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Summary
The Relations Between Stigmatization and Mindfulness with Psychological Well-Being Among Working Women Diagnosed with Breast Cancer: The Role of Resilience

Hatem Öcel

Maastricht University

Research has shown that healthy employees and healthy organizations go hand in hand. Employee well-being has been associated with increased competitive advantage, productivity, performance, and customer satisfaction, as well as decreased absenteeism, turnover and health-care costs (e.g., Aldana, 2001; Browne, 2000; DeJoy & Wilson 2003; Grawitch et al., 2006; Noblet & LaMontagne, 2006; Wright et al., 2007). Cancer diagnosis and treatment, and their sequelae are typically thought of as adverse experiences. According to research statistics (Turkish Cancer Statistics, 2016), in 2013, 103.070 men and 71.233 women had been diagnosed with cancer in Turkey. Data from the same study indicate that a substantial portion of cancer survivors are in their working age (i.e. 25 – 49). While breast cancer is the most prevalent (33.7%) type of cancer among women; trachea, bronchi and lung cancer (14%) are most prevalent among men (Turkish Cancer Statistics, 2016). A substantial portion of patients diagnosed with a curable malignancy want to go back to their "normal life". Employed women with breast cancer face several challenges as they recover from treatment and attempt to return to the workplace. During this recovery period, some factors can help their healing and well-being such as support received from the family and friends, awareness (Ledesma & Kumano 2009; Shennan & et al. 2011), and resilience; while some other factors could impair their well-being such as stigmatization (Varni, Miller, McCuin & Solomon, 2012). Thus far, many studies have focused on well-being among cancer patients (e.g., Ablett & Jones, 2007; Chambers et al., 2015; McDonough, Sabiston, & Wrosch, 2013) but there is no comprehensive model about antecedents of well-being of employees who are diagnosed with breast cancer. In this study it was expected that psychological well-being would be predicted by mindfulness and stigmatization through moderating role of resilience.

There is no doubt that being diagnosed with cancer is among the most stressful life events. Cancer has an effect on all aspects of an individual's health including physical, functional, psychological/cognitive, social, economic, and spiritual aspects (Aziz & Rowland, 2003). Most studies showed that cancer survivors exhibit greater psychological distress, poorer mental health, and poorer social well-being compared to those without a cancer history (Arndt, Merx, Stegmaier, & Ziegler, 2004; Baker, Haffer, & Denniston, 2003; Costanzo, Ryff, & Singer, 2009; Hewitt, Rowland, & Yancik, 2003; Rabin et al., 2007). There is an increasing body of knowledge, which supports the notion that resilience is strongly associated with psychological well-being (Manne et al., 2015; Zlatar et al., 2014).

In their study Zlatar et al. (2014) mentioned that within older cancer survivors, higher subjective well-being was significantly correlated with greater mental functioning, resilience, optimism, personal mastery, and lower cognitive performance, whereas lower subjective well-being was associated with more depressive symptoms, anxiety, perceived stress, and greater number of life events. Antoni and Goodkin (1988) examined the notion of resilience in the context of cancer and they have showed that resilient patients were more optimistic and employed more active coping styles. Similarly, Aspinwall and Clark (2005) found significant effects of resilience on psychological well-being among cancer survivors. According to the results of Manne et al. (2015) study, being resilient is associated with a high level of well-being. The concept of resilience helps us to understand why one person reacts with symptoms to an objectively minor event when someone else may not experience distress even in the face of apparent major disruption. Resilience is thought to be a key characteristic

Address for Correspondence: Assoc. Prof. Hatem Öcel, Maastricht University, Faculty of Psychology and Neuroscience, Maastricht, The Netherlands.
E-mail: hatemocel@hotmail.com

of individuals that facilitates positive well-being in the face of the myriad of negative life events that individuals face in their lives (Dyer & McGuinness, 1996).

There is empirical evidence of the role of mindfulness in reducing stress and improving health outcomes across conditions as diverse as cancer (Carlson, Speca, Faris, & Patel, 2007). In their study, Garland, Gaylord and Park (2009) proposed that mindfulness may facilitate and strengthen coping capacity for positive reappraisal. A mindful person is one who has heightened awareness of the present reality and gives focal attention to living the moment (Roche, Haar, & Luthans, 2012). The recent surge of clinical research attests to its beneficial psychological properties, specifically providing evidence of its positive relationship with one's well-being (Brown & Ryan, 2003; Weinstein & Ryan, 2011). Currently, mindfulness is seen as one of the potential valuable well-being resources for employees (Leroy et al., 2013; Weinstein & Ryan, 2011), but has not yet been analyzed in relation to other potential resources of well-being such as stigmatization and resilience.

