

## ANÁLISE DO FILME *MY LIFE* SOB A PERSPECTIVA DO MODELO DE KÜBLER-ROSS

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## ANÁLISIS DE LA PELÍCULA *MY LIFE* SOB LA PERSPECTIVA DEL MODELO DE KÜBLER-ROSS

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### RESUMO

**Objetivo:** Analisar os cinco estágios da morte e morrer por meio da narrativa midiática do filme *My Life* (1993), do diretor Bruce Joel Rubin. **Método:** Estudo exploratório e descritivo ancorado na abordagem qualitativa. A partir da análise do conteúdo verbal e não verbal da narrativa, as cenas foram identificadas, decupadas e descritas de forma sintetizada; posteriormente, foram classificadas em grupos a partir do referencial teórico de Kübler-Ross. **Resultados:** Foram selecionadas e discutidas cenas dos estágios de negação, raiva, barganha, depressão e aceitação segundo Kübler-Ross. **Conclusão:** Os resultados apontam que o filme *My Life* pode ser utilizado como ferramenta pedagógica por elucidar os estágios da morte e do morrer, motivando reflexões e apreciações críticas sobre a temática, o que contribui para um melhor entendimento dos estágios a que estão sujeitos os doentes em final de vida.

**Descritores:** Educação em saúde; Tanatologia; Morte; Cinema como assunto; Cuidados paliativos.

### ABSTRACT:

**Objetivo:** To analyze the five stages of death and dying through the transmedia narrative of the film *My Life* (1993), directed by Bruce Joel Rubin. **Method:** Exploratory and descriptive study grounded in qualitative approach. From the analysis of verbal and non-verbal content of the narrative, the scenes were identified, analysed and described in a synthesized manner; later, they were classified into groups from the theoretical framework of Kübler-Ross author. **Results:** The scenes that approached the stages of denial, anger, bargaining, depression and acceptance were selected and discussed according to Kübler-Ross. **Conclusion:** The results show that the film *My Life* can be used as a pedagogical tool for elucidating the stages of death and dying, encouraging reflection and critical assessments on the subject, which contributes to a better understanding of patients in final stage of life.

**Descriptors:** Health education; Thanatology; Death; Motion pictures as topic; Palliative care.

### RESUMEN:

**Objetivo:** Analizar las cinco etapas de la muerte y el morir a través de la narrativa mediática de la película *My life* (1993), dirigida por Bruce Joel Rubin. **Método:** Estudio exploratorio y descriptivo anclado en el enfoque cualitativo. A partir del análisis del contenido verbal y no verbal de la narrativa, las escenas fueran identificadas, desmenuzadas y descritas de forma sintetizada; posteriormente, fueran clasificados en grupos a partir del marco teórico de Kübler-Ross. **Resultados:** Fueron seleccionadas y discutidas escenas que se acercaron a las etapas de negación, ira, negociación, depresión y aceptación segundo Kübler-Ross. **Conclusión:** Los resultados muestran que la película *My life* puede ser utilizada como una herramienta pedagógica para elucidar las etapas de la muerte y el morir, fomentando la reflexión y evaluaciones críticas en la materia, lo que contribuye a una mejor comprensión de pacientes en etapa final de vida.

**Descriptores:** Educación en salud; Tanatología; Muerte; Cine como asunto; Cuidados paliativos.

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## INTRODUCTION

In modern Western society, death is associated with pain, failure, loss, and physical, psychic, social and spiritual suffering. The theme is treated as taboo and denied, but in blatant contradiction, every day it stands up in the collective imagination, as it is disclosed indiscriminately by media in an spectacular manner<sup>(1)</sup>.

This contradiction is reflected in the curricula for the training of health professionals, who, despite daily living with death by their own profession, they rarely have the opportunity to reflect on the loss of patients and on the impact of the death of each one of them in their personal and professional life<sup>(2)</sup>.

As a result, students are not encouraged to identify their feelings and emotional reactions, as well as those of patients and families facing the process of illness and death. Thus, professionals are struggling to provide integral, humanized and ethical care to those who are experiencing the end of life<sup>(2-4)</sup>.

