

Chapter Two: Is Death a Growth Experience?

The field of thanatology, it is often said, consists of footnotes to *On Death and Dying* by Elisabeth Kubler-Ross. The statement may be unfair to hundreds of authors who have studied issues of dying and written books that have their own distinctive approaches. Nonetheless, the statement is an extraordinary tribute to an unlikely icon.

Elisabeth Kubler-Ross grew up in Switzerland, where despite paternal opposition, she trained as a physician. She did volunteer work that included a visit to the death camp at Maidanek, which she says helped to shape her attitudes in later life. She accompanied her husband, Emmanuel Ross, to New York and then to Chicago. Having also received psychiatric training, she began work in a Chicago hospital where she discovered her vocation.

Kubler-Ross acknowledges that it was in part because she felt lonely and miserable that she was open to working with dying patients.ⁱ A project brought to her by four seminarians gave concrete expression to her interest in the dying. Her small team of investigators proposed to the hospital administration that they be allowed to interview dying patients.

The hospital staff were initially resistant to the idea but eventually Kubler-Ross received a go ahead. She then found that the patients were also skeptical of the project. It took some time and some mistakes about where, when and how to interview the dying, before she could break through the assumption that the dying just wish to be left alone. She eventually got an interview room in which to work and became sensitive to whatever were the physical and temporal constraints of the patients. She began attracting many people to her seminars, although not the medical school students.

As the work progressed, Kubler-Ross found that the dying were anxious to talk. They were tired of silence, evasion, or outright lies about their condition. The dying often felt that they were being treated as inanimate objects by physicians who seemed incapable of discussing death.

There is always a danger in such situations that people try to make a simple reversal. If you ask people whether the dying should be told that they are dying, a large majority will say: *Of course, they have a right to know.*ⁱⁱ Kubler-Ross took a somewhat different approach in saying: *No patient should be told that he is dying.*ⁱⁱⁱ Instead, one should listen and respond to a patient's questions until he

or she is ready to discuss their dying.

A colleague of mine, who worked for more than two decades with the dying, said she had been asked hundreds of times: "Am I dying?" She claimed that she had never said no, and that she had never lied. Her usual response to the question was: "Why do you ask?" With just that opening, dying patients would begin a conversation about the fact that they knew they were dying and that they felt frustrated by people pretending it was otherwise.

After two and a half years, Kubler-Ross wrote up her experiences that she had with about two hundred patients. The book consists of transcripts of conversations and her own interpretations. She warned that the book was not meant to be a textbook on how to manage dying patients, nor is it intended as a complete study of the psychology of the dying.ⁱⁱⁱ However, with the book's success, nurses, counselors, chaplains, family members and others confronted with the process of dying, could hardly resist using *On Death and Dying* as their textbook. The book was translated into twenty languages and the paperback version in the United States was on the best seller list for ten years.

Kubler-Ross used as an organizing tool the idea of five stages of dying, a phrase that has become a standard piece of popular culture. Novelists, comedians and movie directors, as well as practitioners of popular psychology, invoke the five stages of dying, sometimes as a rigid orthodoxy, sometimes in playful variations.^{iv}

Scholarly critics were not as enthusiastic as the general public. Like many such books written quickly about a promising new idea, *On Death and Dying* was vulnerable to some obvious criticism. Two hundred cases in one urban hospital did not impress people who are looking for scientific rigor. The most obvious flaw in the book, if one is going to claim that the dying person progresses through stages, is the failure to follow any individual through all five stages. Many cases are cited for illustrating each stage, but, even there, the interpretation of what each case illustrates is often very ambiguous. Despite these drawbacks, or possibly because the book does not follow scientific procedures, *On Death and Dying* had amazing appeal. The raw nature of the data and the naive approach to a method placed the book almost beyond criticism.

Kubler-Ross never followed up *On Death and Dying* with the proper scientific controls. That probably would not have worked anyway. The book has inspired dozens of doctoral dissertations but none that has served as a comprehensive support for her book or a serious alternative. Like many authors whose first book

is a sensational success, Kubler-Ross in her subsequent career made occasional references to *the* book but mostly she became involved in other projects that could not match the (commercial) success of the initial work.

Outsiders often express regret at someone's failure to live up to expectations while the author feels that he or she has gone on to more important things. In Kubler-Ross's case, she used her talent and fame to spark interest in the hospice movement, with its palliative care for the dying, and to raise awareness of the care of AIDS babies. History may show that her greatest work has been in helping to found hospice in the United States.

