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Relationship between Neuroticism, Emotional Regulation Strategies, and Self- Stigma of Seeking Psychological Help

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Abstract

Improving mental health outcomes requires a thorough understanding of the intricate connections between personality traits, emotional regulation, and help-seeking behaviour. The current study used a sample of 185 young adults aged 18-25 years to examine the relationships between neuroticism, the emotional regulation strategies of cognitive reappraisal and expressive suppression, and the self-stigma of seeking psychological help. It also sought to determine the impact of neuroticism on these emotional regulation strategies and the self-

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stigma associated with seeking psychological help using the Kundu's Neurotic Personality Inventory, Emotional Regulation Questionnaire and the Self-Stigma of Seeking Help Scale. The results showed no correlation between neuroticism and the self-stigma associated with seeking psychological help. However, there were substantial correlations between neuroticism and both strategies for emotional regulation studied. Regression analysis provided more evidence of neuroticism's significant effect on them. The use of cognitive reappraisal was shown to be inversely correlated with neuroticism, indicating that those with high levels of neuroticism are less likely to successfully apply this adaptive emotion regulation strategy. Conversely, there was a significant positive correlation found between neuroticism and expressive suppression, suggesting that those with high levels of neuroticism are more prone to utilize this unhealthy method of controlling their emotions. These findings demonstrates the negative effects of neuroticism on a person's capacity to control their emotions and emphasize the need of addressing emotion regulation strategies in treatments aimed at populations with high levels of neuroticism.

Keywords: Neuroticism, Emotional regulation strategies, Cognitive reappraisal, Expressive suppression, Self-stigma, help-seeking behaviour.

Introduction

Neuroticism

Neuroticism can be commonly defined as the propensity to frequently and intensely feel negative emotions in reaction to different stressors. Negative cognitive biases including interpreting ambiguous words negatively and paying particular attention to and remembering unpleasant or frightening information are linked to neuroticism (Ormel et al. 2013). As a result of fundamental beliefs about the negative self, greater degree of dysfunctional attitudes and

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sociotropic self-schemas are also present in individuals with higher degrees of neuroticism (Roberts et al. 1996).

Damodaran et al. (2015) in their study showed anxiety and a loss of emotional and behavioural control as the two factors that help distinguish between the groups with high and low levels of neuroticism. Higher levels of core beliefs about the negative self were a strong indicator of higher degrees of neuroticism (Otani et al. 2020). Major personality theories have addressed neuroticism and acknowledged it as one of the fundamental aspects of personality. The Big Five model of personality considers neuroticism as is one of the five fundamental characteristics of a typical personality, along with extroversion conscientiousness, agreeableness, and openness. Hans Eysenck recognised neuroticism, or emotional stability, as one of the three super qualities in his hierarchical model of personality (Eysenck & Eysenck, 1976).

Many biological and environmental factors interact in a complex manner to impact the development of neuroticism. According to research, 40% to 60% of the variation in the expression of neuroticism is attributed to genetic contributions, making neuroticism a highly heritable trait (Clark et al., 1994). The hereditary components of neuroticism are linked to a neurobiological predisposition for diminished or inefficient inhibitory regulation by prefrontal regions and increased responsiveness in emotion-generating structures, particularly amygdala hyperexcitability (Westlye et al., 2011). Additionally, according to Roy (2002), there is a clear correlation between childhood adverse experiences such as neglect, family dysfunction, and abuse of children and higher levels of neuroticism in adulthood. People who believe that they have no control over events are more likely to have an external locus of control, which is reflected in their high neuroticism scores (McCauley et al., 1988).

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Emotional Regulation Strategies

Emotion is an intricate reaction pattern that encompasses behavioural, physiological, and experiential aspects, utilised by an individual to address a personally meaningful issue or occurrence. People typically use a variety of regulatory strategies to regulate their emotions (Gross, 2013). Before or after an emotional response occurs, the regulation can be implemented at any point in the emotional process. There are numerous strategies that people might use to regulate their emotions. The methods employed in a particular circumstance frequently rely on the objectives of the person, the environment, and the cognitive resources at hand. The topic of whether certain strategies for emotion regulation are better for an individual than others has been the subject of several research, with a particular emphasis on two widely used approaches; expressive suppression and cognitive reappraisal.