In general, in terminality, the hospitalization takes the patient from his/her family atmosphere, favoring his/her autonomy loss and exclusion in the decision-making process of his/her own life<sup>(5)</sup>. In the hospital-centered approach at the end of life, the attention is generally focused on the equipment, invasive and often futile treatments, in an effort to ward off the imminent death, which upsets and scares the professional. He/she avoids looking at the distressed face of the patient and family not to come across with his/her own limitations, omnipotence and mortality<sup>(6)</sup>.

Reflections on the problems of health professionals when dealing with the topic point out that, in the intensive care unit, the confrontation with death always arouses conflicting feelings of failure, guilt, helplessness. Each professional means situations according to variables such as the person's age, any trace of the patient that resembles someone close, the revolt by not reversing the picture, among others<sup>(7)</sup>.

Study with young adults found higher scores on the fear of death, suggesting that young students perceive death as a catastrophic interference in their lives, preventing them from achieving important goals in professional and emotional sphere<sup>(8)</sup>.

The nursing graduates have difficulties and

are unprepared to deal with the death subject, even when they say they are prepared for such an event<sup>(8)</sup>. In another study with graduates, most of them expressed desire for an education in palliative care and topics related to death as part of the graduation in Nursing<sup>(9)</sup>.

Facing this scenario, the question is: how to help the sick person in this delicate phase? Currently, the interest in developing skills in order to minimize the suffering of patients and promote a dignified death has been increasing. To this end, it is important to recognize in which phase of the dying process the sick person is, since it is necessary to understand his/her needs, to provide proper care to each one of them<sup>(6)</sup>.

In this perspective, the contributions of Elizabeth Kübler-Ross on the stages of death and dying are essential. From interviews with people at the end of their life, she identified a set of emotional reactions experienced when facing death. This set of reactions described in her book "On death and dying" was called the five stages of death and dying, which, in this study, is being called the Kübler-Ross Model<sup>(6)</sup>.

The stages are: denial, anger, bargain, depression and acceptance, which consist of: a) Denial: stage when the patient reacts with a "no, I don't; that cannot be true", when becoming aware of his/her disease. Frequently, upon receiving the news, the patient comes into a state of shock and numbness; b) Anger: phase when the significant issues related to the illness process emerge, such as "why me?", "why now?".

At this point, the patient demonstrates hostility to everyone around him/her; c) Bargain: stage when there are attempts to include rewards for good behavior, in order to get more lifetime; d) Depression: at this stage, the patient enters a time of inner silence, becoming isolated when saying goodbye to the world, a path required to achieve the final stage; and) Acceptance: occurs when the patient understands his/her situation, leaving fear and anguish behind, being in peace to face his/her fate<sup>(6)</sup>.

Each stage highlights the permanence of the desire to live, means the expression of someone's voice, their feelings and concerns, being, thus, of great importance that the professional recognizes the manifestation of each one of them<sup>(6)</sup>.

How to help students and health professionals to recognize each stage? Given the

cultural difficulties to approach death and dying, it is necessary to get methodological strategies to encourage reflection on the subject. In this perspective, the film is presented as communicative medium that promotes understanding of the process of living, of oneself, the other and the world<sup>(10-11)</sup>.

In this context, the cinema can be a great facilitator for understanding difficult situations that we ignore, allowing the approach of everyday life, since it, in its particular form of communication, binds the viewer in its narrative<sup>(1)</sup>. The value of the films is not restricted only to the entertainment industry. The cinema is discovered as wide instrument of study in the educational environment, enabling analyses and surveys<sup>(11)</sup>. A film improves our ability to identify and project and favours our interpretation of feelings displayed in the narrative. Therefore, it becomes a facilitating instrument to convey ideas, concepts and emotions. It offers the viewer the opportunity to know and improve new concepts and themes, as well as to explore those already known<sup>(1)</sup>.

The films represent an important means for learning in the health education area for the construction of new methodologies and analytical possibilities in human care research<sup>(11-12)</sup>.

Thus, the concern that arises around the film encourages discussions and reflections about a particular subject, justifying this technology as a means of raising the interest of the student, representing a more humanized educational opportunity<sup>(11)</sup>. In this perspective, the question is: Can a film be used as educational resource to promote better understanding of the stages of death and dying?