When Kubler-Ross became interested in the spiritual side of dying, many people were disappointed and some people ridiculed her. Her reputation suffered when she became involved with a charlatan named Jay Barnham who claimed to channel spirits. Her writing suffered in quality. The speeches she gave after 1980 and her autobiographical memoir are filled with dogmatic pronouncements and carelessly formulated generalizations.^v

Much of what she later wrote seems to undermine the early book. Although she would blithely dismiss this criticism, many of her supporters, as well as opponents, see this later development as unfortunate.^{vi} My interest in this chapter is not to join with Kubler-Ross's severest critics or to bemoan her failure to continue in the direction that *On Death and Dying* suggested. Instead, I will attempt, what is not often done, namely, an appreciative but close critical reading of *On Death and Dying*, with references to her later writing when helpful for interpretation.

Stages of Development

Did Kubler-Ross write a theory of development? That surely was not her intention but that is what most readers took from her book. She may not have given much thought to her choice of the word *stage*.^{vii} That single term, and the naming of five stages, inevitably fixed *On Death and Dying* into the history of developmental theories. Such theories exercise fascination for people who are trying to figure out where the world is going (a population that might include just about anyone). Despite the disclaimers of their authors, *stage theories* become employed for their supposed predictive power.

Kubler-Ross's original intention, stated at the beginning of *On Death and Dying*, was admirably modest: *I am telling the stories of my patients who shared their agonies, their expectations, and their frustrations with us.*^{viii} But once the book was published and became famous, she was subjected to questions about

her method, theory and stage sequence. She never attempted an overall restatement or a theoretical defense. Very often, she simply concedes the point of a specific criticism: Yes, a patient can skip a stage....Yes, a patient can regress to an earlier stage....Yes, a patient might be in two stages at the same time.ⁱⁱⁱ The trouble with conceding one small point after another is that eventually no pattern remains. Unlimited variations in a sequence undermine the idea of a sequence. Perhaps she would not be perturbed by that conclusion but she certainly insisted that the stages should lead to Acceptance and that once arrived there the patient should not regress.

I think it is worth offering an interpretation of the five stages of dying that would retain for it some theoretical validity and some practical significance. I suggest that Kubler-Ross did make an important discovery about dying but that the famous five names can be misleading. What can be defended is an understanding of the process of dying that is simpler and at the same time open to more variation. It is worthwhile to try to find a pattern for the experience of the dying.

In one of her ill-advised comments on the five stages, Kubler-Ross said: This is not just typical of dying, and really has nothing to do with dying. We only call it the stages of dying for lack of a better phrase.^{iv} Taken seriously, that comment would completely undermine her book. What I think she was trying to say is that the stages of dying are so important because they reveal the structure of life itself. Precisely because the focus is on dying, the stages are about living which inevitably includes dying.

Kubler-Ross's five stages give the obvious impression of being one more theory of development. As such, this theory of dying would take its place next to economic, psychological, social, moral, religious and other theories of development. However, the fact that this theory ends in death makes it unusual, to say the least. Theories of development, whatever the field, are about improvement, progress and success.

I wish to argue that Kubler-Ross's stage theory, far from being one more developmental theory, is a challenge to the very idea of development itself. If dying is at the end, what sense can be made of theories that promise improvement and success? One would then have to ask of any theory of development: Does it stand up to the particular progression that Kubler-Ross documented?

The Development of Development

A brief history of the idea of development is needed to situate the stages of dying. Development is not just a modern idea; one could say that it helps to define what modernity is. It has emerged as a more comprehensive term than either evolution or progress, each of which shares some notes in common with development. The two greatest users of the term development in the present are economists and psychologists. Each group tends to assume that they own the idea and they are oblivious of its use outside their respective fields. Of these two groups, the economists clearly have the longer hold on the term. The language of Adeveloping and developed nations@is firmly set in popular language.

The psychologists were relatively late on the scene, but if one finds Ahuman development@in a university catalogue, it is most likely in the psychology department. A question that does not seem to have a place in the university is whether theories of psychological development are biased in the direction of the economically rich (Adeveloped@ world, and conversely, whether the idea of economic development reflects one psychological mind set. We could use a study of the development of development that might better situate particular theories of development and initiate dialogue between them.

The idea of development seems to have arisen from a protest against, but also an assimilation of, ancient and medieval systems of thought. (The division of ancient, medieval, modern is itself a product of the idea of development). The early moderns liked the idea of history having meaning and direction, an idea that had roots in Greek, Jewish and Christian histories.

