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SOCIAL COMPETENCE, FEAR OF REJECTION AND PSYCHOLOGICAL ADJUSTMENT AMONG ADULTS AFTER LOWER LIMB AMPUTATION

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ABSTRACT

This research examines the interaction of fear of rejection, social competence, and psychological adjustment among adults who underwent amputation of their lower limbs. With very few studies investigating the psychosocial aspects of amputation in adults, this research sought to examine how these three factors interact with one another and impact the well-being of amputees. A correlational research design was employed for data collection among 100 adults between 18 and 50 years of age, employing validated instruments: the Brief Adjustment Scale–6 (BASE-6), Multidimensional Social Competence Scale (MSCS), and Fear of Rejection Scale. The results indicated that social competence was negatively correlated with psychological adjustment. Gender differences in fear of rejection were also observed. Female reported significantly higher levels of fear of rejection, emphasizing the need for gender-sensitive approaches to address these psychological issues. These results underscore the need for psychosocial support in addition to physical rehabilitation for amputees.

Keywords: *Lower limb amputation, social competence, fear of rejection, psychological adjustment, disability, rehabilitation.*

INTRODUCTION

Amputation is a physical loss as well as changes in a deep life experience that influences a person's psychological, social, and emotional functioning. Amputation of the lower limb has specifically been linked with significant difficulties regarding mobility, self-concept, independence, and social functioning (Desmond & MacLachlan, 2002). Patients who have lost a limb have to accommodate a new lifestyle, in many cases, incorporating assistive devices like prosthetics, which can at best partially reinstate function and can have their own limitations and frustrations (Gallagher & MacLachlan, 2001).

Studies have shown that the incidence of psychological disorders—like depression, anxiety, post-traumatic stress disorder, and social withdrawal—is much greater among amputees than the general population (Sahu, 2016; Mandell et al., 2021). These psychological effects are typically compounded by stigma, loss of self-esteem, and an interrupted body image (Rybarczyk et al., 1995; Bessel et al., 2012). Most amputees experience feelings of incompetence and expect social ostracism because of perceived differences in ability or looks (Emamzadeh, 2022).

Social competence, which is the ability to communicate effectively with other people in an acceptable way (Leffert et al., 1997), is a most important component of successful psychological

adjustment. Yet, loss of a limb can interfere with social interaction, such that a person experiences isolation and lessened integration into society (Simsek et al., 2020). Social withdrawal itself can then exacerbate emotional suffering and strengthen negative thoughts about oneself, especially when the individual worries about being rejected or judged (Fritscher, 2023).

Fear of rejection—a type of social anxiety—regulates this dynamic. It is marked by an overarousal to perceived disapproval or exclusion by others (Feldman & Downey, 1994). In amputees, this fear may be based on both external stigma and internalized shame or loss (Williams & Mickelson, 2008). Those with a high fear of rejection are less likely to start or sustain social relationships, perpetuating the difficulties in psychological adaptation. In addition, gender variations in reactions to amputation have been reported. Although men are more likely statistically to be admitted for amputation as a result of traumatic injuries (Razzaq & Mansoor, 2013), women tend to experience greater emotional distress, as well as anxiety and fear of social isolation (Kristin et al., 2011). This calls for consideration of gender-sensitive interventions during post-amputation care.

Despite growing awareness of the psychosocial aspects of disability, the intersection between social competence, fear of rejection, and psychological adjustment remains underexplored, particularly among adults with lower limb amputations in developing contexts. Previous studies have emphasized physical rehabilitation, prosthetic use, and medical outcomes (Walker, 2012), but few have addressed how these individuals navigate the complex social and emotional dimensions of post-amputation life.

This research seeks to address the gap by investigating the interrelationship between social competence, rejection sensitivity, and psychological adjustment in adults who have undergone lower limb amputation.

Aims

The aim of this study was to elucidate the influence of social competence, fear of rejection, and psychological adjustment in adults who have undergone lower limb amputation.

Objectives

- To investigate the ramifications of social competence, fear of rejection, and psychological adjustment among adults with lower limb amputations.
- To explore the interrelationship between social competence, fear of rejection, and psychological adjustment in adults who have undergone lower limb amputation.
- To evaluate the repercussions of lower limb amputation on adult individuals.

Research Question

- Is the adult with lower limb amputation will have higher level of social competence, fear of rejection and psychological adjustment.
- Are there any signification relationship among social competence, fear of rejection and psychological adjustment in the lower limb amputation adult.

Hypotheses

- It is hypothesized that females will have a significantly higher fear of rejection than males among adults with lower limb amputations.
- It is hypothesized that there will be a significant negative relationship between social competence and psychological adjustment among adults with lower limb amputations.

