant by using a subjective academic performance scale. For testing Hypothesis #3 we correlated the participants' daily amount of anxiety using the Hamilton Anxiety Rating Scale with the daily amount of Codependency each participant experienced using three subjective scales: Autonomy, Desire for Company, and Boundaries. We performed all of the above correlations separately for each participant as well as using data pooled across all of the participants. For the correlations using pooled data, in addition to using the raw data, we also performed correlations after we had first transformed the data from each participant into z -scores in order to standardize differences in averages and variability seen between the participants in their data and thus make them more comparable. A correlation coefficient was considered statistically significant if the probability of its random occurrence (p) was $< .05$ (i.e., less than 5% of the time expected by chance alone).

2.4 Experimental Study Methods

Based on the strength of the correlation between anxiety and codependency that was found in our correlational study, we then chose to conduct an experimental study to test for a causal relationship between these

two variables from Hypothesis #3. We manipulated the independent variable, anxiety, over a one-week period by randomly assigning the participants to either an experimental condition or control condition. The participants flipped a coin every morning to determine what condition they would participate in that day. For the experimental condition, the participants did a guided meditation in the morning when they woke up. The guided mediation was sourced from an online application called Calm. The participants followed a 7 Days of Calming Anxiety Course from the application to determine if meditation would reduce their anxiety (<https://app.www.calm.com/program/NYdp8r6/7-days-of-calming-anxiety>). The meditations include topics such as being in the present moment, the relationship between mind and body, becoming non-reactive to thoughts, and so on. On days that the experimental condition was assigned, participants sequentially listened to the days of the meditation course, with each meditation being approximately twelve minutes long. Contrary to this, on the mornings that participants were randomly assigned to the control condition, they sat for twelve minutes and scrolled through social media. We controlled for confounding variables by ensuring that the duration in which the participants participated in each condition was equal, alongside this both conditions required the participants to sit in the mornings. Additionally, we hoped to reduce experimenter expectancy effects by doing two separate measures on our codependency. Each night, we measured our own codependency using a subjective scale. The subjective scale to measure codependency was composed of three subscales: autonomy, desire for company, and boundaries, as previously defined in our correlational study. Alongside this, we did

an evening phone call with each other to analyze the other participants' codependency levels. We hoped to reduce experimenter expectancy effects by concealing the condition that the participant was assigned to that day at the time of codependency analysis.

2.5 Experimental Study Planned Analyses

To assess the statistical significance of differences seen in codependency on guided meditation experimental days vs. scrolling through social media control days, Student's *t*-tests were performed. We performed *t*-tests separately for each participant as well as using data pooled across all of the participants. For the *t*-tests using pooled data, in addition to using the raw data, we also performed *t*-tests after we had first transformed the data from each participant into *z*-scores in order to standardize differences in averages and variability seen between the participants in their data and thus make them more comparable. An average difference between conditions was considered statistically significant if, using a one-tailed distribution (i.e., to determine if there is a difference between groups in a specific direction), the probability of its random occurrence (*p*) was < .05 (i.e., less than 5% of the time expected by chance alone).

3. Results

3.1 Correlational Study Results

As shown in Table 1, both codependency and academic performance were both significantly correlated with anxiety, while in contrast sexual trauma was not found to be significant for both participants. Sexual trauma was not found to be significantly correlated with anxiety using either the pooled raw data ($r = 0.25$ and $p = 0.41$; see

Figure 1) or the pooled standardized data ($r = 0.42$ and $p = 0.14$; see Figure 2). It can be noted that there was significant correlation between sexual trauma and anxiety for participant #1 but not participant #2. It was found however, that there was significant correlation between academic performance and anxiety using both the pooled raw data ($r = -0.62$ and $p = 0.02$ see Figure 3) and the pooled standardized data ($r = -0.60$ and $p = 0.02$; see Figure 4). It can be noted that there was significant correlation between academic performance and anxiety for participant 1, but not participant #2. Additionally, there was significant correlation between codependency and anxiety for both participants using both the pooled raw data ($r = 0.69$ and $p = 0.004$; see Figure 5) and the pooled standardized data ($r = 0.83$ and $p = 6.791E-05$; see Figure 6). Based on a comparison of the correlation coefficients from the pooled standardized data, codependency showed the highest correlation with anxiety.

3.2 Experimental Study Results

As shown in Table 2, no significant differences were found in codependency between the low anxiety condition (guided meditation) and the high anxiety condition (social media scrolling) for the self-reported data. Statistically significant differences between these conditions using the self-reported data were not seen using participant #1's data ($p = 0.055$), the pooled raw data ($p = 0.286$; see Figure 7), or the pooled standardized data ($p = 0.419$; see Figure 8). A statistically significant difference using the self-reported data was found between these conditions using participant #2's data ($p = 0.020$). As shown in Table 3, no significant results were found in codependency between the low anxiety condition (guided meditation) and the high

anxiety condition (social media scrolling) for the other-reported data. Statistically significant differences between these conditions using the other-reported data were not seen using either of the participant's individual data, pooled raw data ($p = 0.460$; see Figure 9), or pooled standardized data ($p = 0.344$; see Figure 10).

4. Discussion

4.1 Summary of Results

Based on previous research, we hypothesized that the increase in anxiety would be associated with an increase in sexual trauma rumination (Hypothesis #1), as well as codependent tendencies (Hypothesis #3). We also hypothesized that an increase in anxiety would be associated with a decrease in academic performance (Hypothesis #2). Data pooled amongst participants in our correlational study supported the predicted relationship of anxiety with academic performance and codependency (Hypothesis #2 and #3). However, the results of our correlational study did not support a significant association between anxiety and sexual trauma (Hypothesis #1) and the results of our experimental study did not support a causal effect of anxiety on codependency (Hypothesis #3).

