



**RESEARCH PAPER**

## **Pain Catastrophizing and Death Anxiety in Patients with Breast Cancer**

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### **ABSTRACT**

The purpose of the present study was to assess the role of pain catastrophizing and death anxiety in patients with breast cancer. The objectives of this study are to investigate the effect of death anxiety in patients with breast cancer, to investigate the effect of pain catastrophizing in patients with breast cancer and to identify the relationship between death anxiety and pain catastrophizing in patients with breast cancer. Among numerous infections which are deadly tumor is one of these diseases. It is fundamentally the after effect of familiar up brings and spread of cells which are not ordinary. Pain catastrophizing is one of the most commonly cited factors that are powerfully linked with breast cancer fear. Death anxiety is a second factor, the most common system in breast cancer and commonly connected with anxiety. It is, consequently, necessary to recognize factors likely to manipulate the pain catastrophizing of patients in such a death anxiety situation. The sample comprised of 87 participates from Oncology department of Sheikh Zayed Hospital Rahim Yar Khan. The sample of this study was determined by the using software, Daniel-Soper. Research process consisted of cross- sectional research design by using purposive sampling technique. First hypothesis of this research is pain catastrophizing and death anxiety would be positively correlated in patients with breast cancer. Second hypothesis, those patients who have low qualification would be lower on death anxiety and pain catastrophization then high qualified patients. The results of this study were that pain catastrophizing is positively correlated with death anxiety in breast cancer patients. This study also indicates that patients of breast cancer showing strong relation with pain catastrophizing and death anxiety. The level of pain catastrophizing and death anxiety is strongly linked with higher pain and anxiety those patients who have less qualified then higher qualified patients in breast cancer. Consequently, a clinical implication of this study is that the forecast of having higher levels of pain catastrophizing and death anxiety for the duration of a stressful persistent breast cancer treatment may possibly give therapeutic goals for organization not only on the whole reaction to cure but too the flow of cognitive and affectional proceedings that eventually persuade the patient's cure experience and pain insight.

**Keywords:** Pain Catastrophizing, Death Anxiety, Breast Cancer

### **Introduction**

Among many diseases which are fatal cancer is one of these diseases. It is basically the results of fluent up bring and spread of cells which are not normal. There are numerous reasons which are viewed as outside reasons, for example, tobacco, irresistible, living beings, and an undesirable eating regimen, and inner reasons, for example, acquired hereditary transformations, hormones and resistant framework (American Cancer Society, 2015).

Breast cancer is a kind of cancer which affects lobules that is organ for milk creation. It affects the organs and tissues with the passage of time when it grows to a substantial

quantity (American cancer society, 2009). To explain the spread of breast cancer biologically (continuous breast pain) and psychosocial (pain catastrophizing, expectant tension, social support) elements should be taken into consideration (Kornguth et al., 2000).

Cell development and division is an important capacity of the body all together that development and repair of body tissues can occur. In any case, when the cells that make up the bosom tissue neglect to pass on and rather perpetually isolate bosom growth is the outcome. This unrestrained development produces tumors recognized like neoplasms. These essential tumors might possibly be felt or found as a bosom bump or different misshapeness of the bosom (e.g. spilling areola, skin dimpling and change in skin shading or surface) (Breast Cancer Care, 2010).

A study shown that depression and depressive symptoms most of the time cancer is under treated in women with breast cancer (Somerset et al., 2004). In 2006 National cancer institute reported that breast cancer is more common in women than in men. In Pakistan situation is more deplorable due to malignancy medications, anxiety and bleakness (Roy-Byren et al., 2008). Around the global breast cancer is increasing very rapidly in 2008, 182,000 women found breast cancer in America (American Cancer Society, 2008). In USA the breast cancer is most common malignancy. More than 40,000 deaths are caused by breast cancer in women (Hajj et al., 2002).

