

The Relationship between Neuroticism in Five Factor Model and Emotion Regulation Model among Speech Therapists

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Abstract: *The present study was focused on the relation between Emotion Regulation and Neuroticism personality factor in Five Factor Personality Model. The present study used Big Five Personality Test inventory along with emotion regulation instrument to determine the relation between Neuroticism and emotion regulation. The hypothesis in the present study was there is relation between N score (Neuroticism) in Five Factor Model and Emotion Regulation among speech therapists working at a private Speech Therapy clinic in South Tangerang. The research design was experimental design with Population Sampling Method. The research subjects were 39 subjects or all speech therapists working at Bina Wicara Clinic of Vacana Mandira Foundation, Central Jakarta. The research subjects were speech therapists managing children with linguistic, speech, communication and swallowing disorders. The subjects were 21 – 45 years old, male and female, and of any ethnic group, religion and social economic status. The research result showed no relation between Neuroticism and emotion regulation*

Keywords: emotion regulation, neuroticism personality type, neuroticism, speech therapist, speech disorder

1. Introduction

Every individual has some issues because they're inseparable from problem in their life. Problem could unpredictably happen anytime and anywhere. In certain situation and condition, problem could result in positive and negative emotions. Individuals who can regulate their emotions will be able to handle any emotion which occurs when problem happens, so they can express their emotions appropriately.

At work, speech therapists always face children with linguistic, speech and communication, as well as swallowing disorders, which could affect the therapists' emotions, whether positive or negative emotion. At the research location, the speech therapists displayed different emotion expressions when managing their clients. Some therapists seemed calm and patient when managing clients throwing a tantrum or not following instruction. Other therapists seemed upset and impatient with angry facial expression when meeting clients throwing a tantrum/angry or not following instruction. This might be affected by the personality type of each speech therapist and their emotion regulation.

To reveal one's personality, Five Factor Model describes five main domains in personality, which are (1) Neuroticism versus emotional stability, (2) extraversion versus Introversion, (3) Conscientiousness, (4) Agreeableness versus Antagonism and Openness versus Closeness of experience (Larsen, Randy, J, 2008 :82).

Neuroticism describes someone with negative emotion issues, such as anxiety and insecurity. Emotionally, they're unstable. They turn attention into the opposite. Someone with low level of neuroticism (N) tends to be happier and more satisfied with life than someone with high level of neuroticism. Beside difficulty in building relationship and commitment, they also have low level of self-esteem.

Individual with high score in neuroticism is a personality prone to anxiety, anger, depression, and tendency for emotional reactive. Neurotic personality is someone who has anxiety, panic, low self-esteem, poor self-control and ineffective coping ability to stress, showing low level of emotion regulation (Cohen & Armeli in Coon, 2005).

The neuroticism and emotionally stability factors of speech therapist highly affect their emotion regulation and affect the therapy they provide and its result. This drew the researchers' interest. Is the neuroticism of speech therapist related with their way to regulate their emotion?

In this section, the researchers will describe theories used as the basis in the present study. There are some theories, namely speech therapist, emotion, emotion regulation and neuroticism factor, which refers to the five factor model. Moreover, at the end of this chapter, the relation between neuroticism in five factor model and emotion regulation by speech therapist will be described.

2. Definition of Speech Therapist

Speech therapist is someone who has graduated from national or international speech therapy education consistent with applicable legislations (PERMENKES, 2004). Speech therapist is someone who has treatment method or technique for a pathological condition in formulating ideas, thoughts and feelings in verbal expression or oral communication media. A speech therapist has knowledge about linguistic, speech and vocal disorders to be used as basis in making diagnosis or managing their client or patient.

Speech therapist can provide professional health services based on knowledge, technology in communication behavior to improve an recover communication behaviors related with linguistic, speech, vocal, rhythmic/fluency disorder and swallowing problem due to anatomical, physiological,

psychological and sociological disorders.

Language and speech therapist (SLT) assesses and manages speech, linguistic and communication problems of people of any age and helps them communicate better. They also work with people with swallowing and eating problems,

Speech disorder is usually related with neurological, psychological, and physical conditions. Speech therapist must be able to work as a member of a team which may include other health specialists, e.g. neurologist and psychiatrist. One of the important parts of the work of a speech therapist is counseling and support from individual and family regarding speech disorder and how to handle stress related with this issue. Therapist also works with family regarding treatment techniques to be used at home and how to modify behaviors which inhibit communication. Although therapist's job isn't physically demanding, it requires patience and compassion because progress may be slow and halting. Speech therapy is an exhausting process, which could be frustrating. Extraordinary attention to details and sharp focus are necessary in evaluating patient's progress. Overall, speech therapist must be able understand and empathize with emotional problems stressing patient's family. Speech therapist, like other healthcare professionals, must be careful in diagnosing problems and if necessary ask advices from other health specialists, (Princetonreview.com, 2013).