4.2 Relation of Results to Past Research

Contrary to what was documented in previous research, our correlational study failed to support a relationship between anxiety and sexual trauma. In comparison, Anderson and Kosloff (2020) observed a correlation between PTS from assault trauma, and high-levels of attachment anxiety in relationships. There are a few potential reasons why our results may have

differed from that of the original study. The first reason is that in the study conducted by Anderson and Kosloff (2020) they had 321 participants engaged in the study, whereas we only had 2 really cool participants. Secondly, it can also be noted that the results were statistically significant for participant #1 but not participant #2. This is most likely due to participant #2 not having experienced sexual trauma, and therefore the fear or rumination of sexual trauma occurring was minimal. The third reason our results may have differed is that we used different methodology than Anderson and Kosloff (2020). The study by Anderson and Kosloff (2020) measured attachment anxiety on the Experiences in Close Relationships Scale (revised), whereas we measured general anxiety with the Hamilton Anxiety Rating Scale (HAM-A). They also measured sexual trauma with a checklist from DSM-5, while we measured sexual trauma with a subjective traumatic rumination scale. It can be noted that one similarity in both studies was that all the participants self-reported their anxiety and sexual trauma levels.

Similar to what was documented in previous research, our study validated the relationship between anxiety and academic performance. A study by Cohen et al. (2019) discovered a positive correlation between high social anxiety and low academic performance. Although both studies predicted the same outcome, there were some differences in our methodology. In the study by Cohen et al. (2019) they had 342 participants and collected data on these participants longitudinally over 1 year. In comparison, our research data collection was seven days, and the data was collected on only two participants. It can also be noted that Cohen et al. (2019) measured the effects of social anxiety with the SAIS-6/SPS-6 scale. Contrary to this, we were more focused on general anxiety and measured it

with The Hamilton Anxiety Rating Scale (HAM-A). Additionally, Cohen et al. (2019) measured academic performance by observing discomfort in active learning environments. We measured academic performance on a subjective scale, self-reporting how academically productive we felt that day. A notable difference in our study which may have influenced our results is that participant #2 was only taking 2 courses during the time of this study, which resulted that participant receiving less homework. Participant #1 was taking 4 courses at the time and was assigned a lot of homework. This may account for the results only being statistically significant for participant #1, but not participant #2. One final similarity between these two studies is that all participants self-reported their levels of anxiety and academic performance for the duration of the study.

Supporting the evidence found in previous research, our present study confirms a relationship between anxiety and codependency exists in our sample. In a study by Springer et al. (1998) researchers found a correlation between anxiety and codependency. Although our results were comparable to their findings, there were some notable differences within our methodologies. For instance, in the study by Springer et al. (1998) they had 217 individuals participate, whereas we had only 2. Another difference is that Springer et al. (1998) measured anxiety using a Self-Consciousness Scale (SCS), whereas we measured anxiety using the Hamilton Anxiety Rating Scale (HAM-A). Furthermore, Springer et al. (1998) measured codependency with a Codependency Assessment Inventory (CAI), and we measured codependency with a subjective scale. Ultimately, Springer et al. (1998) found correlation between people who experienced social anxiety and higher

levels of codependency. Our hypothesis matched these findings.

4.3 Implications of Results

The possible practical applications of our current findings are that if an individual experiences higher levels of anxiety within a day, it may be predicted that this individual will have lower academic performance and higher codependency levels. Therefore, it may be suggested, that on days of high anxiety, an individual put less pressure on themselves to operate at full capacity.

We originally conducted the current studies to better understand how anxiety affects the ability to function in day-to-day life so we could learn more coping strategies. What we learned from this research is that high anxiety states may be correlated with a lower ability to function autonomously, as seen in both our academic performance and codependency measures. A limitation to our research was that we did not conduct a manipulation check for anxiety in our experimental study; future research should consider more closely.

References

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Table 1

Correlations for Study Variables

Variables	Participant #1		Participant #2		Pooled raw data		Pooled standardized data	
	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>	<i>r</i>	<i>n</i>
Anxiety & Sexual Trauma	0.92*	7	-0.08	7	0.25	14	0.42	14
Anxiety & Academic Performance	-0.95*	7	-0.24	7	-0.62*	14	-0.60*	14
Anxiety & Codependency	0.85*	7	0.82*	7	0.69*	14	0.83*	14

* $p < .05$.

Table 2

Descriptive Statistics using Self-Reported Data for Codependency Across Low and High Anxiety

Conditions

Condition	Statistic	Participant #1	Participant #2	Pooled raw data	Pooled standardized data
Low Anxiety	<i>M</i>	97.50	160.00*	118.33	-0.06
Condition	<i>SD</i>	17.08	7.07	35.02	0.90
(Guided Meditation)	<i>n</i>	4	2	6	6
High Anxiety	<i>M</i>	133.33	125.00*	128.13	0.05
Condition	<i>SD</i>	28.43	25.98	25.20	1.06
(Social Media Scrolling)	<i>n</i>	3	5	8	8

Note. *M*, *SD*, and *n*, represent mean, standard deviation, and sample size, respectively.

Codependency was measured using a subjective scale ranging from 0-300, higher scores indicated higher levels of codependency.

* $p < .05$ for comparison of low anxiety condition (guided meditation) with its respective high anxiety condition (social media scrolling).

Table 3

Descriptive Statistics using Other-Reported Data for Codependency Across Low and High Anxiety Conditions

Condition	Statistic	Participant #1	Participant #2	Pooled raw data	Pooled standardized data
Low Anxiety Condition (Guided Meditation)	<i>M</i>	105.00	140.00	116.67	0.13
	<i>SD</i>	29.72	28.28	31.89	1.19
	<i>n</i>	4	2	6	6
High Anxiety Condition (Social Media Scrolling)	<i>M</i>	106.67	125.00	118.13	-0.10
	<i>SD</i>	12.58	23.18	21.03	0.82
	<i>n</i>	3	5	8	8