Christianity had begun by proclaiming an Aend to history,@an ambiguous phrase that can embrace nearly opposite attitudes to history. Much of early Christianity took the Aend@literally. History would give way to a meaning at its end or conclusion. That did not happen. Gradually there was a shift to the belief that the end was not imminent but immanent, that is, the end was absorbed into history. Meaning was to be found in history which was thought to move toward a third age or third stage. This vision of a third age, beyond the conflict of the previous two, has haunted Western history since the twelfth century. A movement that goes upward and forward, a progressive change that moves toward a better state, is the background for modern development.

While the idea of progress or development had arisen many centuries earlier, theories of progress or development awaited the late renaissance or early modern era. Even with the belief in history's meaning, Christianity retained the idea of a final judgment beyond history. For the individual, heaven and hell still fixed the limits of possibility. The choice was between taking the path that God

had laid out or else rebelling against the road to heaven.

At the collective level, the choice was between a fair and an unfair distribution of the goods that had been provided by a benevolent creator. Modern developmental theory is the attempt to retain the direction toward a better life while eliminating the end point toward which history moves. Not only the Christian heaven but Aristotle's teleology had to be dismantled.

Can we get rid of an end point but retain a clear direction of progress? Is it possible for us to be moving clearly in one direction if we are not moving toward anything? There are two ways to imagine a positive answer to that question. The first image is *Growth*, a movement forward and upward. The second image is movement around and within a sphere to achieve a harmony.

Growth. The image of growth has dominated most theories of progress or development. In fact, *Growth* and *development* is often uttered as a single phrase. Economic development occurs if humans do not accept the present limits of society. Instead, by putting together human ingenuity and the organization of resources, the goods of the world can grow indefinitely. At the level of individual psychology, when humans do not accept a narrow and preordained path to heaven, but instead use their own *creativity*, new paths can be constantly opened for human exploration. The image or metaphor of *Growth* seems endlessly applicable with a sense of infinite possibility.

Economics, which in many ways sets the standard for development, has found the metaphor of growth more than congenial. No one argues about the value of higher gross domestic product, quarterly rates of expansion or a rising stock market. Development means upward and forward. Politicians in the 1990s adopted the phrase *Growing the economy* to indicate betterment of life. Psychologists, one might have expected, would question the metaphor of growth, but this particular metaphor enveloped modern psychology from the beginning and has retained its dominance.

One factor that explains this attachment to growth is that *developmental psychology* was at first about children. Human development as growth - the metaphor coming most directly from biology - seemed to be appropriate for children. Jean Piaget's classic studies of cognitive power go up to age twelve; Piaget said he had no interest in studying *Growth and development* beyond that age.^x Piaget, as biologist and logician, was focused on how the body and the mind's judgments grow together. But if one extends *human development* to include adults, the metaphor of growth runs into trouble. Should adults be

growing when they are no longer growing up? Do people actually grow old?

What may be seen as a small problem of logic in psychology became a major issue in ecology. Since the 1960s, the ideal of growth has been subjected to severe criticism. Bigger is better, it turns out, can have disastrous consequences when applied throughout the environment. The United States, with its gargantuan appetite for the world's resources, has often been compared to a cancer in the world's body politic. And, indeed, cancer is thought by some people to be the disease that appropriately symbolizes our world-wide environmental problems, that is, a disease in which some cells grow wildly at the expense of others, oblivious of the problems caused by unrestrained growth.

Despite the now obvious problems with growth as a metaphor for human development, it retains its rhetorical place as a cultural cliché. James Hillman, the maverick psychologist, suggested that human development might better be described as shrinkage, but not many are ready to follow that lead.^x Gail Sheehy, at the beginning of a book on development, describes a woman who, after countless travails of life, declares: *I will never adjust downward.*^{xi} One can sympathize with the woman but still wonder whether she could use a different metaphor for her life's journey. Similarly, I think Elisabeth Kubler-Ross picks up an inadequate metaphor from today's psychology when she writes in the next to last sentence of her memoir: *Our only purpose in life is growth.*^{xii} It is not obvious how death fits in with growth.

Integration. There is a second metaphor for development, one that is more compatible with Kubler-Ross's findings about the dying. The movement in this development is not toward an object that can be pictured nor is it an expansion measurable by quantity. The closest one can come to illustrating this movement is to describe it as a series of cycles moving toward a harmony around the center of a sphere. Movement forward can also be downward; movement upward may be a going backward. Only after a pattern of many cycles can one judge whether there is progress toward integration of the whole.

In this form of development, a movement to the future is at the same time a recovery of the past. Quite often as people age, the memory of what happened decades ago may sharpen, even as their short term memory falters. In this development, the journey of life would not be conceived as moving toward an end point but toward a unity of conflicting forces in one's life. Progress is not just forward and up but in and out, around and back, aesthetic and playful. In this image, death is not the end point of life but is the center around which all human activity dances.