According to Troy et al. (2010), cognitive reappraisal is reinterpreting situations with intense emotions to alter or adjust their emotional significance. It involves coming up with alternate assessments or viewpoints that are more kind, optimistic, or consistent with one's interests and principles. The whole course of the emotional reaction can be altered by altering the cognitive evaluation prior to the onset of an emotion. Reappraisal is regarded as one of the most adaptable regulating mechanisms since it can address emotional trajectories at an early stage. It has been successfully used in therapeutic settings for depression and anxiety, as well as in programmes that support emotional intelligence and resilience in a variety of circumstances.

Expressive suppression is an emotion control strategy that is response-focused in which the outward manifestation of an emotion is purposefully inhibited or suppressed. Expressive suppression, tries to disguise facial expressions, body language, or voice clues in order to target the behavioural manifestation of the emotion rather than the subjective experience of the

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emotion itself. Kozubal et al. (2023) in his current study examined how emotion regulation strategies (ERS) employed in daily life are impacted by the degree of emotions experienced. Findings, suggested that people are more likely to adopt the ruminating technique and less likely to choose the reappraisal strategy as the intensity rises. Cutuli (2014), in his review article has demonstrated that compared to cognitive reappraisal, expressive suppression had a harsher profile of short-term emotional, cognitive, and social consequences. Using cognitive reappraisal to regulate emotions instead of expressive repression has been associated with improved emotional, social, and general functioning patterns.

Self- Stigma of Seeking Psychological Help

When it comes to mental health issues, such as psychological distress, emotional challenges, or mental disorders that have been recognized, "help-seeking behaviour" refers to the proactive process of actively seeking out help or support from disparate sources. It includes recognising when we need help and working to get the resources or services we need. There are many different ways that people seek mental health assistance such as from counsellors, psychologists, therapists, psychiatrists, and social workers.

An informal support from an individual's network of friends, family, peers, and neighbours can also act as a springboard for obtaining assistance by offering emotional support, inspiration, and direction. One of the main things preventing people from seeking out and using mental health services is stigma. According to Blaine (2000), stigma is "the belief that a person is flawed because of a perceived or actual physical or personal attribute that makes them socially unacceptable". For instance, the stigma attached to obtaining mental health care is the belief that there is something wrong with a person who seeks out mental health care (Vogel et al., 2006).

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There are two stigmas that apply to this circumstance. Public stigma is the label that the general public or society applies to an individual or group because they are thought to have a fault or undesirable trait (Corrigan, 2004). The other is self-stigma, which is the internal harm that results from accepting the stigma in society (Corrigan, 2004; Vogel et al., 2006). Conner et al. (2010) reports that those who endorse greater levels of self-stigma also have negative opinions about psychological therapy, exhibit poorer adherence to therapies (Fung & Tsang, 2010), and are hesitant to participate in counselling sessions after treatment (Wade et al. 2011). It is the process of internalising the stigmatising beliefs, discriminatory practices, and unfavourable perceptions held by society. Self-stigma has a detrimental psychological impact on one's general well-being, self-efficacy, and self-confidence such as diminished self-esteem and sense of self-worth; feelings of embarrassment, shame, and damage to self-concept; Depleted confidence in one's abilities to pursue life goals; and Irrational, self-depreciating thoughts about being unworthy or inadequate.

Relationship between Neuroticism, Emotional Regulation Strategies and Self- Stigma of Seeking Psychological Help

Personality of an individual plays a major factor as the intensity, reactivity, and variability in day-to-day emotional functioning of an individual and the emotional regulation strategies they use to cope with different surroundings and situations. Yang et al., (2020) investigated the neurological basis of individual differences in neuroticism during a cognitive reappraisal task. Results indicated that those who scored higher on neuroticism are less able to control their emotions when performing a cognitive assessment task. The results of the fMRI analysis also revealed a negative relationship between neuroticism and the activity of the inferior frontal cortex, middle frontal cortex, and dmPFC during emotion regulation.

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Neuroticism is associated with variability and average levels of both positive and negative affect, as well as the responsiveness of negative affect to stressors (Hisler et al, 2020). Liu et al. (2020) also demonstrated a strong and positive correlation between maladaptive cognitive emotion regulation strategies (CERS) approaches (self-blame, acceptance, rumination, catastrophizing, and other-blame) and depressive symptoms associated to neuroticism.

