Kubler Ross Stages of Grief

In 1969 Elisabeth Kubler-Ross wrote "On Death and Dying", one of the most important studies of the 20th century. It was in this book she explored what is now known as the famous "Five Stages of Death": denial and isolation, anger, bargaining, depression and acceptance. These phases are also known as the grief cycle. In Scene Fourteen, Anna experiences these five phases. The phases, inspired by Ross' work with the terminally ill. She was motivated by the lack of curriculum in medical schools on the subject of death and dying. It was at the University of Chicago medical school that she studied and examined death and those who were faced with it. It was through this study, along with a series of over two hundred patient interviews and seminars that became the foundation of her book.

Many accepted and embraced her work and studies, however, many have not yet supported the validity and consistency in her research. It was because of this that Ross noted, that the stages were not a "linear and predictable progression." Meaning, a person can experience stages of the grief cycle in any order or not at all.

The stages are:

Denial and Isolation:

"Man barricades against himself.
-Tagore, from *Stray Birds,* LXXIX

Usually use as a temporary defense mechanism, later to be replace by partial acceptance, denial is the first stage. Ross interviewed over two hundred dying patients in the early stages of her research and among those two hundred, she reported that most of them reacted to the news of their terminality with statements such as "No, not me, it cannot be true."

She found that this was true for patients who were told up front about their fate and for those who found out later on. Ross found that patients would question the doctor's competency, sta0ffting that x-rays, or notes had to have been mixed up and it just couldn't be them.

Denial, whether it appears initially or later, is used by almost all patients. Isolation occurs later in their denial. Denial, is the initial reaction when finding out of a terminal illness or death of a loved one. It is through this defense mechanism that patients or those grieving deny any sense of reality, and choose to hide from the world and deny any truths that try to penetrate their "fantasy".

Anger:

"We read the world wrong and say that it deceives us."
-Tagore, from *Stray Birds,* LXXV

When reality begins to set in and the denial stage can no longer be sustained, feelings of anger, rage, resentment and envy move into its place. The statement is no longer "No, not me, it cannot be true.", and instead it is, "Why me?" or "Why couldn't it have been someone else who deserves to die."

For families, friends and staff this stage can be very hard to cope. These feelings are often displaced in all directions and often projected onto innocent people, family members, many environments and more at random. Like in denial, the patient can begin to question the competency of the staff, but in addition, whether or not they care, these feelings can also be projected onto family and friends. It is because of these emotions that patients can become difficult to be around, and difficult to care for. However, Ross says that the problem here is that people very seldomly put themselves in the shoes of their patients. They don't wonder where their anger comes from,

"Maybe we too would be angry if all our life activities were interrupted so prematurely; if all the buildings we started were to go unfinished, to be completed by someone else; if we had put some hard-earned money aside to enjoy a few years of rest and enjoyment, for travel and pursuing hobbies, only to be confronted with the fact that "this is not for me." What else would we do with our anger, but let it out on the people who are most likely to enjoy all these things."

Bargaining:

"The woodcutter's axe begged for its handle from the tree. The tree gave it."
-Tagore, from *Stray Birds,* LXXI

The next stage is the bargaining stage. Ross regards it as "less well known but equally helpful to the patient. Once the anger and denial have subsided, the patient, with the hopes of postponing the inevitable, bargains, usually with a higher power, in an exchange for a reformed lifestyle. These phrases sound like "If I survive, I will go to church more often." Or "God, if you let me live I will donate to charity and be a better person."

The patients wish in this stage is most always for an extension of life, or a day with pain. Ross relates this bargaining with that of children who would bargain with their parents for extended play time, or desert before dinner. While desert and an extension on life are wildly different, the bargaining chips are usually the same. A promise for better behavior and change actions.

Depression:

"The world rushes on over the strings of the lingering heart making the music of sadness."
-Tagore, from *Stray Birds,* XLIV

When a terminally ill patient is no longer able to deny reality and begins dealing with their terminality, when they are no longer able to feel angry, resentful or envious, and when they are no longer faithful to go on bargaining, they are filled with a sense of great sadness. Bills begin to pile up, treatments that re necessary begin to feel like burdens and with every payment the patient can begin to feel as though they are a burden. This is the stage of depression. There are elements of acceptance in this stage as patients begin to understand their fate, but the depression can make the point of living feel pointless. Every day things that make patients happy begin to lose meaning.

Depression can come in many forms during this stage, a woman with breast cancer can react to loss of her womanly figure, or a woman with uterus cancer can begin to feel like less of a woman, cancer

patients can react to the loss of hair and feel ugly and more. Ross states there are two types of depressions a patient can go through during this stage: reactive depression and preparatory depression

Reactive depression occurs when the patient begins to feel a mix of guilt and shame, when they believe they have become a burden. They begin to realize they have not seen their children outside of the hospital, they may have to sell their home to pay for bills and more. This depression however can be alleviated if family, friends, or staff reveal to them their unrealistic view. Statements reassuring them they are not a burden as well as actions that prove they are being unrealistic can help to alleviate their guilt and help with their depression.

