

WORRYING ABOUT WHAT? AN INVESTIGATION OF THE PHENOMENON OF WORRY AMONG STUDENTS OF THE UNITED ARAB EMIRATES UNIVERSITY

AHMED A. ALNAJJAR

United Arab Emirates University, Alain City, Abu-Dhabi, UAE

ABSTRACT

Global disability is increasingly being associated with stress, anxiety and depression. As a corollary, studies have associated these psychological conditions with worry. Based on these considerations, it had been suggested that research on the content of worry can contribute to better understanding the role of worry in anxiety disorders. Towards this end, this paper investigated the extent of worrying and the contents of worry thoughts among students in the United Arab Emirates University using Wells' (1994) Anxious Thoughts Inventory (AnTI). The study further tested whether the sex, age, or marital status of the students influenced their extent of worrying. The findings consistently showed that the students only sometimes experienced social and meta-worry and almost never indulged in health worry. Furthermore, the extent and content of worry were not specific to the sex, age, or marital status of the participants. On the whole, worrying was more of the suppression of intrusive thoughts and functioned as an individual means of self-precaution and regulation, and a pragmatic way of coping and adapting to anxiety rather than being a causal factor for anxiety.

KEYWORDS: Worry, Social Worry, Health Worry, Meta-Worry, Total Worry

INTRODUCTION

According to the World Health Organization, one of the leading causes of disability worldwide is a mental health disorder. Among the ten leading causes of disability in people between 15 and 44 years of age, there are mental disorders (Wahed & Hassan, 2017). This situates university students within the age range of those, who are prone to developing such disorders. University life also coincides with the stage of, life when individuals undergo the transition from adolescence to adulthood. This experience has been reported as one of the most stressful times in a person's life (Buchanan, 2012). Kessler et al., (2007) had cited a number of studies indicating that most mental disorders in adults had their roots in childhood and adolescence. Rubin (2006) noted the increasing severity of mental health issues in colleges and universities that took its toll on as much as 60% of students who left their campuses because of depression, anxiety, and other forms of psychological maladjustments.

University students suffer from psychological distress when faced with difficult academic tasks, hence one of the groups of university students that have gained much research attention are medical students because of the difficult challenges that they face in their education. (Inam, 2007) For instance, found and that the overall the prevalence of anxiety and depression among females and male medical students in Saudi Arabia was 66.6% and 44.4% respectively, with a prevalence of 89% in females and 60% of males during the first year of medicaschoolng. In a more recent study, Wahed and Hassan (2017) found that the prevalence of depression, stress, and anxiety among medical students of Fayoum University ranged from 61% to 64%, respectively. Females and older students had higher scores in stress and anxiety while males had higher scores in depression.

Other than medical education, a systematic review of twenty four studies on the prevalence of depression revealed a mean rate of 30.6% among university undergraduate students (Ibrahim, et al., 2013). Wahed and Hassan (2017) also cited studies conducted in Egypt, Saudi Arabia, and the United Arab Emirates which reported high rates of anxiety and depression. Among university students in Al Ain in the United Arab Emirates, the prevalence of depression was found to be 22.2%. Higher rates of depression were found to be associated with age, financial status, and body weight (Mellal, Albluwe, & Al-Ashkar, 2014). A study on the levels of stress among students in Higher education Institutions in Dubai likewise revealed that financial problems were major sources of stress followed by academic issues. These two factors were found to be associated with higher stress levels among the students investigated. A study by (Wani, et al., 2016) on stress, anxiety, and depression among students in the arts and sciences showed that female students were more prone to stress, anxiety and depression than the male students and manifested a prevalence of 57.67% (stress) (90.77% (anxiety) and 60.77% (depression). Students in the sciences also manifested a higher prevalence of anxiety (14.6%), stress (73.86%), and depression (88.46%) compared to those students in the arts.