Modern sciences, including psychology, have not been very successful at incorporating death into theories of development. Most theories could be equated to describing the progress a man makes as he climbs to the top of a high rise building. What is left out in these theories is the fact that the man is then pushed off the roof. Freud was led to theorize about a death drive that struggles with a pleasure principle. Freud had few takers for his death drive, which seemed to be a counsel of despair.^{xiv}

Erik Erikson proposed a series of tensions in life, the last being the struggle between integrity and despair.^{xv} Dying might be situated better here than in most theories of development, but Erikson did not address death in any detail. Robert Jay Lifton proposed a corrective to previous developmental theories by making the experience of death central. Lifton's writing career has included a constant awareness of death and its presence throughout life, but a theory of development has been left fragmentary.^{xvi}

I would argue that Kubler-Ross's *On Death and Dying* could contribute to our understanding of life's development by providing a better understanding of the process of dying. Incorporating stages of dying into developmental theories would make all of them more realistic. The pattern of dying could return development to having the meaning of progress toward a unity, but a progress that does not smuggle in an end point and does not rely on an image of growth.

I think that Kubler-Ross did discover a pattern in the lives of patients who had time to prepare for death. The pattern may have more resemblance to medieval writing on mysticism than to modern theories of development. Those descriptions of the mystic's journey moved between the positive and the negative, light and darkness. The culmination of the mystic's journey is a unitive state in which the separation of subject and object is overcome.

Kubler-Ross is thought to have discovered a pattern with five stages. Her five stages were actually four stages and a conclusion. Furthermore, the even number of stages is more significant than the number four. There might be two stages or there might be six, eight or more stages. The stages could be given various names; the four that she happened to choose are appropriate. So also would be resistance, evasion, deliberation or protest.

The movement toward dying is characterized by a dialectic of yes and no. In the next section I will document from her book that this pattern is what Kubler-Ross found. At its simplest, the pattern has two stages. A yes to life, throughout our lifespan, is a no to death. We avoid, deny, resist dying every day. When

people are informed that they have a fatal disease, their first reaction is to say no to death, yes to life. That is what they were already doing but they now do it more emphatically. Eventually, a second stage is entered where the no to death is overtaken. The despairing yes to death is a no to life. This two step process can be repeated many times through four, six, eight or more stages. As dying approaches, the yes to death keeps deepening.

What one can hope for in the lives of the dying is a resolution that makes it possible to see that the yes and the no are not opposites. Having circled back to encompass all of one's life, the dying person accepts that life includes dying and that one's life is now complete. Thus, the stages of dying culminate in a yes to life which now includes death. Dying is now understood not as an unintelligible catastrophe but as a force that has been present since birth. The wise among us possess this knowledge long before the x-ray results show terminal cancer. They know that to live fully one must risk dangers, that every day has small dyings which prepare the way for the final dying, and that one must find a meaning in dying in order to find a meaning in living.^{xvii}

Kubler-Ross's Stages of Dying

A contentious issue that surrounds theories of development is whether an author is describing what exists or what should exist. The question arises about all ethical statements, but it becomes especially acute when applied to developmental theories that eschew moral judgments but seem to smuggle in notions of the good, better and best. The question can be and has been raised about Kubler-Ross's stages of dying; and it would apply to my interpretation of a dialectic of yes and no.

Authors very often try to defend their theories by claiming that they are just describing the world. For example, a book on adult development that rivaled Kubler-Ross's book in popularity is Gail Sheehy's *Passages*. Sheehy insisted that she developed her catchy names for stages of adult development after she read 115 biographies. Therefore, those patterns are descriptive not prescriptive.^{xviii} This defense seldom works. Readers embrace the theory because it offers direction out of the unpredictability of life.

Kubler-Ross regularly struggled with this question when she was asked whether Acceptance was the goal. Clearly, she thought acceptance was the ideal toward which patients should move but she said acceptance was not the goal. She acknowledged that this may sound as if it were a contradiction and I think it's a matter of semantics.^{xix}

She is right that it is semantics but that is the crucial point here. How does one state these theories and how is one to take the words? One can sympathize with Sheehy and others who wrestle with the choice between descriptive and prescriptive. It is the wrong semantics. The first term, description, becomes excluded as soon as the author chooses, organizes and interprets data. But the second term, pre-scription (to write beforehand), is a grandiose and indefensible claim, no matter what data have been collected. The metaphor of prescription is taken from the medical profession. If the problem is clear (the lab tests confirm it), the physician writes out the answer for the pharmacist. The prescription, if correct, ends the problem.

