

- SAMPLE ONLY -

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~~ with groups ~~to~~ determine ~~looking at~~ how they, as leaders,

manage change for themselves and others, when they facing changes at work ~~the~~ 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)), ~~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 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~~ 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 GGrief.

- SAMPLE ONLY -

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 throughgo through~~ some or all of the following stages:

Formatted: Font: 8 pt

Formatted: Font: Bold

Formatted: Bullets and Numbering

- ~~S~~shock
- ~~R~~retreat
- ~~S~~self-~~D~~doubt
- ~~A~~pathy
- ~~R~~resolve
- ~~T~~taking ~~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~~ ~~theat~~ change is positive or negative; ~~t~~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,~~ ~~outlinesing~~ 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,~~ ~~builting~~ 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~~ ~~claimsviews~~ 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.-

- SAMPLE ONLY -

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 way ~~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~~ be ~~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 this~~ is its 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. ~~Not~~ 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~~ 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).

Formatted: Font: Italic

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".

Formatted: Font: Italic

- SAMPLE ONLY -

She ~~went on~~ goes on to describe how the book contained only ~~partial parts of these~~ interviews and that the work ~~was~~ 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~~ he may have wanted to protect ~~ing 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~~ 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.