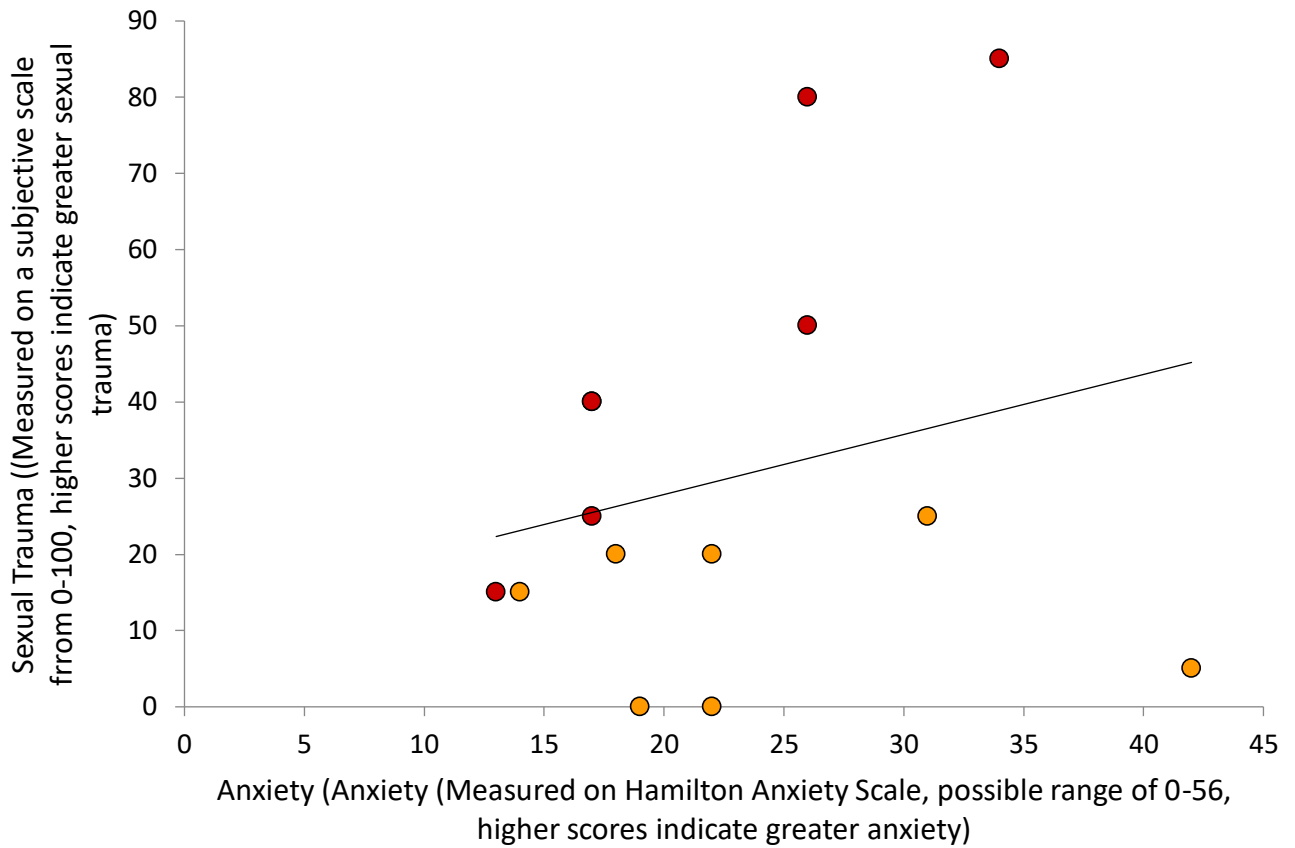
Note. *M*, *SD*, and *n*, represent mean, standard deviation, and sample size, respectively.

Codependency was measured using a subjective scale ranging from 0-300, higher scores indicated higher levels of codependency.

* $p < .05$ for comparison of low anxiety condition (guided meditation) with its respective high anxiety condition (social media scrolling).

Figure 1

Association Between Anxiety and Sexual Trauma Using Pooled Raw Data

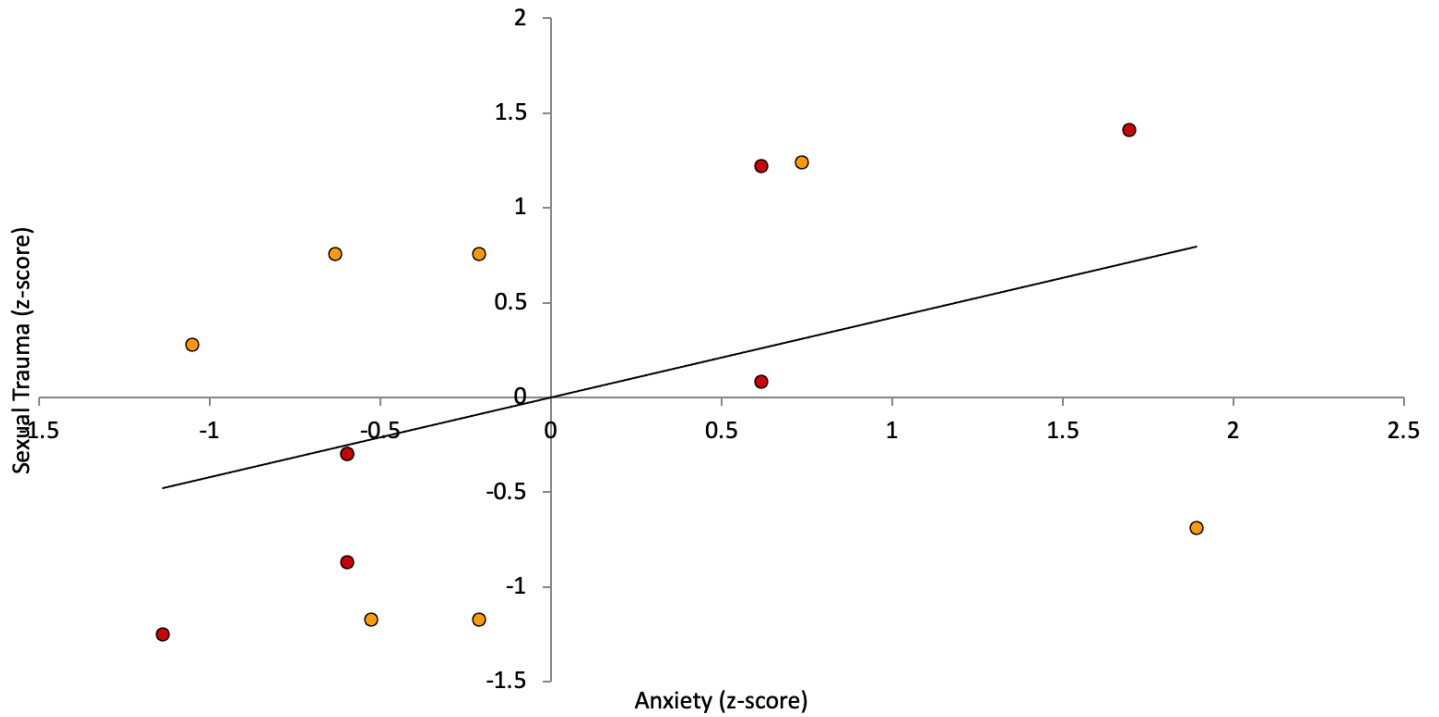


Notes. Marker colour differentiates participants: red = participant #1, orange = participant #2.

