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Experiences of Emotional Sensitivity and Well-Being among Adults in Singapore: A Pilot Qualitative Study

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Abstract

Anxiety is increasingly prevalent in high-performance societies such as Singapore, particularly among individuals with elevated neuroticism. While quantitative studies have established strong associations between neuroticism and anxiety, fewer studies have explored how this relationship is lived and experienced in everyday contexts. This qualitative study examines the lived experiences of anxiety among individuals with high neuroticism in Singapore, focusing on work, finances, health, relationships, and coping. Semi-structured interviews were conducted with eight adults aged 30 - 50 who scored high on the neuroticism dimension of the Big Five Inventory. Data were analysed using reflexive thematic analysis. Five overarching themes emerged: 1) persistent cognitive and emotional overload, describing ongoing worry and heightened emotional responses; 2) anxiety-driven work and financial insecurity, detailing concerns about job performance and financial stability; 3) somatic and lifestyle disruptions, outlining physical symptoms and changes to daily routines; 4) relational strain and emotional withdrawal, highlighting difficulties in relationships and social connections; and 5) reactive coping and delayed help-seeking, illustrating coping mechanisms and postponement of professional support. Verbatim accounts reveal how anxiety is normalised within Singapore's fast-paced culture, often delaying support until distress becomes overwhelming. Findings highlight the need for culturally sensitive mental health interventions and proactive coping strategies tailored to neurotic individuals in high-pressure environments.

Keywords

Neuroticism, Anxiety, Lived Experience, Qualitative Research, Singapore

1. Introduction

Singapore is internationally recognised for its high standards of living, economic stability, and well-developed healthcare and social systems (Tan et al., 2021). As a global city, it offers strong institutional support, comprehensive public health services, and increasing national attention to mental well-being (Lee & Fung, 2025). At the same time, Singapore's achievement-oriented culture, meritocratic values, and fast-paced professional environment require individuals to navigate high expectations across education, work, and family life (Roystonn et al., 2024). Within this context, understanding how individuals experience and manage psychological stress is particularly important—not as a critique of society, but as an opportunity to deepen insight into human adaptation within a high-functioning system (Knight & Sayegh, 2009).

Anxiety has emerged as one of the most reported mental health concerns in Singapore, particularly among working adults and mid-life individuals managing multiple roles and responsibilities (Chang et al., 2019). National surveys and healthcare reports indicate that while many Singaporeans experience stress and anxiety symptoms, there has also been a steady increase in mental health literacy, early intervention initiatives, and access to professional psychological services (Chodavadia et al., 2023). These developments reflect Singapore's ongoing commitment to supporting its population's well-being while sustaining productivity and social cohesion (Shafie et al., 2020).

Personality traits shape stress responses. Neuroticism, one of the Big Five personality dimensions, is a stable tendency toward emotional sensitivity, high stress reactivity, and frequent negative affect (Wongpakaran et al., 2022). Individuals high in neuroticism are more likely to experience anxiety, worry, and emotional swings, especially in demanding environments (Rothman & Melwani, 2016). Quantitative research shows that neuroticism is a robust predictor of anxiety across cultures (Sučević & Kurtović, 2019).

However, most existing research on neuroticism and anxiety relies on quantitative methodologies and Western samples. While these studies are invaluable for identifying prevalence and correlations, they offer limited insight into how anxiety is experienced subjectively in everyday life, particularly within Asian societies such as Singapore (Luo et al., 2004). Cultural values such as self-reliance, responsibility to family, and maintenance of social harmony may shape not only how anxiety is experienced, but also how it is interpreted, expressed, and managed (Hofmann & Hinton, 2014).

Singapore presents a unique context for exploring these experiences. The city-state combines strong institutional care—such as accessible healthcare, mental health services, and community programmes—with cultural norms that encourage perseverance, emotional restraint, and pragmatic problem-solving (Poremski et al., 2021; Shafie et al., 2020). As a result, anxiety may be simultaneously recognised as a personal challenge and accepted as part of striving toward stability and success (Hofmann & Hinton, 2014). Rather than indicating pathology alone, anx-

iety in Singapore may reflect engagement, conscientiousness, and forward-planning, particularly among individuals who are emotionally attuned to their environments (Subramaniam et al., 2019).

Importantly, Singapore has taken active steps to support mental well-being through policy initiatives, public education campaigns, workplace mental health guidelines, and expanded psychological services in primary care settings (Chong, 2007). These developments signal a societal shift toward early recognition and supportive management of mental health concerns. Yet, even within a well-resourced system, individuals differ in how they experience and utilise available support, influenced by personality, life stage, and social circumstances (Kirkbride et al., 2024).

Qualitative research offers a valuable lens for examining these lived experiences. By centring individuals' narratives, qualitative inquiry allows researchers to understand how anxiety is embedded within daily routines, work identities, relationships, and coping practices. For individuals high in neuroticism, whose internal experiences are often intense and complex, qualitative methods are particularly well-suited to capturing nuance, meaning, and adaptive processes (Hamaker & Wichers, 2017).

The present study aims to explore how individuals high in neuroticism experience anxiety within the Singapore context. Rather than framing anxiety solely as dysfunction, this study adopts a strengths-based perspective, examining how anxiety interacts with responsibility, resilience, and adaptive coping within a supportive societal framework. By centring lived experiences, this study offers a more balanced, culturally grounded understanding of anxiety and neuroticism, health, interpersonal relationships, and coping strategies, while also highlighting how Singapore's cultural and institutional environment influences these experiences (Hsu et al., 2024).