Pain is the most consistent symptoms experienced by cancer patients (Bishop & War, 2003). Gate theory of pain explains pain as a variable affected by psychological factors and it deals with pain adaptation (Melzack & Wall, 1965). Pain catastrophizing is a mental stressor characterized by estimate and limit of pain (Sullivan et al., 1995). Pain catastrophizing is a cognitive error in which individuals have a great feeling of pain than actual pain (Sullivan et al., 2001). There are three factors of PSC such as rumination, magnification and helplessness (Osman et al., 1997, 2000; Van Damme et al., 2002). Breast cancer pain is complicated and can show more symptoms as inflammatory, ischemic and compressive etc. Emotional and thinking aspects of cancer pain may be extremely influenced to pain (Folly, 2005).

Anxiety as a mood is linked with future negative events (Barlow, 2002). Death anxiety is the situation in which person feels fear of death (Carpenito-Moyet, 2008). Most by far of the chest sickness patients portrayed uneasiness as "a mental condition." Worry, strain, fear, and push are interrelated to the pressure and trouble among them. Uneasiness enormously influences the notion chest tumor patients and it prompts anomalous condition of methods for managing stress (Baqtayyan, 2012). The bigger piece of breast cancer patients have practically identical fears; anxiety of distress, passing, loss of control and limit. These fears may incite persisting and disheartening; it is clear the inconvenience went up against by development patients when they have to encounter their lives with the risk of their approaching passing always present (Sigal et al., 2008).

Worldwide, the occurrence speed of breast cancer varies to the highest degree and still the most broadly acknowledged cause for death in females. This study explores the relations with breast cancer and its related different psychological issues. So, this purpose we choose two psychological factors, pain catastrophizing and death anxiety. The reason of the present research was to identify the effect of pain catastrophizing and death anxiety in patients with breast cancer. A lot of epidemiological studies in which breast cancer and death anxiety has been discussed. Pain and chronic pain in cancer patients has been discussed also. In Pakistan I have never seen any study in which both psychological factors are present in breast cancer patients like pain catastrophizing and death anxiety. So, I choose this study in which worked both issues pain catastrophizing and death anxiety in patients with breast cancer. Therefore, the statement of problem develops.

## Literature Review

Most imperative mental indicators of clinical and test torment reactions may be maladaptive or negative style of adapting techniques, the most considered of which is catastrophizing. In agony explore, catastrophizing has been comprehensively characterized as "a misrepresented negative mental set conveyed to endure amid genuine or foreseen torment understanding". Significant studies have demonstrated that people who catastrophize encounter more torment and enthusiastic trouble in light of an extensive variety of clinical conditions and aversive test techniques than the individuals who don't catastrophize. For sure, catastrophizing has been accounted for to represent seven to 31% of the fluctuation in agony appraisals (Sullivan et al., 2001) a. For sure, catastrophizing develops in the writing as a standout amongst the most intense indicators of agony when all is said in done (Keefe et al., 2004).

Catastrophizing is generally perceived as a critical hazard considers, not just for improved torment reports, additionally for unfavorable torment related results. Catastrophizes show longer recuperation after surgery from aggregate knee substitution (Kendell et al., 2001), more side effect numbers and seriousness in upper respiratory tract ailment (Devoulyte & Sullivan, 2003), more authority discussion, utilization of torment medicine and truancy on the other hand work inability in musculoskeletal torment (Severeijns et al., 2004), larger amounts of useful in capacity/decreased day by day exercises (Whyte & Carroll, 2004; Swinkels et al., 2006; Somers et al., 2009), diminished postnatal social working (Goldstein et al., 2005), more prominent attentional impedance in a sound-related segregation assignment (Vancleef & Diminishes, 2006), more open and defensive torment practices in unending musculoskeletal agony sufferers in a reenacted word related lifting errand (Thibault et al., 2008), poor physical recuperation after work (Flink et al., 2009), more prominent enthusiastic misery in musculoskeletal agony (Turner, Jensen and Romano, 2000; Lee et al., 2008) and in malignancy torment (Bishop & Warr, 2003) what's more, more elevated amounts of facial torment expressions/verbalizations in unending torment (Vervoort et al., 2009).