Methodology

The methodology chapter is a crucial part of the thesis that provides a thorough explanation of the research procedures used to achieve the study's objectives. It outlines the systematic and organized process by detailing the procedures, approaches, and tools utilized for data gathering and analysis. Additionally, the limitations encountered during the research and ethical considerations will be discussed.

Research Design

The correlational research design was employed to investigate the relationships among the three variables. The convenience sampling technique was used to collect the data.

Participants

The study included 100 adults, all between 1-5 years after amputation surgery (31 females, 69 males) as well as individuals who were married and unmarried, within the age range of 18 to 50

years from mainstream both private and government hospitals, clinics, and community settings in Sialkot, Lahore, Wazirabad and Gujranwala.

Measures

Brief Adjustment Scale – 6 (BASE-6; Cruz, Peterson, Fagan & Cooper, 2019)

The Brief Adjustment Scale–6 (BASE-6) includes six items rated on a 7-point Likert scale (1 = not at all to 7 = extremely), with a maximum score of 42 indicating lower psychological adjustment. It measures emotional distress (anger, anxiety, depression) and interference in self-esteem, relationships, and performance. The scale has shown excellent internal consistency, with Cronbach's alpha scores of .93, .87, and .89 in various samples.

Multidimensional Social Competence Scale (MSCS; Yager and Iarocci, 2013)

The Multidimensional Social Competence Scale (MSCS) is a 77-item evaluation for young adults, divided into seven domains: social motivation, social inferencing, empathic concern, social knowledge, verbal conversation skills, nonverbal communication skills, and emotion regulation. Participants rate items on a 5-point Likert scale from 1 ("not true or almost never true") to 5 ("very true or almost always true"), with higher scores indicating greater social competence.

Fear of rejection Scale (FRS; Rowaida Yawar & Muhammad Aqeel,2021)

The scale has 21 items divided into two factors: 10 for interpersonal relationships and 11 for social factors. It uses a five-point Likert scale (1 to 5) and is available at the National University of Science and Technology. The subscales have high reliability, with Cronbach's alpha values of α = .90 for interpersonal relationships and α = .86 for social factors.

Procedure

The research topic was chosen with supervisor guidance to meet department objectives. After securing necessary permissions, we engaged hospitals, clinics, and community organizations for participation. Participants were informed about the study, provided written consent, and given 20 to 30 minutes to complete the questionnaires, with a focus on honesty and confidentiality. During the pilot phase, we promoted trust by encouraging questions about the assessment scale. For the main study, we employed purposive sampling to select a diverse group of 100 adults (69 males and 31 females) aged 18 to 50 who had undergone surgical procedures 1 to 5 years prior, ensuring a varied demographic for analyzing their surgical experiences.

Results

Table 1: Frequencies, Percentage of Demographic Variables of the Participants (N=100).

Demographic Variables	f	%
Gender		
Male	69	69.0
Female	31	31.0
Age		
18-28	13	13.0
29-38	45	45.0
39-50	42	42.0
Education		
Uneducated	15	15.0
Primary	1	1.0
Secondary	37	37.0
Tertiary	47	47.0
Residential Status		
Local	65	65.0
Migrant	35	35.0
Birth Order		
First	12	12.0

Middle	57	57.0
Last	31	31.0
Marital Status		
Divorced	11	11.0
Married	69	69.0
Single	20	20.0

Note.f = frequency, and % = percentage

The table demographic factors among 100 participants, 69% were male and 31% female. Age distribution was 13% aged 18-28, 45% aged 29-38, and 42% aged 39-50. Educational attainment included 15% uneducated, 1% primary, 37% secondary, and 47% tertiary. Residentially, 65% were locals and 35% migrants. Birth order: 12% first-born, 57% middle-born, and 31% last-born. Marital status revealed 11% divorced, 69% married, and 20% single.

Table 2

T-test analysis of Brief Adjustment Scale, Fear of Rejection scale and Multidimensional Social Competence scale for category of Gender (N=100).

Variable	Males (N = 69)		Females (N = 31)		t	P	Cohen's d
	M	SD	M	SD			
Brief Psychological Adjustment	29.84	6.814	30.00	8.434	-.100	.920	0.020748.
Social factor	37.17	6.917	40.16	5.292	-2.138	.035	0.485521.
Interpersonal relationships	35.01	7.012	34.13	5.265	.627	.532	0.141928.
Social motivation	32.09	4.832	32.19	3.745	-.109	.914	67.06297.
Social inferencing	32.10	3.930	32.06	3.463	.045	.964	0.0108
Empathic concern	33.22	5.026	33.35	7.007	-.111	.912	0.02132.
Social knowledge	34.43	7.597	32.45	9.405	1.119	.266	0.231608.
Verbal conversation skills	32.42	4.803	32.35	4.848	.063	.950	0.014506.
Non verbal communication skills	32.39	4.493	31.97	3.903	.453	.651	0.099802.
Emotion regulation	31.20	4.816	32.16	5.067	-.906	.367	0.19421.