There appears to be fluidity in the general reference to stress, anxiety, and depression in the literature because these constructs are interrelated and are experienced subjectively. Stress is an unavoidable part of human existence and a normal reaction when one is under pressure. It is the biological and psychological changes that take place when environmental demands exceed the adaptive capacity of an individual. (Cohen, Kessler, & Underwood-Gordon, 1995). Anxiety is a psychological and physiological state created by the confluence of by cognitive, somatic, emotional, and behavioral factors to create an unpleasant feeling that is typically associated with uneasiness, fear, or worries. It can occur even without an identifiable triggering stimulus (Seligman, Walker, & Rosenhan, 2001). Others considered it, as a kind of lingering stress. Depression is a condition characterized by persistent sad, anxious or “empty” feelings, feelings of hopelessness, feelings of guilt, worthlessness and/or helplessness, irritability, restlessness, and loss of interest in activities or hobbies once pleasurable (NIMH, 2008).

Worry involves a cognitive pattern of negative, intrusive, and repetitive thoughts about a future event (Becker, Rinck, Roth, & Margraf, 1998). Typical worry-related thoughts are directed at a future event of uncertain outcome that is perceived as threatening (Leigh & Hirsch, 2011). Worry is a crucial cognitive component of anxiety (Clark & Beck, 2012) and found to be correlated with other anxiety disorders and affective disorders like depression (Hoye, Herzberg, & Gloster, 2009). Currently, pathological worry is considered the main feature in the etiology of Generalized Anxiety Disorder (American Psychiatric Association, 2002). Moreover, worry has shown to be highly correlated. Hence, research on the content of worry can contribute to an understanding of the role of worry in anxiety disorders (Khawaja, McMahon, & Strodl, 2011; Olatunji et al., 2010).

Considering the association of worry, stress, anxiety, and depression with disability among the global population, the mental health action plan for 2013 to 2020 highlighted the need for collective evidence that can contribute to the effort of improving mental health. Specifically, research on the content of worry adds value to the plan by way of contributing better understanding of the role of worry in anxiety disorders (Khawaja, McMahon, & Strodl, 2011; Olatunji et al., 2010). This occurs either by enhancing the descriptive power of the models and methods of investigation (Wells & Carter, 1999, 2001). Understanding the contents of worry allows the anticipation of the establishment of these disorders and contributing to their prevention.

Since most studies focused on the prevalence of stress, anxiety, or depression, this paper instead investigated the contents of worry among students in the United Arab Emirates University using Wells' (1994) Anxious Thoughts Inventory (AnTI). This is the end view of understanding the worry of students, in order to assist them to manage and reduce their academic stress, and anxiety.

METHOD

Participants

The participants of the study comprised 456 students who were randomly recruited from the different colleges in the UAEU. They were asked to answer the Anxious Thoughts Inventory (AnTI) which also solicited information on the sex, age, and marital status of the participants. From the sample, 316 (69%) are females and 140 (31%) are males. There were 285 (63%) students aged 22 and above and 171 (37%) with ages 21 and below. According to marital status, 61 (13%) were married and 395 (87%) were single.

Instrument and procedure

The Anxious Thoughts Inventory (AnTI, Wells, 1994) was used, which evaluated the three dimensions of worry: social worry, health worry, and meta-worry. The AnTI has 22 items: nine items related to social worry, six items related to health worry, and seven items related to meta-worry. The responses were rated using a 4-point scale with the following arbitrary equivalents: 1: almost never; 2= sometimes; 3=often, and 4: almost always). The AnTI was used in this investigation because of its sound psychometric property, making it a widely used instrument in both clinical (Khawaja et al., 2011; Khawaja & McMahon, 2011) and general populations (Bruin, Muris, & Rassin, 2007). The survey was used to generate the research data and the statistical treatment, that included the weighted mean and the t-test.

RESULTS AND DISCUSSIONS

Social Worry According to Sex

Table 1 presents the extent of worry among male and female students in response to social situations. It can be gleaned from the table that the extent of social worry among male students ($M=1.75$, $SD=.484$) is generally higher than that of female students ($M=1.71$, $SD=.488$). Comparatively, both male and female sometimes worry about saying or doing the wrong thing when among strangers and sometimes get embarrassed so easily. Females sometimes worry about their appearance ($M=1.80$, $SD=.729$) but males almost never do ($M=1.58$, $SD=.779$). Other than these, the content of worry among male students is much more than female students because they sometimes worry about their abilities to live up to the expectation of others ($M=1.86$, $SD=.869$); that people don't like them ($M=1.80$, $SD=.797$); and not being able to cope with life as others do ($M=1.71$, $SD=.861$). Both males and female students almost never worry about thinking that they are failures, their weaknesses, and making a fool of themselves.