By centering lived experiences, this study offers a more balanced, culturally grounded understanding of anxiety and neuroticism. The findings aim to inform psychological practice, workplace mental health initiatives, and preventive interventions, while acknowledging Singapore's continuing efforts to support its people's well-being.

2. Research Gap

Despite extensive quantitative evidence linking neuroticism to anxiety, several gaps remain in the literature. First, most existing studies rely on Western samples, with limited qualitative research examining how anxiety is lived and experienced in Asian, high-pressure contexts such as Singapore. Second, prior research tends to focus on clinical anxiety rather than the everyday, non-clinical experiences of emotionally sensitive individuals in demanding work and social environments (Kirkbride et al., 2024). Third, few studies have examined how personality traits such as neuroticism interact with Singapore's unique sociocultural features—meritocracy, work centrality, financial prudence, and multicultural norms—to shape

emotional well-being.

To address these gaps, this pilot study adopted a qualitative approach to foreground participants' narratives and provide culturally grounded insights into anxiety among individuals high in neuroticism in Singapore.

3. Methodology

3.1. Research Design

This research was conducted as a qualitative pilot study with a small, purposively selected sample (N = 8) to explore the feasibility of the research design and to generate preliminary insights into the lived experiences of anxiety among individuals high in neuroticism in Singapore. The pilot sample was not intended to be statistically representative; rather, it was designed to provide rich, in-depth narratives that could inform a larger follow-up study. This study employed a qualitative research design using semi-structured interviews to explore the lived experiences of anxiety among individuals high in neuroticism in Singapore. A qualitative approach was selected because it allows for rich, in-depth exploration of subjective experiences, meanings, and coping processes that are not easily captured through standardised measures alone. This design was particularly well-suited to examining how personality traits interact with cultural and social contexts to shape psychological experiences (Pereira-Morales et al., 2018).

This pilot study sought to explore the lived experiences of anxiety among adults high in neuroticism in Singapore through in-depth qualitative interviews. Rather than testing hypotheses, the study aimed to generate preliminary, context-rich insights into how anxiety is experienced, embodied, and managed in a high-performance, multicultural society. Specifically, the study explored how anxiety intersected with participants' work roles, financial concerns, bodily experiences (sleep, eating, stress), interpersonal relationships, and coping practices. The pilot design allowed the researcher to assess the suitability of the interview guide, refine thematic analysis procedures, and identify key patterns that could inform a larger follow-up study (Visaria & Chan, 2018).

The study was guided by a strengths-based, interpretive perspective, seeking to understand not only the challenges associated with anxiety but also adaptive strategies, resilience, and engagement with available support systems. Rather than treating anxiety as a purely clinical phenomenon, the research focused on how participants navigated anxiety within their everyday lives in a well-resourced and structured society (Woodgate et al., 2021).

3.2. Reflexive Thematic Analysis Procedure

"Data were analysed using Braun and Clarke's (2006) six-phase reflexive thematic analysis. The process involved:

1) Familiarisation with the data through repeated reading of transcripts.
2) Generating initial codes inductively across the dataset.
3) Constructing preliminary themes by clustering related codes.

4) Reviewing and refining themes to ensure coherence and distinction.
5) Defining and naming themes to capture their core meanings; and
6) Producing the final analytic narrative with representative verbatim quotes.

Throughout analysis, the researcher engaged in reflexive journaling to critically examine assumptions about anxiety, neuroticism, and Singaporean work culture. As a researcher residing in Singapore, the analyst acknowledged insider positionality while actively bracketing personal interpretations to prioritise participants' lived meanings. Coding was conducted manually and iteratively rather than using software.

3.3. Participants and Sampling

Participants were purposively recruited to fit the research aims. Inclusion criteria were: (a) residing in Singapore, (b) age 30 - 50, representing the active working population, and (c) self-identification as emotionally sensitive or prone to anxiety. Participants also needed to exceed a set threshold on the neuroticism dimension of the Big Five Inventory (BFI), focusing the study on those with high neuroticism.

Eight participants met the inclusion criteria and consented to participate. The sample included both men and women from diverse occupational backgrounds, including professionals, homemakers, and individuals in transitional life stages. This diversity allowed for exploration of anxiety across different roles and responsibilities common in Singaporean society, such as career development, caregiving, and financial planning (Table 1).

Table 1. Demographic information of the participants.

Name	Age	Gender	Occupation	Status
G	33	Female	Manager	Single, childless
H	35	Male	Manager	Married with 1 kid
K	46	Female	Tailor	Married with 2 children
L	33	Female	Student	Married, childless
M	39	Female	Lawyer	Single, childless
S	40	Female	Homemaker	Married with 1 kid
T	50	Female	Trainer	Single, childless
Y	38	Female	Student	Single, childless

4. Measures

The Big Five Inventory (BFI) neuroticism subscale was used as a screening tool to confirm participants' self-reported emotional sensitivity. The BFI is a widely used and psychometrically validated personality measure (John et al., 1991; Murayama et al., 2022). Participants completed the neuroticism items on a five-point Likert scale, and those who scored above the threshold were invited to interviews. The use of this measure ensured methodological rigour while maintaining the primary focus on qualitative exploration (Liu et al., 2024).

