



# Psychological Adaptation to Post-Thyroidectomy Complications: A Life Course Case Study of Communication and Swallowing Impairments

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	ABSTRACT
<p><b>ARTICLE INFO:</b> Received April 26, 2026</p> <p>Revised May 12, 2026</p> <p>Accepted June 01, 2026</p> <p><b>KEYWORDS:</b> Psychological Adaptation, Thyroidectomy Complications, Communication Impairment, Swallowing Impairment, Life Course Perspective, Case Study</p>	<p>Post-thyroidectomy complications may significantly affect both physical function and psychological well-being, particularly when patients experience swallowing and communication impairments. This case study aimed to explore the psychological adaptation process of a patient experiencing communication and swallowing impairment following total thyroidectomy due to thyroid cancer from a life course psychology perspective. This study employed a qualitative case study design involving one patient as the main participant. Data were collected through in-depth semi-structured interviews, observation, and clinical documentation, and were analyzed using thematic analysis. The findings revealed that the patient experienced emotional distress, including anxiety, fear, and frustration, particularly due to communication limitations and functional changes. The patient also demonstrated alterations in self-concept and a tendency toward social withdrawal. Over time, psychological adaptation occurred gradually through coping strategies such as non-verbal communication, emotional regulation, and family support. This study highlights that communication impairment should be understood not only as a physical limitation but also as a significant psychological stressor. The findings emphasize the importance of integrating psychological care into postoperative management to support holistic recovery and improve patient well-being.</p>

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## INTRODUCTION

Thyroid cancer is one of the most common endocrine malignancies worldwide, with an increasing incidence over the past decade. Surgical intervention, particularly total thyroidectomy, remains the primary treatment for many patients diagnosed with thyroid cancer. Although this procedure is effective in removing malignant tissue, it is often associated with postoperative complications that may significantly affect patients' quality of life. Among the most common complications are swallowing impairment (dysphagia) and voice changes due to recurrent laryngeal nerve involvement, which may lead to verbal communication difficulties (Mihai, 2026).

Beyond physical limitations, these complications can profoundly influence psychological well-being. Communication impairment, in particular, is closely linked to emotional distress, as it restricts the individual's ability to express needs, engage socially, and maintain autonomy. Patients may experience frustration, anxiety, social withdrawal, and decreased self-esteem due to their inability to communicate effectively (Smith et al., 2019). Similarly, swallowing difficulties may contribute to fear of choking, reduced nutritional intake, and increased dependency on others, further exacerbating psychological burden (Litsou et al., 2026).

From a psychological perspective, postoperative complications are not merely clinical outcomes but are also deeply embedded in the patient's lived experience. The diagnosis of cancer combined with functional impairment can act as a significant life stressor that challenges an individual's coping capacity, emotional regulation, and sense of identity. Patients undergoing major surgery often experience disruptions in their perceived normalcy, leading to a process of psychological adaptation that involves acceptance, adjustment, and meaning-making (Maraş et al., 2025).

The life course psychology framework provides a comprehensive lens to understand how individuals adapt to health-related challenges across time. This perspective emphasizes that cumulative life experiences, socio-environmental contexts, and critical life events shape health, illness, and adaptation. A major health event, such as thyroid cancer surgery, can become a turning point that reshapes an individual's developmental trajectory, influencing not only current functioning but also future expectations and life planning (Alice, 2025). In this context, psychological adaptation is viewed as a dynamic and ongoing process rather than a single outcome.

Previous studies have largely focused on the physiological outcomes and clinical management of post-thyroidectomy patients, including surgical techniques, complication rates, and rehabilitation strategies (Pietsch & Dhillon, 2023). While these studies provide important clinical insights, there is limited research exploring the psychological experiences of patients dealing with combined communication and swallowing impairments after surgery. In particular, case-based qualitative studies that examine how patients adapt psychologically over time remain scarce.

Understanding psychological adaptation in such cases is crucial for developing holistic and patient-centered care. Integrating psychological perspectives into postoperative management can enhance recovery by addressing emotional needs, improving coping strategies, and supporting patient resilience. Furthermore, exploring individual experiences through case studies allows for a deeper understanding of complex interactions between physical impairment and psychological responses (Chandrasekhar et al., 2013).