Table 1: The Extent of Social Worry in Male and Female Students

	Male		Female		Total		t	Sig. (2-tailed)
	M	SD	M	SD	M	SD		
S1. I worry about my appearance	1.5827	.77925	1.8038	.72994	1.7363	.75143	-2.914	.004*
S2. I think I am a failure	1.3643	.64830	1.3834	.57733	1.3775	.59950	-.313	.754
S8. I worry about saying or doing the wrong thing when among strangers	2.0362	.93128	2.0764	.89401	2.0642	.90470	-.435	.664
S9. I worry about my abilities not living up to other's expectations	1.8633	.86979	1.6198	.79210	1.6947	.82353	2.925	.004*
S12. I worry that people don't like me	1.8000	.79748	1.5987	.73140	1.6608	.75725	2.633	.009*
S14. I get embarrassed easily	2.0145	.80133	2.0223	.90233	2.0199	.87186	-.088	.930
S17. I worry about my failures and my weaknesses	1.7279	.80247	1.7138	.78191	1.7181	.78735	.174	.862
S18. I worry about not being able to cope in life as others do	1.7482	.86051	1.5994	.73699	1.6452	.77923	1.878	.061
S20. I worry about making a fool of myself	1.6304	.82015	1.5591	.75353	1.5809	.77430	.901	.368
Social Worry	1.7523	.48439	1.7091	.48883	1.7223	.48735	.873	.383

Note: Shaded figures in M indicated a frequency of "sometimes"; un-shaded figures indicate "almost never"

The t-test revealed that male and female students significantly differed in terms of worrying about their appearance, $t=-2.914$, $p<.005$; abilities not living up to other's expectations, $t= 2.925$, $p<.005$; and people not liking them, $t= 2.633$, $p<.005$. Generally, male and female students, however, did not differ significantly in terms of social worry as a whole, $t=1.72$, $p>.005$.

Health Worry According to Sex

Table 2 shows that both male and female students had a similar extent of experience in relation health worry. Male ($M=1.69$, $SD=.484$) and female ($M=1.96$; $SD=.488$) students generally reported that they almost never had health worries except that both groups sometimes worry about their physical health and death.

Table 2: The Extent of Health Worry Among Male and Female Students

	Male		Female		Total		t	Sig. (2-tailed)
	M	SD	M	SD	M	SD		
H4. If I experience unexpected physical symptoms, I have the tendency the worst possible thing is wrong with me	1.5725	.74371	1.6392	.76194	1.6189	.75625	-.865	.387
H5. I have become thoughts of becoming seriously ill	1.4779	.70938	1.4652	.67757	1.4690	.68653	.181	.857
H7. I worry about having heart attack or cancer	1.6331	.81777	1.5865	.80125	1.6009	.80576	.566	.572
H10. I worry about my physical health	1.8913	.91767	1.7316	.77925	1.7805	.82633	1.897	.059
H15. When I suffer from minor illnesses, I think it is more serious than it really is.	1.6500	.85600	1.3185	.64484	1.4207	.73187	4.553	.000*
H19. I worry about death	1.8643	.90729	1.9175	.91320	1.9011	.91072	-.574	.566
Health Worry	1.6861	.48410	1.6083	.48939	1.6322	.48856	1.570	.117

Note: Shaded figures in M indicate a frequency of "sometimes"; un-shaded figures indicate "almost never"

The t-test revealed that there was no significant difference in the general extent that male and female students experience health worry, $t=1.57$, $p>.005$. In terms of specific indicators, however, males significantly differed from females in worrying that the minor illnesses that they suffer are more serious than it really is.