4.1. Data Collection

Semi-structured interviews were conducted online via video conferencing platforms, reflecting Singapore's high digital literacy and familiarity with technology-mediated communication. Each interview lasted approximately 30 minutes. An interview guide was used to ensure consistency while allowing flexibility for participants to elaborate on personally meaningful experiences.

Interview questions explored experiences of anxiety in relation to work, financial responsibilities, health and lifestyle, interpersonal relationships, and coping strategies. Participants were also encouraged to reflect on how they accessed support, including personal, community, and professional resources available in Singapore. All interviews were audio-recorded with consent and transcribed verbatim. Participants were assigned pseudonyms to protect confidentiality.

4.2. Data Analysis

Data were analysed using reflexive thematic analysis. This approach allowed for systematic identification of patterns while acknowledging the researcher's interpretive role. Transcripts were read repeatedly to achieve immersion, followed by initial coding. Codes were then grouped into subthemes and overarching themes through iterative comparison and refinement.

Throughout the analysis, attention was paid to contextual factors specific to Singapore, including work culture, cost of living, family expectations, and access to healthcare. Reflexivity was maintained to ensure that interpretations remained grounded in participants' accounts rather than deficit-based assumptions.

4.3. Ethical Considerations

Ethical approval was obtained prior to data collection. Participants provided informed consent and were reminded of their right to withdraw at any time. Given Singapore's emphasis on confidentiality and professionalism in healthcare, particular care was taken to ensure anonymity and respectful representation of participants' experiences. Participants were also provided with information on mental health support services should participation evoke distress.

5. Thematic Analysis of the Results

5.1. Theme 1: Persistent Cognitive and Emotional Engagement with Life Demands

Participants consistently described anxiety as a state of continuous mental engagement rather than episodic distress. This ongoing cognitive activity reflected heightened awareness of responsibilities, expectations, and potential consequences—qualities closely aligned with Singapore's emphasis on diligence, foresight, and accountability (Doren et al., 2024). Rather than describing episodic panic, participants articulated anxiety as an ever-present cognitive backdrop that shaped how they processed daily life, relationships, and professional obligations. Within Singapore's high-functioning and achievement-oriented society, such sustained

mental engagement can be understood not merely as a symptom of distress, but as an expression of conscientiousness and personal responsibility.

Subtheme 1.1: Continuous Mental Processing and Overthinking

Participants reported frequent overthinking, particularly regarding work tasks and life decisions. This mental activity was experienced as both exhausting and purposeful. While overthinking often stalled action, it also functioned as a form of anticipatory processing—a careful scanning for risks and errors before they occurred. In Singapore's high-stakes professional environment, such vigilance reflects an adaptive response to demanding contextual expectations rather than a purely dysfunctional pattern.

"***It's just a lot of overthinking sometimes. Less action, more overthinking.***" **(L, female, 33)**

"***I overthink it a lot and then it manifests as procrastination, inability to start, or taking a very long time to complete a task.***" **(M, female, 39)**

Rather than random worry, overthinking often functioned as anticipatory processing aimed at avoiding mistakes. In Singapore's high-stakes professional environment, such vigilance reflects adaptation to contextual demands. These accounts reveal how overthinking, though burdensome, is purposeful rumination aimed at achieving the best possible outcome—even if it paradoxically stalls action in the short term.

Subtheme 1.2: Decision-Making as Moral and Personal Responsibility

Participants reported difficulty making decisions, particularly when choices carried long-term implications. Crucially, this indecision was not attributed to a lack of knowledge or ability, but to an acute sense of moral responsibility and a fear of making choices that could have unintended negative consequences for themselves or others. This values-driven caution is deeply embedded in Singapore's risk-conscious, accountability-oriented culture, where the stakes of wrong decisions are experienced as genuinely high.

"***I will take more time to decide… I keep comparing and justifying, and I need reassurance before I feel comfortable.***" **(G, female, 33)**

"***When I overthink, I freeze. I'm basically doing nothing for hours or days.***" **(L, female, 33)**

These accounts suggest that indecision stemmed not from incapacity, but from a strong sense of responsibility and fear of unintended consequences—values deeply embedded in Singapore's risk-conscious culture. The paralysis described by participants reflects a form of conscientious caution rather than avoidance, underscoring how personality traits interact with cultural context to shape the lived texture of anxiety.

5.2. Theme 2: Anxiety as Commitment to Work and Financial Responsibility

Theme 2 captures how anxiety among emotionally sensitive individuals in Singapore is deeply intertwined with work identity and financial responsibility. Rather

than reflecting insecurity or incapacity, participants' anxiety often emerged from a strong commitment to self-sufficiency, professional contribution, and long-term stability—values that are widely reinforced within Singaporean society (Yip et al., 2024). One of the most significant findings of this theme is that anxiety was not primarily a sign of weakness or pathology, but an expression of deep personal investment in being a capable, responsible, and reliable worker and provider.

Subtheme 2.1: Performance Anxiety as Professional Integrity

Participants' work-related anxiety was strongly linked to high internal standards and a desire to perform competently and ethically. Anxiety intensified when participants perceived a mismatch between their usual level of functioning and their current capacity during periods of stress.

