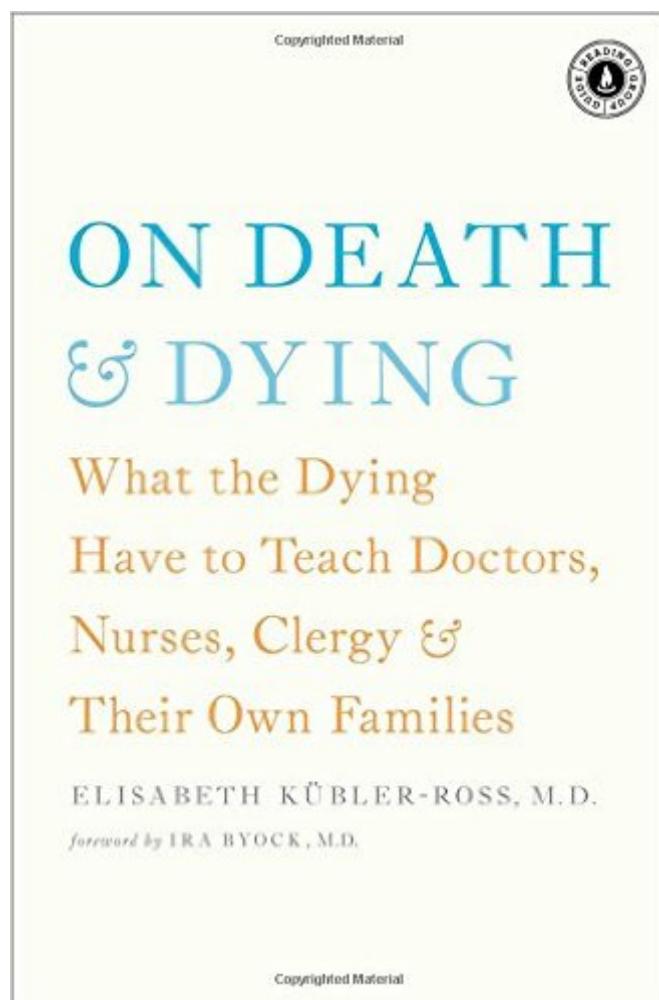


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On Death And Dying: What The Dying Have To Teach Doctors, Nurses, Clergy And Their Own Families



Synopsis

Ten years after Elisabeth Kübler-Ross's death, a commemorative edition with a new introduction and updated resources section of her beloved groundbreaking classic on the five stages of grief. One of the most important psychological studies of the late twentieth century, *On Death and Dying* grew out of Dr. Elisabeth Kübler-Ross's famous interdisciplinary seminar on death, life, and transition. In this remarkable book, Dr. Kübler-Ross first explored the now-famous five stages of death: denial and isolation, anger, bargaining, depression, and acceptance. Through sample interviews and conversations, she gives readers a better understanding of how imminent death affects the patient, the professionals who serve that patient, and the patient's family, bringing hope to all who are involved. This edition includes an elegant, enlightening introduction by Dr. Ira Byock, a prominent palliative care physician and the author of *Dying Well*.

Book Information

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Customer Reviews

Elisabeth Kübler-Ross's book, 'On Death and Dying', is one of the classic works in the field, still used to educate and inform medical, counseling, and pastoral professionals since its original publication in the 1960s. Kübler-Ross did extensive research in the field by actually talking to those in the process of dying, something that had hitherto been considered taboo and an unthinkable, uncaring thing to do. Kübler-Ross asked for volunteers, and never pressured people to do or say anything they didn't want to. One of her unexpected discoveries was that the medical professionals were more reluctant to participate than were the patients, who quite often felt gratitude and relief at being able to be heard. Kübler-Ross also spoke to families, and followed people

through their ailments, sometimes to recovery, but most often to their death. She let the people guide her in her research: 'We do not always state explicitly [to the patient] that the patient is actually terminally ill. We attempt to elicit the patients' needs first, try to become aware of their strengths and weaknesses, and look for overt or hidden communications to determine how much a patient wants to face reality at a given moment.' This caring approach was often an aggravation for KÃ bler-Ross and her staff, because they would know what the patient had been told but was not yet ready to face. KÃ bler-Ross recounts stories of attempts to deal with death in different ways; denial, anger, bargaining, depression, acceptance -- in fact, the various stages of grief were first recognised in KÃ bler-Ross's research.

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