Thus, the overall objective of this article is to analyze the five stages of death and dying through the transmedia narrative of the movie *My Life* (1993), directed by Bruce Joel Rubin<sup>(13)</sup>.

## METHOD

Exploratory, descriptive study, of qualitative approach. In the study development, the content of the movie *My Life* (1993) was used as corpus of analysis in order to analyze it as a possible instrument of death education from the verbal and non-verbal aspects of the narrative.

Analyzing a movie is to be introduced into a space of knowledge, which allows understanding the reality in a unique way through the images. The analysis implies performing two major steps: the first one is to break down the film and then

interpret and elucidate the elements of the narrative<sup>(14)</sup>.

The application of this form of analysis allowed data collection to travel the following steps: 1) identify the subject of the film from the problematization of the research; 2) structure a summary about the story of the studied film, *My Life* (1993); 3) identify scenes that highlight the stages of death and dying; which were published and described in a synthesized way and; 4) sort the scenes into groups from the theoretical framework of the author Kübler-Ross.

Initially, the film was chosen due to its ability to elucidate the theme of the stages of death and dying by Elisabeth Kübler-Ross, in order to use it as a teaching tool.

In the educational context, the cinema should be understood as text, because it is a form of writing and for revealing content through placements and intentions, which need to be decoded by its viewer<sup>(15)</sup>. In this logic, in the second stage, a summary about the story of the film was prepared.

In the third step, the scenes of the film were transcribed and analyzed considering the verbal and non-verbal language. The cinematography is characterised as a result of a connection of various elements such as sound, light, moving images, lines, and text; featuring numerous meanings that must be interpreted by the viewer from his/her identification with the film<sup>(15)</sup>.

Each chosen scene was detailed and described in a synthesized way. Later, using the theoretical framework of Elisabeth Kübler-Ross, the scenes were classified into the following groups from the stages of death and dying, which elucidated: denial, anger, bargain, depression and acceptance.

## Filmography

The drama *My Life*, released in 1993, directed and screenplay by Bruce Joel Rubin, starring Michael Keaton (Bob Jones); Nicole Kidman (Gail Jones); Queen Latifah (Theresa); Michael Constantine (Bill); Rebecca Schull (Rose); Mark Lowenthal (Dr. Hills); Lee Garlington (Carol Sandman); Toni Sawyer (Doris); Haing s. Ngor (Mr. Hu) is a plot of rediscoveries, portraying an emblematic life case of Bob Jones (main character) who lives two extremes: discovers that he will be a father for the first time and, at the same time, receives the information that he has a terminal cancer<sup>(13)</sup>.

In order to immortalize his image to his only son who he would not probably be able to know, Bob Jones decides to hold a movie about himself, telling stories of his own childhood, reporting experiences and his perception of the world, so that his son could meet him, even after his death<sup>(13)</sup>.

After treating a serious illness, while visiting the doctor, Bob Jones discovers that his therapy did not have the expected effect. The tumor continues to grow, and the doctor gives him a life expectancy of only three to four months. Based on that prognosis and without any alternative treatment available, his wife Gail convinces him to search for a known Chinese healer for an alternative treatment. Mr. Ho, healer, makes Bob Jones understand that his situation of suffering and current frustration is directly related to the sorrows and anger inside him, related to excessive attention to work and the lack of exposure of his own feelings, especially in relation to his family and origin<sup>(13)</sup>.

Bob Jones is quite rational. Nobody at his work really knows him, his relationship with his family is troubled and, during the unfolding of the plot, all the repressed feelings and sorrows turn

him into an erupting volcano. These repressed emotions, which is considered easier to expose on camera, makes him rethink and revive new feelings, understanding his life path<sup>(13)</sup>.

In short, the film reflects the changes of thinking and acting involved in the time between the diagnosis of terminal illness until the last breath of the main character, who, when passing through the stages of death and dying, has improved as a person and, in his last moments, revealed his true essence as human being, overcoming his fears and allowing himself to live until his death. So, the plot revolves around the duality of human trajectory: life and death, showing unique and non-transferrable aspects on this route<sup>(13)</sup>.