3. Definition of Emotion Regulation

The term emotion comes from Latin word *emovere*, meaning to move away. It implies tendency to act is absolute in emotion.

According to Goleman (2002: 411), emotion refers to a distinct feeling and thought, a biological and psychological conditions and a series of tendencies to act. Emotion is basically an impulse to act. The role of emotion seems very prominent in day-to-day life, so that it's very difficult to imagine someone not having any emotion. Without emotion, one won't feel sad when facing failure, happy when seeing themselves successful, or embarrassed. when making mistake in public (Gross, J.J., & Thompson, 2006).

Emotion has 3 components, which are: (1) cognitive-experiential, a component consisting of one's thoughts and awareness of their emotional parts (often referred as feelings); (2) behavioral expressive, a component consisting of words, body moves, facial expression, posture, gesture (visible emotion); (3) physiological-biochemical, components consisting of psyche and representing some actions, e.g. brain work, heartbeat and skin response, and hormonal level (invisible emotion).

Pennebaker (in Santrock, 2001) classifies emotion into positive and negative emotions. Positive emotions are high energy, enthusiasm, joy, calmness, quietness, joy, happiness, and laughter. Meanwhile, negative emotions are anxiety, anger, guilt and sadness. Furthermore, Bretherton et al (in Santrock, 2001) state that 3 main functions of emotion are

adaptation and survival, regulation and communication. Based on the description above, the conclusion is emotion is a thought or feeling, whether positive or negative, which emerges in an individual due to an incident.

Gross and Thomson (in Widuri, 2012) state that emotion regulation is a set of various processes where emotion is regulated. Emotion regulation process could be automatic or controlled, conscious or unconscious and could result in one or more processes which rouse emotion. Emotion regulation involves change in emotion dynamics or its time of occurrence, extent, length and offsetting behavioral, experiential or psychological response. Emotion regulation could reduce, strengthen and maintain emotion depending on individual's objective.

Emotion regulation is very necessary because some parts of human brain wants the individual to do something to certain situation, while other parts consider the emotional stimulus inappropriate for the current condition, making the individual do something and not do anything (Gross, in Nisfiannoor, 2004; 164).

Gross (1999) argues that emotion regulation affects mental process (memory, decision making), actual behavior (helping, using drugs). Emotion regulation is also the basis for forming personality and producing important source of individual. Gross also states that emotion regulation clearly stands out between physical and physiological differences (Gross, in Nisfiannoor, 2004; 164).

There are five things describing the process of emotion regulation, which are:

- 1) Situation selection by approaching or distancing from certain person, place or object.
- 2) Situation modification. Situation modification is related with problem solving strategy.
- 3) Attentional deployment. Attentional deployment is related with confusion, concentration and or contemplation.
- 4) Cognitive change. Cognitive change is related with evaluation and modification which have been made, including psychological defense, and deriving social comparison (e.g. he's more wrong than me). Generally, cognitive change is a cognitive transformation to change strong emotional effect from a situation.
- 5) Response modification. (Gross, 1998b)

There are two emotional models which differentiate emotion regulation into two major forms of emotion regulation, which are Re-appraisal and Suppression (Gross and Munos in Widuri, 2012). Individual used to using re-appraisal strategy will experience positive emotion expressions and less negative emotions, have close relation with other and have high level of personal well-being. Conversely, individual who uses suppression strategy will experience less positive emotion expressions and express negative emotions in the forms of behaviors and have higher level of emotion and less close emotional relation and lower level of personal well-being, (Gross and John in Widuri, 2012).

Emotion regulation includes conscious and unconscious

strategies to increase, reduce and maintain one or more emotional components. The components are feelings, behavior, and physiological response. Emotion regulation process happens twice, i.e. at the beginning of action (antecedent focused emotion regulation or re-appraisal) and regulation at the end of the action (response focused emotion regulation or suppression). Early regulation consists of change of thought of situation to reduce emotional impact, while end regulation is inhibiting the disclosure of emotional signs. Early regulation is considered more effective than end regulation because early regulation which reduces experience and emotional behavior doesn't affect memory. Meanwhile, end regulation which reduces disclosure of behavior fails to reduce emotional experience, affects memory and increases physiological response of the person to the social environment.