Different agony adapting techniques, for example, catastrophizing, redirecting consideration, reinterpretation, and dynamic and inactive adapting, have been examined in tumor patients yet the connection amongst torment and these adapting methodologies is not obvious due to conflicting conclusions, and more explanation is required (Lin, 1998; Diocesan & bWar, 2003).

A positive relationship amongst catastrophizing and torment is the doubtlessly. Self-adequacy (SE) is another rising mental component that can clarify the variety in agony between disease patients. Few studies have analyzed SE in disease patients, however a reliable solid relationship amongst SE and torment has been accounted for in patients with perpetual torment (Keef et al., 2005).

Psychology research and medication alike have concentrated on keeping individuals alive and anticipating suicide and death. In any case, little accentuation and training in the social insurance field has concentrated on the way toward passing on. The investigation of death in brain science authoritatively started amid a conference composed by Herman Feifel at the 1956 American Mental Association meeting (Feifel, 1990; Moraglia, 2004). Not long after, Feifel (1959) distributed a book, *The Meaning of Death*, which laid out the ways numerous conspicuous analysts pondered the way of death at the time. For the period of 1960s and 1970s, different essayists and thinkers expounded on human practices identified with death demeanors.

Feifel contended that American society had little resistance for talks of death, confirm by the forbidden way of the subject of death, like sex and growth at the time. Most remarkable, at the time, examining passing with patients battling with a breast cancer was

considered to create encourage injury. Nonetheless, when asked, patients reported a need and yearning to discuss their fears of death and their withering procedure (Feifel, 1959).

Breast cancer ailment who reported requiring somebody who might listen to their feelings of trepidation and goals connected with death, Kübler-Ross (1969) asked medicinal services experts to converse with patients about dying the procedure. She imagined the part of the advisor as a non-judgmental audience who helped patients deal with their passing. Kübler-Ross suggested that patients waver between death refusal and passing affirmation, and specialists ought to encourage the wavering procedure with the expectation that patients will in the long run acknowledge their passing also, kick the bucket gently. Kübler-Ross has been credited for changing the way social insurance experts, including specialists, see kicking the bucket people. Fundamentally, she asked others to see normal, not as a sickness (Manis & Bodenhorn, 2006).

A cross-sectional late study led on 219 growth patients' male and female who knew about their propelled malignancy conditions. The motivation behind this study was to investigate the connection of death tension between Taiwanese tumor patients. Members were requested that answer three polls that incorporated: a demographic questionnaire, Purpose in Life scale, and Templar Death Anxiety Scale. Information was breaking down by utilizing the stepwise different relapse investigation. The outcome showed that normal score of death uneasiness was 44.79 that demonstrated that the dread of malignancy and back slide greatly affected level of death nervousness. Phase of introductory conclusions was exceedingly connected with nervousness and demonstrated that individuals who were recently determined to have malignancy had bigger dread of death than other growth patients (Tang et al., 2011).

### **Hypotheses**

H1. Pain catastrophizing and death anxiety would be positively correlated in patients with breast cancer.

H2. Those patients who have low qualification would be higher on death anxiety and pain catastrophizing than high qualified patients.

### **Material and Methods**

#### **Participants**

In this study, 87 patients with breast cancer were selected from Oncology Department of Sheikh Zayed Hospital Rahim Yar Khan. The sample of this study was determined by the using software, Daniel-Soper. The sample of the study was drawn by the respective formula.

Anticipated effect size ( $f^2$ ): 0.15

Desired statistical power level: 0.8

Number of predictors: 3

Probability level: 0.05

Minimum required sample size: 76

Addition: 11 respondents

Total size: 87

The age range of participants was 25 to 55 years. In inclusion criteria breast cancer patients if they have pathological diagnosed patients of breast cancer were included in the sample frame. They had attended at least 3 chemotherapy sessions were included in the study. They were able to easily read write and understand Urdu language. The data collection was completed from May, 2016 until July, 2016.