## RESULTS AND DISCUSSION

The results will be presented in frames, which will describe the selected scenes that will be associated with the stages of Kübler-Ross Model: denial, anger, bargain, depression and acceptance.

In Table 1, we can identify the stage of denial in scenes to discuss and notice its main features.

Table 1- Scenes of the movie that approach denial.

Stage	Scenes of the movie that approach the theme
Denial	<p>Scene A: The main character, Bob, receives the results of exams performed after the completion of a particular treatment. When handing the exams, the doctor announces that the therapy was not effective and that his case had short life expectancy. Immediately, Bob asks to retake the treatment (which almost killed him). He emphasizes that he is still in the game, he is still alive and there are several other therapies and treatments possible. Demonstrating not to understand Bob's denial content, the doctor recommends Bob not to waste his time searching for useless things, noting that, unfortunately, medicine has some limitations.</p> <p>Scene B: In the bedroom, Bob is hugged by his wife, Gail. He, with a thoughtful look, says, "I'm going to defeat this thing, Gail", avoiding naming the disease itself.</p> <p>Scene C: Gail discovers Bob's project of recordings for their son. She is surprised by the statements of her husband, feeling hurt by his behavior. She mentions that she is flesh and blood and that she needs him to talk to her: "Your silence is not protecting me, Bob". Gail says she feels like she has already lost him. She asks him to listen to her, begs for him, needs him, and cannot have the baby alone. Bob asks, "How can I be with you?" Gail replies, "Let me in, share your feelings with me, I do not want anything else".</p>

Source: *My Life* [DVD]. Diretion and screenplay: Bruce Joel Rubin. United States: Paris Filmes. 1993. 106 min.

In the scenes described above, some moments demonstrate peculiarly the meaning of the first stage of the death and dying process, which is denial. In scenes A and B, denial can be understood as a shield in the face of death. In this

way, "denial works as a bumper that acts after unexpected and shocking news, leaving the patient to recover through time, mobilizing other less radical measures"<sup>(6)</sup>.

The denial was a major finding in a

qualitative study conducted with eight cancer patients in palliative care, in which it was identified at this stage as an important defense mechanism to circumvent the harsh and unforgiving reality<sup>(16)</sup>. The word cancer has a stigma very associated to suffered death, and means to people who receive the diagnosis, almost a death sentence, generating deep impact on the patient and family<sup>(17)</sup>.

Thus, in the scene A, one can say that the bad news was premature without the proper preparation of the patient to receive it. Bad news means any information conveyed to the patient or his/her relatives who produces, directly or indirectly, unpleasant feelings, consisting of a message with the potential to destroy hopes and dreams, leading to a lifestyle change of a person and his/her future<sup>(18-19)</sup>.

The bad news' protagonists are caregivers, who, in addition to planning and managing these moments, must also manage their own fears and be prepared to accept the patient's and the family's natural hostilities. Preferably, the doctor of the plot (Dr. Hills) should have not related the tumor to imminent death, he might have argued that not everything was lost, leaving the door open to hope. The patient's reaction when receiving such news does not depend solely on the way the professional passes it on, but it is an important factor that should not be ignored. In this way, the bad news is a difficult task for all healthcare professionals, because it is always difficult to pass it on and requires a lot of preparation<sup>(18-20)</sup>. In order to assist the professional in the moment of transmission of news, the SPIKES Protocol was created<sup>(19)</sup>.

The SPIKES protocol consists of six steps, each letter representing a sequence phase. This protocol describes important considerations in order to help alleviate the distress, both for the patients who receive the news and for the health professionals who transmit it. The first step, originally known as "Setting up the interview", is to prepare the environment to communicate the news, it should be quiet, comfortable and private.

The second, "Invitation", is the moment when the professional needs to know how much the patient and family members want to know about the diagnosis. Next, "Knowledge", is the phase in which the news is transmitted honestly and patiently. "Emotions", the fifth phase, is to recognize and empathize with the emotions

expressed by the patient and family members about the news. In the last phase, "Strategy", the professional summarizes the information transmitted in a way that the patient understands, and presents the strategic plan and possible interventions for treatment<sup>(18-19)</sup>.