Health-related stigma is associated with negative psychological and quality of life outcomes in cancer patients (Chambers et al., 2015). When people internalize stigma, it becomes part of their world view that they may experience shame, low self-esteem, reduced social networks and come to expect fear and rejection, leading to a compromised quality of life and poorer mental well-being (Link & Phelan, 2001). Several studies indicate that cancer patients feel stigmatised because of their disease status (Fife & Wright, 2000; Rosman, 2004; Wilson & Luker, 2006). According to Scambler (1998) being stigmatized lead to an impairment in quality of lives of patients.

Compared with women facing cancers, such as breast cancer, relatively little is known about mindfulness, stigmatization and resilience as well as other factors related to psychological well-being in employed patient population. In this study, the potential moderating effect of resilience on the relationship between mindfulness, stigmatization and the well-being of breast cancer survivors has been examined.

Method

Participants

The participants were selected from women who had been diagnosed with breast cancer and were employed at the time of diagnosis. Cancer survivors attending a medical oncology clinic (on different days) were asked to participate in this study. Survivors were being treated or in attendance at a follow-up appointment. In order to control for severity of disease, patients with Stage III or IV metastatic disease were not included. Participants ranged from 25 to 56 years in age (M = 40.38, SD = 7.09). Most of the participants (67.8%) were married; 20.6% were living alone. In total, 7.6% of the participants had primary degree, 12.4% high school degree, 45.3% college degree, 21.2% master degree and finally 2.4% of them had a PhD.

Measures A questionnaire set was used for data collection. Whenever possible, short or abbreviated forms of measures were used in order to limit the time burden on participants.

Demographic Form. This form included questions concerning age, occupation, education level, marital status etc.

Resilience. The Connor-Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003) is a 25-item scale measuring the ability to cope with adversity. In the present study, 10-item CD-RISC by Campbell-Sills and Stein (2007) was used because this reduced version showed excellent psychometric properties. The scale items reflect the ability to tolerate experiences such as change, personal problems, illness, pressure, failure, and painful feelings. Respondents rate items on a scale from "0" (*not true at all*) to "4" (*true nearly all the time*) such as, "I can deal with whatever comes". Higher scores indicate higher degrees of resilience. It is recommended by the authors to use this instrument as a unifactorial scale. Cronbach's alpha value for the scale was .92.

Well-being. The Flourishing Scale (Diener et al., 2010) is an 8-item self-report measure of flourishing (social-psychological prosperity). This scale is a new measure of well-being and it was called Psychological Well-being in an earlier publication, but the name was changed by Diener et al. (2010) because the scale includes content that goes beyond psychological aspects of well-being. Respondents are required to respond to each item (e.g., "I lead a purposeful and meaningful life") using a 7-point Likert scale (*1 = strongly disagree, 7 = strongly agree*). Higher scores are representative of higher psychological well-being. Cronbach's alpha value for the scale was .80.

Perceived stigma. Perceived stigma was measured with one item scale developed by Else-Quest, LoConte, Schiller and Hyde (2009). Based on thoughts and emotions informally described by patients at support group meetings, it was developed as an item to assess a patient's sense of being stigmatised or blamed for her cancer. Participants rated their agreement with the statement, "People judge me for my type of cancer," from "1" (*strongly disagree*) to "5" (*strongly agree*). Higher scores indicate higher degrees of perceived stigma.

Mindfulness. Mindfulness was measured through Mindful Attention Awareness Scale (MAAS) developed by Brown and Ryan (2003). This 15-item self report scale

measures the frequency of mindful states in day-to-day life, using both general and situation specific statements. Higher scores indicate greater mindfulness. Participants answered each item on a 6-point scale (*1 = Almost Always, 2 = Very Frequently, 3 = Somewhat Frequently, 4 = Somewhat Infrequently, 5 = Very Infrequently and 6 = Almost Never)* such as, "I could be experiencing some emotion and not be conscious of it until some time later". Cronbach's alpha value for the scale was.97.