One participant articulated frustration when anxiety disrupted her concentration:

"*I cannot focus fully, then I make mistakes and I get angry with myself.*" (K, female, 46)

This self-directed frustration reflects internalised professional ethics rather than a lack of skill. Participants often evaluated themselves more critically than external stakeholders did, suggesting that anxiety was driven by personal values of excellence and accountability—traits encouraged in Singapore's meritocratic work culture. Work-related anxiety was thus strongly tied to high internal standards and a desire to perform competently and ethically, intensifying when participants perceived a mismatch between their usual functioning and their reduced capacity during stressful periods.

Another participant described a shift from high engagement to minimal compliance:

"*From being very motivated, I became passive… I just do the bare minimum.*" (H, male, 35)

This transition did not indicate disengagement from work values, but rather a form of emotional self-regulation. When workplace environments became unsupportive or psychologically unsafe, reducing effort appeared to function as a protective strategy to preserve mental well-being while still fulfilling core job responsibilities (Kranton & Thomas, 2025).

Subtheme 2.2: Financial Anxiety as Future-Oriented Planning

Financial anxiety featured prominently across participants' narratives and was largely future-focused. Concerns centred on independence, rising living costs, and the ability to sustain oneself or one's family in the long term. Participants were not describing immediate deprivation but rather anticipatory worry about long-term stability—whether they could sustain themselves, support dependants, and weather economic uncertainty in a society with limited welfare dependency.

"*Everything scares me—inflation, the rising cost, whether I'm able to take care of myself.*" (G, female, 33)

Such concerns reflect Singapore's strong emphasis on financial prudence and planning within a context of limited welfare dependency. Anxiety was not associ-

ated with immediate deprivation but with responsibility and foresight (Stephens & Breheny, 2018).

Participants facing structural constraints, such as visa restrictions, reported heightened anxiety:

"*My employment opportunities are quite narrow… that makes me anxious about my future, my financial independence.*" (L, female, 33)

These narratives highlight how anxiety is shaped not only by personality but also by systemic factors, reinforcing the importance of contextualised understanding. Structural constraints—such as visa restrictions, constrained career options, and rising costs of living—intersect with neuroticism to amplify anxiety, while also reinforcing values of self-reliance and resilience that are central to Singaporean identity.

Theme 3: Heightened Body Awareness and Lifestyle Disruptions

Theme 3 illustrates how anxiety manifested physically and behaviourally. Participants' accounts suggest a high degree of bodily awareness and responsiveness to stress signals, rather than neglect of health. Far from being unaware of somatic changes, participants noticed shifts in sleep, appetite, and physical wellbeing, and many proactively sought medical reassurance—reflecting Singapore's strong culture of health literacy and trust in its healthcare infrastructure.

Subtheme 3.1: Sleep Disturbance as Cognitive Over-Engagement

- ***Sleep difficulties were widely reported and closely linked to persistent mental activity.* "*I've been having fragmented sleep for a long time now.*" (M, female, 39)**
- **"*I don't sleep well. I have nightmares about work.*" (T, female, 50)**

Participants described difficulty disengaging cognitively from work and responsibilities, reflecting blurred boundaries between professional and personal life—a common feature of Singapore's productivity-driven environment. Importantly, sleep disturbance was often recognised as problematic, though tolerated due to competing obligations (Visvalingam et al., 2019). Rather than simply struggling to fall asleep, participants described a mind that remained active—rehearsing unresolved tasks, anticipating the next day, or manifesting workplace stress in their dreams. These experiences illustrate how deeply work identity is internalised, particularly among mid-career professionals navigating multiple responsibilities.

5.3. Subtheme 3.2: Eating Patterns and Somatic Sensitivity

Anxiety affected eating behaviours in varied ways, including overeating, loss of appetite, and gastrointestinal symptoms. These somatic responses were not ignored but actively noticed by participants, who showed a high degree of bodily self-awareness. Changes in eating patterns often functioned as unintentional emotion regulation strategies, signalling the body's response to unresolved psychological stress.

- **"*I moved houses and gained back all my weight.*" (L, female, 33)**

- **"*When I don't eat well, my gastric gets worse. It's a vicious cycle.*" (T, female, 50)**

Participants demonstrated strong awareness of bodily changes and frequently sought medical reassurance when symptoms became concerning:

"*When I had chest pain, I went to the doctor to check.*" (Y, female, 38)

This reflects Singapore's high health literacy and trust in its healthcare system, reinforcing the notion that anxiety is managed within a supportive institutional framework. The willingness to seek medical help for physical symptoms—rather than dismissing them—speaks to a proactive orientation toward health that is characteristic of Singapore's educated adult population.

5.4. Theme 4: Relational Sensitivity and Emotional Regulation

Theme 4 highlights how anxiety influenced interpersonal relationships through heightened emotional sensitivity rather than relational indifference. Participants' narratives reveal strong concern for relational harmony and emotional responsibility. Rather than depicting social dysfunction, relationship challenges reported by participants reflected a deep awareness of how their internal states affected those around them—a sign of emotional attunement and care, even when expressed as irritability or withdrawal.

Subtheme 4.1: Family Relationships and Emotional Self-Monitoring

Participants described becoming more reactive or withdrawn during anxious periods, often accompanied by guilt or self-awareness. Rather than being unaware of the impact on loved ones, participants were hyper-aware of emotional spillover—which itself speaks to the depth of their relational investment and their desire to protect family harmony.