Meta-Worry According to Sex

Meta-worry is worrying about worry. Table 3 shows the extent of meta-worry, according to sex. Accordingly, male ($M=1.88$, $SD=.479$) and female ($M=1.86$, $SD=.508$) students sometimes experienced meta-worry. The extent of similarity between male and female students is that they sometimes have a difficulty of clearing their minds of repetitive thought; can't get disappointments out of their minds; can't control unpleasant thoughts entering their heads, and experience repetitive thoughts such as counting or repeating phrases. Comparatively, females sometimes give more thoughts to negative things that might happen to them in the future ($M=1.79$, $SD=.753$) while males almost never do ($M=1.67$, $SD=.704$). On the other hand, males differ from females because they sometimes have difficulty of clearing their mind of repetitive thought ($M=1.90$, $SD=.824$); worry that people don't like them ($M=1.80$, $SD=.797$); and think that they are missing out on things in life because they worry so much ($M=1.72$, $SD=.831$). Female students reported that they almost never experienced these thoughts.

Table 3: The Extent of Meta- Worry among Male and Female Students

	Male		Female		Total		t	Sig. (2-tailed)
	M	SD	M	SD	M	SD		
M3. I give more thoughts to negative things that might happen to me in the future	1.6763	.70419	1.7930	.75315	1.7572	.73966	-1.552	.121
M6. I have difficulty of clearing my mind of repetitive thought	2.0071	.89359	2.1022	.82573	2.0728	.84743	-1.104	.270
M11. I worry that I cannot control my thoughts as well as I would like to	1.9000	.82497	1.6911	.69924	1.7555	.74564	2.777	.006*
M12. I worry that people don't like me	1.8000	.79748	1.5987	.73140	1.6608	.75725	2.633	.009*
M13. I take disappointments so keenly that I can't put them out of my mind	2.0216	.98148	2.0510	.92737	2.0419	.94331	-.305	.760
M16. Unpleasant thoughts enter my head against my will	1.9493	.85711	1.9810	.78579	1.9713	.80736	-.384	.701
M21. I think I am missing out on things in life because I worry so much	1.7214	.83164	1.6210	.79916	1.6520	.80973	1.221	.223
M22. I have repetitive thoughts such as counting or repeating phrases	1.8714	.89638	1.7683	.86342	1.8000	.87400	1.163	.246
Meta Worry	1.8777	.47917	1.8557	.52222	1.8625	.50897	.425	.671

Note: Shaded figures in M indicate a frequency of "sometimes"; un-shaded figures indicate "almost never"

The t-test revealed that the observed overall difference between males ($M=1.88$, $SD=.479$) and females ($M=1.86$, $SD=.508$) in terms of meta-worry was not statistically significant, $t=.425$, $p>.005$. On the basis of specific content, however, males significantly differed from females in terms of worrying that they cannot control their thoughts as

well as they would like to, $t = 2.78, p < .005$ and worrying that people did not like them, $t = 2.633, p < .005$. In both cases, males scored higher than females.

The extent of total worry derived from the foregoing data showed that male students scored higher ($M=1.77, SD=.393$) than female students ($M=1.72, SD=.428$) indicating that males sometimes experienced total worry while female students almost never had this experience. The t-test revealed however that there is no significant difference in the total worry experienced by male and female students, $t = 1.122, p > .005$. This indicated that social worry, health worry, and meta-worry could not be discriminated on the basis of sex hence total worry was not sex-specific.

Social- Worry According to Age

Table 4 presents the extent of worry among two age groups of students in response to social situations. It can be gleaned from the table that the extent of social worry among students 22 years and above students ($M=1.76, SD=.419$) were generally higher than those of students 21 years and below ($M=1.71, SD=.502$). The similarity seen in both age groups is that they almost never thought that they were failures and almost never thought of making fools of themselves.

Table 4: The Extent of Social Worry According to Age

	21 and below		22 and above		Total		t	Sig. (2-tailed)
	M	SD	M	SD	M	SD		
S1. I worry about my appearance	1.7849	.75674	1.5543	.70108	1.7378	.75074	2.645	.008*
S2. I think I am a failure	1.4045	.60457	1.2717	.57614	1.3772	.60061	1.895	.059
S8. I worry about saying or doing the wrong thing when among strangers	2.0730	.92249	2.0330	.84919	2.0649	.90727	.376	.707
S9. I worry about my abilities not living up to other's expectations	1.6479	.78651	1.8804	.93577	1.6957	.82373	-2.426	.016
S12. I worry that people don't like me	1.6341	.74673	1.7802	.80003	1.6637	.75920	-1.643	.101
S14. I get embarrassed easily	1.9944	.87729	2.0989	.83073	2.0156	.86814	-1.025	.306
S17. I worry about my failures and my weaknesses	1.6941	.78146	1.8202	.81967	1.7195	.78998	-1.348	.178
S18. I worry about not being able to cope in life as others do	1.6236	.75724	1.7333	.85853	1.6457	.77897	-1.195	.233
S20. I worry about making a fool of myself	1.5565	.76645	1.6630	.80216	1.5785	.77424	-1.176	.240
Social Worry	1.7136	.50242	1.7572	.41954	1.7225	.48654	-.768	.443