Some data might not be visible in the figure due to overlapping markers.

Figure 2

Association Between Anxiety and Sexual Trauma Using Pooled Standardized Data

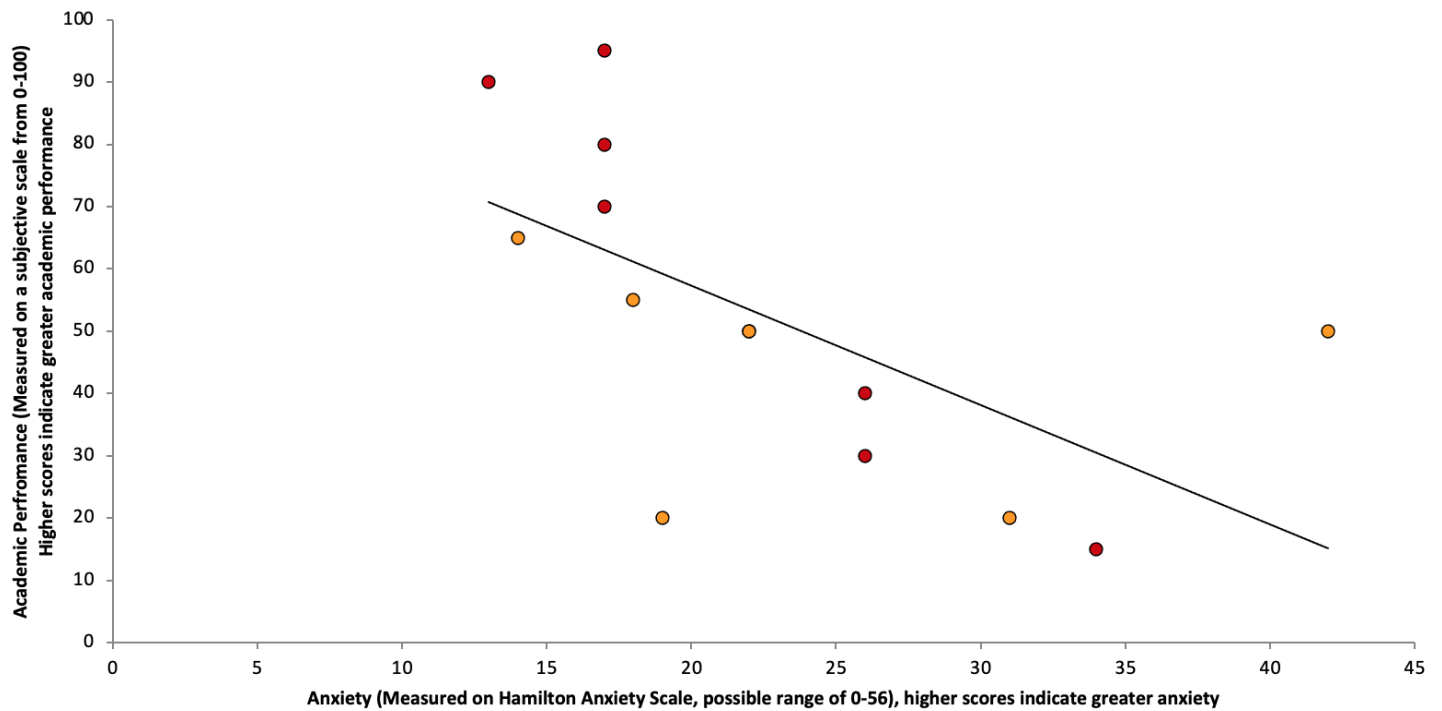


Notes. Marker colour differentiates participants: red = participant #1, orange = participant #2.

Some data might not be visible in the figure due to overlapping markers.