Any females who have breast cancer, but she had treated through medication or more than 08 chemo sessions were excluded from the study. They were suffering from some other medical or psychiatric issues were excluded from the study. There were two questionnaire scale were used in this study to measure the psychological distress among breast cancer patients.

## **Instruments**

### **Data Demographic Sheet**

The demographic information included name (optional), age, gender, education, occupation, area of residence, and monthly income (personal or family). This information collects from patients.

### **Pain catastrophizing scale**

This scale was developed by Sullivan (1995). Pain Catastrophizing Scale is a 13-item to measure level of pain. It has three subscale magnification, rumination and helplessness. The PCS requires an interpretation stage of Grade 6. The PCS directives request participants in the direction of reproduction resting on past painful experiences. This is 5-point scales. The PCS total score is computed by summing responses to all 13 items. PCS total scores range from 0 – 52.

The validations of the three-item formation of the PCS were simulated in university undergraduate participant (Osman et al., 1997) and sport applicants (Sullivan, Tripp, Rodgers & Stanish, 2000). The internal reliability coefficient of the scale is accounted as high as 0.87, while the test-retest validity coefficient is maintained to be 0.75 (Sullivan et al., 1995).

### **Death anxiety scale**

This scale was developed by Templer's (1970). It has 15-item to measure death anxiety (Abdel-Khalek, 1991, 2005; Abdel-Khalek, Beshai, & Templer, 1993; Abdel-Khalek & Omar, 1988; Donovan, 1993; Lester & Castromayor, 1993; Ray & Raju, 2006; Schumaker et al., 1988). This is 5- point scale. The Death Anxiety Scale total score is computed by summing responses to all 15 items. Total scores range from 15-75.

Mild level =15-35, moderate level =36-55, and sever level =56-75. Therefore, high score expose high death anxiety.

Death Anxiety Scale-Urdu (DAS-U) has sufficient reliability and validity. Factor investigation demonstrated many-sided formation for the DAS-U, standing in brain the contradictory psychometric uniqueness; it can be utilized in researches as regards death anxiety (Saleem, Gul & Saleem, 2015).

## **Procedure**

Research process consisted of cross sectional research design by using purposive sampling technique. A purposive sample of 87 patients with breast cancer will be drawn from Oncology department of Sheikh Zayed Hospital Rahim Yar Khan. First of all we taken

permission from the relevant department after that we collected data. Two instruments were selected Pain catastrophizing scale and Death Anxiety Scale. Permission from the concerned author it was taken then study started. We were build rapport to the patients. Before data collection we had taken structured clinical interview for disorders on the basis of DSM-V in which we taken complete history of the patient to check either he/she has any psychological problem or not then fill the data demographic sheet to the patient. After that we taken 10 minutes gape, 15 to 20 mints used for one patient. First Pain catastrophizing scale administered and then Death Anxiety Scale. After the completion of this questionnaire we said thank to the patient for their great cooperation.

### **Statistical Analysis**

Data was analyzed using SPSS (Statistical Package for Social Sciences) with its current version official name is being IBM SPSS Statistics. Statistical tools as frequency distribution, mean, SD, Regression Coefficient, Correlation Coefficient, t-score and ANOVA were used in the current study to analyze data.

### **Operational Definitions**

#### **Breast Cancer**

Breast cancer is a cause of development irregularity in the cells of breast consequential in change in regularity of the breast tissues. This irregularity develops generally in the internal facing of the milk ducts or lobules

#### **Pain Catastrophizing**

An overstated negative mind position conveyed to tolerate for the duration of real or estimated painful event (Griswold et al., 2005).

#### **Death Anxiety**

Neimeyer, Moser, and Wittkowski (2003) cleared death anxiety "like a shorthand description for a bunch of death feelings distinguished by dread, danger, worry, and analogous unenthusiastic emotional responses, in addition to anxiety in the psychodynamic logic as a type of disperse dread that has no obvious item"

### **Ethical Considerations**

Before conducting research, it is important to consider 3 things ethically. Before administered of the scales we were taken permission from the patients. We were promised the patients that their information in the process of data collection would not be shared with others. We were informed the patients that their name would not be discussed with others or their data was used in research without their own name.