Note: Shaded figures in M indicate a frequency of "sometimes"; un-shaded figures indicate "almost never"

Students belonging to both age groups sometimes worry about saying or doing the wrong thing when among strangers and sometimes get embarrassed easily. Students who were 22 years and above, however sometimes worry about their abilities of not living up to other's expectations ($M=1.88, SD=.935$); that people don't like them ($M=1.78, SD=.800$); worry about their failures and weaknesses ($M=1.82, SD=.819$) and not being able to cope with life as others do ($M=1.73, SD=.858$). On the other hand, students 21 years and below almost never experienced these worries. Rather, they sometimes worry about their appearance ($M=1.78, SD=.756$) which students 22 years and above almost never do.

In terms of social worry as a whole, the students 22 years and above scored higher than their younger counterparts. The t-test, however, revealed that the observed difference in means was not statistically significant $t=.786, p >.005$. Based on specific indicators of social worry, the two age groups of students only significantly differed with regards to worrying about appearance, $t= 2.64, p<.005$

Health Worry According to Age

Table 5 shows that students belonging to both age groups almost never experienced worrying about their health in general. Both groups, however, reported that they sometimes worry about their physical health and death. Whereas those who were 22 years old and above, sometimes worry about having a heart attack or cancer ($M=1.79, SD=. 931$), their younger counterparts reported almost never having this experience ($M=1.56, SD=. 767$). Both groups almost never worried that they had the tendency to worry about the worst possible thing when they experienced unexpected physical symptoms. Likewise, both groups almost never had thoughts of becoming seriously ill out that minor illnesses becoming more serious once they experienced these.

Table 5: The Extent of Health Worry According to Age

	21 and below		22 and above		Total		t	Sig. (2-tailed)
	M	SD	M	SD	M	SD		
H4. If I experience unexpected physical symptoms, I have the tendency the worst possible thing is wrong with me	1.6331	.77700	1.5652	.68427	1.6192	.75869	.764	.445
H5. I have become thoughts of becoming seriously	1.4831	.69383	1.4176	.66776	1.4698	.68838	.811	.418
H7. I worry about having heart attack or cancer	1.5602	.76796	1.7978	.93152	1.6076	.80774	-2.497	.013
H10. I worry about my physical health	1.7859	.81948	1.7692	.85735	1.7825	.82640	.172	.864
H15. When I suffer from minor illnesses, I think it is more serious than it really is.	1.3810	.71538	1.5870	.78659	1.4232	.73436	-2.412	.016
H19. I worry about death	1.8743	.89403	2.0217	.94901	1.9044	.90641	-1.393	.164
Health Worry	1.6195	.49844	1.6946	.44681	1.6348	.48881	-1.316	.189

Note: Shaded figures in M indicate a frequency of "sometimes"; un-shaded figures indicate "almost never"

The t-test revealed that there is no significant difference in the extent of health worry among the respondents according to age, $t=1.316, p >. 005$. This shows that health worry was not age-specific.

Meta- Worry According to Age

Table 6 shows that generally students belonging to both age groups sometimes experience meta-worry. It can be gleaned from the table that both age groups alike sometimes have difficulty of clearing their minds of repetitive thought; worry that they cannot control their thoughts, as well as they, would like to; worry that people don't like them; think that they are missing out on things in life because they worry so much; and have repetitive thoughts such as counting or repeating phrases.

