TABLE 2-3

Key Problems

1. The *prevention* of medical crises and their management if they occur
2. *Controlling symptoms*
3. *Carrying out* of prescribed medical regimes
4. Prevention of, or living with, *social isolation*
5. *Adjustment* to changes in the disease
6. Attempts to *normalize* interactions and lifestyle
7. *Funding*—finding the necessary money
8. *Confronting* attendant psychological, marital and familial problems.

SOURCE: Strauss, A. L., et al. (1984). *Chronic illness and the quality of life* (2nd ed.) (p. 16). St. Louis: The C.V. Mosby Company. Used with permission.

After identifying the key problems of the individual and family with chronic illness, what followed were basic strategies, family and organizational arrangements and the consequences of those arrangements (Strauss et al., 1984, p. 17).

The Trajectory Framework

From Strauss and colleagues' work in the 1960s and 1970s, the trajectory framework was further refined in the 1980s. Corbin and Strauss (1992) developed this framework so that nurses could: (1) gain insight into the chronic illness experience of the client, (2) integrate existing literature about chronicity into their practice, and (3) provide direction for building nursing models that guide practice, teaching, research and policy making (p. 10).

A trajectory is defined as the course of an illness over time, plus the actions of clients, families and healthcare professionals to manage that course (Corbin, 1998, p. 3). The illness trajectory is set in motion by pathophysiology and changes in health status, but there are strategies that can be used by clients, families and healthcare professionals that *shape* the course of dying and thus the illness trajectory (Corbin & Strauss, 1992). Even if the disease may be the same, each individual's illness trajectory is different, and takes into account the uniqueness of each individual (Jablonski, 2004). Shaping does not imply that the ultimate course of the disease will be changed or the disease will be cured, merely that the illness trajectory may be shaped or altered by actions of the individual and family so that the disease course is stable, fewer exacerbations occur and symptoms are better controlled (Corbin & Strauss, 1992).

Within the model, the term 'phase' indicates the different stages of the chronic illness experience for the client. There are nine phases in the trajectory model, and although it could be conceived as a continuum, it is not linear. Clients may move through these phases in a linear way, regress to a former phase, or plateau for an extended period of time. Additionally, having more than one chronic disease influences movement along the trajectory as well (see Table 2-4).

Another term used in the model is biography. A client's biography consists of previous hospital experiences, useful ways of dealing with symptoms, illness beliefs and other life experiences (White & Lubkin, 1998).

The initial phase of the trajectory model is the *pretrajectory phase*, or preventive phase, in which the course of illness has not yet begun; however, there are genetic factors or lifestyle behaviors that place an individual at risk for a chronic condition. An example would be the individual who is overweight, has a family history of cardiac disease and high cholesterol, and does not exercise.

During the *trajectory* phase, signs and symptoms of the disease appear and a diagnostic workup may begin. The individual begins to cope with implications of a diagnosis. In the *stable* phase, the illness symptoms are under control and management of the disease occurs primarily at home. A period of inability to keep symptoms under control occurs in the *unstable* phase. The *acute* phase brings severe and unrelieved symptoms or disease complications. Critical or life-threatening situations requiring emergency treatment occur in the *crisis* phase. The *comeback* phase signals a gradual return to an acceptable way of life within the symptoms that the disease imposes. The *downward phase* is character-

TABLE 2-4

Trajectory Phases

Phase	Definition	Goal of Management
Pretrajectory	Genetic factors or lifestyle behaviors that place an individual or community at risk for the development of a chronic condition	Prevent onset of chronic illness
Trajectory Onset	Appearance of noticeable symptoms, includes period of diagnostic workup and announcement by biographical limbo as person begins to discover and cope with implications of diagnosis	Form appropriate trajectory projection and scheme
Stable	Illness course and symptoms are under control. Biography and everyday life activities are being managed within limitations of illness. Illness management centers in the home	Maintain stability of illness, biography, and everyday life activities
Unstable	Period of instability to keep symptoms under control or reactivation of illness. Biographical disruption and difficulty in carrying out everyday life activities. Adjustment being made in regimen and care usually taking place at home	Return to stable
Acute	Severe and unrelieved symptoms or the development of illness complications necessitating hospitalization or bedrest to bring illness course under control. Biography and everyday life activities temporarily placed on hold or drastically cut back	Bring illness under control and resume normal biography and everyday life activities
Crisis	Critical or life-threatening situation requiring emergency treatment or care. Biography and everyday life activities suspended until crisis passes.	Remove life threat
Comeback	A gradual return to an acceptable way of life within limits imposed by disability or illness	Set in motion and keep going the trajectory projection and scheme
Downward	Illness course characterized by rapid or gradual physical decline accompanied by increasing disability or difficulty in controlling symptoms	To adapt to increasing disability with each major downward turn
Dying	Final days or weeks before death. Characterized by gradual or rapid shutting down of body processes, biographical disengagement and closure, and relinquishment of everyday life interest and activities	To bring closure, let go, and die peacefully

SOURCE: Corbin, J. (2001). Introduction and overview: Chronic illness and nursing. In R. Hyman & J. Corbin (Eds.) *Chronic illness: Research and theory for nursing practice* (pp. 4–5). © Springer Publishing Company, Inc., New York, NY 10036. Used with permission.

ized by progressive deterioration and an increase in disability or symptoms. The trajectory model ends with the *dying phase* characterized by gradual or rapid shutting down of body processes (Corbin, 2001, p. 4–5).

Shifting Perspectives Model of Chronic Illness

This model resulted from work of Thorne and Paterson (1998) who analyzed 292 qualitative stud-