The patients were given verbal and on paper scheme information and gave printed informed consent by getting the scales. Confidentiality was guaranteed from side to side a coding method, with figures changing person's names. The talks were reserved severely secret in harmony with the moral guiding principle. Throughout the interviews the plan was to produce an environment of faith so that contributors would think open to split their incidents, deliberations and emotions. The lady's requires for sentimental defense was valued by not lodging too extremely on frightening problems, captivating into contemplation the information that the day previous to operation was predominantly tenseful. An understanding with the outpatient hospital was made where the lady were obtainable a particular transcribe discussion with experts behind the interview if required. Not any appealed it. The majority observers impulsively accounted that the discussions had

been helpful for them. As the consultations took place on days when the patients had to come to the sanatorium anyway they were not loaded by an additional appointment.

## Results and Discussion

This chapter contains all the results and analysis for surveyed data which is collected from the target population. The main objective of this study is to investigate the effect of death anxiety in patients with breast cancer and to investigate the effect of pain catastrophizing in patients with breast cancer and also to identify the relationship between death anxiety and pain catastrophizing in patients with breast cancer. For this a sample of 87 females is selected at random. The study based on questionnaire survey method and two scales are used in under study thesis for the collection of data. Higher the score of an individual indicates the more attitudes toward under study topic and vice versa. The collected data is analyzed and compiled for results in the Statistical Package for Social Sciences (SPSS).

**Table 1**  
**Frequency distribution of sample according to Qualification of Respondents**

Qualification	Frequency	Percent	Cumulative Percent
Under matric	8	9.2	100.0
Matriculation	18	20.7	90.8
Intermediate	23	26.4	70.1
Graduation	15	17.2	43.7
Master Degree	23	26.4	26.4
Total	87	100.0	

*Note.* The above table represents frequency distribution of overall sample according to qualification of respondents. From the overall sample 9.2% females are under matric in education, 20.7% respondents having matric education, 26.4% people are intermediate in education, 17.2% are graduates and remaining 26.4% females having master degree.

**Table 2**  
**Frequency distribution of Respondents according to their Socio Economic Status**

Social Status	Frequency	Percent	Cumulative Percent
Lower class	27	31.0	31.0
Middle class	60	69.0	100.0
Total	87	100.0	

*Note.* The table represents frequency distribution of entire sampled women according to their socio economic status. From the overall sample of 87 females 31% women belong to lower economic class whereas other 69% women belong to middle class of society.

**Table 3**  
**Descriptive Statistics for all the concerned Variables under study in this Thesis**

Variables	N	Minimum	Maximum	Mean	Std. Deviation
Age (in years)	87	30	51	41.83	5.79
Pain Catastrophizing scale	87	26	44	34.24	4.74
Death Anxiety scale	87	36	66	43.72	3.84

*Note.* In the above table descriptive statistics of all concerned variables are discussed. The age of sampled women varies from 30 to 50 years and average age is 41.83 years with standard deviation 5.79. The average score of Pain Catastrophizing scale is 34.24 with std. deviation 4.74 and the average death anxiety score is 43.72 with std. deviation 3.84.

**Table 4**  
**Comparison of Pain Catastrophizing scale of Women according to Qualification**

Qualification	N	Minimum	Maximum	Mean	Std. Deviation
Under matric	8	34	42	38.13	2.99
Matriculation	18	27	44	34.72	5.29
Intermediate	23	26	42	34.74	5.29
Graduation	15	26	42	33.87	4.76
Master Degree	23	27	42	32.26	4.61

Significance of ANOVA P-value = 0.037

*Note.* The ANOVA above table shows comparison of Pain Catastrophizing scale according to the qualification of women. The average score of under matric women is 38.13, average score of matriculation women is 34.72, average score of intermediate women is 34.74, average score of graduate women is 33.87 and the average score of master degree holder women is 32.26. Hence the level of pain catastrophizing varies according to qualification of women. The p-value for ANOVA is 0.037 shows the test is significant at 5% level of significance.