Table 6: The Extent of Social Worry According to Age

	21 and below		22 and above		Total		t	Sig. (2-tailed)
	M	SD	M	SD	M	SD		
M3. I give more thoughts to negative things that might happen to me in the future	1.7781	.74204	1.6739	.72792	1.7567	.73955	1.205	.229
M6. I have difficulty of clearing my mind of repetitive thought	2.0843	.85163	2.0435	.83749	2.0759	.84797	.411	.681
M11. I worry that I cannot control my thoughts as well as I would like to	1.7143	.74739	1.9348	.72331	1.7595	.74705	-2.540	.011
M12. I worry that people don't like me	2.0307	.92984	2.0889	.99034	2.0424	.94146	-.523	.601
M13. I take disappointments so keenly that I can't put them out of my mind	1.9440	.79831	2.1099	.82260	1.9777	.80515	-1.759	.079
M16. Unpleasant thoughts enter my head against my will	1.6173	.78959	1.7692	.87021	1.6481	.80789	-1.605	.109
M21. I think I am missing out on things in life because I worry so much	1.8017	.86791	1.8043	.90468	1.8022	.87453	-.026	.979
M22. I have repetitive thoughts such as counting or repeating phrases	1.8505	.52689	1.9174	.41773	1.8641	.50683	-1.131	.259
Meta Worry	1.8505	.52689	1.9174	.41773	1.8641	.50683	-1.131	.259

Note: Shaded figures in M indicate a frequency of "sometimes"; un-shaded figures indicate "almost never"

The students differed with regards to giving more thoughts to negative things that might happen in the future, which are sometimes felt by students 21 years and below (M=1.77, SD=. 742) which students 22 years old and above almost never felt (M=1.67, SD=. 727). On the other hand, students 22 years and above, sometimes experience unpleasant thoughts entering their heads (M=1.76, SD=. 870) which was almost never experienced by their younger counterparts (M=1.61, SD=. 789).

The t-test revealed that there is was a significant difference between the two age groups relative to their experience of meta-worry. Both groups alike experienced meta-worry to the same extent and that meta-worry was not age-specific.

The extent of total worry derived from the foregoing data showed that there was no significant difference in the extent of total worry experienced by the students of both age groups. This indicated that regardless of age, the students sometimes experienced social worry and meta-worry and almost never experienced health worry. This implies that age did not discriminate the extent of worry experienced by the respondents. Total worry, therefore, was not age-specific.

Social Worry According to Marital Status

Table 7 shows that the unmarried students had a higher score for overall social worry (M=1.73, SD=. 489) compared to the married students (M=1.64, SD=. 467). This indicates that unmarried students generally sometimes worried about their response in social situations while married students generally almost never had this experience.

Table 7: The Extent of Social Worry According to Marital Status

	Unmarried		Married		Total			
	M	SD	M	SD	M	SD	t	Sig. (2-tailed)
S1. I worry about my appearance	1.7690	.76498	1.5294	.61165	1.7416	.75230	2.149	.032
S2. I think I am a failure	1.3690	.59226	1.4000	.63888	1.3725	.59702	-.346	.730
S8. I worry about saying or doing the wrong thing when among strangers	2.0818	.91059	1.9412	.90359	2.0656	.90988	1.038	.300
S9. I worry about my abilities not living up to other's expectations	1.6964	.82925	1.6800	.81916	1.6946	.82721	.132	.895
S12. I worry that people don't like me	1.6794	.77196	1.4902	.64413	1.6577	.76013	1.676	.095
S14. I get embarrassed easily	2.0281	.87694	1.9608	.87088	2.0203	.87553	.516	.606
S17. I worry about my failures and my weaknesses	1.7280	.79681	1.6471	.74360	1.7185	.79040	.687	.493
S18. I worry about not being able to cope in life as others do	1.6590	.78816	1.5490	.67272	1.6463	.77579	.952	.342
S20. I worry about making a fool of myself	1.5744	.78767	1.6078	.72328	1.5782	.77979	-.288	.773
Social Worry	1.7320	.48973	1.6441	.46795	1.7219	.48758	1.212	.226

Note: Shaded figures in M indicate a frequency of "sometimes"; un-shaded figures indicate "almost never"

Similarities in the response of married and unmarried students can also be seen in terms of sometimes worrying about saying or doing the wrong thing when among strangers and getting embarrassed easily. Both groups also reported to almost never thinking that they were failures; worrying about their abilities, not living up to others' expectations; worrying about not being able to cope up and making fools of their selves. The data show, however, that unmarried students sometimes worry about their appearance and about their failures or mistakes which were almost never experienced by the married students.