Figure 3

Association Between Anxiety and Academic Performance Using Pooled Raw Data

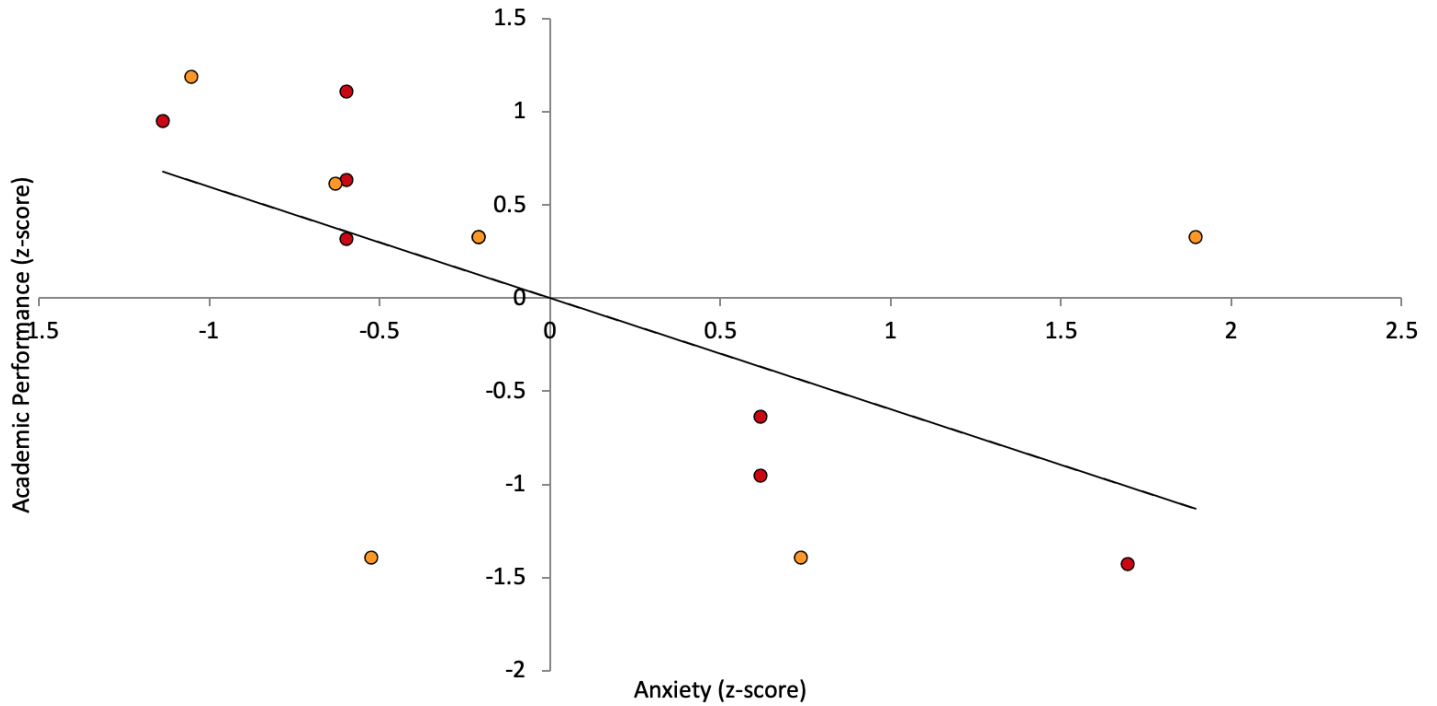


Notes. Marker colour differentiates participants: red = participant #1, orange = participant #2.

Some data might not be visible in the figure due to overlapping markers.

Figure 4

Association Between Anxiety and Academic Performance Using Pooled Standardized Data

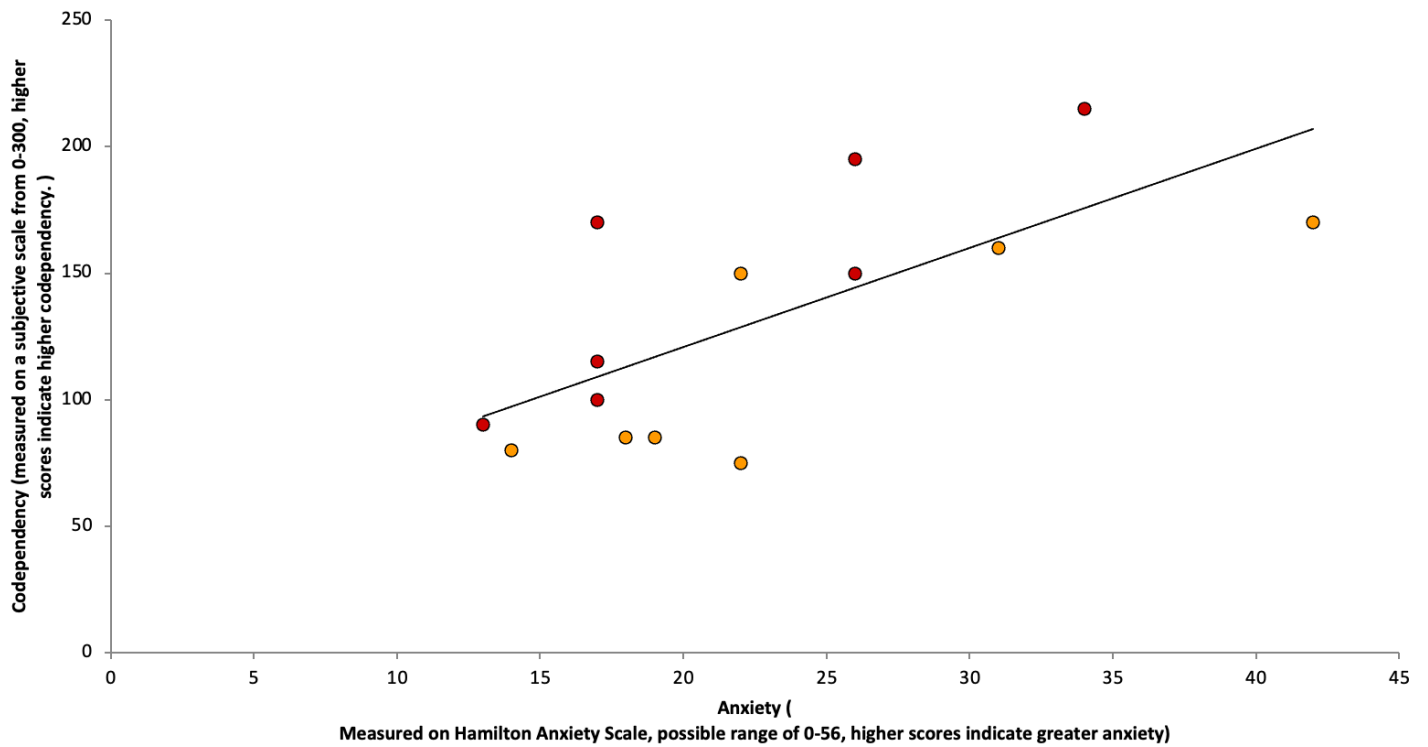


Notes. Marker colour differentiates participants: red = participant #1, orange = participant #2.

Some data might not be visible in the figure due to overlapping markers.