Along this situation, it is important to respect the patient in his/her own process of not accepting the disease, considering denying an important way to deal with the condition of finitude. This stage is paramount for some to keep stable, that is, on balance, since the reality might threaten the person's psychic integrity, which needs to be preserved. The psychic integrity is necessary for the person to continue to fight for life or even face the treatment, which sometimes is slow and painful, affecting those who are around the patient<sup>(6,21)</sup>.

In scene B, Bob avoids naming the disease itself, determined to win it, expresses hope that it will be over soon. The hope is associated with the well-being and quality of life for both the patient out of possibility of cure as for his/her family. However, it is a complex phenomenon that can vary in different characteristics: the hope as an irrational phenomenon, corresponding to an emotional reaction to adversity; the initial hope of a miracle cure; hope as a phenomenon that is modified over time; the longer life span, even when understanding there is no cure and there is hope of a good quality of life. For some, hope can decrease when the treatment cannot slow the progression of the disease and, for others, a manifestation of hope is to take advantage of the present moment<sup>(22)</sup>.

Throughout the film, we can see several features of hope. Initially, it is evidenced the hope of a miracle cure, also associated with the denial of the disease. The denial as a temporary defense can be replaced by a partial acceptance of the situation in which the patient lies. It is also possible that denial will last till the end of the dying process, which is rare; however, the acceptance of the state of denial does not always result in increased sadness; on the other hand, it can help the person to value the time he/she has left<sup>(6)</sup>.

Regarding scene C, one can interpret that Bob restricts the information on his health condition, not sharing the information with your friendship cycle, even moving away from his pregnant wife. He isolates behind the camera, trying to build a personal file with messages he wants to leave to his son, expressing ambiguity

between the stages of denial and isolation. There is, for the most part, in every patient, the need for denial, more often at the beginning of a serious illness. Subsequently, this vanishes and returns, and a sensitive, perceptive listener, when noticing this, let the patient use his/her defenses without awareness of its contradictions<sup>(6)</sup>.

The solution to dealing with such behavior in this first stage, and in the following stages, is active listening, a friend, respect for the next,

and, above all, empathy. In these situations, the health professional is responsible for supporting the patient, recognising that, for some, denial is relevant and that this feeling should not be broken, just as there should be no exclusion of patient or omission in decision making during this stage<sup>(6,21)</sup>.

In Table 2, we can identify the stage of anger in scenes that approach it and we notice its main features.

Table 2 - Scenes of the film that approach anger.

Stage	Scenes of the movie that approach the theme
Anger	<p>Scene A: After receiving the diagnosis of his health condition, Bob hurries out of the doctor's office and leaves the hospital. However, minutes later he returns and runs past them all. Ignoring the patients in the waiting room, he walks into the attending physician's room, points at him, and shouts: "How could you take my hopes off, who do you think you are? You are nobody".</p> <p>Scene B: Bob is in the bedroom with his wife Gail. They talk about how they will report that he is a terminal patient for family and friends. "There's no procedure for that". At that moment, Bob starts to feel pain and screams, "I hate it ... how I hate it ... this is ridiculous ... I do not have time for this".</p> <p>Scene C: With the tumor in advanced stage, Bob needs special care. When he tries to climb the stairs of his house, he gets tired and stops on the second step, sits down with difficulty on the stairs and throws some bags on the floor, showing anger and dismay.</p>

Source: *My Life* [DVD]. Diretion and screenplay: Bruce Joel Rubin. United States: Paris Filmes. 1993. 106 min.

The scenes show different behaviors, however represent characteristics of the stage of anger. The scene A presents Bob projecting his anger on the doctor after receiving the bad news, when he limited Bob's hopes, suggesting that he should not lose time with other healing attempts and take advantage of the time he had left.

After the initial impact caused by the news, he explodes when he manages to assimilate the information that his life was cut short prematurely. In scenes B and C, Bob expresses anger due to his condition caused by the weaknesses that illness process provoked. He feels angry because he feels sudden pain and is not able to get to his own room without the caregiver's help. Different from denial, anger represents a great pain and despair, and expresses itself often aggressively, which is exemplified in the listed scenes<sup>(21)</sup>.