The t-test revealed that there is no significant difference in the extent of social worry experienced by the students when grouped according to marital status, $t = .487, p > .005$. It can be inferred that marital status was not a discriminating factor to the extent of social worry experienced by the students.

Health Worry According to Marital Status

Table 10 shows a homogeneous trend in the extent to which the students experienced health worry when grouped according to marital status. The data show that generally, both groups almost never experienced health worries except on the aspect of sometimes worrying about physical condition and death common to both groups.

Table 8: The Extent of Health Worry According to Marital Status

	Unmarried		Married		Total			
	M	SD	M	SD	M	SD	t	Sig. (2-tailed)
H4. If I experience unexpected physical symptoms, I have the tendency the worst possible thing is wrong with me	1.6209	.76683	1.6078	.72328	1.6194	.76118	.115	.909
H5. I have become thoughts of becoming seriously ill	1.4719	.68168	1.4000	.67006	1.4638	.68000	.704	.482
H7. I worry about having heart attack or cancer	1.6154	.81803	1.4510	.70182	1.5964	.80644	1.370	.171
H10. I worry about my physical health	1.7718	.82489	1.8627	.84899	1.7823	.82724	-.738	.461
H15. When I suffer from minor illnesses, I think it is more serious than it really is.	1.4377	.74355	1.2745	.56845	1.4189	.72691	1.510	.132
H19. I worry about death	1.9112	.92449	1.8824	.79113	1.9079	.90944	.213	.832
Health Worry	1.6383	.48488	1.5817	.47653	1.6318	.48374	.786	.433

Note: Shaded figures in M indicate a frequency of "sometimes"; un-shaded figures indicate "almost never"

The t-test revealed that there is no significant difference in the extent of health worry experienced by married and single students, $t = .786$, $p > .005$. It can be inferred that, marital status was not a discriminating factor to the extent of health worry experienced by the students.

Meta- Worry According to Marital Status

Table 9 shows that unmarried and married students generally experienced meta-worry sometimes and there is greater similarity between both groups in terms of sometimes giving more thoughts to negative things; having difficulty of clearing their minds of repetitive thought; worrying that people don't like them; not being able to put disappointments out of their minds; and having repetitive thoughts. Both groups of students also reported to almost never experiencing unpleasant thoughts entering their minds against their will and thinking that they are missing out on life because of excessive worrying.

Table 9: The Extent of Meta- Worry According to Marital Status

	Unmarried		Married		Total			
	M	SD	M	SD	M	SD	t	Sig. (2-tailed)
M3. I give more thoughts to negative things that might happen to me in the future	1.7602	.74233	1.7843	.75667	1.7630	.74316	-.218	.828
M6. I have difficulty of clearing my mind of repetitive thought	2.0816	.85134	1.9412	.83455	2.0655	.84968	1.111	.267
M11. I worry that I cannot control my thoughts as well as I would like to	1.7735	.75059	1.5882	.66862	1.7523	.74329	1.678	.094
M12. I worry that people don't like me	2.0407	.94403	2.0000	.89443	2.0360	.93758	.291	.771
M13. I take disappointments so keenly that I can't put them out of my mind	1.9821	.80737	1.8824	.84017	1.9707	.81087	.826	.409

Table 9: Contd.,

	Unmarried		Married		Total			
	M	SD	M	SD	M	SD	t	Sig. (2-tailed)
M16. Unpleasant thoughts enter my head against my will	1.5744	.78767	1.6078	.72328	1.5782	.77979	-.288	.773
M21. I think I am missing out on things in life because I worry so much	1.6616	.82064	1.5098	.67446	1.6441	.80598	1.266	.206
M22. I have repetitive thoughts such as counting or repeating phrases	1.7640	.85165	2.1176	1.03242	1.8045	.88020	2.720	.007*
Meta Worry	1.8640	.51423	1.8319	.48546	1.8604	.51060	.422	.673

Note: Shaded figures in M indicate a frequency of "sometimes"; un-shaded figures indicate "almost never"

The t-test revealed that generally, the extent to which students experienced meta-worry did not significantly differ when grouped according to marital status, $t = 422, p > .005$. It can be noted that, married and unmarried students significantly differed with regards to sometimes having repetitive thoughts, $t = 2.72, p < .005$. On the whole, it can be inferred that the experience of meta-worry among the students was not discriminated on the basis of marital status.