Figure 5

Association Between Anxiety and Codependency Using Pooled Raw Data

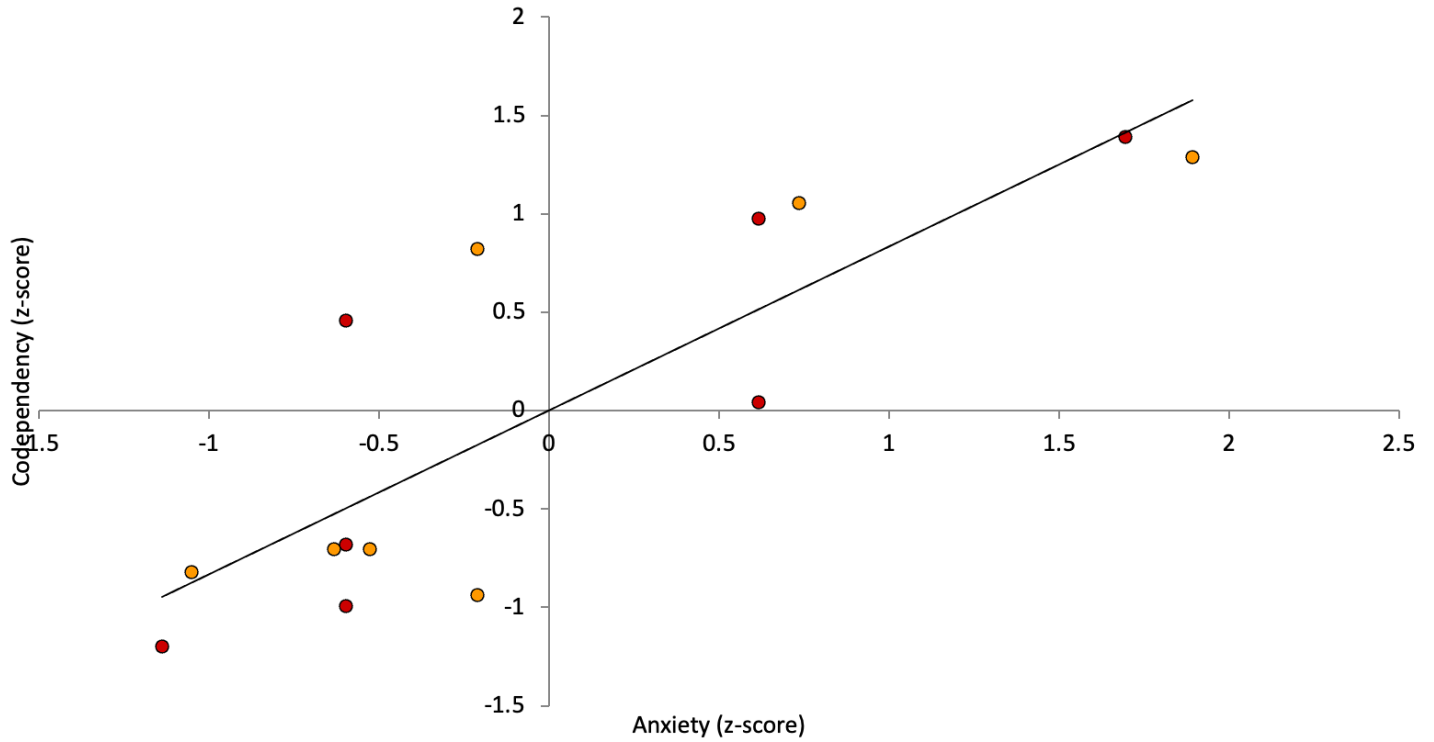


Notes. Marker colour differentiates participants: red = participant #1, orange = participant #2.

Some data might not be visible in the figure due to overlapping markers.

Figure 6

Association Between Anxiety and Codependency Using Pooled Standardized Data



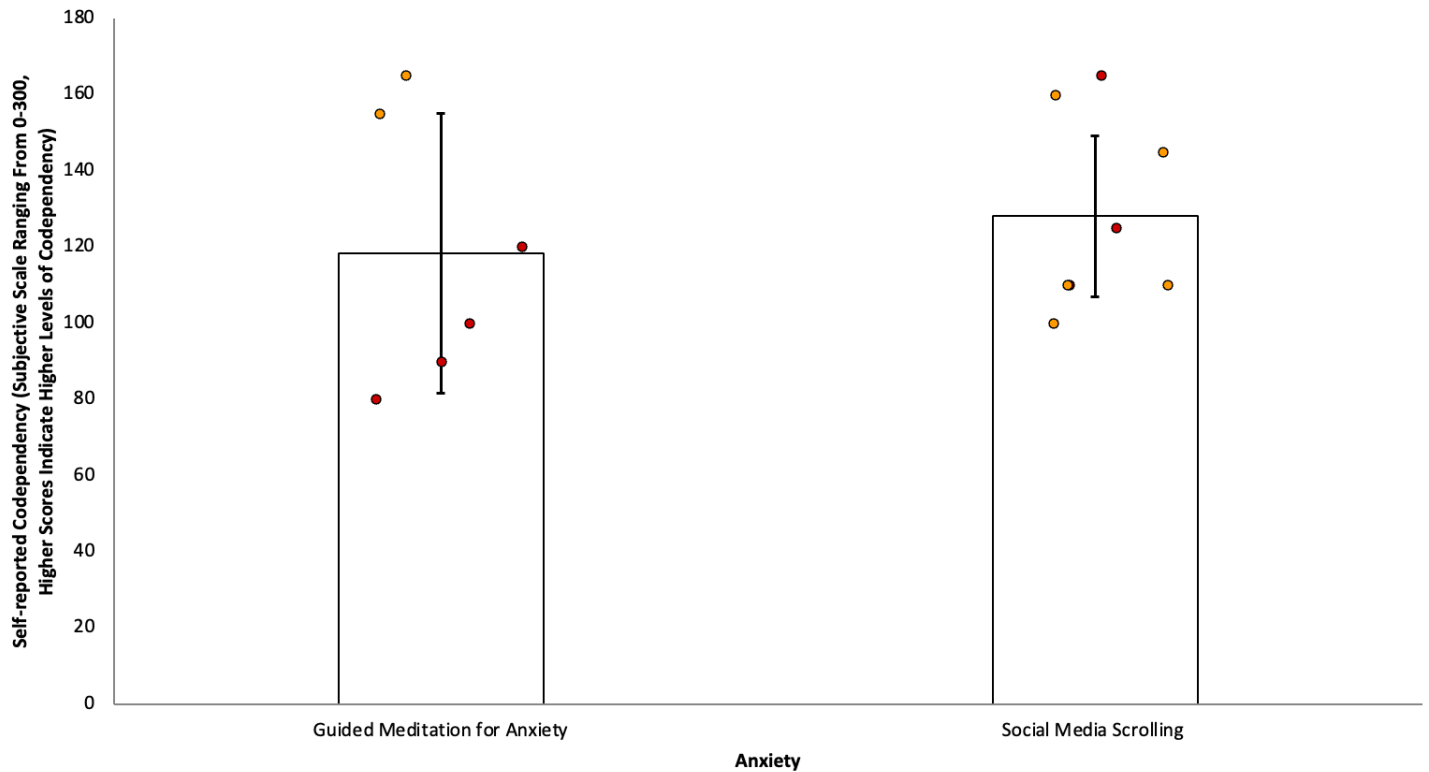
Notes. Marker colour differentiates participants: red = participant #1, orange = participant #2.