Procedure

Scales were administered to the patients in the medical oncology clinics. The study was carried out in compliance with the ethical guideline, the design and materials were approved by the Ethics Committee of Karabük University.

Results and Discussion

In this study, regression analyses were done to the test the relationship between mindfulness, resillience, stigmatization and psychological well-being. Results showed that stigmatization was not predicted psychological well-being. On the other hand mindfulness (β = .58, t = 8.18, SH = .04, p < .001) and resillience (β = .40, t = -4.80, SH = .13, p < .001) predicted psychological well-being.

A series of multiple regression analyses were run in order to test the moderator role of resilience between mindfulness, stigmatization and psychological well-being. Moderator regression analyses were conducted based on Aiken and West's (1991) advices. The independent variables and the moderator variable were standardised, and the product term was calculated using the standardised scores. The significant results were reported in here and the simple regression slopes are given in Graphics.

The first moderated regression analysis showed that resilience moderated the relationship between mindfulness and psychological well-being (β = -1.68, t = -4.24, ΔR^2 = .05, $\Delta F_{6,129}$ = 17.98, p < .001). These results fully parallel with mindfulness may facilitate well-being through self-regulated activity and fulfillment of the basic psychological needs for autonomy (self-endorsed or freely chosen activity), competence, and relatedness (Hodgins & Knee, 2002). Ryan and Deci (2000) pointed out that mindfulness might be important in disengaging individuals from automatic thoughts, habits, and unhealthy behavior patterns and thus could play a key role in fostering informed and self-endorsed behavioral regulation, which has long been associated with enhancement of well-being. In addition, this study shows similarities with Deci and Ryan (1980) that awareness may be especially valuable in facilitating the choice of behaviors that are consistent with one's needs, values, and interests.

The findings have shown that resilience moderated the effects of stigmatization on psychological well-being (β = .84, t = 3.26, ΔR^2 = .04, $\Delta F_{6,129}$ = 10.67, p < .001). These results are consistent with Link and Phelan (2001) study that when people internalize stigma it becomes part of their worldview; they may experience shame, low self-esteem, contracted social networks and come to expect fear and rejection, leading to a compromised quality of life and poorer mental well-being. These findings are in line with the looking glass self theory (Cooley, 1902). This theory states that self-concept develops through interactions with others and is a reflection of those others' appraisals of oneself. According to this perspective, stigmatized people who are aware that they are regarded negatively by others should incorporate those negative attitudes into the self-concept and, consequently, should be lower in self-esteem.

The results have shown that resilience of working women, who diagnosed with breast cancer, has a moderator role between stigmatization, mindfulness and psychological well-being. This finding confirmed earlier assumptions and findings about that resilience can reduce adversity (Ablett & Jones, 2007; Dyer & McGuinness, 1996). Patients reporting more resilience experienced a higher psychological well-being. The study enriches the literature on resilience by identifying possible strategies that resilient women diagnosed with cancer may utilize to maintain their psychological well-being during their cancer experience. Consistent with the literature (Fredrickson, 2001; Manne et al., 2015) results of this study showed that resilient women reported that they were using positive emotional expression, positive reappraisal, and cultivating a greater sense of inner peace and meaning in their lives. In general, the results indicate that patients' resilience have a moderator role between mindfulness, stigmatization and psychological well-being. This is the first study to explore possible antecedents of psychological well-being among working women who diagnosed with breast cancer in Turkish sample. This study advances our understanding of how resilient individuals cope with a severe life stressor and still increase their well-being.

There are limitations of this study that should be taken into consideration. First limitation is that this study was a cross-sectional design, and so causality could not be assumed. Experience of cancer may increase or decrease resilience and psychological well-being over time. Longitudinal research is needed to shed light on the causal ordering. Second limitation is that the sample was restricted to breast cancer survivors. In addition, be-

cause this study focused on breast cancer survivors who continued to work, the sample consist only of working females that the results can not be generalized to all cancer survivors.

In conclusion, despite these limitations the current study provides an empirical framework for the researchers through testing the moderating effects of resilience between mindfulness, stigmatization and psychological well-being in a sample of working women who diagnosed with breast cancer. These findings may help to design effective labour law or work conditions aimed at improving psychological well-being for people with chronic diseases such as cardiovascular disease, cancer, chronic respiratory disease, diabetes and so.