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 have decided to do this as I selected this theory because I have used an adaptation of it in some of my previous work. I met do with groups to determine looking at 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 not only was the original research completed by Kubler-Ross 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 were all putting forward their own ideas, assumptions and understandings of organisational change which conflicted with those of Kubler-Ross.

Why has the theory from Kubler-Ross and which was later adapted to apply as a tool to help individuals to manage change become so popular until 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 may go through often experiences when attempting to cope with this news. She categorised these 5 stages as denial, anger, bargaining, depression and acceptance. Although whilst she never may not have explicitly stated that a person needed to experience all 5 stages in sequence, many others have this is how it has been interpreted her theory this way by many. Many health care professionals including doctors and nurses have further revised this theory over the years by many, including doctors, nurses, and other health care professionals this theory over the years into the 5 stages of Grief.
The change curve is based on the work of Kubler-Ross's. 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
- New goals

The stages of the curve represent each of the stages people may go through or become stuck at when change occurs, whether 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, although the latter is generally will probably acknowledged as being more difficult to manage.

John Fisher (1999) further also supports this work further 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 their existing and anticipated changed values and beliefs.

Fisher and with Dr David Savage (1999) wrote about personal construct psychology theory 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 their existing and anticipated changed values and beliefs.

All of the above have stages or phases that people can begin to put a name to identify in order to understand 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). It is not the author’s view that the author does not claim 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 or behaving a certain way. Total experience for twenty years of experience working as firstly an employed trainer within the public sector and then as a consultant in both large and small organisations throughout the UK shows that this may indeed be the case. In regards to managing others, it may prove helpful to begin 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, 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, there is no explicit empirical base exists, and the number of patients used was relatively low to formulate accurate predictions upon. In addition, some patients did not know they were dying and/or being studied for research purposes. While conducting research for her PhD thesis on Kubler-Ross, Chaban (1991) it is also alleged whilst doing some research for her PhD Thesis on Kubler-Ross that Kubler-Ross had had access to the work of many others. This included two books by Glaser and Strauss (1965 and 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 writing in the Elm Street Magazine in September 1999 writes of her disappointment when she discovered that the research of Kubler-Ross’s research “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 parts of these interviews and that the work was difficult to verify because of Kubler-Ross’s practice of using either first names or pseudonyms with no dates. Whilst this might seem to be he may have wanted to protecting the confidentiality of the patients. However, this would also be in conflict with her Kubler-Ross' practice of interviewing patients, sometimes on television, without them and/or their families knowing they were dying. Consequently, in my opinion, there are 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 and was a professor at in the University of Chicago Divinity School, was in fact actually responsible for the theory. Kubler-Ross appears to reduce all personal experiences to predictable universal stages.