Personality traits are one such element that affects an individual's propensity to seek or not seek professional psychological help. Individuals who possess specific personality features are more likely to seek mental health services. Past research on the relationship between personality qualities and seeking mental health services has yielded conflicting findings. Shabrina et al. (2022) asserts that a stronger intention to seek mental health treatment is substantially correlated with conscientiousness and higher neuroticism. Szcześniak et al. (2021) asserts that individual variations in how each person reacts to the stigmatisation process may be explained by intrapersonal characteristics like personality qualities. In his study, the author states that the strongest indicator of internalised stigmatisation is neuroticism. The capacity to think clearly, make decisions for oneself, and handle difficult situations is directly lowered by prolonged exposure to negative emotions. It follows that neuroticism and the unpleasant evaluation of stigma are closely associated, and that neurotic individuals consequently create unhealthy coping mechanisms. Consequently, the internalisation of the trauma resulting from the personality feature and the subsequent deepening of this trait through the experience of negative emotions are when feedback becomes evident. If a neurotic decides to ask for assistance, they could be reluctant to do so and might react anxiously, which would impede their ability to recover. Borecki et al. (2010), also confirmed the idea that personal stress coping strategies play a role in how stigma is perceived by supporting the strong correlations found between neuroticism and all stigma factors—aside from public stigma. Perceptions of treatment, perceived, and self-stigma are all facilitated by neuroticism.

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Rationale

Despite the fact that a number of studies have been conducted using different methodologies to investigate the effects and relation of neuroticism on emotional regulation, the number of studies employing emotional regulation strategies is much lower. Additionally, consequences of neuroticism include emotional instability and tendency to experience negative emotions, it is important to study the kind of strategies employed by individuals with high neuroticism. The use of emotional regulation strategies on neuroticism is not a very commonly discussed topic.

The relationship between neuroticism and self-stigma of seeking psychological help is underexplored yet crucial area of inquiry. Examining the ways in which neuroticism affects self-stigma can serve to shed light on the psychological barriers that people encounter when considering obtaining mental health treatment. This information can then be used to design interventions that try to lower stigma and encourage people to seek help. By analysing these three factors collectively, it can decipher this complex link and guide focused interventions to enhance mental health outcomes.

METHODOLOGY

Purpose

The purpose of this study is to investigate the relationship between neuroticism, emotional regulation strategies and self-stigma of seeking psychological help and to also measure the effects of neuroticism on emotional regulation strategy and self- stigma of seeking psychological help.

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Hypotheses

- H1: There will be significant relation between neuroticism and self- stigma of help seeking behaviour.
- H2: There will be significant relation between neuroticism and emotional regulation strategy of cognitive reappraisal
- H3: There will be significant relation between neuroticism and emotional regulation strategy of expressive suppression.
- H4: There will be a significant effect of neuroticism on self- stigma of help seeking behaviour.
- H5: There will be a significant effect of neuroticism on emotional regulation strategy of cognitive reappraisal.
- H6: There will be a significant effect of neuroticism on emotional regulation strategy of expressive suppression.

Sample

The current study was conducted on young adults i.e., participants who were in the age range of 18-25 years. The 18–25 age range is a suitable one for this study's population because emerging adulthood is a crucial time when mental health problems frequently surface. By knowing what influences the neurotic personality trait, its emotional regulation techniques, and the stigma associated with seeking help, we can better target early intervention and prevention programmes towards this susceptible age group. A total of 185 participants filled out the survey form with the three questionnaires both online through google forms and in-person using a printed version of it. Convenience sampling was used to choose the participants.

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Measures

Kundu's Neurotic Personality Inventory

The KNPI, developed in 1965 by Ramnath Kundu is a 66-item assessment that is used to measure adult neurotic tendencies in a reliable manner. It was created using Indian sociocultural norms. It is a self-report questionnaire with items evaluated from "strongly disagree" to "strongly agree" on a Likert-type scale. Non-aggressive forms of items are also included in order to minimise the consequences of faking as well as the type and quantity of slanted responses. Utilising the split-half approach and the spear-brown formula, the reliability coefficients were calculated. The 1st half vs 2nd half reliability coefficients for male and female was .85 and .80 respectively.

