

Kubler-Ross Model

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Kubler-Ross Model

Primary Disciplinary Field(s): Psychology, Psychiatry, Grief Counseling, Palliative Care

Proponents: Elisabeth Kübler-Ross

1. Core Principles

The Kubler-Ross Model, widely recognized as the Five Stages of Grief, posits a sequence of emotional responses individuals may experience when confronting impending death, a terminal illness diagnosis, or other significant life-altering losses. This influential hypothesis, introduced by Swiss-American psychiatrist Elisabeth Kübler-Ross, outlines five distinct stages: **denial**, **anger**, **bargaining**, **depression**, and **acceptance**. The model suggests that these stages represent a psychological framework for coping with profound loss, providing a lens through which to understand the complex emotional journey of grief.

Crucially, Kübler-Ross herself emphasized that these stages are not meant to be a rigid, linear progression that every individual must follow. Rather, they serve as a descriptive framework, a map of common emotional territories one might navigate. Individuals may experience these stages in any order, revisit stages multiple times, or even skip certain stages altogether. The intensity and duration of each stage also vary widely, reflecting the highly personal and idiosyncratic nature of the grieving process. The model's strength lies not in its prescriptive nature, but in its ability to normalize and validate the diverse emotional turmoil associated with significant loss, offering a language to articulate often inexpressible feelings.

Originally formulated from extensive interviews with terminally ill patients, the model initially focused on the psychological process of dying. However, its principles quickly transcended this specific context, finding broad application in understanding reactions to various forms of loss, including divorce, job loss, disability, addiction, and any major transition that entails grieving the absence of what once was. Its core message is that confronting mortality or significant change evokes a spectrum of emotional responses, and acknowledging these responses is a vital step toward coping and eventual integration of the loss into one's life experience.

2. Historical Development

The Kubler-Ross Model emerged from groundbreaking research conducted by Dr. Elisabeth Kübler-Ross in the late 1960s. At a time when death and dying were largely taboo subjects in medical discourse, Kübler-Ross, then an assistant professor of psychiatry at the University of Chicago Medical School, embarked on a profound inquiry into the psychological experiences of terminally ill patients. Her work was initially driven by a desire to improve communication and care for dying individuals, who she felt were often marginalized and isolated by the medical system,

their emotional and spiritual needs frequently overlooked.

Through hundreds of hours of interviews with patients facing their own mortality, Kübler-Ross meticulously documented their emotional trajectories, identifying recurring patterns in their responses to the knowledge of impending death. These observations formed the empirical basis for her hypothesis. She presented her findings in her seminal 1969 book, "On Death and Dying," which quickly became a landmark text in the fields of thanatology (the study of death and dying) and grief counseling. The book articulated the five stages for the first time, providing a structured yet empathetic framework for understanding the dying process.

The publication of "On Death and Dying" profoundly impacted how healthcare professionals, families, and society at large approached end-of-life care. It sparked a new dialogue about the importance of emotional support, dignity, and communication for dying patients, contributing significantly to the development of the modern hospice movement. While the model has evolved and faced academic scrutiny over the decades, its historical significance as a catalyst for a more compassionate and human-centered approach to death and loss remains undeniable, establishing a foundational concept that continues to inform discussions about grief and coping mechanisms.

3. Key Concepts and Components

The Kubler-Ross Model is structured around five principal stages, each representing a cluster of emotional and psychological responses to loss:

Denial: This initial stage acts as a temporary shock absorber, providing a buffer against the overwhelming reality of the situation. Upon receiving devastating news, such as a terminal diagnosis or the death of a loved one, individuals may instinctively retreat into a state of disbelief, often thinking, "This can't be happening to me," or "It's a mistake." This psychological mechanism allows the individual to process the information at their own pace, preventing an immediate emotional overload. Denial can manifest in various ways, from outright rejection of the truth to minimizing its implications, serving as a protective shield while the mind grapples with the unpalatable reality.

Anger: As the reality of the loss begins to set in, the protective veil of denial often gives way to intense feelings of anger. This anger can be directed at virtually anyone or anything: doctors, family members, friends, God, or even the deceased. The person might lash out with questions like, "Why me?" or "It's not fair!" Underneath this anger often lies a deep sense of frustration, powerlessness, and injustice. It is a natural response to feeling robbed or betrayed by circumstances beyond one's control, and while often uncomfortable for those around the grieving individual, it is a crucial emotional release.

Bargaining: In this stage, individuals often attempt to regain a sense of control or postpone the inevitable by making deals or promises, either with a higher power, fate, or even themselves. This

might involve thoughts such as, "If only I had done X, Y wouldn't have happened," or "I promise to be a better person if this loss can be reversed or postponed." Bargaining is an effort to negotiate away the pain and the reality of the loss, fueled by guilt, regret, and a desperate hope that circumstances can still be altered. It represents a temporary reprieve where the individual tries to find a way out of their suffering.

Depression: As the attempts at bargaining fail and the full weight of the loss becomes undeniable, a profound sense of sadness, hopelessness, and despair can set in. This stage of depression is characterized by intense grief, withdrawal, silence, and a lack of motivation. It is not necessarily clinical depression but rather a natural and appropriate response to the magnitude of the loss. During this period, individuals may feel overwhelmed, exhausted, and deeply saddened, often retreating from social interaction as they process the immense emotional pain. This stage is crucial for internal reflection and coming to terms with the irreversible nature of the change.