Consider an alternative metaphor drawn from the legal profession. If accused of a crime, I hire a lawyer to be my advocate in court. From conversations between lawyer and client, a strategy is devised to argue before the judge or jury. If one approach is not working, another might be tried. It is a fallible process of persuasion to get to the underlying truth that I am innocent. The task is not to prescribe but to advocate.

In trying to chart a developmental theory of any kind, the truth is what is sought but is probably too complicated for our language to encompass. The best that one can do is advocate a way of speaking that is better than any available alternative. The advocacy should be based on language that is persuasive because it is historically well-rooted and the writer or speaker is aware of contemporary connotations. The names that Kubler-Ross chose for her four stages (denial, anger, bargaining, depression) are appropriately ambiguous. They can signify something good or bad, depending on the context. Only Acceptance as the culmination of the stages is good by definition.

In Kubler-Ross's advocacy of a language to describe the process of dying, her clearest choices are Denial and Acceptance. In fact, she could have worked through the whole process with only those two terms. That surmise is suggested by her statement that Denial is usually a temporary defense and will soon be replaced by partial acceptance. What can she mean by partial acceptance and what about the in-between stages? She must be implying that acceptance is not a last stage in a sequence of five, but a theme that runs throughout the four stages, gradually being filled out. Corresponding to partial acceptance, she could have referred to partial denial. She does not in fact use that phrase. She uses denial - complete denial - as the initial reaction that almost everyone experiences in receiving a death sentence. There must be some mistake....I'm too young and healthy to be dying....I need a second opinion.

In most popular conversations, a person being in denial is thought to be in the worst way possible. And, indeed, if a person were in complete denial about everything, he or she would be cut off from reality. Denial is usually intended to be almost entirely negative in connotation. Perhaps surprisingly, Kubler-Ross has a good word to say about denial. Denial functions as a buffer after unexpected shocking news, allows the patient to collect himself and, with time, mobilize other, less radical defenses.^{xxi} The person is not denying his or her mortality, just denying that this disease is the end. The response of a friend of mine to being diagnosed with prostate cancer was "I am going to die with this disease but not from this disease." The determination to deny this disease's finality at this time is a healthy basis on which to affirm one's life. It is a no to death, yes to life.

Denial can be a good attitude at the beginning of the process. Persisted in completely to the end, denial is not a good. Kubler-Ross is somewhat ambivalent about this point. She describes one case in which the woman seemed to be in denial until the end. Kubler-Ross later wonders "If I was not a bit too ready to support her denial."^{xxii} But elsewhere she proposes about a patient: "Allow him to stay in the stage of denial."^{xxiii}

If she believes that acceptance is ultimately better than denial, I think she has to say that a counselor should try to help the person beyond denial. The caveat is that denial (and acceptance) are necessarily ambiguous when interpreting another person's life. Denial can have many forms and degrees. Frontal attacks on denial almost always fail. Therefore, a counselor should be trying to help a person beyond denial while being aware that the counselor's perception of what constitutes denial may be skewed.

Kubler-Ross named the second stage of dying anger. It is an appropriate name for the moment when the dying person cannot sustain complete denial. "Yes, I am dying and I'm mad as hell about it." Anger is generally thought to be a vice or a failure of temperament, especially in Eastern spirituality. Christianity, while listing anger among the capital sins, also recognized "holy anger," a proper response to some evil. East and West may have a profound difference here or perhaps the difference is more at the level of applications and connotations.^{xxiv} Anger is an understandable reaction when it becomes clear that one is fatally sick.

Some of Kubler-Ross's most helpful comments in *On Death and Dying* are in the chapter on anger. For the dying patient, it is important to know that feeling anger and letting the anger out in nonviolent ways is a healthy reaction.^{xxv} Just

as important, it is indispensable for the care giver to be prepared for anger and to know that the anger is not personally directed. The dying patient is not angry with the nurse, counselor, family member, friend or whoever is in the general vicinity. The patient is angry at the disease, at the situation, at God. When asked what to do about a patient angry at God, Kubler-Ross replied: *A* would help him to express his anger toward God because God is certainly great enough to be able to accept it.^{xxvi}

Although the care giver has to be understanding about anger, that stance is not equivalent to being passive in the face of anger. One can tell the patient that some behavior is unacceptable. There may be a need to talk out the anger. Some of the anger may have a reasonable basis and the cause of the anger can be corrected. In any case, a vigorous human response is called for. In the play, *Whose Life Is It Anyway*, the patient is angry that the social worker does not criticize him for his outbursts. Treating a dying patient as a human being includes conversation, criticism of bad behavior and even joking.

