

THE 5 STAGES OF DYING AND GRIEVING

Introduced by Elisabeth Kubler-Ross

Denial and Isolation – Exists in every patient at times, more so in the beginning than towards the end. “No, it cannot be me.”

Anger – Often most difficult to handle by family and staff. Anger is often displaced in all directions and projected onto the environment at times very randomly. The important piece of dealing with the anger is to put yourself in the patient’s position and try not to take it personally, but to understand where the anger is coming from.

Bargaining – In this stage the terminally ill patient uses the same techniques a child does when trying to bargain with an adult for special privileges. The patient is pleading for an extension of life, or a few days without pain. “If I am good all week and wash the dishes every evening, then will you let me go?”

Depression – When denial no longer works, eventually a patient’s anger and rage will turn into sadness and loss and depression sets in. (Preparatory and Reactionary – mourning impending losses of people and places)

Acceptance – If a patient has been given time and has been given some help in working through the previously described stages, he/she will reach a stage during which he/she is neither depressed nor angry about his/her “fate”. It is not a happy stage, but more like “the final rest before a long journey.” Often patients need more sleep and want to talk and visit less with people. Communication becomes more nonverbal than verbal.