Some data might not be visible in the figure due to overlapping markers.

Figure 7

Average Self-Reported Data for Codependency Across Low and High Anxiety Conditions

Using Pooled Raw Data

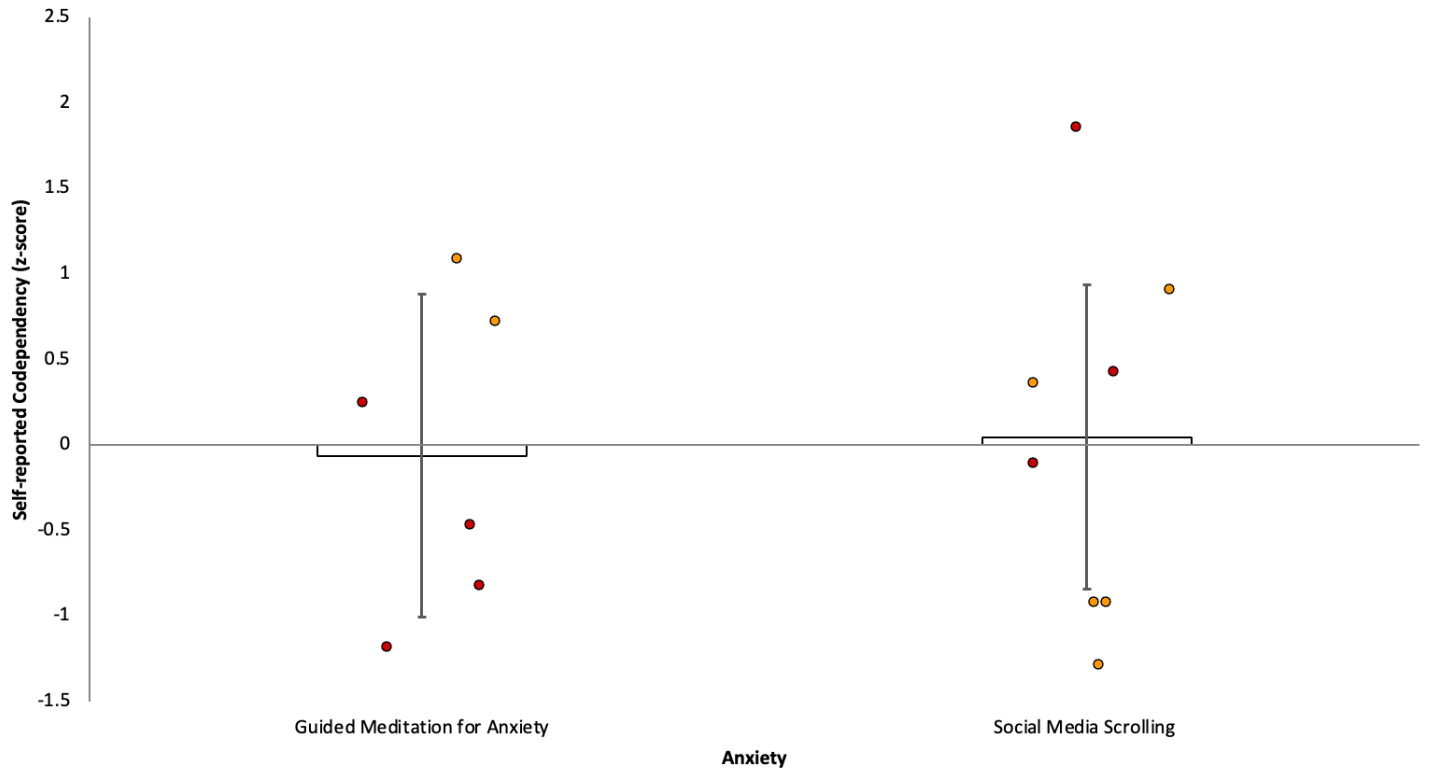


Notes. Codependency scores for self-reported data is shown for both our low anxiety condition (guided meditation) and our high anxiety condition (scrolling through social media) using pooled raw data from all participants. Errors bars show $\pm 95\%$ confidence levels. Overlapping scatterplot shows data from each participant. Marker colour differentiates participants: red = participant #1, orange = participant #2

Figure 8

Average Self-Reported Data for Codependency Across Low and High Anxiety Conditions

