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## The rehabilitation experiences of amputees: Emotion, adaptation and identity

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Amputation is, by definition, the removal of a limb through surgical intervention. This may be necessary due to illness or trauma, with a record 169 amputations per week reported in 2018 due to diabetes alone, and the vast majority of individuals who undergo a limb amputation will require extensive rehabilitation post-surgery to aid recovery, mobility and independence. The twin processes of amputation and rehabilitation can, and very often do, have considerable impacts on physical, psychological and social wellbeing. Indeed, it is widely understood that upwards of 85% of amputees experience a general reduction in their quality of life post-amputation, particularly noting increased complications around physical mobility, social exclusion and emotional distress (Pell et al., 1993, *European Journal of Vascular Surgery*, 7(4), 448-451). It remains the case, however, that the bulk of research examining the impacts of amputation and rehabilitation have been largely deductive/quantitative in character, with the more psychologically-oriented elements focused chiefly upon traumas associated with original limb loss than the more multifaceted consequences of recovery initiatives. This means that, while not ignored, the voices of the patients themselves during the amputation-rehabilitation process have largely been handled as a subsidiary concern. Given the above, and with full institutional ethical approval, the reported research utilises Interpretative Phenomenological Analysis (henceforth IPA) to explore the nuanced experiences of individuals who have (a) undergone an upper or lower limb amputation, and (b) already completed the intensive, post-operative phase of their rehabilitation. Extended, semi-structured interviews were conducted with  $n = 5$  adult (male and female) participants. Data are presently being analysed in accordance with the standard techniques of IPA, and results pending, though indicative superordinate themes are: 1. Emotions as a mixed-blessing; 2. Client-rehabilitator mutuality in sustaining adherence; 3. Conflicting

identities and adaptation barriers. It is contended that the work presented will help contribute to the body of knowledge regarding UK amputees' journey through rehabilitation itself, and the manner in which they organise and understand their experiences and emotions therein.