From the descriptions of the experts above, it's concluded that emotion regulation is a process to regulate emotion, i.e. responding to various reactions, whether conscious or unconscious, with appropriate method and condition as an effort and thought of behavior to accelerate problem solving. Meanwhile, one's emotion regulation is affected by their personality.

Definition of Neuroticism in Five Factor Model

Personality is uniqueness of every human. Personality according to Hjeele and Ziegler (in Widuri, 2012) means something which is thought to be organized or structured. Personality has a description of individual which can be observed as a meaningful action of displayed behavior. Second, personality is a combination of unique traits which can differentiate one individual from another. Third, personality is a collection of history owned as a current form with internal and external variations, genetic and biological tendencies, social experience and environmental change. To determine one's personality, an approach is necessary.

Personality is separable from set traits. Therefore, an approach to determine one's personality is required. Trait is a characteristic factor of personality, attached all the time and differentiate among humans. This trait approach recognizes that personality if shaped by various factors, e.g. disposition, genetic or learning from the environment. This approach also recognizes that personality is fixed for a lifetime.

Trait approach or theory is a personality model which identifies the basic traits which match personality. Trait is a characteristic factor of personality, attached all the time and differentiate among humans (Fielman, in Widuri, 2012). One of the approach models to trait is Five Factor Model of Personality (FFM) developed by Costa and McCrae in the 1980s.

Five Factor Model (FFM) describes five main domains in personality, which are (1) Neuroticism (neuroticism: anxious, temperamental, emotional and fragile) versus emotional stability (stable emotion: calm, self-satisfied, comfortable, cool), (2) extraversion (extraversion: attentive, easy going, talkative, likes fun, active and excited) versus Introversion (introversion: loner, quiet, serious, passive and

unfeeling), (3) Conscientiousness (conscientiousness: sensitive, hardworking, organized, punctual, ambitious and diligent), (4) Agreeableness (agreeableness: soft hearted, trusting, generous, quiet, forgiving and kind) versus Antagonism (antagonism: cruel, stingy, rebellious, criticizing and easily hurt), and (5) Openness (openness: imaginative, original, creative, full of variances, curious and liberal) versus Closeness of experience (closeness of experience: real, uncreative, subjected to convention, liking routine and conservative. (Widiger and trull, in Widuri, 2010).

Costa and McCrae agree with Eysenck that traits of personality are bipolar and follows bell curve. Most people score near the midpoint of every trait, and only few people have scores at extreme points (Feist & Feist, 2014). People with high score in neuroticism tend to be full of anxiety, temperamental, self-pitying, very self-aware, emotional, and vulnerable to disorders related with stress. Those with low N score (neuroticism) tend to be calm, not temperamental, self-satisfied and not emotional (Feist & Feist, 2014).

According to Eysenck in Feist & Feist (2014), neuroticism/stability has strong hereditary component. Some studies have found evidence of genetic basis for neuroticism, such as anxiety, hysteria and obsessive compulsive disorder. People with high score in neuroticism tend to overreact emotionally and have difficulty returning to normal condition after being emotionally stimulated. They often complain about symptoms such as headache and back pain, and have unclear psychological issues, e.g. worrying and anxiety (Feist & Feist, 2014).

The characteristic of emotional instability or neuroticism is changing mood, higher instability of emotions than individuals with stable emotions. People with high neuroticism also tend to have higher suicidal desire than those with low neuroticism. Individuals with high neuroticism are reported to have poor physical health symptoms and less effort to be involved in health – enhancing healthy behaviors. They also maintain health and improve behavior, drink alcoholic drink to cope and forget their problems (Larsen, 2008)

Individuals with high emotional instability of neuroticism have unstable social relations. For example, in sexual domain, individuals with instable emotions tend to have more sexual anxiety (Shaver, 2001). And in highly stressful events, such as loss of pregnancy, individuals with unstable emotions are more likely to develop post-traumatic stress disorder in which psychological trauma is experience of deep loss and for a long time. (Englellard, Van Den Hout & Kindt, 2003).

4. Research Method

a) Population Sampling Method

The present study was performed using qualitative approach by distributing questionnaire for primary data to get description on research problems an also answer the research question on the relation between personality type and emotion regulation among speech therapists managing

children with linguistic, speech, communication and swallowing disorders.