Self-Stigma of Seeking Help Scale (SSOSH)

The Self-Stigma of Seeking Help Scale (SSOSH) was developed by Vogel et al. (2006) to assess the stigma associated with getting professional assistance for mental health issues that may compromise a person's feeling of overall self-worth, self-satisfaction, self-confidence, or self-regard. The SSOSH is a 5-point Likert-type assessment with 10 items. Good test-retest reliability (r =.72) and high indications of internal consistency reliability (Cronbach's alpha =.91) were for this scale.

Emotional Regulation Questionnaire (ERQ)

The Emotion Regulation Questionnaire (ERQ; Gross & John, 2003) is a 10-item assessment tool designed to gauge a participant's propensity to control their emotions by expressive suppression or cognitive reappraisal. Respondents use a 7-point Likert scale to rate their agreement or disagreement with each topic. For both suppression and reappraisal, the average alpha reliabilities were.73 and.79. For both measures over a three-month period, the test-retest reliability was.69.

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Procedure

The study sought to investigate the relationship between neuroticism, emotional regulation strategies and self-stigma of seeking psychological help and to also measure the effects of neuroticism on emotional regulation strategy and self- stigma of seeking psychological help. Participants were chosen via convenience sampling. A variety of trustworthy and valid questionnaires with Likert scales were utilized to measure Neuroticism, Emotional regulation Strategies, and Self- Stigma of Seeking Psychological Help. Data were gathered via online questionnaires (Google Forms) and in-person administration. All participants provided informed consent after receiving details on the study's goal, potential risks/benefits, and ensured of their privacy and voluntary participation. Clear instructions were given throughout the survey administration to guarantee correct responses. The data was scored in Microsoft Excel and analyzed with SPSS and Jamovi software, which included regression and correlational analysis.

Results

Table 1

Descriptive Analysis Showing the Mean, Median, and Standard Deviation Values for All variables

	N	Mean	Median	SD
Self- Stigma	185	22.0	22	5.46
Cognitive Reappraisal	185	28.8	29.0	6.32
Expressive Suppression	185	16.0	16.0	5.49
Neuroticism	185	188.4	186.0	41.43

The above table shows the total number of participants (n= 185) and a summary of each variable in the sample's variability and central tendency. The sample's moderate mean and

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median scores of (22.0) indicate that, on average, participants felt a moderate amount of self-stigma associated with seeking psychological help.

Among the emotional regulation strategies used, participants in the sample tended to employ cognitive reappraisal as an emotional regulation approach more frequently, as seen by the relatively high mean (28.8) and median (29.0) values. The sample's participants may have employed expressive suppression to a moderate degree as an emotional regulation strategy, based on the moderate mean and median values (16.0).

For neuroticism, the mean (188.4) and median (186.0) scores suggest that, on average, the sample's subjects displayed slightly neurotic levels of neuroticism, falling within the slightly neurotic range.

Table 2

Correlational Analyses Accessing the Relationship Between All Variables

		Self -Stigma	Cognitive Reappraisal	Expressive Suppression	Neuroticism
Self- Stigma	Pearson's r	—			
	df	—			
	p-value	—			
Cognitive Reappraisal	Pearson's r	-0.117	—		
	df	183	—		
	p-value	0.114	—		
Expressive Suppression	Pearson's r	0.299***	0.236**	—	
	df	183	183	—	
	p-value	< .001	0.001	—	
Neuroticism	Pearson's r	0.138	-0.152*	0.203**	—
	df	183	183	183	—
	p-value	0.061	0.039	0.005	—

Note. * p < .05, ** p < .01, *** p < .001

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Table 2 shows that correlational analyses assessed relationships between the variables. Contradictory to the predictions, the correlation between neuroticism and self-stigma of seeking psychological help was not statistically significant (p= 0.061). Therefore, the relationship is not strong enough to draw conclusions.

The correlation between neuroticism and cognitive reappraisal is -0.152, indicating a statistically significant weak negative correlation (p = 0.039). The negative value indicates lower use of this emotional regulation strategy. The correlation between neuroticism and expressive suppression is 0.203, indicating a statistically significant weak positive correlation (p = 0.005). The positive value indicates more use of this emotional regulation strategy.

As there was no significant correlation found between neuroticism and self- stigma of seeking psychological help, we cannot therefore determine the effect of neuroticism on self-stigma of seeking psychological help. So, the regression analysis was done to see the effects of neuroticism on emotional regulation strategy of cognitive reappraisal and expressive suppression.