Therefore, this study aims to explore the psychological adaptation process of a patient experiencing communication and swallowing impairment following total thyroidectomy due to thyroid cancer using a life course psychology perspective. This study seeks to contribute to the growing body of literature by providing an in-depth understanding of how patients navigate functional limitations and psychological challenges across their life course.

## METHODS

### Research Design

This study employed a qualitative case study design to explore the psychological adaptation process of a patient experiencing communication and swallowing impairment following total thyroidectomy due to thyroid cancer. A qualitative approach was chosen because it allows for an in-depth understanding of complex human experiences, particularly those related to psychological responses, emotional adjustment, and meaning-making processes that cannot be captured through quantitative methods (Creswell & Poth, 2021; Braun & Clarke, 2021).

The case study design is particularly appropriate for investigating a single, bounded system in detail, enabling researchers to capture contextual factors and individual variations in experience. In this study, the case is defined as one patient undergoing post-thyroidectomy recovery with significant functional impairments. The study is grounded in a life course psychology perspective, which emphasizes that health-related adaptation is shaped by cumulative life experiences, transitions, and critical life events over time. This framework supports the exploration of how the patient's past experiences, present condition, and future expectations interact in shaping psychological adaptation.

## Participant and Procedure

**Table 1.** Demographic and Clinical Characteristics of the Patient

Variable	Description
Age	55 years
Gender	Female
Medical Diagnosis	Thyroid cancer
Surgical Procedure	Total thyroidectomy
Postoperative Complications	Swallowing impairment (dysphagia), communication impairment
Duration Post-Surgery	2 days/weeks
Psychological Responses	Anxiety, fear, frustration, reduced self-confidence
Behavioral Changes	Social withdrawal, limited verbal interaction
Coping Strategies	Non-verbal communication, reliance on family support
Support System	Family involvement present

The participant in this study was a female patient diagnosed with thyroid cancer who underwent total thyroidectomy and subsequently experienced swallowing impairment and verbal communication difficulties. The participant was selected using purposive sampling, which is commonly applied in qualitative research to identify individuals who have direct experience with the phenomenon under study.

Data collection was conducted in a clinical setting during the postoperative care period. The procedure involved several stages. First, rapport-building was established to create a trusting and supportive environment, allowing the participant to express her experiences openly. Second, in-depth semi-structured interviews were conducted to explore the patients' emotional responses, coping strategies, communication challenges, and adaptation process. Third, non-participant observation was carried out to document behavioral responses, interaction patterns, and non-verbal communication. In addition, relevant clinical documentation, including nursing notes and medical records, was reviewed to enrich contextual understanding.

The data collection process followed ethical principles, including informed consent, confidentiality, and voluntary participation. The patient's identity was anonymized to ensure privacy and compliance with ethical standards in psychological and clinical research ([World Medical Association, 2022](#)) the integration of multiple data sources aimed to enhance the depth and credibility of findings.

### Research Instruments

The primary instrument used in this study was a semi-structured interview guide designed to explore key psychological domains, including emotional responses, communication experiences, coping mechanisms, and perceived changes in self-concept. Semi-structured interviews are widely used in qualitative health research because they provide flexibility while maintaining focus on research objectives ([Christou, 2023](#)).

The interview questions were developed based on relevant theoretical frameworks, including coping theory, self-concept theory, and life course psychology. This theoretical grounding ensures that the data collected are aligned with constructs relevant to psychological adaptation. In addition to interviews, observation sheets were used to document behavioral indicators such as facial expressions, gestures, communication attempts, and emotional reactions.

Supporting instruments included clinical documentation and reflective field notes. Field notes were used to capture contextual details, researcher reflections, and non-verbal cues that may not be fully expressed during interviews. The use of multiple instruments enhances the richness of qualitative data and supports methodological rigor through data triangulation ([Creswell, John, 2024](#)).