The third and fourth stages repeat the pattern of no to death, yes to life followed by yes to death, no to life. Kubler-Ross called these two stages bargaining and depression. The pattern of no/yes to death is repeated but now at a deeper level. The chapter on bargaining is the shortest in *On Death and Dying*, the one chapter without a transcript of conversation. That is unfortunate because there would be no shortage of data. Bargaining might start in the first stage and continue in the third, fifth, seventh...stages. The dying person will try to bargain with everyone and everything.

The religious person has God to bargain with. Logically, God would be the only one who could commute the death sentence. But even people who say they do not believe in God try to strike a deal with the forces of the universe. Anyone in the immediate environment, anyone imagined to have power, becomes a fit candidate for negotiating a deal to put off death. So long as one can bargain, one can keep denying that death is approaching.

When the fourth stage reverses the third, the no to life takes the form of depression. This stage parallels anger but now the emotions are more deeply set and are indicative of being further along the journey. The term depression is almost totally negative in its connotations. But as is the case with each stage, Kubler-Ross finds a positive aspect along with the negative. For this stage, she distinguishes the good and bad into two kinds of depression; reactive and preparatory.^{xxvii} The bad depression is directed to the past, the good form of depression is concerned with the future.

Reactive depression is a guilty feeling about what the person has or has not done during his or her lifetime. Unresolved personal problems weigh upon the person, something that the dying should not have to carry. Kubler-Ross recommends vigorous counseling to help the person get beyond this reactive depression.

As for preparatory depression, she recommends a nearly opposite strategy. This depression results from a realistic assessment of what lies in the near future. The patient's whole system is beginning to shut down. Trying to cheer up the patient will not work and may be burdensome. That fact does not mean the person should be abandoned to his or her depression. The best that one can do is to be physically present and provide whatever contact the dying patient wants.

Finally, there is Acceptance@which is not a stage but a resolution of the two, four or more stages that preceded. Do most people reach this state? Kubler-Ross begins the chapter on acceptance by asserting that Af a patient has enough time (that is, not a sudden unexpected death) and has been given some help in working through the previously described stages, he will reach a stage during which he is neither depressed nor angry about his fate.@^{xviii} Since her patients in the study had both of these conditions fulfilled, she found that Athe majority of our patients die in the stage of acceptance.@^{xix} That conclusion is the most she can claim about the universality of acceptance. Clearly she thinks acceptance is the way to go but neither she nor anyone else can know in what state most people die.

Kubler-Ross insists on a distinction between acceptance and resignation. The latter she describes as simply giving up. In contrast, acceptance, while not connoting an embrace of death or a pleasant experience, does suggest that one is actively open to receive death when the time has come. Unlike the four stages that preceded acceptance, here the positive and negative aspects have been separated into two different terms: acceptance and resignation. Only the positive one, acceptance, is deemed acceptable.

Acceptance is characterized as peaceful and calm. Kubler-Ross sometimes speaks of acceptance as directed toward one's mortality, at other times toward the fact of one's imminent death. This double meaning could be taken as an equivocation unless one grasps how the two are related. Acceptance is not primarily about the fact of dying. It is about accepting one's life that is soon to include dying. AThis is who I am, this is a whole life, this is the meaning of my life.@ If it were a question of the fact of death, one would simply recognize or

acknowledge that fact.

Persons, situations and the universe have to be Accepted rather than just acknowledged. William James defended Margaret Fuller against the ridicule of Thomas Carlyle for her saying I accept the universe. James commented that at bottom the whole concern of both morality and religion is with the manner of our acceptance of the universe. Do we accept it only in part and grudgingly, or heartily and altogether. Shall our protests against certain things in it be radical and unforgiving, or shall we think that, even with evil, there are ways of living that must lead to good?^{xxx} Kubler-Ross chose the right term, acceptance, with its profound philosophical and religious significance.

Kubler-Ross did not do such a good job in describing acceptance. At least, she did not leave enough room for interpreting what acceptance might mean in particular cases. Part of the problem, I suspect, is that she has assumed a context which is not entirely described in the chapter on acceptance. What she describes there is the dying person withdrawing into a state of solitude, detached from outside concerns.

While she is right that the living have to let go so that the dying can accept death, that does not mean the absence of a community. There are many documented cases in which the dying person waits until family members leave before he or she breathes their last. In such cases, a caring community is not the problem; it is the possessive attitude of those people attending the dying. The dying wish to finish life surrounded by those who love and care, but the circle of community may vary greatly in its shape; the community should not be too narrowly confining. The dying need solitude not loneliness, a solitude that includes not feeling abandoned.