Table 3

Neuroticism and Cognitive Reappraisal Regression Table

	R	**R Square**	**F**	**Sig.**	**B**	**Beta**	**t**	**Sig.**
Cognitive Reappraisal	0.152	0.0230	4.310	0.039	-0.0231	-0.152	-2.08	0.039

Table 3 shows results from regression analysis examining the effect of neuroticism on emotional regulation strategy of cognitive reappraisal. R-squared is 0.0230 and R-value is 0.152, according to the model fit measures. In this regard, neuroticism accounts for 2.3% of the variation observed in cognitive reappraisal scores. The neuroticism and cognitive reappraisal regression model's F-value of 4.31 and corresponding significance level of 0.039

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(less than 0.005) indicates that the model as a whole—in which neuroticism serves as the predictor—is statistically significant in predicting cognitive reappraisal scores and is unlikely due to chance. The neuroticism coefficient (B) is -0.0231. Neuroticism and cognitive reappraisal have a negative relationship, as indicated by the negative sign. Specifically, there is an average decline of 0.0231 units in cognitive reappraisal scores for every unit rise in neuroticism. Neuroticism's beta (β) value is -0.152, suggesting that it has a small to moderately detrimental effect on cognitive reappraisal scores. Neuroticism's t-value is -2.08, and the corresponding significance value is 0.039, indicating that neuroticism and cognitive reappraisal have a negative relationship. Therefore, cognitive reappraisal scores tend to decrease (lower use of this emotional regulation strategy) when neuroticism scores increase (higher levels of neuroticism).

Table 4

Neuroticism and Expressive Suppression Regression Table

	R	**R Square**	**F**	**Sig.**	**B**	**Beta**	**t**	**Sig.**
Expressive Suppression	0.203	0.0414	7.897	0.005	0.27	0.203	2.810	0.005

The table 4 shows the results of a regression analysis examining the effect of neuroticism on expressive suppression. With an R-squared of 0.0414 and a R value of 0.203, neuroticism is shown to account for 4.14% of the variance in expressive suppression. Given that the model is statistically significant and that the F-statistic of 7.897 and the accompanying significance level of 0.005 indicate that the relationship between neuroticism and expressive repression is unlikely to be the result of chance. The standardised beta (β) is 0.203, while the coefficient (B) for neuroticism is 0.0269. The positive indicators suggest that neuroticism and

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expressive repression are positively correlated. Stated differently, there is a tendency for expressive suppression scores to rise in accordance with neuroticism levels. According to the beta value of 0.203, neuroticism may have a little to somewhat positive effect on the suppression of expressiveness. Furthermore, the t-statistic of 2.81 was significant ($p = 0.005$), presenting more proof that neuroticism and expressive repression are positively correlated. This suggests that the use of expressive suppression as a strategy for regulating emotions tends to grow along with neuroticism levels. Therefore, people with higher level of neuroticism are more likely to employ expressive suppression as a coping mechanism for their emotions.

Discussion

The present study attempted to understand the relationship between neuroticism, emotional regulation strategy and self-stigma of seeking psychological help and also to study how neuroticism impacts the emotional regulation strategy and self- stigma of seeking psychological help of an individual. A person's capacity to effectively regulate their emotions through various emotional regulation strategies can be impacted by neuroticism, a personality trait marked by emotional instability and negative affectivity. In consequence, the application of maladaptive emotional regulation techniques may heighten feelings of shame about oneself and discourage one from seeking out professional psychological assistance. Therefore, in order to support mental health and help-seeking behaviors as well as to inform early intervention and prevention efforts, especially during the vulnerable developmental stage of emerging adulthood, it is imperative to understand the interplay between neuroticism, emotional regulation strategies, and self-stigma.

The first hypotheses (H1) stated that there will be significant relation between neuroticism and self- stigma of help seeking behaviour. The correlational analysis assessed

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between the variables indicated that contrary to predictions as the correlation between neuroticism and self-stigma of seeking psychological help was not statistically significant (p= 0.061). Therefore, the relationship is not strong enough to draw conclusions. The complex nature of self-stigma and the impact of numerous other variables outside of personality traits like neuroticism could be one reason why there was no significant association found in this study. Thus, when there is no significant relationship found between neuroticism and self-stigma of seeking psychological help, the effect of neuroticism on self- stigma on seeking psychological help cannot be established. Therefore, hypothesis H4 is also rejected.

