

Of catarrh and catharsis

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KEYWORDS

mental health, tracheo-esophageal fistula, tracheomalacia

To the Editor,

The ancient Greeks took the entertainment of their crowds very seriously and used drama as a way of investigating the world they lived in. The theatrical re-enactment of suffering and grief in front of a large audience was to foster compassion, as well as a cathartic release of emotion that was restorative through a deeply felt interconnection between actors and audience. When our patients encounter tragedy, we are also drawn into their ordeal and experience it first hand. Such it was with Rose.

1 | FIRST ACT

Within minutes of her birth, it became apparent that Rose was unable to eat. Frothy secretions built up in her mouth and she started to choke. Rose was affected by one of the most severe foregut malformations, esophageal atresia with tracheo-esophageal fistula. During the first month of her embryonal existence, poorly understood disturbances in molecular, cellular and morphogenetic pathways had led to a failure of the esophagus to form as a continuous organ and separate from the trachea.

On Day 2 of life, Rose underwent a 4-h long operation to connect her esophagus and disconnect it from her trachea. Despite successful repair, her long and arduous odyssey had only just begun and she continued to suffer severe pneumonias. Following a battery of tests, her parents were told the problem was tracheomalacia—Rose's efforts to clear secretions from her airways were frustrated as her excessively floppy trachea would collapse with every cough, trapping the mucous in her lungs. With

time, they were told, the trachea would stiffen up and things would improve. Only they didn't. Rose continued to require daily intensive airway clearance, frequent hospital admissions, and almost constant antibiotic treatment. She was barely able to attend school during most of her childhood. Rose's set of challenges resembled those of Odysseus, Homer's tragic hero: Bloody battles, vicious fights with life forces, years of isolation, and imprisonment.

With these struggles in mind, it was suggested that Rose receive psychotherapeutic help. She arrived in the psychologist's room with her hair disheveled, concealing her face. Initially reticent, she slowly opened up, primarily through her drawings and songs. Underneath the shy exterior, was a very funny, talented young teen. Her drawings featured images of people with masks on their faces and long necks tied in a knot (Figure 1). She felt choked and unable to truly express herself.

Her inner experience mirrored her external reality. Like Rose's airway secretions were stuck deep down, unable to reach the surface, so could her emotions not be expressed, let alone exorcised. Rose developed a sense of identity founded on her illness—defective, isolated and an object of pity. “Everyone looks at me and feels sorry for me.”

But help was at hand. A novel surgical approach for tracheomalacia had been developed at Boston Children's Hospital. This involved suturing the back wall of the trachea to the anterior spinal ligament, thereby achieving airway patency and facilitating effective secretion clearance. In a case series of nearly 100 children who underwent this repair, significant and clinically important improvements in all respiratory outcomes were observed.¹

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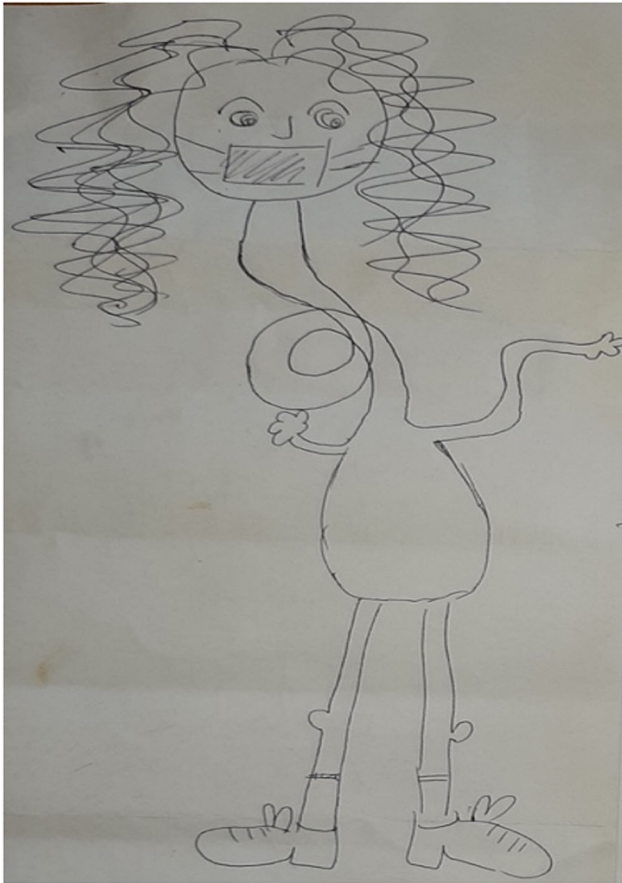


FIGURE 1 Rose's drawing at the beginning of psychotherapy, featuring a person with face mask and long neck tied in a knot.

2 | SECOND ACT

Rose, now aged 15, was flown to Boston, where she underwent posterior tracheopexy. The operation was successful, and the desired mechanical results achieved. However, it soon became clear that she was fearful and confused around her new identity; if she was not a sick person, who was she? She became depressed and anxious. This confused the medical team, who had anticipated she would now be healed. After so much effort invested, expertise recruited and tangible progress made, what was she still unhappy about?

In therapy, Rose started expressing fantasies of being a sea creature, able to breathe in water but not in air. She seemed to be re-enacting her life from beginning, in the womb, from non-breathing to breathing, from retaining to releasing. She began reconstructing her own self, re-experiencing important parts of what happened in her early life. Her improved health appeared to enable her to move away from survival mode, making it safe to put down defenses. As Rose began to expel her sputum effortlessly, she slowly learned to expel her emotional phlegm. She was again mirroring her new physical reality with her psychic experience. The psychologist, through being with her in her pain,

could help Rose relive earlier experiences not yet realized, so that she was able to develop a healthier and more integrated self.²

3 | THIRD ACT

With mechanisms for expelling physical and psychological catarrh in place, the conditions were now set for Rose, as well as her medical team, to achieve catharsis. As she started to take more care of her physical appearance, she became engaged in life, made friends, developed hobbies, and voiced age-appropriate concerns. Throughout the years of accompanying her, the medical professionals had felt distressed when Rose struggled. Now they too experienced relief, as she prevailed.

According to Aristotle, pity and terror are instrumental for the cleansing process on the theatrical stage.³ Likewise on the medical stage, our patients' tragedies and triumphs can have a cathartic effect on us. The intensity of doctor-patient relationships varies, for a myriad of reasons, many of them rooted in our own psyche. It is not always easy or intuitive to honestly engage. But once we commit ourselves, shared emotions tie us not only to the other person, but also to our own sense of being human and what it means to be alive. This awareness can purge us of petty concerns and connect us to our own authentic self.

Odysseus managed to return home eventually. Even after 20 years of separation, his wife Penelope takes him back. In spite of the many suitors outside the castle vying to take the reign, he reclaims his kingdom once again. Rose turns 20 this year. As she says, "I have a different sense of being and it feels good." Like in the Greek tragedies, she can now reclaim herself and blossom.

AUTHOR CONTRIBUTIONS

Patrick Stafler: Conceptualization; Writing - original draft; Writing - review & editing. **Edwina Landau:** Conceptualization; Writing - review & editing. **Hannah Blau:** Writing - review & editing; Supervision.

ACKNOWLEDGMENT

We would like to thank Rose and her family for allowing us to share their story.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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How to cite this article: Stafler P, Landau E, Blau H. Of catarrh and catharsis. *Pediatric Pulmonology*. 2023;58:1812-1814. doi:10.1002/ppul.26390