## Data Analysis

Data were analyzed using thematic analysis, a widely recognized qualitative method for identifying, analyzing, and interpreting patterns within data (Pilar, 2024). The analysis followed a systematic process consisting of several stages. First, all interview transcripts, observation notes, and documentation were read repeatedly to achieve data familiarization. Second, initial codes were generated to identify meaningful segments related to psychological responses, communication difficulties, coping strategies, and adaptation processes.

Third, codes were organized into broader themes that reflected key patterns in the data, such as emotional distress, communication frustration, coping mechanisms, and gradual adaptation. Fourth, themes were reviewed and refined to ensure internal consistency and alignment with the research objectives. Finally, themes were interpreted within the framework of life course psychology to understand how the patient's experiences evolved.

To ensure trustworthiness, this study applied several strategies, including credibility, dependability, confirmability, and transferability (Braun et al., 2026). Credibility was enhanced through prolonged engagement and triangulation of data sources. Dependability was ensured by maintaining a clear audit trail of data collection and analysis procedures. Confirmability was supported by minimizing researcher bias through reflective practices, while transferability was achieved by providing detailed descriptions of the case context.

## Ethical Considerations

The study adhered to ethical principles in human research, including respect for autonomy, confidentiality, and non-maleficence. The participant provided informed consent prior to data collection and was informed about the purpose of the study, procedures, and the right to withdraw at any time without consequences. All identifying information was removed to maintain anonymity.

Ethical approval was obtained in accordance with institutional guidelines, and the study followed international ethical standards for research involving human participants (Kurihara et al., 2024). Ensuring ethical rigor is essential in qualitative psychological research, particularly when dealing with vulnerable patients experiencing health-related stress and functional impairment.

## RESULT AND DISCUSSION

### Results

**Table 2.** Psychological Adaptation Themes Following Total Thyroidectomy

Theme	Description	Supporting Evidence
Emotional Distress	Patient experienced anxiety, fear, and uncertainty after surgery	"I feel afraid and unsure about my condition"
Communication Frustration	Difficulty expressing needs due to impaired verbal communication	"I cannot communicate clearly"
Altered Self-Concept	Feeling different and less capable than before surgery	"I am not like my previous self"
Social Withdrawal	Reduced participation in social interaction	Observed decreased communication attempts
Coping Strategies	Use of alternative communication and emotional adjustment	Use of gestures and family assistance
Gradual Adaptation	Increasing acceptance and adjustment over time	Improved emotional stability

The analysis revealed several interconnected psychological themes that describe the patient's adaptation process following total thyroidectomy. These themes illustrate how physical impairments in swallowing and communication significantly influenced emotional, cognitive, and behavioral responses over time.

### 1. Emotional Distress and Psychological Shock

Immediately after surgery, the patient experienced emotional distress characterized by anxiety, fear, and uncertainty. The inability to swallow comfortably and communicate verbally created a sense of loss of control. The patient expressed concerns about her recovery, fear of complications, and uncertainty regarding her future condition. This reaction reflects a common psychological response to sudden health-related changes, particularly after cancer-related interventions (Senanayake & Commission, 2025).

The emotional shock was intensified by the unexpected nature of functional impairments, especially communication difficulties, which disrupted the patient's ability to express needs effectively. This condition contributed to frustration and increased emotional vulnerability.

### 2. Communication Frustration and Social Withdrawal

One of the most dominant findings was the patient's frustration due to impaired verbal communication. The patient reported difficulty expressing basic needs, leading to feelings of helplessness and dependence on others. This limitation reduced her participation in social interaction and increased the tendency to withdraw from communication situations.

Communication impairment has been shown to significantly impact psychological well-being, often leading to reduced self-confidence, social isolation, and emotional distress (Gunawan, 2025). In this case, the patient experienced a disruption in her social identity, as communication is a fundamental component of interpersonal interaction.

### 3. Alteration of Self-Concept and Identity

The patient demonstrated a shift in self-perception following surgery. She expressed feelings of being "different" and "limited," particularly due to her inability to communicate normally and eat comfortably. These changes affected her sense of independence and self-worth.