- **"*My anxiety makes me very short-tempered with my son.*" (H, male, 35)**
- **"*We keep space and then come together when it's time to talk.*" (S, female, 40)**

These strategies reflect attempts to regulate emotional spillover and preserve family harmony—an important value in Singapore's collectivist cultural context. Creating deliberate space before returning to difficult conversations reflects thoughtful, reflective parenting and relational care rather than emotional neglect or disengagement.

Subtheme 4.2: Social Withdrawal as Emotional Containment

Withdrawal from friends and social activities was common during periods of heightened anxiety.

- **"*I ignore my relationships and go into my own shell.*" (L, female, 33)**
- **"*Being with friends took a backseat for a while.*" (T, female, 50)**

Rather than rejection of social ties, withdrawal functioned as emotional containment and a way to avoid burdening others—a culturally meaningful coping strategy. In Singapore's collectivist social context, where maintaining face and protecting others from one's emotional distress is normatively valued, such withdrawal can be understood as an act of social responsibility rather than isolation.

Participants showed discernment in how and when they re-engaged with social relationships, highlighting agency rather than dysfunction.

5.5. Theme 5: Resourceful and Multi-Modal Coping Strategies

Theme 5 captures participants' adaptive use of multiple coping strategies, reflecting agency, flexibility, and openness to support. Rather than relying on a single mechanism, participants drew on a diverse toolkit—mindfulness, professional help, creative expression, and nature-based practices—demonstrating both self-awareness and resourcefulness in managing emotional distress within the demands of Singaporean life.

Subtheme 5.1: Mindfulness and Self-Regulation Practices

Participants commonly engaged in mindfulness-based practices to regulate emotional states.

- "*I meditate every morning.*" (S, female, 40)
- "*I do breathing exercises.*" (K, female, 46)

These practices were integrated into daily routines, reflecting self-discipline and proactive care. Mindfulness-based practices were not passive or occasional activities but consistent habits that participants actively cultivated, recognising that emotional regulation requires regular, intentional investment. This aligns with Singapore's growing national emphasis on evidence-based mental health tools and holistic well-being initiatives.

Subtheme 5.2: Professional Help as Responsible Intervention

Several participants sought professional help when personal coping strategies were insufficient.

"*The work environment led me to seeing a psychiatrist and being on medication.*" (T, female, 50)

Help-seeking was framed pragmatically, reflecting confidence in Singapore's mental health infrastructure. Seeking therapy or psychiatric support was positioned not as a last resort or a sign of failure, but as a functional and responsible intervention. This reflects evolving attitudes toward mental health in Singapore, particularly among educated professionals, signalling a meaningful de-stigmatisation of formal psychological care.

Subtheme 5.3: Creativity and Meaning-Making

Creative and nature-based activities provided restorative spaces for emotional processing.

- "*When I'm stressed, I paint.*" (L, female, 33)
- "*Spending time in nature helps.*" (Y, female, 38)

These activities supported psychological recovery and aligned with Singapore's growing integration of arts and well-being initiatives. Creative pursuits and time in nature provided participants with restorative, non-verbal spaces for emotional processing—not merely as distractions, but as genuine sources of meaning-making and psychological renewal. These practices align with national efforts to integrate arts, community engagement, and wellness into mental health promotion,

reflecting a broader societal movement toward holistic well-being.

6. Discussion

This qualitative study is consistent with established theories of neuroticism: participants demonstrated heightened emotional reactivity, rumination, and sensitivity to perceived threats (Wong et al., 2009; Miller et al., 2009; Silverman et al., 2019). Anxiety was experienced as a continuous, dynamic experience influencing cognition, work engagement, physical health, interpersonal relationships, and self-concept (Hong, 2009). However, these characteristics also reflected deep engagement with personal responsibilities, social expectations, and long-term planning (Kim et al., 2025).

Importantly, the findings must be understood within Singapore's broader sociocultural and institutional landscape. Singapore is a highly structured, high-functioning society that places strong emphasis on responsibility, self-reliance, and contribution (Visaria & Chan, 2018). Participants' anxiety frequently emerged in response to these values, particularly in relation to career performance, financial planning, and family obligations. Rather than reflecting personal inadequacy, anxiety often represented conscientious striving within a demanding yet well-supported environment (Burgess & DiBartolo, 2015).

A notable finding was the tendency for participants to normalise stress and anxiety as part of everyday life. This normalisation can be interpreted not solely as avoidance of help-seeking, but also as an adaptive response in a society that emphasises resilience and functional coping from an early age (Laidlaw et al., 2015). Singapore's emphasis on maintaining productivity and stability may encourage individuals to manage distress independently before seeking formal support. Importantly, when distress intensified, participants demonstrated awareness of available support systems and were able to access professional care, reflecting the accessibility and credibility of Singapore's healthcare and mental health infrastructure (Chodavadia et al., 2023).

Relational withdrawal and selective social engagement were commonly reported, particularly among single participants. However, these behaviours often functioned as intentional emotional regulation strategies rather than indicators of social dysfunction (Schiess-Jokanovic et al., 2023). Participants demonstrated sensitivity toward preserving harmony in relationships, aligning with collectivist cultural norms that prioritise emotional restraint and respect for others. When support was sought, it was often purposeful and selective, highlighting discernment rather than isolation (Kim et al., 2008).

