As a nurse for nearly 27 years, I have worked hard to earn credibility with my colleagues, advance my education, and provide my family with a very active parent/spouse participant. The balance of nursing and family grows to be quite harmonious given that there is a stable, healthy path for all members of the family. As a child, I was very much a caregiver for my mother at an early age due to her mental illness and physical complaints. After I married and had three children, I began to have symptoms of interstitial cystitis (IC). In the 9 years I lived in Chicago, I had approximately 36 bladder infections. My urologist was quite perplexed, and after several cystoscopies, I was placed on prophylaxis with antibiotics each time I had intercourse. This idea seemed logical and kept the infections away for a while. In 1993, our family once again moved with my husband’s job and we relocated to Toledo, Ohio. The infections began to worsen along with my allergies and asthma. After 10 years living in Ohio, I went through a period of 5 years where I experienced 24 documented bladder infections each year. Soon, antibiotics became resistant and I found myself quite depressed and desperate. I then confronted myself and decided to employ the nursing theory I use for all my clients: the Modeling and Role-Modeling Theory by Erickson, Tomlin, and Swain (1983).

In this theory, the nurse engages the client and accepts him/her as a holistic person with interacting subsystems, which include biophysical, psychological, social, and cognitive. Along with these subsystems there are the inherent genetic bases and spiritual drive (see Figure 1). According to the theorists, nursing entails helping clients with self-care activities in relation to their health. This process is interactive and interpersonal and includes a nurturing process. The goal is to model the client’s world and then assess how the nurse can help the client gain resources, cope with her circumstances, and adapt to her given environment.

Clinical Interactions
Self-care is defined as the ability to care for oneself. In the theory by Erickson et al. (1983), there are five subconcepts that affect our self-care ability: hope, control, satisfaction with daily living, physical health, and support (see Table 1). In my case, I lost hope with my chronic IC as well as the satisfaction with the quality of my life or living. In addition, there was a loss of control over my body as I did all the prescribed regimes and nothing worked. My physical health suffered greatly due to outside stresses in my life that led me to believe that I had failed as a person. And I was missing the supportive family that many people have as an additional buffer.

Results of Clinical Interactions
The solution was to get help to rid myself of lost hope and satisfaction, to gain control through medication and water filtration, to exercise regularly and eat a balanced diet, and to build support systems with colleagues in a healthy way. Once this was accomplished, my disease process fizzled away. My relationships with others have grown greatly with the assistance of medication and therapy and my new supportive friends to embrace me. While I am still plagued with allergies and asthma, I am hopeful that medical science will find the

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The purpose of this case study article is to place a personal twist on a frightening disease process known as interstitial cystitis (IC). As nurses, the goal of our interventions is to promote the independence of the client in his/her own self-care. One nursing theory, Modeling and Role-Modeling (Erickson, Tomlin, & Swain, 1983), has assisted me not only as a nurse but also as a client to overcome the IC dilemma through the practice of self-care nursing.
relationship that I suspect occurs with IC and the autoimmune component in clients who are allergic or hypersensitive.

**Clinical Implications**

The nurse in this case was myself. I had to face environmental factors that included high nitrates in the drinking water that forced me to add a water filtration system to my home. I confronted the anger with my mother who stole my childhood and sought counseling. I decreased the stressors in my life that occurred during my dissertation. And lastly, I had to gain the input of multiple physicians from various disciplines to review my case. The IC symptoms disappeared after my dissertation defense; I believe this occurred because of increased estrogen and progesterone. I may have been experiencing early menopause/perimenopause, and the estrogen levels were so depleted that the stressors in my life were literally the last straw.

**Table 1.**

<table>
<thead>
<tr>
<th>Self-Care Subconcept</th>
<th>Development at Level of the Client</th>
<th>Coping and Adaptation of the Client</th>
<th>Case Study (before self-care was used)</th>
<th>Nursing Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hope</td>
<td>Infant to elder</td>
<td>High or low</td>
<td>Low</td>
<td>Referral to counseling</td>
</tr>
<tr>
<td>Control</td>
<td>High or low</td>
<td>Internal or external focus</td>
<td>Low/internal</td>
<td>Give client some control over his/her care</td>
</tr>
<tr>
<td>Support</td>
<td>High or low</td>
<td>Self-efficacy measures</td>
<td>Low/poor self-efficacy</td>
<td>Assist in mobilizing resources and increasing the support system in the community</td>
</tr>
<tr>
<td>Satisfaction with Daily Living</td>
<td>High or low</td>
<td>Improved or reduced coping ability</td>
<td>Low/poor coping ability</td>
<td>Instruct the client regarding positive coping</td>
</tr>
<tr>
<td>Physical Health</td>
<td>Good or poor</td>
<td>Motivation to provide health promotion</td>
<td>Poor/lack of motivation</td>
<td>Encourage yearly physical, accessing care, and daily exercise and diet program</td>
</tr>
</tbody>
</table>

**Figure 1.**

A Holistic Model

From Erickson, Tomlin, & Swain (1983). Used with permission.
Conclusions
I am still my own nurse and recommend this theory as part of a nurse’s daily assessment of him/herself and clients. The truly rewarding part is promoting behavior changes within both the nurse and clients with the use of theoretical components. Teaching self-care and preventive health care techniques to oneself and clients may serve to increase autonomy and improve outcomes for this chronic condition.

Reference

Additional Readings