This finding aligns with previous research indicating that chronic illness and functional impairment can alter self-concept and identity, especially when bodily functions central to daily life are affected (Tarrats-pons et al., 2025). The patient's experience reflects a transitional phase in which she re-evaluates her abilities and role in her social environment.

### 4. Coping Strategies and Emotional Regulation

Over time, the patient began to develop coping strategies to manage her condition. These included non-verbal communication methods, reliance on family support, and gradual acceptance of her condition. Emotional regulation improved as the patient became more familiar with her limitations and learned alternative ways to communicate.

Coping is a dynamic process that involves cognitive and behavioral efforts to manage stressors (Ummah, 2019). In this case, the patient transitioned from emotional distress to adaptive coping, indicating the beginning of psychological adjustment.

### 5. Gradual Psychological Adaptation

The adaptation process occurred gradually and was influenced by internal and external factors. Internally, the patient developed acceptance and resilience. Externally, support from healthcare providers and family members played a crucial role in facilitating recovery.

The patient began to show increased confidence in managing her condition, although some limitations persisted. This phase reflects a movement toward psychological equilibrium, where the patient integrates her illness experience into her life narrative.

## Discussion

This study provides an in-depth understanding of psychological adaptation in a patient experiencing communication and swallowing impairment following total thyroidectomy. The findings highlight that postoperative complications are not merely physical challenges but also significant psychological stressors that affect multiple dimensions of the patient's life.

From a life course psychology perspective, the patient's experience represents a critical life event that disrupts the normal trajectory of functioning. Such events require individuals to reorganize their psychological resources, adjust their expectations, and reconstruct their sense of meaning in life (Aji, Baidhowy, & Rizkasari, 2026). In this case, the diagnosis of thyroid cancer and subsequent functional impairments acted as turning points that triggered a process of adaptation.

The initial emotional distress observed in the patient is consistent with the stress and coping theory, which suggests that individuals appraise stressful events and respond based on perceived threats and available resources (Aji, Rizkasari, & Rahmawati, 2026). The patient's early reaction of anxiety and fear reflects a primary appraisal of the situation as threatening and uncertain.

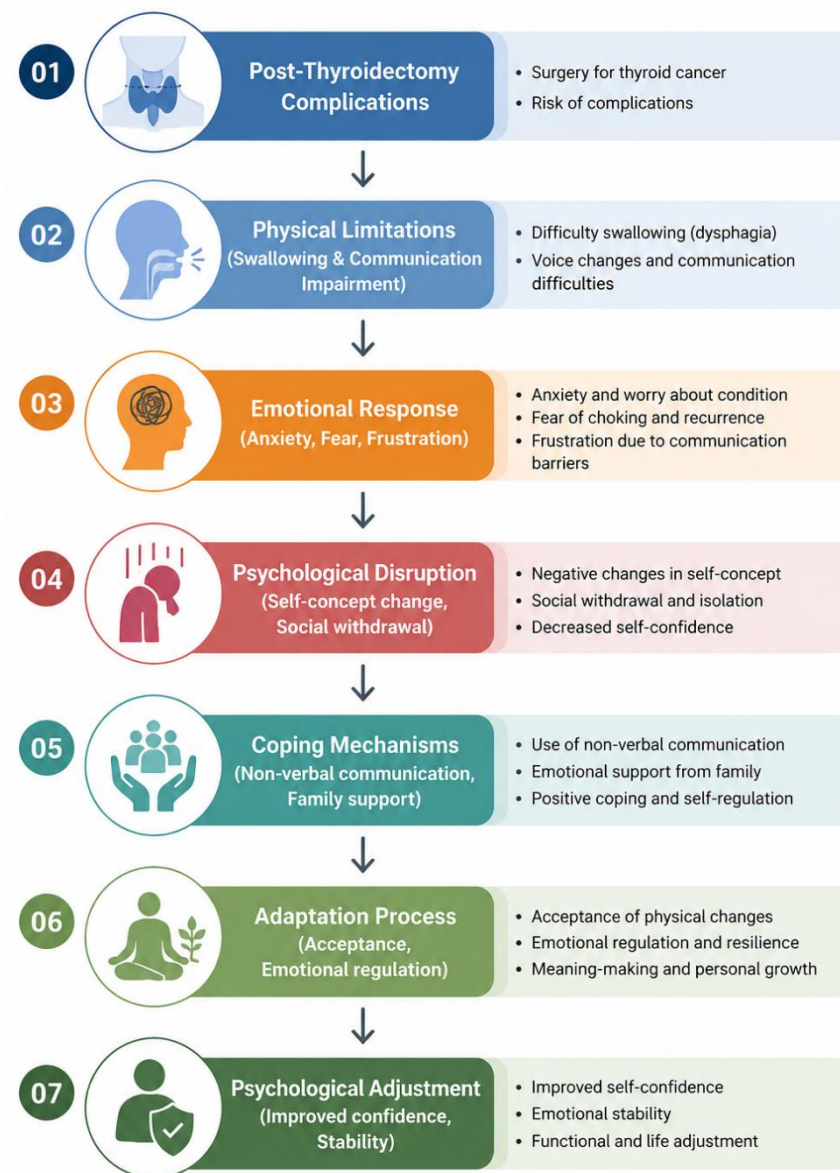
Communication impairment emerged as a central factor influencing psychological well-being. The inability to communicate effectively not only limits functional interaction but also affects emotional expression and social connection. Previous studies have shown that communication disorders are strongly associated with decreased quality of life and increased psychological distress (Aji, Rizkasari, & Baidhowy, 2026). This study extends these findings by demonstrating how communication impairment contributes to identity disruption and social withdrawal.