The use of creative and mindfulness-based coping strategies emerged as a key strength across participants. Engagement in art, music, nature, and reflective practices reflects Singapore's growing emphasis on holistic well-being and preventive mental health initiatives (Hashim et al., 2024). These findings align with national efforts to integrate arts, community engagement, and wellness into men-

tal health promotion. Participants' openness to therapy and professional support—particularly when stress became overwhelming—also reflects shifting societal attitudes and increasing acceptance of mental health care in Singapore (Ma et al., 2021).

Overall, the findings suggest that while individuals high in neuroticism are more vulnerable to anxiety, Singapore's structured environment, strong healthcare system, and evolving mental health policies provide important protective factors (Lee & Fung, 2025). Anxiety, in this context, appears not only as a challenge but also as a signal of engagement, responsibility, and adaptive striving within a highly organised society (Chan et al., 2023).

7. Conclusion

This qualitative study highlights anxiety as a deeply embedded yet meaningfully navigated lived experience among individuals high in neuroticism in Singapore. While personality-based vulnerability plays a role, participants' experiences were shaped equally by cultural values, social expectations, and economic realities. Importantly, these influences did not exist in isolation but within a society that actively invests in its people's well-being (Carriedo et al., 2024).

Singapore's robust healthcare system, expanding mental health services, and increasing public awareness initiatives provide a strong foundation for supporting individuals experiencing anxiety (Subramaniam et al., 2019). Participants' ability to recognise distress, articulate their experiences, and access professional and informal support reflects the effectiveness of these systems. Rather than depicting Singapore as a stress-inducing environment alone, the findings highlight a society that encourages resilience, self-reflection, and responsibility, while progressively reducing stigma around mental health care (Shafie et al., 2020).

The study also underscores the importance of preventive and strengths-based approaches to mental well-being. Encouraging proactive coping strategies—such as mindfulness, creative expression, and balanced social engagement—can further enhance emotional resilience among neurotic individuals. At the organisational level, continued emphasis on psychologically safe workplaces and supportive leadership can help individuals manage anxiety more sustainably (Chen & Huang, 2024).

In conclusion, anxiety among neurotic individuals in Singapore should be understood not merely as a mental health burden but as part of a broader adaptive process within a high-functioning, caring society. By continuing to integrate individual, workplace, and systemic approaches, Singapore is well-positioned to support mental well-being while maintaining its values of excellence, stability, and collective responsibility.

Limitations

This study has several limitations. First, the small sample size (N = 8) limits the generalisability of findings beyond this group. While the sample allowed for in-depth qualitative exploration, future studies should include a larger and more di-

verse sample across different socioeconomic backgrounds in Singapore. Second, potential selection bias exists because participants self-identified as emotionally sensitive and volunteered for the study, which may have attracted individuals already reflective about their anxiety experiences. Third, the findings are context-specific to Singapore and may not be fully transferable to other cultural or national settings. Further research using mixed methods or longitudinal designs could enhance transferability and causal understanding.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

References

Braun, V., & Clarke, V. (2006). Using Thematic analysis in Psychology. *Qualitative Research in Psychology, 3,* 77-101. https://doi.org/10.1191/1478088706qp063oa

Burgess, A. M., & DiBartolo, P. M. (2015). Anxiety and Perfectionism: Relationships, Mechanisms, and Conditions. In F. M. Sirois, & D. S. Molnar (Eds.), *Perfectionism, Health, and Well-Being* (pp. 177-203). Springer International Publishing. https://doi.org/10.1007/978-3-319-18582-8_8

Carriedo, N., Rodríguez-Villagra, O. A., Moguilner, S., Morales-Sepulveda, J. P., Huepe-Artigas, D., Soto, V. et al. (2024). Cognitive, Emotional, and Social Factors Promoting Psychosocial Adaptation: A Study of Latent Profiles in People Living in Socially Vulnerable Contexts. *Frontiers in Psychology, 15,* Article ID: 1321242. https://doi.org/10.3389/fpsyg.2024.1321242

Chan, A. Y., Tan, C. S., Chan, F. J. H., Soh, A. M. S. E., Chen, M. I., & Hildon, Z. J. (2023). Examining Resilience in Singapore in the Face of COVID-19 Community Restrictions. *Frontiers in Psychology, 14,* Article ID: 1082148. https://doi.org/10.3389/fpsyg.2023.1082148

Chang, S., Abdin, E., Shafie, S., Sambasivam, R., Vaingankar, J. A., Ma, S. et al. (2019). Prevalence and Correlates of Generalized Anxiety Disorder in Singapore: Results from the Second Singapore Mental Health Study. *Journal of Anxiety Disorders, 66,* Article ID: 102106. https://doi.org/10.1016/j.janxdis.2019.102106

Chen, J., & Huang, H. (2024). The Influence of Big Five Personality Traits on Depression and Suicidal Behavior. In *The Association between Depression and Suicidal Behavior*. IntechOpen. https://doi.org/10.5772/intechopen.1006564

Chodavadia, P., Teo, I., Poremski, D., Fung, D. S. S., & Finkelstein, E. A. (2023). Prevalence and Economic Burden of Depression and Anxiety Symptoms among Singaporean Adults: Results from a 2022 Web Panel. *BMC Psychiatry, 23,* Article No. 104. https://doi.org/10.1186/s12888-023-04581-7

Chong, S. (2007). Mental Healthcare in Singapore. *International Psychiatry, 4,* 88-90. https://doi.org/10.1192/s1749367600005257

Doren, N. V., Zainal, N. H., Hong, R. Y., & Newman, M. G. (2024). Examining Cross-Cultural Invariance of Common Mental Disorder Symptom Measures in the United States and Singapore. *Cognitive Therapy and Research, 49,* 415-424.