Individual characteristics, cultural beliefs, society standards, and personal experiences all have a role in shaping the complex phenomenon of self-stigma (Lannin et al., 2016). Intricate interactions between neuroticism and several other factors may hide or lessen its direct effect on self-stigma. According to Lannin et al. (2016), self-stigma is impacted by a combination of environmental (such as social norms and perceived public stigma) and personal (such as self-esteem and emotional regulation) elements. According to their research, self-stigma had a stronger correlation with these environmental conditions than it did with certain personality features. Furthermore, participants in the current study came from a particular cultural and demographic background, which may have had an impact on how self-stigma was seen and expressed. The association between neuroticism and self-stigma may have been moderated by specific cultural values or societal standards such as individualism-collectivism and stigma consciousness (Cheng et al., 2013). This can imply how cultural variables may have affected the current study's findings regarding the relationship between neuroticism and self-stigma, possibly explaining why a significant correlation was not found.

The second hypothesis stated that there will be significant relation between neuroticism and emotional regulation strategy of cognitive reappraisal. The results of the research validated this hypothesis by showing statistically significant correlations between neuroticism and

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emotional regulation of cognitive reappraisal. The results notably showed a weak negative correlation ($r = -0.152$, $p = 0.039$) between neuroticism and cognitive reappraisal, indicating that people with higher levels of neuroticism are less likely to use cognitive reappraisal as a technique for emotional regulation.

This observed correlation might be explained by a number of factors. First of all, those with greater levels of neuroticism often have more frequent and strong negative emotions (Ormel et al., 2013). It could be harder for them to use cognitive reappraisal to recast events in a more positive way because of their inclination towards negative affectivity. The persistent presence of unpleasant emotions may make it more difficult for them to use this regulating strategy. Second, rumination and pessimistic thought patterns are linked to neuroticism (Muris et al., 2005). The inability to successfully reframe information can be caused by these maladaptive mental patterns. People with high neuroticism may find it difficult to break free from negative thought patterns, which makes it more difficult for them to reevaluate circumstances in a way that is more adaptive.

The third hypothesis stated that there will be significant relation between neuroticism and emotional regulation strategy of expressive suppression. The results of the research validated this hypothesis by showing statistically significant correlations between neuroticism and emotional regulation strategy of expressive suppression. The results showed a weak positive correlation ($r = 0.203$, $p = 0.005$) between neuroticism and expressive suppression, suggesting that people with higher levels of neuroticism rely more on suppressing or inhibiting their outward expression of emotions.

This observed correlation can be explained by a number of different factors. According to Ellenbogen and Hodgins (2009), expressive suppression is firstly consistent with the inhibition and restriction tendencies frequently observed in people with high neuroticism.

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Secondly, externally concealing emotions might be a coping strategy used by people with high neuroticism to control their elevated negative affect (Kokkonen & Pulkkinen, 2001). Neurotic people may try to control the strong negative feelings they often feel by preventing their emotions from being expressed outside.

The fifth hypotheses stated that there will be significant effect of neuroticism on emotional regulation strategy of cognitive reappraisal. Results from regression analysis examined the effect of neuroticism on emotional regulation strategy of cognitive reappraisal. This hypothesis was validated by the regression analysis, which showed that neuroticism strongly predicted lower levels of cognitive reappraisal. Neuroticism accounted for almost 2.3% of the variance in cognitive reappraisal scores, according to the model. This meant that cognitive reappraisal scores tend to decrease (lower use of this emotional regulation strategy) when neuroticism scores increase (higher levels of neuroticism).

There are several possible reasons for this effect that has been noticed. The fundamental traits of neuroticism—higher negative affectivity, emotional reactivity, and trouble regulating emotions—may make it more difficult to apply cognitive reappraisal techniques (Ormel et al., 2013). Reframing emotional situations in a more positive way is known as cognitive reappraisal, and it calls on sophisticated cognitive processes as well as emotional regulation. When it comes to emotional regulation, cognitive reappraisal is linked to better affective, social, and mental health patterns than expressive suppression (Cutuli 2014). And higher neurotic individuals are more likely to experience negative emotions more frequently and intensely and also tend to engage in maladaptive coping strategies and rumination (Ormel et al., 2013).