Acceptance: The final stage, acceptance, does not imply happiness or a sudden resolution of grief. Instead, it signifies a coming to terms with the reality of the loss. It involves finding a way to live with the new reality, understanding that the loss is permanent, and beginning to adapt to life without what was lost. This stage often brings a sense of peace and a re-engagement with life, though waves of sadness may still occur. Acceptance is about integrating the loss into one's life story, learning to move forward, and finding new meaning or purpose despite the profound change. It is a process of reconciling with fate and finding a path to continued existence.

4. Applications and Examples

The Kubler-Ross Model has found extensive application across various fields, extending far beyond its original context of terminally ill patients. Its framework offers a valuable lens for understanding and supporting individuals experiencing any significant loss or life-altering change. In **grief counseling** and **bereavement support**, the model provides counselors with a structure to normalize the diverse and often chaotic emotional experiences of their clients, helping them understand that their feelings, however intense or contradictory, are often part of a common human response to loss. This validation can be incredibly reassuring for grieving individuals, reducing feelings of isolation or abnormality.

Within **palliative care** and **hospice settings**, the model remains a fundamental tool for healthcare professionals. It helps caregivers anticipate and respond to the emotional needs of dying patients and their families, fostering more empathetic communication and personalized care plans. For instance, understanding that a patient's anger might be a manifestation of grief rather than personal animosity can shift the care approach from confrontation to compassionate support. Similarly, recognizing a family member's denial can inform strategies for gradual truth-telling and preparation for impending loss, ensuring that individuals receive appropriate psychological and emotional assistance throughout the end-of-life journey.

Beyond death and dying, the Kubler-Ross stages are frequently referenced in contexts of significant non-death-related losses. For example, individuals facing **divorce** or the end of a long-term relationship often report experiencing similar emotional patterns: initial denial that the relationship is truly over, followed by anger at their ex-partner or themselves, attempts at bargaining to reconcile, a period of depression mourning the loss of the shared future, and eventual acceptance of the new independent reality. Similarly, those who have suffered a life-altering injury or illness leading to permanent disability may navigate these stages as they grieve the loss of their former physical capabilities or lifestyle, working through the emotional impact of such a profound change.

Furthermore, the model has been applied to understanding reactions to collective trauma, such as natural disasters, economic downturns, or even significant societal shifts. While these are broad interpretations, the core idea that significant loss evokes a predictable, albeit non-linear, range of emotional responses provides a useful heuristic for individuals and communities trying to make sense of overwhelming events. It serves as a reminder that emotional processing is a complex, multi-faceted journey, and that patience and compassion are essential, both for oneself and for others navigating significant transitions.

5. Criticisms and Limitations

Despite its widespread influence and pioneering role, the Kubler-Ross Model has faced significant criticisms and is acknowledged to have several limitations within academic and clinical communities. One of the primary criticisms centers on the lack of empirical evidence to support a fixed, universal sequence of stages. Researchers and clinicians have observed that individuals often do not experience the stages in the order proposed, may skip stages entirely, or oscillate between them, sometimes revisiting earlier stages. This variability challenges the model's implied linearity and raises questions about its descriptive accuracy for all grieving individuals. Critics argue that presenting grief as a series of steps can create unrealistic expectations, potentially leading individuals to feel that they are "grieving incorrectly" if their experience deviates from the model.

Another significant limitation is the model's perceived prescriptive rather than descriptive nature. Although Kübler-Ross herself clarified that the stages are not meant to be rigid, many popular interpretations of the model have treated them as a normative checklist for grief. This prescriptive approach can be problematic, as it may inadvertently pathologize natural variations in the grieving process or lead to misinterpretations of an individual's emotional state. The unique personal, cultural, spiritual, and social contexts that shape an individual's grief experience are often not adequately captured by a five-stage framework, leading to a potentially reductionist view of a complex human emotion.

Furthermore, the model has been criticized for not fully accounting for the vast cultural differences in how grief is expressed and processed. Grief is deeply influenced by cultural norms, spiritual beliefs, and community practices, which vary dramatically across societies. A model developed primarily from observations in a Western clinical setting may not accurately reflect the grieving processes in cultures where death rituals, communal mourning, or expressions of sorrow differ significantly. For instance, some cultures may encourage immediate and overt expressions of grief, while others prioritize stoicism or ritualistic practices that don't neatly map onto the five emotional stages. The model's generalizability across diverse populations is therefore limited, underscoring the need for culturally sensitive approaches to grief support.

Finally, some critics argue that the model focuses too heavily on internal emotional states and less on the practical, social, and spiritual aspects of coping with loss. While emotions are central to grief, the process also involves adapting to new roles, rebuilding social networks, finding meaning in the loss, and navigating legal or financial challenges. Modern grief theories, such as the Dual Process Model, offer a more dynamic perspective, acknowledging that grief involves oscillating between loss-oriented coping (dealing with the emotional pain) and restoration-oriented coping (adjusting to life without the deceased and engaging in new activities). While the Kubler-Ross Model remains a valuable historical and foundational concept, its limitations necessitate a broader, more nuanced understanding of the multifaceted and highly individualized journey of grief.

Further Reading

[Kübler-Ross model - Wikipedia](#)

[Elisabeth Kübler-Ross - Wikipedia](#)

[On Death and Dying - Wikipedia](#)