

- SAMPLE ONLY -

The theory I have chosen to evaluate is that of Dr. Elisabeth Kubler-Ross and her theory of the five stages of dying leading to the Grief Curve (1969). I selected this theory because I used an adaptation of it in some of my previous work; I met with groups to determine how they, as leaders, manage change for themselves and others when they faced changes at work – the “change curve”.

The stages of the change curve very closely resemble the ones presented by Kubler-Ross and her grief curve. I became aware that the original research completed by Kubler-Ross was being questioned by Gorle (2002), Fitchett (1980) & Chaban (1999). Work was also undertaken by others such as Dunphy and Stace (1988), Bridges (1995) and Senge (1999). They all put forward their own ideas, assumptions and understandings of organisational change which conflicted with those of Kubler-Ross.

Why has the theory from Kubler-Ross which was later adapted as a tool to help individuals manage change become so popular recently? In my opinion, the strength of the theory may lie in its apparent simplicity. Dr Kubler-Ross presented 5 stages that a terminally ill person often experiences when attempting to cope with this news. She categorised these 5 stages as denial, anger, bargaining, depression and acceptance. Although she never explicitly stated that a person needed to experience all 5 stages in sequence, many others have interpreted her theory this way. Many health care professionals including doctors and nurses have further revised this theory over the years into the 5 stages of grief.

The change curve is based on the work of Kubler-Ross, and is used by certain consultants including the author. This theory states that individuals facing change may progress through some or all of the following stages:

- **Shock**
- **Retreat**
- **Self-Doubt**
- **Apathy**
- **Resolve**
- **Taking Stock**

- SAMPLE ONLY -

- **New Goals**

The stages of the curve represent each of the stages people may go through or become stuck at when change occurs, regardless of whether the change is positive or negative; the curve is applicable to both change that is acceptable and welcomed or unacceptable and imposed. However, the latter is generally acknowledged as more difficult to manage.

John Fisher (1999) further supports this work with his personal transition curve which outlines how individuals deal with personal change. The phases of this curve include: 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 an individual. It may also generate conflict between existing and anticipated values and beliefs.

Fisher and Dr David Savage (1999) wrote about personal construct psychology theory. They built on the work of George Kelly (1955) which proposed that “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 claims that people have the power to change and grow; they are only limited by their own vision of themselves and by their internal “blinkers” that may prevent future development.

All of the above have stages or phases that people can begin to identify in order to justify their feelings. In my opinion, people like to place themselves into a box and create meaning. For example, Honey and Mumford’s learning styles inventory (1982), Belbin’s team roles (1981) and Blanchard’s situational leadership model (1969). that the author does not claim that this is correct or should be encouraged. However, people like to discover more about themselves and try to determine why they are thinking, feeling or behaving a certain way. Twenty years of experience working as an employed trainer within the public sector and as a consultant in large and small organisations throughout the UK reveals that this may indeed be the case. In regards to managing others, it may prove helpful to begin formulating 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.

- SAMPLE ONLY -

However, does the weakness of Kubler-Ross' theory lie in its simplicity? The work that Kubler-Ross completed in the 1960s and 1970s has been questioned for numerous reasons. None of her research has been published, no explicit empirical base exists, and the number of patients used was relatively low to formulate accurate predictions. In addition, some patients did not realize they were dying and/or being studied for research purposes. While conducting research for her PhD thesis on Kubler-Ross, Chaban (1991) also alleged that Kubler-Ross had had access to the work of many others. This included two books by Glaser and Strauss (1965 & 1968) which bore similarities to her subsequent book, *On Death and Dying* (1969).

In the September 1999 edition of the *Elm Street Magazine*, Heather Robertson expressed her disappointment when she discovered that the research of Kubler-Ross "seemed to be derived from rambling conversations with anonymous patients at the University of Chicago's Billings Hospital". She went on to describe how the book contained only partial interviews and that the work was difficult to verify because of Kubler-Ross' practice of using first names or pseudonyms with no dates. She may have wanted to protect the confidentiality of the patients. However, this is in conflict with her practice of interviewing patients, sometimes on television, without them and/or their families knowing they were dying. Consequently, in my opinion, some questionable ethical issues must be seriously considered. In fact, Chaban goes on to suggest that Carl Nighswonger, a professor at the University of Chicago Divinity School and a Billings Hospital chaplain who jointly interviewed patients with Kubler-Ross was actually responsible for the theory. Kubler-Ross appears to reduce all personal experiences to predictable universal stages.