Using Pooled Standardized Data

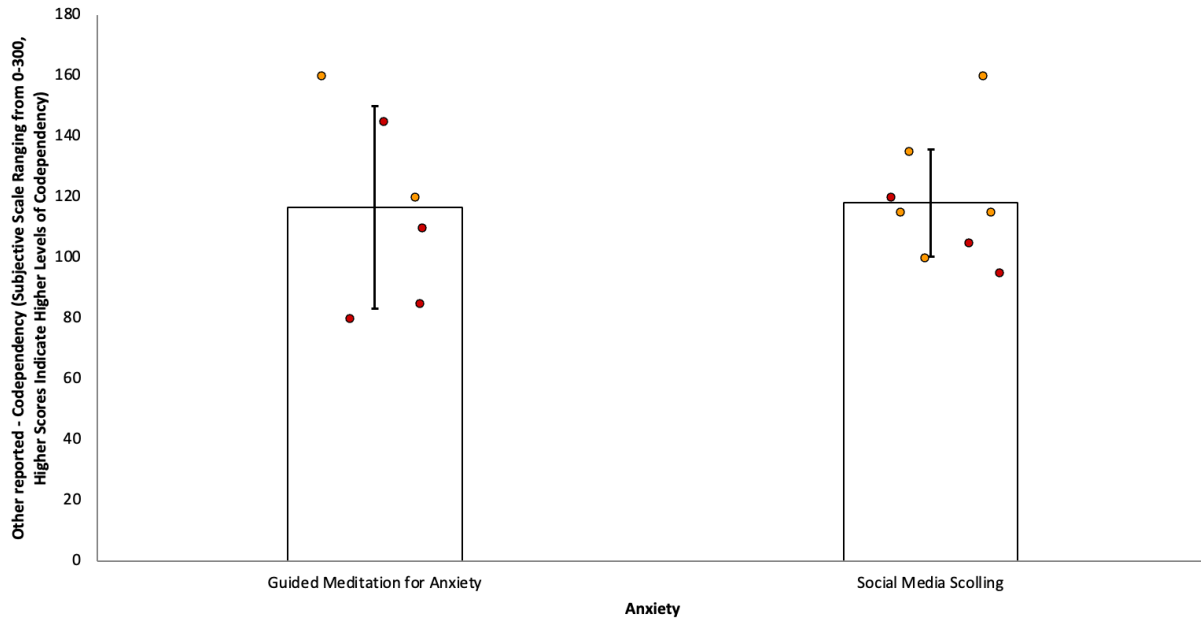


Notes. Codependency scores for self-reported data is shown for both our low anxiety condition (guided meditation) and our high anxiety condition (scrolling through social media) using pooled standardized data from all participants. Errors bars show $\pm 95\%$ confidence levels. Overlapping scatterplot shows data from each participant. Marker colour differentiates participants: red = participant #1, orange = participant #2

Figure 9

Average Other-Reported Data for Codependency Across Low and High Anxiety Conditions

Using Pooled Raw Data

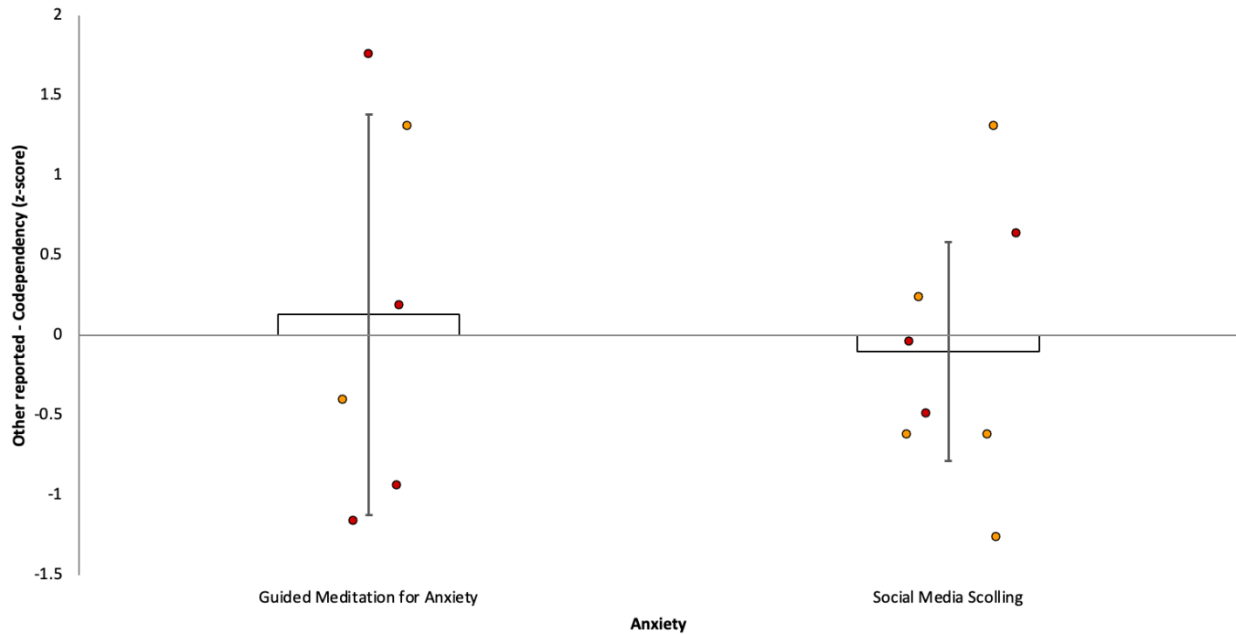


Notes. Codependency scores for other-reported data is shown for both our low anxiety condition (guided meditation) and our high anxiety condition (scrolling through social media) using pooled raw data from all participants. Errors bars show $\pm 95\%$ confidence levels. Overlapping scatterplot shows data from each participant. Marker colour differentiates participants: red = participant #1, orange = participant #2

Figure 10

Average Other-Reported Data for Codependency Across Low and High Anxiety Conditions

Using Pooled Standardized Data



Notes. Codependency scores for other-reported data is shown for both our low anxiety condition (guided meditation) and our high anxiety condition (scrolling through social media) using pooled standardized data from all participants. Errors bars show $\pm 95\%$ confidence levels. Overlapping scatterplot shows data from each participant. Marker colour differentiates participants: red = participant #1, orange = participant #2

Appendix

Hamilton Anxiety Rating Scale (HAM-A)

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Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

0 = Not present, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe.

1 Anxious mood 0 1 2 3 4

Worries, anticipation of the worst, fearful anticipation, irritability.

2 Tension 0 1 2 3 4

Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.

3 Fears 0 1 2 3 4

Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.

4 Insomnia 0 1 2 3 4

Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.

5 Intellectual 0 1 2 3 4

Difficulty in concentration, poor memory.

6 Depressed mood 0 1 2 3 4

Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.

7 Somatic (muscular) 0 1 2 3 4

Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.

8 Somatic (sensory) 0 1 2 3 4

Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.

9 Cardiovascular symptoms 0 1 2 3 4

Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.

10 Respiratory symptoms 0 1 2 3 4

Pressure or constriction in chest, choking feelings, sighing, dyspnea.

11 Gastrointestinal symptoms 0 1 2 3 4

Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.

12 Genitourinary symptoms 0 1 2 3 4

Frequency of micturition, urgency of micturition, amenorrhoea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.

13 Autonomic symptoms 0 1 2 3 4

Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.

14 Behavior at interview 0 1 2 3 4

Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.