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The theory I have chosen to evaluate is that of Dr. Elisabeth Kubler-Ross and her theory of the five stages ~~theory~~ 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 ~~this~~ in some of my previous ~~the~~ work; I ~~met~~ ~~ed~~ with groups to ~~determine~~ ~~looking at~~ how they, as leaders, manage change for themselves and others; when they ~~fac~~ ~~ing~~ changes at work — the “change curve”.

The stages of the change curve very closely resemble ~~very closely the ones presented by~~ ose of Kubler-Ross and her ~~s~~ grief curve.

I became aware; that ~~not only was~~ the original research completed by Kubler-Ross was being questioned by ~~-(Gorle (2002), -Fitchett (-1980) & (-Chaban_-(1999). -W~~ ~~but 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 ~~hers~~.

Why has the theory from Kubler-Ross ~~and which was~~ later adapted ~~to apply~~ as a tool to help individuals

~~to~~ manage change become en so popular -until recently? In my opinion, the strength of the theory may lie ~~be~~ in its apparent simplicity. Dr Kubler-Ross presented 5 stages that a terminally ill person ~~may go through~~ often experiences ~~when~~ in attempting ~~trying~~ 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 ~~go through~~ 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 ~~This has further~~ have further revised ~~been changed over the years by many, including doctors, nurses, and other health care professionals~~ this theory over the years into the 5 stages of Grief.

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

- ~~S~~Shock
- ~~R~~etreat
- ~~S~~self-D~~e~~doubt
- ~~A~~pathy
- ~~R~~esolve
- ~~T~~aking ~~S~~tock
- ~~N~~and ~~new~~ ~~G~~oals

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~~at 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~~ ~~be~~ more difficult to manage.

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

Fisher ~~and,~~ ~~with~~ Dr David Savage (1999) wrote about personal construct psychology theory. ~~They~~ ~~built~~~~ing~~ 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~~~~views~~ that people have the power to change and grow; ~~t~~ ~~and~~ ~~hey~~ are only limited by ~~their~~ ~~own~~ vision ~~they have~~ of themselves and by their ~~own~~ internal “blinkers” that may ~~might~~ prevent future development.

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All of the above have stages or phases that people can begin to ~~put a name to~~ identify in order to and justify their feelings. In my opinion, people like to ~~place~~ put 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~~ that the author does not claim that this is correct or ~~to be~~ should be encouraged. However, people like to ~~know~~ discover more about themselves and try to ~~find out~~ determine why they are thinking, feeling ~~or~~ behaving a ~~certain ways they are~~ Total experience for 20 Twenty years of experience working as ~~as firstly~~ an employed trainer within the public sector and ~~then as a~~ consultant ~~working in both~~ large and small organisations throughout the UK ~~shows that this may be so~~ reveals that this may indeed be the case. In regards to managing others, it ~~may prove~~ can helpful to ~~begin~~ start to 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.

However, ~~does the~~ is it's weakness of Kubler-Ross' theory lie in its simplicity?

The work that Kubler-Ross completed in the 1960-s and 1970-s has been questioned for numerous reasons. ~~As~~ 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~~ base accurate predictions ~~upon~~. In addition, some patients did not ~~know that~~ realize they were dying and/or being ~~studied~~ used for research purposes. While conducting research for her PhD thesis on Kubler-Ross, Chaban (1991) ~~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. This included ing two books by Glaser and Strauss (~~1965 and~~ & 1968) which bore similarities to her subsequent book, *On Death and Dying* (1969).

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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".

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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 practise of using ~~either~~ first names or pseudonyms with no dates. ~~Whilst~~ ~~this might seem to be~~ ~~he~~ ~~may have~~ ~~wanted~~ ~~wanted to~~ protecting ~~the~~ confidentiality ~~of the patients~~. ~~However,~~ ~~this~~ ~~would also be~~ ~~in~~ ~~is~~ ~~in~~ conflict with ~~her~~ Kubler-Ross's practise of interviewing patients, sometimes on television, without them and/or their families knowing they were dying. ~~Consequently~~ ~~So~~, in my opinion, ~~there are~~ some questionable ethical issues ~~must~~ ~~to~~ be ~~seriously~~ considered. In fact, Chaban goes on ~~to~~ ~~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.