**Table 5**  
**Comparison of Death anxiety scale of Women according to Qualification**

Comparison of Death anxiety score of women according to Qualification					
Qualification	N	Minimum	Maximum	Mean	Std. Deviation
Under matric	8	42	51	44.63	2.925
Matriculation	18	40	50	44.11	2.805
Intermediate	23	39	50	43.00	2.892
Graduation	15	38	49	43.53	3.182
Master Degree	23	36	66	43.96	5.748

Significance of ANOVA P-value = 0.823

*Note.* The ANOVA above table shows comparison of death anxiety scale according to the qualification of women. The average score of under matric women is 44.63, average score of matriculation women is 44.1, average score of intermediate women is 43.00, average score of graduate women is 43.53 and the average score of master degree holder women is 43.96. Hence the level of death anxiety varies according to qualification of women. The p-value for ANOVA is 0.823 shows the test is not significant at 5% level of significance.

**Table 6**  
**Relationship between Pain Catastrophizing and Death Anxiety**

Dependent Variable	R Square	Std. Error	Regression	T-Score	P-value
Death Anxiety	0.141	3.58	0.305	3.74	0.000

#### P < 0.05 Predictors: Pain Catastrophizing scale

The above table shows strength of relationship between the catastrophizing and death anxiety of target population with breast cancer. Regression analysis is used to check the dependence of death anxiety on the pain catastrophizing. For this value of R-square are 0.141 shows the variation, value of regression coefficient is 0.305 showing the positive relationship. The test is significant at 5% level of significance with p-value 0.000.

**Table 7**  
**Bivariate Correlation between Pain Catastrophizing and Death Anxiety**

Bivariate Correlation between Pain Catastrophizing and Death Anxiety			
Correlations		Pain catastrophizing scale	Death Anxiety Scale
Pain catastrophizing scale	Pearson Correlation	1	0.376**
	Sig. (2-tailed)		0.000
	N	87	87
Death Anxiety Scale	Pearson Correlation	0.376**	1

Sig. (2-tailed)	0.000	
N	87	87

\*\*. Correlation is significant at the 0.01 level (2-tailed).

The above table shows the bivariate correlation between the Pain catastrophizing and Death anxiety of target population. The value of correlation coefficient is 0.376 showing the positive correlation. The test is significant at 5% level of significance with p-value 0.000.

## Discussion

This section of the study aims at discussing the major findings of the current study in line with previous research findings reviewed in the literature. The main objective of the current study was examined that how the effects of death anxiety and pain catastrophizing in patients with breast cancer and to identify the relationship between death anxiety and pain catastrophizing in patients with breast cancer. We conclude that pain catastrophizing is positively correlated with death anxiety in breast cancer patients. The study also indicates that patients of breast cancer showing strong relation with pain catastrophizing and death anxiety. By comparison of Pain Catastrophizing scale according to the qualification of women, hence the level of pain catastrophizing varies according to qualification of women. By comparison of death anxiety scale according to the qualification of women, the level of death anxiety varies according to qualification of women. We justify all these results through different researches based on pain catastrophizing, death anxiety and other psychopathological conditions and their linked with breast cancer.

First hypothesis of this research is pain catastrophizing and death anxiety would be positively correlated in patients with breast cancer. There is a different previous study that supports this hypothesis. An epidemiological literature suggests that the correlation between pain catastrophizing and enlarged incident of pain and death anxiety in cancer patients has been confirmed (Jacobsen et al., 1999; Bishop & Warr, 2003; Wilkie & Keefe, 1999). Another study examined that death anxiety with pain catastrophizing must first be considered as a result of insufficient pain manage in breast cancer patients (Breitbart, 1998). Cancer pain can be difficulted by the mental pain inborn in the know-how of cancer pain itself, with its linked dread and defenselessness, frequently precipitating mood and death anxiety conflicts (Zaza & Baine, 2002; Glover et al., 1995). Additional, cancer pain can generate a reactivation of earlier affecting pain and can aggravate fundamental death anxiety and pain catastrophizing (Daut & Cleeland, 1982; Smith, Gracely & Safer, 1998).