Note. *p<.05, **p< .01, ***p< .001

The findings suggest that females tend to have a heightened fear of rejection related to social factors compared to males, but no significant gender differences were found in other areas like psychological adjustment or social competence.

Table 3: Regression analysis of Brief Adjustment Scale, Fear of Rejection scale and Multidimensional Social Competence scale (N=100).

Variable	B	SE	95% CI		β	p
			LL	UL		
(Constant)	32.112	12.089	8.095	56.130	-	.009
Social factor	.359	.119	.122	.596	.323	003
Interpersonal relationships	.043	.125	-.206	.292	.038	.732
Social motivation	-.333	.202	-.734	.069	-.205	.103
Social inferencing	-.159	.194	-.544	.226	-.082	.414
Empathic concern	.132	.188	-.242	.506	.102	.486
Social knowledge	.028	.131	-.233	.289	.031	.831
Verbal conversation skills	.173	.198	-.220	.565	.113	.385
Non verbal communication skills	-.042	.208	-.455	.372	-.024	.842

Emotion regulation	-.355	.198	-.748	.038	-.237	.076

Note. coefficients (B), standard errors (SE), 95% confidence intervals (LL and UL), standardized coefficients (β), and p-values (P).

The constant variable, Psychological Adjustment, has a coefficient of 32.112 and a statistically significant p-value of 0.009. Fear of rejection shows a significant positive relationship with the dependent variable (coefficient of 0.359, p-value of 0.003), while fear of rejection in interpersonal factors has no significant relationship (coefficient of 0.043, p-value of 0.732). Social competence is associated with a non-significant negative relationship.

Discussion

This study examined the relationship between psychological adjustment, social competence, and fear of rejection in adults who have had lower limb amputation. The first hypothesis posited that females will have a significantly higher fear of rejection than males among adults with lower limb amputations". The findings partially supported this hypothesis, suggest that females generally experience a heightened fear of rejection linked to social factors compared to males. This is consistent with earlier research by Rybarczyk et al. (2004) reported that female individuals with limb loss were more likely to experience anxiety concerning social interactions, which is in line with higher rejection sensitivity.

The second hypothesis posited that it would hypothesized that there would be a significant negative relationship between social competence and psychological adjustment among adults with lower limb amputations. The findings partially supported this hypothesis, suggesting social competence is associated with a non-significant negative relationship with psychological adjustment. These results align with prior studies showing that Rybarczyk and associates (1995) in a study of amputees, the researchers discovered a strong correlation between psychological adaptation to limb loss and increased depressive symptoms, as well as poor social adjustment and low perceived social competence. However, in the case of limb loss, it may mask internal struggles. Individuals with strong social skills can appear to function well but may still deal with stress, fear of stigma, and body image issues, all of which can harm psychological health (Gallagher & MacLachlan, 2001). This suggests that socially adept people might overcompensate in social settings, hiding their emotional pain. Overall, the results validate all proposed hypotheses and found the relationship between the social competence, fear of rejection and psychological adjustment in the lower limb amputation adults.

Limitations of the Study

Lower limb amputations are rare, making participant recruitment challenging. Many had limited education, requiring extensive explanations of the study and verbal responses.

Suggestion of the Research

To improve representative and generalization in research on lower limb amputations, future studies should focus on larger, more diverse samples across Pakistan.

Implications of the Research

This study will be the first to explore the challenges faced by individuals with lower limb amputations in Sialkot, Lahore, Wazirabad and Gujranwala, providing unique insights into how environmental factors contribute to psychological issues, social difficulties, and rejection. It will focus on psychological adaptations, social skills, and rejection anxiety post-amputation, aiming to enhance interventions. Families, communities, and hospitals will benefit from the findings, leading to improved strategies to address the needs of this population. The research will innovative insights into their emotional and behavioral issues and coping mechanisms.

Conclusion

This research investigates the psychological challenges, fear of rejection, and social competence in adults who have undergone lower limb amputation. It reveals a negative relationship between social competence and psychological adjustment, indicating that individuals with higher social competence face fewer psychological difficulties. Furthermore, there is an inverse correlation between psychological adjustment and social competence, suggesting that those with poorer social skills experience greater psychological distress.

Notably, female participants reported significantly higher levels of fear of rejection, emphasizing the need for gender-sensitive approaches to address these psychological issues. Overall, the findings highlight the significance of social functioning and resilience in the mental health of amputees, calling for increased attention from practitioners and policymakers in this area.

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