The data collection technique in the present study used questionnaire. Questionnaire is a data collection process using a list of questions to be answered by respondents by distributing the questionnaire (Sunyoto, 2012).

The measurement scale is an agreement used to determine interval of instrument, so that if the instrument is used in research, it will produce quantitative data (Sugiyono, 2010).

In the present study, the researchers used Likert scale. Likert scale is a scale used to measure one's attitude, opinion and perception on certain object or phenomenon. The assessment in the scale was as follows t:

Table 3.5.1: Likert Scale

Option	Favorable	Unfavorable
Strongly agree	5	1
Agree	4	2
Neutral	3	3
Disagree	2	4
Strongly disagree	1	5

The technique used in the present study was total sampling, which is a sampling technique in which the whole population becomes research sample.

The subjects participating in the present study were 39 speech therapists working at Bina Wicara Clinic of Vacana Mandira Foundation, Central Jakarta. The research subjects were speech therapists managing children with linguistic, speech, communication and swallowing disorders. The subjects were 21 – 45 years old, male and female, and of any ethnic group, religion and social economic status.

The number of subjects given questionnaires was 39 people, which were the entire population of the present study. This was performed to get comprehensive description on the research topic, especially related with emotional experience and personality type of speech therapist in performing emotion regulation because they manage children with linguistic, speech, communication and swallowing disorder. This would be analyzed to answer research questions on the relation between personality type and emotion regulation of speech therapist.

b) Respondent Characteristic by Age

Table 4.1

Age	Frequency	Percent
21-24 Years old	12	30.76%
25-35 Years old	16	41%
36-45 Years old	11	28.24%
Total	39	100%

Source: Questionnaire

The table above shows that of 39 respondents, 16 were 25-35 years old (41%), 11 were 36-45 years old (28.24%), and 12 respondents were 21-24 years old (30.76%).

c) Respondent Characteristic by Gender

Table 4.2

Gender	Frequency	Percent
Male	9	23%
Female	30	77%
Total	39	100%

Source: Questionnaire

The table above shows that of 39 respondents, 30 were female (77%) and 9 were male (23%).

d) Respondent Characteristic by Education

Table 4.3

Education	Frequency	Percent
Associate's Degree	23	58.97 %
Undergraduate Education	15	38.46%
Graduate Education	1	2.57%
Total	39	100%

Source: Questionnaire

The table above shows that of 39 respondents, 12 had Associate's degree education (58.97%), 15 had undergraduate education (38.46%), and 1 had graduate education (2.57%)

Normality test was aimed to determine whether the research variables were distributed normally or not. If the significance value is higher than 0.05, the data is normally distributed and vice versa.

Based on normality test using Shapiro-wilk with 39 respondents, it was found that emotion regulation has significance level of 0.565 and neuroticism has significance level of 0.682. Because both values are bigger than significance value of 0.05, it could be said that the variables were normally distributed. Correlation test used bivariate correlation because with this technique researcher can insert all variables in one data process.

The result of Pearson Product Moment correlation calculation is 0.077, meaning there was no relation. The significance value is 0.642, meaning it wasn't significant because it's significant if the value is below 0.05. Based on R table, R =0.316 with total respondent 39 with significance value of 0.05. Because the result is <0,316, it was said that there was no relation between neuroticism and emotion regulation among speech therapists, so that H0 is accepted and H1 is rejected. It showed that: There was no relation between neuroticism and emotion regulation among speech therapists.

The result of calculation of Pearson correlation is 0.045, meaning there was no relation. The significance value is 0.787, meaning it was insignificant because it's significant if the value is below 0.05. Based on R table, R =0.316 with total respondent 39 with significance value of 0.05. Because the result is <0.316, there was no relation between neuroticism and emotion regulation among speech therapists, so that H0 is accepted and H1 is rejected. There was no relation between neuroticism and appraisal type emotion

regulation among speech therapists.

The result of calculation of Pearson correlation is 0.071, meaning there was no relation. The significance value is 0.666, meaning it was insignificant because it's significant if the value is below 0.05. Based on R table, $R = 0.316$ with total respondent 39 with significance value of 0.05. Because the result is < 0.316 , there was no relation between neuroticism and emotion regulation among speech therapists, so that H_0 is accepted and H_1 is rejected. There was no relation between neuroticism and suppression type emotion regulation among speech therapists.