The alteration in self-concept observed in this case aligns with contemporary theories of identity reconstruction in chronic illness. Individuals experiencing significant health changes often undergo a process of redefining their self-image, roles, and capabilities (Trisna Aji et al., 2025). The patient's perception of being "different" reflects this process of identity adjustment (Hobbs et al., 2022).

Coping strategies played a crucial role in facilitating psychological adaptation. The transition from maladaptive responses (e.g., withdrawal, frustration) to adaptive coping (e.g., acceptance, alternative communication methods) indicates a dynamic adjustment process. Social support, particularly from family, was identified as a key factor that enhanced coping and resilience. This finding is consistent with evidence that social support is a protective factor in psychological adaptation to illness (Pujiyanto, 2021).

The gradual adaptation observed in this study supports the life-course perspective that adaptation is a continuous, evolving process influenced by time, context, and experience (Aji, Baidhowy, & Rizkasari, 2026). The patient's journey from distress to partial acceptance illustrates how individuals integrate health-related challenges into their life course.

Figure 1 below illustrates the conceptual framework of psychological adaptation following post-thyroidectomy complications, demonstrating the dynamic progression from physical limitations and emotional distress to coping strategies, adaptive processes, and psychological adjustment.



**Figure 1.** Psychological Adaptation Process Following Post-Thyroidectomy Complications

### Implication

The findings of this study have important implications for clinical practice, particularly in improving the quality of postoperative care for patients undergoing thyroidectomy. First, the study highlights the need for healthcare providers to integrate psychological assessment into routine postoperative management. Psychological responses such as anxiety, frustration, and changes in self-concept should be systematically identified and addressed alongside physical symptoms. Incorporating psychological screening and supportive interventions can enhance patient-centered care and improve overall recovery outcomes (Freire et al., 2020).

Moreover, the study suggests that postoperative interventions should not be limited to physical rehabilitation but should also include emotional support, communication training, and coping strategy development. Emotional support is essential for helping patients manage distress and build resilience, while communication training can assist them in adapting to verbal limitations by using alternative communication methods. Developing effective coping strategies enables patients to manage stressors more adaptively and facilitates psychological adjustment over time (Hall et al., 2024).