Breast cancer patients will occurrence expressive pain like element of their psychosocial troubles associated to the sickness (Kornblith & Ligibel, 2003). In the middle of the mental responses recognized are rejection, annoyance, extreme dread towards the illness and cure method and anxiety with feelings of breast cancer and death (Oktay, 1998). Major positive relations were also create between pain intervention stage with role and patients' psychological and communal well being as well as their psychological fitness (Rumman et al., 1998). The correlation between psychosocial factors and pain catastrophizing is measured powerful for psychological pain, that is, increased pain is connected with more extreme pain and death anxiety (Zaza & Baine, 2002). Finding of our study conclude that pain catastrophizing is positively correlated with death anxiety in breast cancer patients. Along with the support of these previous researches the first hypothesis is accepted.

A second hypothesis is that those patients who have low qualification would be higher on death anxiety and pain catastrophization then high qualified patients. There is one previous study that supports this hypothesis. Death anxiety and catastrophizing was more extremely linked with larger exposure of emotional pain and worry among those with low qualified then higher qualified women. In addition, catastrophizing inversely associated with social disturbance among persons with low education. Less educational achievement

is associated to several undesirable physical condition results, and a number of proofs recommend that psychosocial factors may arbitrate education's consequences. Furthermore, the connection among psychosocial implementation and health-associated results may be arbitrated by qualification stage, with persons lesser in education creature additional vulnerable to the harmful effects of negative cognitive and emotional situations (Edwards et al., 2006). By comparison of Pain Catastrophizing scale according to the qualification of women, hence the level of pain catastrophizing varies according to qualification of women. By comparison of death anxiety scale according to the qualification of women, the level of death anxiety varies according to qualification of women. Finding of our study conclude that the level of pain catastrophizing and death anxiety is strongly linked those patients who have less qualified then higher qualified patients in breast cancer. Along with the support of this previous research the second hypothesis is accepted.

## Conclusion

Aim of the current research was to explore the relationship between death anxiety and pain catastrophizing in patients with breast cancer. So conclusion of this study confirmed that pain catastrophizing is positively correlated with death anxiety in breast cancer patients. The level of pain catastrophizing and death anxiety is strongly linked with higher pain and anxiety those patients who have less qualified then higher qualified patients in breast cancer.

## Limitation and Suggestion

This study was restricted to the only breast cancer patients who were located to area of Sheikh Zaid Medical Hospital in Rahim-Yar-Khan. So results cannot generalize to other cities or countries. Hence, nature of this research was limited. A more in-depthness outcome could be originated by categorizing the diverse cities or kinds patients. Further researches should consist of a bigger sample size and a whole country and efficiently different group.

## Implications

As recommended as a result of the current study, it shows that patients' estimated pain catastrophizing and death anxiety experience are forecasted by patients. Furthermore, it is notable that pain catastrophizing and death anxiety donated to heightened levels of every breast cancer forecaster.

Consequently, a clinical implication of this study is that the forecast of having higher levels of pain catastrophizing and death anxiety for the duration of a stressful persistent breast cancer treatment may possibly give therapeutic goals for organization not only on the whole reaction to cure but too the flow of cognitive and affectional proceedings that eventually persuade the patient's cure experience and pain insight.

Although, it is necessary to tolerate in brain that organization intercessions planned to decrease the patients' dread and to work out their use of cognitive manage in excess of conditionaly-arbitrated issues in training for and throughout the breast cancer treatment may be more effective than tries to change the patient's steady trait uniqueness.

Further research implications of the present study is that the impact of pain catastrophizing and death anxiety on breast cancer patients, the level of both variable changes according to qualification. These findings more helpful those students who have new research about breast cancer and psychological factors. The students include these results in own study different ways as a literature or as a discussions part.

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