Kubler-Ross could be misread with her opening statement: He wishes to be left alone.... She goes on to say or at least not stirred by news and problems of the outside world, which is more to the point. She continues the description of someone sitting with the dying, holding their hand, listening to the song of a bird, simply being present in silence. The whole point of stages of dying is that the dying need the help and understanding and presence of a community. Final acceptance should be a confirmation not a rejection of that attitude. Kubler-Ross is perhaps concentrating on death as a biological event, whereas human death is a personal and communal event.^{xxx}

A second, more serious, way that Kubler-Ross may too narrowly circumscribe acceptance is by describing it as almost void of feelings. That may be accurate

but if acceptance is the culmination of stages of emotions, it might also be called the integration of all those emotions. The fullness of feeling could appear to be the same as the absence of feeling. If final acceptance can be said to include all the emotions, it would not be surprising that at times elements of anger or resistance are still evident. Admittedly, it is difficult to reconcile acceptance with Aage, rage against the dying of the light.@ But someone who is a fighter to the last might still have reached acceptance.^{xxxii}

The claim that the dying person is void of feelings is tied to Kubler-Ross's description of the dying person as going back to early infancy, Ato the stage that we started out with and the circle of life is closed.@^{xxxiii} This image, the one she used in entitling her autobiography Athe wheel of life,@ seems to me unfortunate and unnecessary. It is related to the dangerous tendency to confuse childlike attitudes in the old with childishness. Eighty-year-olds are not children and should not be treated like children. Death experienced as the completion to life should not be interpreted as a denial that a life has occurred.

The image of a circle or wheel is to be distinguished from the cyclical movement that I described earlier. One should not declare the circle closed even in death. A cyclical movement always leaves open possibilities that we may not be aware of. I think that Kubler-Ross's description of acceptance as a closed circle is part of the reason for her turn in the road after *On Death and Dying*. She not only turned to the spiritual but to a spirituality opposed to the body. She then repeatedly made such statements as: ADeath, as we understand it in scientific language, does not really exist....My real job...is to tell people that death does not exist....One way to not be so afraid is to know that death does not exist.@^{xxxiv}

These statements would be puzzling from anyone; but from someone famous for investigating the dying process, the statements seem bizarre. Kubler-Ross, like everyone else, has a right to her beliefs and a right to change them. But what she repeatedly said in speeches and essays does not seem to make consistent sense

In her memoir, she says on page one that Adeath is one of our greatest experiences,@ while later she says that Adeath does not exist.@ She also says that death is Aa transition to a higher state of consciousness where you continue to perceive, to understand, to laugh and to be able to grow.@^{xxxv} The metaphor of growth has survived in her speculation, even apart from bodiliness. If one views death as a Atransition@ it still seems unintelligible to say Adeath does not exist.@ Many religions see death as a transition but they do not deny that dying is real, often painful, and a dissolution of the life we know.

In *On Death and Dying*, the chapter that immediately follows the chapters on stages is entitled *Hope*.¹ Perhaps there is a neglected theme there that Kubler-Ross might have pursued. She begins the chapter by saying *The one thing that usually persists through all these stages is hope.*² That suggests an attitude of crucial importance, one which comprehends stages of dying and goes beyond acceptance.

Unfortunately, her description of hope is unclear. She says *It gives the terminally ill a sense of special mission in life* but then adds *In a sense it is a rationalization for their suffering at times; for others it remains a form of temporary but needed denial.*³ That description of hope is sadly reductive. She goes on to equate hope to counting on a cure or to the dying being able to talk about their dying.

Christian theology developed hope as a *theological virtue*,⁴ the one that links faith and love. Although somewhat neglected in Christian writing, hope could turn out to be a virtue that is especially appropriate for today's skeptical world. Hope does not claim to know the future nor does it promise a reward. Thomas Aquinas notes simply that *The difference between hope and despair is the difference between possibility and impossibility.*⁵

The individual today wants to be in control of his or her life; death is a shocking reminder of the power and forces which are far beyond the individual. The only choice left is hope or despair, and as Gabriel Marcel writes, *Hope is the will when it is made to bear on what does not depend on itself.*⁶ It is difficult to see how acceptance of one's own dying is possible without the accompanying feeling of hope - that, *At the bottom of the heart of every human being, from earliest infancy to the tomb, there is something that goes on indomitably expecting, in the teeth of all experience of crimes committed, suffered and witnessed, that good and not evil will be done to him.*⁷ I will return to the issue of hope in later chapters on religion, but it also underlies discussions of *dying with dignity*, a topic to which I now turn.