Preparatory depression, usually the more silent of the two occurs when the patient realizes the inevitable and begins to prepare for their final separation from this world. Ross speaks on the natural instinct to cheer up sad people; we tell them to "look on the bright side", to "cheer up" and to "look at all the positive things in life". However, to those experiencing preparatory depression, any effort to cheer them up are meaningless.

Now, it is not that these attempts are futile and go unnoticed, especially if they come from a good place. However they are not the solution. The solution also is not to embrace the depression as they could deepen it. No, Ross' solution is to simply let the patient be.

"If he is allowed to express his sorry he will find a final acceptance much easier, and he will be grateful to those who can sit with him during this stage of depression without constantly telling him not to be sad." (Death and Dying. 77)

This stage is often referred to as the "dress rehearsal" for the final moment. It is a moment of acceptance with an emotional attachment on the world, family members, friends, and life.

Acceptance:

"I have got my leave. Bid me farewell, my brothers! I bow to you all and take my departure. Here I give back the key of my door – and I give up all claims to my house. I only ask for last kind words from you. We were neighbours for long, but I received more than I could give. Now the day has dawned and the lamp that lit my dark corner is out. A summons has come and I am ready for my journey."

-Tagore, from *Gitanjali*, XCIII

If the patient has had time to deny the inevitable, express their anger, bargain for their life and feel the overwhelming sadness of depression with help in working through those phases, they will reach the final stage of acceptance. This stage comes with a clam and new outlook on their fate. With no conflicting emotions they are able to have a clear and stable mind.

Ross warns that this stage should not be mistaken for a happy stage as it is almost a void of feelings.

"It is as if the pain had gone, the struggle is over, and there comes a time for the final rest before the long journey"

Acceptance comes after experiencing the above emotions, not necessarily in order, but in any order and is usually a moment for the patient to find peace with their fate. Unlike the stage of depression, this

stage has no emotional attachment on the world. Patients will begin to have their "final words" with family members (if given the opportunity.) This stage is going to be incredibly difficult for family members as the patient has found peace in his acceptance, they go about their final wishes and begin to cut people off.

I personally feel as though the inclusion of Isolation in the first stage can also be applied to the final stage of acceptance. Ross touches on how communications between the patient and staff lessens, visitations are no longer welcomed unless planned by the patient. This is a sad stage mostly for family and friends as they don't understand the peace the patient has come to. This also a silent stage in the cycle.

"The patient may just make a gesture of the hand to invite us to sit down for a while. He may just hold our hand and ask us to sit in silence. Such moments of silence may be the most meaningful communications for people who are not uncomfortable in the presence of a dying person. We may together listen to the song of a bird from the outside. Our presence may just confirm that we are going to be around until the end. We may just let him know that is all right to say nothing when the important things are taken care of and it is only a question of time until he can close his eyes forever. It may reassure him that he is not left alone when he is no longer talking a pressure of the hand, a look, a leaning back in the pillows may say more than many "noisy" words." (Page 100)

In scene fourteen, The Third Man, narrates the different stages as Anna experiences them. These stages of grief can also be applied to the loss of a loved one. In the case of *The Baltimore Waltz*, Anna can very well be experiencing these stages due to the loss of her brother Carl, not due to her infliction of the fictitious disease, ATD. In the play, Paula, inserts an additional stages to the cycle, ***Hope*** and ***Lust***

Hope:

"In desperate hope I go and search for her in all the corners of my room; I find her not. My house is small and what once has gone from it can never be regained. But inifinite is thy mansion, my lord, and seeking her I have come to thy door. I stand under the golden canopy of thine evening sky and I lift my eager eyes to thy face. I have come to the brink of eternity from which nothing can vanish – no hope, no happiness, no vision of a face seen through tears. Oh, dip my emptied life into that ocean, plunge it into the deepest fullness. Let me for once feel that lost sweet touch in the allness of the universe."

-Tagore, from *Gitanjali,* LXXXVII

Ross touches down on Hope in her book, *On Death and Dying*, however it is not included in the stages of grief. Vogel, in the play adds Hope into the mix along with ***Lust*** (see below.) Ross says the one thing consistent and present in all of the stages is hope. In their interviews they found that most patients held on to the hope that doctors would miraculously find a cure, find something to prolong their life or hope that they would get better. It was through this hope that people held on to for days, weeks and even months that provided them with strength.

This hope is not to be mistaken for naïve fantasies, as it provides patients with a glimpse of happiness and hopefulness that they could be returned to full health and their families. Confidence is boosted in doctors and their patients are more trusting and confident they are doing their best.

Lust: The growing urge to fight the sickness of the body with the health of the body.

Now in addition to the stages, Ross also designed the Change Curve, which linear in structure, diagramming the stages in "order" however, Ross tells us that the stages do not have to happen in order to experience them. It is a safe bet to assume that Shock and Denial are always at the beginning, and Acceptance is always at the end. However, you can experience a stage multiple times. Once you have experienced acceptance, something can happen to make you experience anger, or depression once again. The cycle is not a start to finish, beginning and end cycle. The cycle can be repetitive, non-existent or linear, it varies case by case.