

## **- SAMPLE COPY -**

The theory I have chosen to evaluate is that of Dr. Elisabeth Kubler- Ross and her five stages theory of dying leading to the Grief Curve. (1969). I have decided to do this as I have used a adaptation of this in some of the work I do with groups in looking at how they as leaders manage change for themselves and others, when facing changes at work - the “change curve”. The stages of the change curve resemble very closely those of Kubler Ross’s grief curve. I became aware, that not only was the original research completed by Kubler- Ross being questioned, (Gorle 2002) Fitchett (1980) (Chaban 1999), but work undertaken by others (Dunphy and Stace (1988), Bridges (1995) and Senge (1999) were all putting forward their own ideas, assumptions and understandings of organisational change which conflicted with hers.

Why has the theory from Kubler-Ross and later adapted to apply as a tool to help individuals to manage change been so popular until recently? In my opinion, the strength of the theory may be in its apparent simplicity. Dr Kubler- Ross presented 5 stages that a terminally ill person may go through in trying to cope with this news. She categorised these 5 stages as denial, anger, bargaining, depression and acceptance. Whilst she may not have explicitly stated that a person needed to go through all 5 stages in sequence, this is how it has been interpreted by many. This has further been changed over the years by many, including doctors, nurses, and other health care professionals into the 5 stages of Grief.

The change curve (based on Kubler-Ross’s work) and used by some consultants (including the author) states that individuals facing change may go through some or all of the following stages: - shock, retreat, self doubt, apathy, resolve, taking stock and new goals. The stages of the curve represent the stages people may go through or become stuck at when change occurs, whether that change is positive or negative. The curve is applicable to change that is acceptable and welcomed or unacceptable and imposed, although the latter will probably be more difficult to manage.

John Fisher (1999) also supports this work further with his personal transition curve, outlining how individuals deal with personal change. The phases of this curve are anxiety, happiness, fear, threat, guilt, depression, disillusionment (this stage was added in 2003), hostility and denial. He argues that any change no matter how small, has the potential to impact on an

individual and may generate conflict between their existing and anticipated changed values and beliefs.

Fisher, with Dr David Savage (1999) wrote about personal construct psychology theory, building on the work of George Kelly (1955). which proposed “we must understand how the other person sees their world and what meaning they attribute to things in order to effectively communicate and connect with them” This theory views that people have the power to change and grow and are only limited by the vision they have of themselves and by their own internal “blinkers” that might prevent future development..

All of the above have stages or phases that people can begin to put a name to and justify their feelings. In my opinion, people like to put themselves into a box and create meaning. For example, (Honey and Mumford’s learning styles inventory (1982), Belbin’s team roles (1981), Blanchard’s situational leadership model (1969). It is not the author’s view that this is correct or to be encouraged. However, people like to know more about themselves and try to find out why they are thinking, feeling, behaving as they are. Total experience for 20 years as firstly an employed trainer within the public sector and then a consultant working in both large and small organisations throughout the UK shows that this may be so. In managing others it can help to start to formulate a plan to help them through one stage and onto the next. I am not suggesting it will always be easy but it is easy to understand.

However, is it’s weakness in its simplicity?

The work that Kubler Ross completed in the 1960’s and 1970’s has been questioned as none of her research has been published, there is no explicit empirical base, and the number of patients used was relatively low to base predictions upon. Some patients did not know that they were dying and/or being used for research. It is also alleged by Chaban, (1991) whilst doing some research for her PhD Thesis on Kubler- Ross that Kubler- Ross had had access to the work of many others, including two books by Glaser and Strauss ( 1965 and 1968) which bore similarities to her subsequent book, On Death and Dying (1969). Heather Robertson, writing in the Elm Street Magazine in September 1999 writes of her disappointment when she discovered that Kubler-Ross’s research “seemed to be derived from rambling conversations

with anonymous patients at the University of Chicago's Billings Hospital" She goes on to describe how the book contained only parts of these interviews and that the work is difficult to verify because of Kubler-Ross's practise of using either first names or pseudonyms with no dates. Whilst this might seem to be protecting confidentiality, this would also be in conflict with Kubler-Ross' practice of interviewing patients, sometimes on television, without them and/or their families knowing they were dying. So, in my opinion, there are some questionable ethical issues to be considered. In fact, Chaban goes onto to suggest that Carl Nighswonger, a Billings Hospital chaplain who jointly interviewed patients with Kubler-Ross and was a professor at in the University of Chicago Divinity School, was in fact responsible for the theory. Kubler-Ross appears to reduce all personal experiences to predictable universal stages.