The extent of total worry derived from the foregoing data showed that there was no significant difference in the extent of total worry experienced by the students, regardless of marital status, $t = 417, p > .005$. This indicated that regardless of marital status, the students sometimes experienced social worry and meta-worry and almost never experienced health worry. This implies that marital status did not discriminate the extent of worry experienced by the respondents. Total worry, therefore, was not marital status-specific.

DISCUSSIONS

The similarities in the extent of worry experienced by the respondents and the trend in the response of students when grouped according to sex, age, and marital status indicate that worrying is prevalent among the students in the UAE. It is not certain, however, whether the prevalence of worry can contribute to the prevalence of stress and anxiety observed in the UAE considering that the frequency of worry among UAE students investigated in the study was low. Accordingly, they only sometimes experienced social worry and meta-worry and almost never experienced health worry at all.

A look at the content of social worry shows that the students sometimes worry about making the right impression on others like in terms of appearance while at the same time live up to the expectations of others. Their worries center on how they can cope up with these. The fact that students only sometimes worry about these indicates that worrying serves as a means of self-precaution in order not to paint a negative image of themselves in front of others. For one thing, the student participants were predominantly Muslim where there is the belief that mental concerns indicate a breakdown in religious faith (Al Dharmaki, 2011). Precautionary worrying can also be a means to keep one's behavior in check for fear of the loss of face. In the UAE, upholding individual reputation has a reflection on the family. Upholding one's reputation is also upholding the family reputation. Individual behavior is a reflection of how his or her family is perceived (Heath, Vogel, & Al Dharmaki, 2016).

When other indicators of health worry were considered, it appeared that the students almost never worry about their health condition. The contents of worry among the students specific to physical health and death were the ones that the students sometimes worry about. Sometimes worrying about one's physical health is a common experience among people, but excessive worrying about it can be pathological. In the same way, excessive worrying about death can be adverse to mental stability. The frequency of worry reported by the participants, regardless of sex, age, and marital status is only sometimes which is not actually alarming. The worry over physical health may be on account of the fact that there is a growing concern over obesity, where around 33.8% of adult men and 45.1% of women are clinically obese. This can lead to further diseases such as diabetes, cardiovascular diseases, and cancer, which is increasingly becoming prevalent in the UAE (US-UAE Business Council, 2016). The government response to providing world class healthcare services to the citizens somehow may have an effect on the feeling of health security hence health issues were only sometimes worried about.

Meta-worry indicates worrying about worry which was found to be sometimes indulged in by the participants. The most common manifestations of meta-worry among the participants are the occurrences of repetitive thoughts, some of which can be negative or unpleasant and transitory thoughts of caused by disappointments. These, however only occur sometimes among the respondents. The fact that the frequency of worry is low implies that indulging in worry can be used as a coping response. Wells (2009) particularly cited that some people believe that if the worry, they will be more prepared. The content of worry with regards to negative, uncontrolled, and unpleasant feelings pre-disposes the students to meta-worry. Negative emotions associated with meta-worry have been found to increase anxiety levels (Wells, 2009). The fact that the students recognize the content of their worries and the frequency to which they experience this is in itself a form of self-disclosure which is favorable in order to manage worry to escalate in frequency.

CONCLUSIONS

Students in the UAEU worry, just like all other people do. But based on the findings, the likelihood that their experience of worry would cause significant interference and distress in their academic life is unlikely because the frequency of their experience of social worry, health worry, and meta-worry is quite low. Studies have suggested high correlations of worry and anxiety or that excessive worry can be associated with. The frequency of worrying among the participants suggests that worry in the context of the study was more of a response to anxiety triggered by intrusive thoughts, thoughts on social expectations, and thoughts on life and death that occur once in a while. Worrying was more of the suppression of intrusive thoughts, hence a pragmatic way of coping and adapting to situations. The focus of the study of the frequency and contents of worry thoughts reinforces the view that giving emphasis to these variables can contribute a better understanding of the role of worry in anxiety to better anticipate planning for appropriate interventions should there be strong evidence to warrant it.

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