i. Elisabeth Kubler-Ross, *On Life after Death* (New York: Celestial Arts, 1991), 25.

ii. Elisabeth Kubler-Ross, *Questions and Answers on Death and Dying* (New York: Collier Books, 1974), 3.

iii. Elisabeth Kubler-Ross, *On Death and Dying*, Preface.

iv. For example, in Lorrie Moore, *Birds of America* (Picador, 1999), a character mourning the death of her cat refers to going through the stages of anger, denial, rage, Hagen-Dass. Perhaps the most spectacular use of Kubler-Ross's five stages is the structure of the movie *All That Jazz*.

v. I refer here to the collections *On Life after Death* and *Death is of Vital Importance* (Barrytown, NY: Station Hill Press, 1995) and her memoir *The Wheel of Life* (New York: Bantam Press, 1997).

vi. For example, Dr. Samuel Klagsbrun, a psychiatrist well known for his work with the dying, says: "She is actively destroying the work she has done, which I think will long live after her attempts to destroy it....She's killing her own work by denying death." Quoted in Jonathan Rosen, "Rewriting the End: Elisabeth Kubler-Ross," *New York Times Magazine*, Jan. 22, 1995, 24.

vii. Elisabeth Kubler-Ross, *On Death and Dying*, Preface.

viii. Elisabeth Kubler-Ross, *Questions and Answers on Death and Dying*, 25-6.

ix. *Ibid.*, 26.

x. Jean Piaget, *Illusions and Insights of Philosophy* (New York: New American Library, 1971),

xi. James Hillman, *The Dream and the Underworld* (New York: Harper and Row, 1979).

xii. Gail Sheehy, *Pathfinders* (New York: Morrow, 1981), 9.

xiii. Elisabeth Kubler-Ross, *The Wheel of Life*, 280

xiv. Sigmund Freud, *Beyond the Pleasure Principle* (New York: Norton, 1920).

xv. Erik Erikson, *Insight and Responsibility* (New York: Norton, 1964), 133..

xvi. Robert Jay Lifton, *The Broken Connection: On Death and the Continuity of Life* (New York: Basic Books, 1983).

xvii. David Kuhl, *What Dying People Want: Practical Wisdom for the End of Life* (New York: Public Affairs, 2002). In one of his exchanges with the dying, the author asks if he is afraid of dying. "No," he said, "It's different from anything I have experienced before. I have a calmness within me, and a quiet confidence that my life on earth is complete." (253).

xviii. Gail Sheehy, *Passages* (New York: Dutton, 1976), 252.

xix. Elisabeth Kubler-Ross, *Questions and Answers on Death and Dying*, 36.

xx. *On Death and Dying*, 40.

xxi. Ibid., 39.

xxii. Ibid., 49.

xxiii. *Questions and Answers on Death and Dying*, 36.

xxiv. Dhammapada, ch. 17; Thich Nhat Hanh, *Anger: Wisdom for Cooling the Flames*, 2001

xxv. Thomas Keating, in *Spiritual Silence*, ed. Susan Walker (New York: Paulist Press, 1987), 285.

xxvi. *Questions and Answers on Death and Dying*, 24.

xxvii. *On Death and Dying*, 86.

xxviii. Ibid., 112.

xxix. Ibid., 120.

xxx. William James, *The Varieties of Religious Experience*, 49.

xxxi. William May, *Testing the Medical Covenant* (Grand Rapids: Eerdmans, 1996), 72-73, has a criticism that is almost the opposite of mine. He criticizes Kubler-Ross because she overlooked this element of distancing that occurs in all authentic relationships. Instead, she wrongly urges a kind of intimacy between the healer and the dying, a mystical urging of the two, that does not fully honor the complicated transparency/opaqueness of all human encounters, from the most intimate to the most crisis-laden. Perhaps she is vulnerable to that criticism in general but it is hardly a description of what she advocates at the time of the actual dying.

xxxii. Dylan Thomas, *The Collected Poems of Dylan Thomas* (New York: New Directions, 1957), 128.

xxxiii. *On Death and Dying*, 120;

xxxiv. *On Life after Death*, 30, 36, 37.

xxxv. Ibid., 30.

xxxvi. Ibid., 138.

xxxvii. Ibid., 139.

xxxviii. Thomas Aquinas, *Summa Theologia*, IIa, IIae, 40, 1, ad 3.

xxxix. Gabriel Marcel, *Philosophy of Existence* (New York: Citadel, 1944), 32.

xl. Simone Weil, *Human Personality*, in *The Weil Reader* (Mt. Kisco, NY: Moyer Bell, 1977), 315.