Family involvement also emerges as a crucial component in supporting the patient's adaptation process. The presence of supportive family members can reduce feelings of isolation, enhance emotional stability, and encourage adherence to treatment and rehabilitation plans. Previous studies have consistently shown that social support plays a significant role in buffering stress and promoting psychological well-being in patients with chronic conditions (Lizarte Simón et al., 2024). Therefore, involving family members in education and care planning should be considered an essential part of holistic patient management.

Finally, the findings underscore the importance of adopting a multidisciplinary approach in postoperative care. Collaboration among healthcare professionals, including nurses, physicians, psychologists, and speech therapists, is necessary to comprehensively address both the physical and psychological aspects of recovery. Such an integrated approach aligns with contemporary models of healthcare that emphasize holistic, patient-centered care and the interconnectedness of physical and mental health (Suarjana, 2024).

In conclusion, this study reinforces the importance of integrating psychological perspectives into clinical practice. It highlights the need for more comprehensive care strategies that address the complex interplay between physical impairment and psychological adaptation. By doing so, healthcare systems can better support patients in achieving not only physical recovery but also psychological well-being and improved quality of life.

### **Limitation**

Despite its contributions, this study has several limitations that should be considered in interpreting the findings. First, this study is based on a single case, which limits the generalizability of the results to a broader population. While case studies provide rich, in-depth insights into individual experiences, they may not fully represent the variability of psychological adaptation among patients with similar conditions. Future research is recommended to include multiple cases or larger samples to enhance the transferability of findings.

Second, the data in this study rely primarily on qualitative methods, including interviews, observation, and clinical documentation. Although these approaches allow for a comprehensive exploration of subjective experiences, they may be influenced by participant bias, recall bias, and researcher interpretation. Efforts were made to enhance trustworthiness through data triangulation and systematic analysis; however, the possibility of subjective bias cannot be eliminated (Parkinson et al., 2023).

Third, the study focuses on the psychological adaptation process within a limited time frame during postoperative care. Psychological adaptation is inherently dynamic and may continue to evolve over a longer period. Therefore, this study may not fully capture long-term adaptation outcomes, including potential relapse, resilience development, or changes in coping strategies over time. Longitudinal studies are needed to more comprehensively explore these processes.

Finally, this study does not extensively examine the influence of broader socio-cultural and environmental factors, which may play a significant role in shaping psychological adaptation. Factors such as cultural beliefs, healthcare access, and social norms may influence how patients perceive illness and engage in coping behaviors. Future studies are encouraged to incorporate these contextual variables to provide a more holistic understanding of adaptation processes (Aji, Bhadowy, & Rizkasari, 2026).

### **CONCLUSION**

This study concludes that psychological adaptation in patients experiencing post-thyroidectomy complications, particularly swallowing and communication impairments, is a complex and dynamic process shaped by emotional, cognitive, and social factors across the individual's life course. The findings demonstrate that the impact of surgical complications extends

beyond physical limitations, influencing the patient's emotional stability, self-concept, and ability to engage in social interaction.

The patient's experience reflects a trajectory of adaptation that begins with emotional distress and disruption, followed by gradual adjustment through coping strategies, social support, and meaning-making processes. This progression highlights that adaptation is not an immediate outcome but an evolving process that unfolds over time, influenced by both internal resilience and external support systems. The life course perspective provides a valuable framework for understanding how critical health events, such as thyroid cancer surgery, function as turning points that reshape an individual's psychological and behavioral patterns.

Furthermore, this study emphasizes that communication impairment plays a central role in psychological well-being, as it affects not only functional ability but also identity, autonomy, and social participation. The disruption of communication contributes significantly to emotional distress and requires targeted psychological and rehabilitative interventions. The findings also highlight the importance of integrating psychological care into clinical practice, as addressing emotional responses and coping mechanisms is essential for achieving holistic recovery.

In addition, this study contributes to the growing recognition that patient recovery is a multidimensional process involving interactions among physical, psychological, and social factors. By adopting a life course approach, this study provides a deeper understanding of how patients reconstruct meaning and adapt to health-related challenges over time. Therefore, healthcare providers are encouraged to implement comprehensive care strategies that incorporate psychological assessment, emotional support, and communication rehabilitation as part of standard postoperative management.

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