Hamaker, E. L., & Wichers, M. (2017). No Time Like the Present. *Current Directions in Psychological Science, 26,* 10-15. https://doi.org/10.1177/0963721416666518

Hashim, J., Yi, H., Foong, P. S., Tai, E. S., & Nolan, R. P. (2024). A Qualitative Study of

Daily Activities That Inform a Process-Based Model of Well-Being among Singaporean Adults. *Journal of Patient-Reported Outcomes, 8,* Article No. 12. https://doi.org/10.1186/s41687-024-00690-3

Hofmann, S. G., & Hinton, D. E. (2014). Cross-Cultural Aspects of Anxiety Disorders. *Current Psychiatry Reports, 16,* Article No. 450. https://doi.org/10.1007/s11920-014-0450-3

Hong, R. Y. (2009). Neuroticism, Anxiety Sensitivity Thoughts, and Anxiety Symptomatology: Insights from an Experience-Sampling Approach. *Cognitive Therapy and Research, 34,* 254-262. https://doi.org/10.1007/s10608-009-9231-4

Hsu, L., Fong, C., & Tripathi, S. (2024). "Navigating between Worlds: Understanding the Mental Health Dynamics of Corporate Expatriates in Multicultural Environments in Singapore": A Qualitative Study. *Psychology, 15,* 247-262. https://doi.org/10.4236/psych.2024.152014

John, O. P., Donahue, E. M., & Kentle, R. L. (1991). *Big Five Inventory*.

Kim, H. S., Sherman, D. K., & Taylor, S. E. (2008). Culture and Social Support. *American Psychologist, 63,* 518-526. https://doi.org/10.1037/0003-066x

Kim, H., Park, J., Kuhn, M., Kim, M. J., & Hur, J. (2025). Neuroticism Modulates Functional Connectivity of the Midcingulate Cortex during Emotional Conflict. *Scientific Reports, 15,* Article No. 13095. https://doi.org/10.1038/s41598-025-97529-8

Kirkbride, J. B., Anglin, D. M., Colman, I., Dykxhoorn, J., Jones, P. B., Patalay, P. et al. (2024). The Social Determinants of Mental Health and Disorder: Evidence, Prevention and Recommendations. *World Psychiatry, 23,* 58-90. https://doi.org/10.1002/wps.21160

Knight, B. G., & Sayegh, P. (2009). Cultural Values and Caregiving: The Updated Sociocultural Stress and Coping Model. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 65,* 5-13. https://doi.org/10.1093/geronb/gbp096

Kranton, R. E., & Thomas, D. (2025). Effort, Identity, and Employee Mental Health. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.5259647

Laidlaw, A., McLellan, J., & Ozakinci, G. (2015). Understanding Undergraduate Student Perceptions of Mental Health, Mental Well-Being and Help-Seeking Behaviour. *Studies in Higher Education, 41,* 2156-2168. https://doi.org/10.1080/03075079.2015.1026890

Lee, C. Y. S., & Fung, D. S. S. (2025). A Stepped Care Approach to Mental Health in Singapore: Challenges and Opportunities. *BMC Global and Public Health, 3,* Article No. 73. https://doi.org/10.1186/s44263-025-00196-0

Liu, Q., You, L., Yuan, Y., & Jiang, W. (2024). Development and Validation of a Neuroticism Scale: Assessment of Reliability and Validity. *Journal of Clinical and Basic Psychosomatics, 3,* Article No. 68. https://doi.org/10.36922/jcbp.3791

Luo, N., Fones, C. S., Thumboo, J., & Li, S. (2004). Factors Influencing Health-Related Quality of Life of Asians with Anxiety Disorders in Singapore. *Quality of Life Research, 13,* 557-565. https://doi.org/10.1023/b:qure.0000018484.89711.e2

Ma, Q., Parisi, J. M., Joo, J. H., & Gallo, J. J. (2021). Singapore Young Adults' Perception of Mental Health Help-Seeking from Mental Health Professionals and Peer Supporters. *Asian Journal of Psychiatry, 61,* Article ID: 102687. https://doi.org/10.1016/j.ajp.2021.102687

Miller, D. J., Vachon, D. D., & Lynam, D. R. (2009). Neuroticism, Negative Affect, and Negative Affect Instability: Establishing Convergent and Discriminant Validity Using Ecological Momentary Assessment. *Personality and Individual Differences, 47,* 873-877. https://doi.org/10.1016/j.paid.2009.07.007

Murayama, Y., Yamazaki, S., Hasebe, M., Takahashi, T., Yamaguchi, J., & Kobayashi, E. (2022). Psychological Factors That Suppress Help-Seeking among Middle-Aged and

Older Adults Living Alone. *International Journal of Environmental Research and Public Health, 19,* Article No. 10620. https://doi.org/10.3390/ijerph191710620