5. Research Result

The calculation result of Pearson Product Moment correlation is 0.077, meaning there was no relation. The significance value is 0.642, meaning there was no relation. The significance value is 0.666, meaning it was insignificant because it's significant if the value is below 0.05. Based on R table, $R = 0.316$ with total respondent 39 with significance value of 0.05. Because the result is < 0.316 there was no relation between neuroticism and emotion regulation among speech therapists, so that H_0 is accepted and H_1 is rejected. It showed that: There was no relation between neuroticism and emotion regulation among speech therapists.

Based on normality tests using Shapiro-wilk above with 39 respondents, emotion regulation has significance value of 0.565 and neuroticism has significance value of 0.682. Because both values are higher than significance value of 0.05, the variables were normally distributed.

6. Conclusion

There is no relation between neuroticism and emotion regulation. The researchers note that some factors may affect the relation between, e.g. background, culture, ability, resources, motivation, etc.. The limited time of the researchers in the present study could be one of the factors.

References

- [1] Arikunto, Suharsimi (2006). *Prosedur Penelitian*. Cetakan ke-13. Jakarta: PT.Bineka Cipta. (book style)
- [2] Azwar Saefudin, 2002. *Penyusunan Skala Psikologi*. Yogyakarta: Pustaka Pelajar (book style).
- [3] Peraturan Menteri Kesehatan Republik Indonesia No.867/Menkes/PER/VIII/2004 Registrasi dan Praktek Terapis Wicara Indonesia. Departemen Kesehatan Republik Indonesia, 2004, Jakarta.
- [4] Feist J. dan Feist, G.J (2014). *Theories of personality*. New York: McGraw-Hill, Inc. (book style).
- [5] Larsen, Randy, J Costa & McCrae, McCrae & John, (2008, h.4, 25-27) *Personality Psychology*, New York: McGraw-Hill, Inc. (book style).
- [6] Gross, J. J. and John, O.P (2003), Individual Differences in Two Emotional Regulation Processes: Implication For Affect, Relationship and Wellbeing. *Journal of Personality and Social Psychology*, 85. No.2, 348-362.(journal style)

- [7] Gross, J.J and Munoz, R.F (1995), *Regulation Emotion and Mental Health*, *Clinical Psychology: Science and Practice*. Vol.2, No.2, 151-164.(journal style)
- [8] Gross, J.J and Thomson, R.A. (2007). *Emotion Regulation, conceptual Foundation*. *Handbook of Emotion Regulation*, edited by James, J. Gross, New York: Guildford Publications. (book style).
- [9] Hjelle, L.A dan Ziegler, D.J. (1981). *Personality Theories: Basic Assumptions, Research and Applications*, Tokyo: McGraw-Hill International Book Company. (book style).
- [10] Matsomoto, D. (2006), Are Cultural Differences in Emotion Regulation Mediated By Personality Trait?. *Journal of Cross Cultural Psychology*, Vol. 37. No.4, 421-437.(journal style)
- [11] (Richards, J.M. dan Gross, (2000), *Emotional Regulation and Memory, The Cognitive Cost of Keeping ones Cool*, *Journal of Personality and Social Psychology*, Vol.79. No.3.(journal style)
- [12] Strongmen, K.T. (2003). *The Psychology of Emotion, from Everyday Life Theory*. 5th edition. Wess Sussex, England; John Wiley & Sons.(book style)
- [13] Sunyoto Danang, (2012). *Statistik Non Parametrik untuk Kesehatan*, Cetakan 1, 1, Nuha Medika, Jogjakarta. (book style)
- [14] Sugiyono. (2010). *Statistika untuk penelitian*. Edisi Keenam belas. Bandung: Alfabeta. (book style)
- [15] (<http://www.nhs.uk/explore-by-career/allied-health-professions/c> (general internet style)
- [16] (http://www.prospects.ac.uk/speech_and_language_therapist_job_description.htm (general internet style)
- [17] (<http://www.princetonreview.com/careers.aspx?cid=147>) (general internet style)
- [18] (<http://lp2mkita.wordpress.com/2010/05/04/pengertian-emosi-dan-emosional/>) (general internet style)
- [19] (journal.uad.ac.id/index.php/HUMANITAS/article/download/225/73) (journal style)
- [20] (<http://repository.usu.ac.id/bitstream/123456789/23218/4/Chapter%20II.pdf>) (general internet style)
- [21] (http://ipip.ori.org/New_IPIP-50-item-scale.htm) (article type)
- [22] (<http://himcyoo.files.wordpress.com/2012/06/trait-kepribadian-dg-neuroticism.pdf>, (general internet style)

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