The sixth hypotheses stated that there will be significant effect of neuroticism on emotional regulation strategy of expressive suppression. This hypothesis was validated by

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regression analysis which showed that neuroticism strongly predicted higher level of expressive suppression. Neuroticism accounted about 4.1% of the variance, further supporting the idea that people with higher levels of neuroticism rely more on expressive suppression to regulate their emotions. When people with higher levels of neuroticism experience frequent and intense negative emotions, they may have a tendency to suppress their emotions as a maladaptive coping mechanism (Gross & John, 2003). Though ineffectively, these people may try to minimize or avoid experiencing negative emotions by repressing their outward expression (Webb et al., 2012). As a result, those with high neuroticism who rely on expressive suppression as a technique for emotional regulation may eventually worsen emotional suffering and engage in maladaptive coping.

Furthermore, according to the neuroticism construct's theoretical framework and its relationship with emotional processes, the results about strategies for emotional regulation makes sense. A heightened sensitivity to unpleasant emotions, emotional instability, and a propensity towards maladaptive coping strategies are the characteristics of neuroticism, according to the Five-Factor Model of personality (McCrae & Costa, 1987). The current study's findings, which show a correlation between increased neuroticism and varying uses of emotional regulation strategies, such as a propensity for less adaptive techniques like expressive suppression and less use of more adaptive techniques like cognitive reappraisal, validate this theoretical framework.

The statistically significant relationships highlight the potential impact of neuroticism on emotional regulation processes, despite the relatively small impact sizes. These results emphasise the necessity of personalised interventions that support cognitive reappraisal and other adaptive methods while discouraging the reliance of maladaptive strategies like expressive suppression, especially for those with a higher level of neuroticism.

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These findings have significant implications for our understanding of the emotional experiences and strategies for coping with high-neurotic persons, as well as for developing interventions or support plans. Tailored interventions can be devised to encourage the adoption of more adaptive methods, including cognitive reappraisal, in recognition of these people' tendency to rely on less effective emotional regulation mechanisms (Gross & John, 2003). Also, the development of focused psychoeducational programmes or treatment modalities might be influenced by the discovery of particular emotional regulation patterns linked to neuroticism. People with high levels of neuroticism, for instance, might profit from therapies that emphasise strengthening cognitive reappraisal abilities, confronting harmful patterns of thought, and acquiring alternative coping strategies for expressive repression.

Future research on the relationship between neuroticism, emotional regulation strategies and self- stigma of seeking psychological help could involve a detailed analysis of other influencing factors such as studies conducted that are both longitudinal and experimental to determine the causal relationships and look at the temporal dynamics between the variables. To improve generalizability, the study must be replicated among various demographics and cultural contexts. It may be possible to uncover underlying mechanisms by investigating potential moderators and mediators such as cultural variables, social support, and coping strategies. A more comprehensive insight might be obtained by looking into the impact of personality qualities other than neuroticism. Rich insights into the individualized experiences and decision-making processes associated with seeking assistance may be obtained through qualitative or mixed-methods approaches. Lastly, studies on interventions aimed at addressing self-stigma or adaptive emotional regulation strategies may provide useful insights for developing successful support plans, especially for people with high neuroticism.

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Conclusion

The study investigated the relationship between neuroticism, emotional regulation strategies and self-stigma of seeking psychological help. The study also investigated the effect of neuroticism on emotional regulation strategies and self- stigma of seeking psychological help. According to findings, no significant relationship was found between neuroticism and self-stigma of seeking psychological help; and significant relationship between neuroticism and emotional regulation strategy of cognitive reappraisal and expressive suppression stated that individuals with higher levels of neuroticism tend to employ cognitive reappraisal less frequently and are more prone to using expressive suppression as an emotional regulation strategy. These results are consistent with theoretical understandings of neuroticism as a personality trait marked by excessive emotional sensitivity and unhealthy coping mechanisms. Overall, the study adds to our understanding of how difficult it is for people with high neuroticism in controlling their emotions and point to the necessity of focused interventions that support more adaptive emotional regulation strategies, including cognitive reappraisal. Furthermore, the lack of a substantial correlation between neuroticism and self-stigma highlights the intricacy of the concept of self-stigma and the possible impact of several variables other than personality traits.

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