Pereira-Morales, A. J., Adan, A., Lopez-Leon, S., & Forero, D. A. (2018). Personality Traits and Health-Related Quality of Life: The Mediator Role of Coping Strategies and Psychological Distress. *Annals of General Psychiatry, 17,* Article No. 25. https://doi.org/10.1186/s12991-018-0196-0

Poremski, D., Kuek, J., Qi, Y., Li, Z., Yow, K. L., Eu, P. W. et al. (2021). A Longitudinal Qualitative Analysis of the Way Peer Support Specialist Roles Change over Time in a Psychiatric Hospital Setting in Asia. *Administration and Policy in Mental Health and Mental Health Services Research, 49,* 226-236. https://doi.org/10.1007/s10488-021-01158-y

Rothman, N. B., & Melwani, S. (2016). Feeling Mixed, Ambivalent, and in Flux: The Social Functions of Emotional Complexity for Leaders. *Academy of Management Review, 42,* 259-282. https://doi.org/10.5465/amr.2014.0355

Roystonn, K., Koh, Y. S., Shafie, S., Sambasivam, R., Vaingankar, J. A., Chong, S. A. et al. (2024). Understanding Major Depressive Disorder in Singapore: Insights from the Second Singapore Mental Health Study (SMHS 2016). *Journal of Affective Disorders, 364,* 295-304. https://doi.org/10.1016/j.jad.2024.08.046

Schiess-Jokanovic, J., Gösling-Steirer, C., Kantor, V., Knefel, M., Weindl, D., & Lueger-Schuster, B. (2023). "My Brain Freezes and I Am Blocked Again": The Subjective Experience of Post-Migration Living Difficulties Influenced by Complex Posttraumatic Stress Disorder of Afghan Asylum Seekers and Refugees in Austria. *PLOS ONE, 18,* e0288691. https://doi.org/10.1371/journal.pone.0288691

Shafie, S., Subramaniam, M., Abdin, E., Vaingankar, J. A., Sambasivam, R., Zhang, Y. et al. (2020). Help-Seeking Patterns among the General Population in Singapore: Results from the Singapore Mental Health Study 2016. *Administration and Policy in Mental Health and Mental Health Services Research, 48,* 586-596. https://doi.org/10.1007/s10488-020-01092-5

Silverman, M. H., Wilson, S., Ramsay, I. S., Hunt, R. H., Thomas, K. M., Krueger, R. F. et al. (2019). Trait Neuroticism and Emotion Neurocircuitry: Functional Magnetic Resonance Imaging Evidence for a Failure in Emotion Regulation. *Development and Psychopathology, 31,* 1085-1099. https://doi.org/10.1017/s0954579419000610

Stephens, C., & Breheny, M. (2018). *Healthy Ageing: A Capability Approach to Inclusive Policy and Practice*. Routledge.

Subramaniam, M., Abdin, E., Vaingankar, J. A., Shafie, S., Chua, B. Y., Sambasivam, R. et al. (2019). Tracking the Mental Health of a Nation: Prevalence and Correlates of Mental Disorders in the Second Singapore Mental Health Study. *Epidemiology and Psychiatric Sciences, 29,* e29. https://doi.org/10.1017/s2045796019000179

Sučević, M., & Kurtović, A. (2019). Cognitive Vulnerabilities to Anxiety. *Psihologijske Teme, 28,* 419-440. https://doi.org/10.31820/pt.28.2.10

Tan, C. C., Lam, C. S. P., Matchar, D. B., Zee, Y. K., & Wong, J. E. L. (2021). Singapore's Health-Care System: Key Features, Challenges, and Shifts. *The Lancet, 398,* 1091-1104. https://doi.org/10.1016/s0140-6736(21)00252-x

Visaria, A., & Chan, A. (2018). Intergenerational Relationships in Singapore: Emerging Trends over Time. *Innovation in Aging, 2,* 565. https://doi.org/10.1093/geroni/igy023.2090

Visvalingam, N., Sathish, T., Soljak, M., Chua, A., Dunleavy, G., Divakar, U. et al. (2019). Prevalence of and Factors Associated with Poor Sleep Quality and Short Sleep in a Working Population in Singapore. *Sleep Health, 6,* 277-287.

https://doi.org/10.1016/j.sleh.2019.10.008

Wong, S. S., Lee, B. O., Ang, R. P., Oei, T. P. S., & Ng, A. K. (2009). Personality, Health, and Coping. *Cross-Cultural Research, 43,* 251-279. https://doi.org/10.1177/1069397109335729

Wongpakaran, N., Pooriwarangkakul, P., Suwannachot, N., Mirnics, Z., Kövi, Z., & Wongpakaran, T. (2022). Moderating Role of Observing the Five Precepts of Buddhism on Neuroticism, Perceived Stress, and Depressive Symptoms. *PLOS ONE, 17,* e0277351. https://doi.org/10.1371/journal.pone.0277351

Woodgate, R. L., Tennent, P., & Legras, N. (2021). Understanding Youth's Lived Experience of Anxiety through Metaphors: A Qualitative, Arts-Based Study. *International Journal of Environmental Research and Public Health, 18,* Article No. 4315. https://doi.org/10.3390/ijerph18084315

Yip, C. C. E., Machin, T., & Wah Goh, Y. (2024). A Qualitative Study on Workplace Mental Wellbeing in the Singapore Context. *The Qualitative Report, 29,* 1981-2015. https://doi.org/10.46743/2160-3715/2024.6795