In the second stage, the patients commonly ask themselves why they are sick, but not other people. The questions vary, but can help demonstrate a condition of acceptance, because the patient starts to face death, unlike the previous phase, where he/she only denied it.

The anger expresses the entire individual's pain given the real situation of illness and finitude, and, in general, it is manifested through coarse, aggressive acts and rebellion. In the expression of anger lies a cry for life, the patient who does not want to be forgotten<sup>(6)</sup>.

By not having expectations of cure, the patient starts to neglect and repress people who are around him/her. These gestures can ward off many relatives, who feel offended, avoiding the visits. The same occurs with health professionals, who often starts to avoid the patient's room. This attitude results from the fact that the energy emitted by the feeling of anger spreads in all directions and projects in the environment of the patient who happens to believe that people do not know what they are doing<sup>(6)</sup>.

Since it is a very difficult stage, Kübler-Ross emphasizes tolerance as keyword before the demonstrations of anger. Now, "what would we do with our anger, besides letting it out on those who probably will enjoy all of this?"<sup>(6)</sup>. Health professionals must develop a skilled listening, accepting the patient's rage crises at this stage, including the expression of his/her

hostility, which brings relief, although temporary<sup>(6)</sup>. In Table 3, we can identify the bargain stage in scenes that approach it and we

notice its main features.

Table 3- Scenes of the film that approach bargain.

Stage	Scenes of the movie that approach the theme
Bargain	Scene A: Bob returns to his hometown, stands outside his hotel room, pensively, looks up at the sky and says, "Starlet, little star; cute little star I have a desire in the heart, star, answer me, do not say no. Please, God, let me live long enough to see my son. That's all I ask".

Source: *My Life* [DVD]. Diretion and screenplay: Bruce Joel Rubin. United States: Paris Filmes. 1993. 106 min.

In the first scenes of the film, Bob, still a child, asks God a present: a circus in his backyard, with acrobats and clowns. He states that if his request is done, he will share the fact with all people, making God even more famous. To this end, he promises to disclose the fact in newspapers, which would raise more money for the church. The next day, he goes to the yard, hoping to find the circus, and verifies that the place was empty. He gets very disappointed, breaking his relationship with God. As an adult, and facing the challenge of facing death, he decides to make a new order that is to let him live long enough to see his son's birth. At that moment, Bob bargain for longer life<sup>(13)</sup>.

The first scene refers to why such a request. Bob's father had promised to take him to the circus. By working too hard, his father did not take him, making Bob to ask for heaven's help. Bob did not share with anyone his new promise to God, demonstrating that the bargain stage is sometimes very personal and kept in secret by the patient<sup>(6)</sup>.

The bargain comes after the entire force of denial and expression of regret by anger. When recognizing no control of the situation and the

inability to act, the patient returns to the sacred, to God, to the transcendent, to negotiate a longer life or improvement, through promises, exchanges or pacts<sup>(6)</sup>. A survey with leukemia patients showed that, after the revolt, the patients mobilized strategies to face reality. After the revolt, they established "agreements" with the health team, made promises and tried to bargain with God, in an attempt to reach a reward for the inflicted suffering<sup>(23)</sup>.

The bargain usually includes a prize for good behavior, when also a goal is determined and finally, there's a commitment or "implicit promise" not to beg again by another advance, in case the first request is performed<sup>(6)</sup>.

Although making promises to God at this stage is common, Kübler-Ross points out that promises can be related to a sense of guilt hidden by the patient, who considers the disease a form of punishment. The health team should not underestimate the reflections made by patients during this stage, needing to be alert to assist in overcoming this feeling of guilt of the past<sup>(6)</sup>.

In Table 4, we can identify the stage of depression in scenes that approach it and we notice its main features.

Table 4- Scenes of the film that approach depression.

Stage	Scenes of the movie that approach the theme
Depression	Scene A: Already very weakened, Bob starts to have insomnia, does not want to sleep, disrupts the sleep of the people in the house, watching a movie that he likes. Gail asks him to go to bed to regain his strength. Bob says he is not sleepy, that he does not want to sleep and has no more physical strength or to brush his teeth. He complains and restarts the movie he was watching.

Source: *My Life* [DVD]. Diretion and screenplay: Bruce Joel Rubin. United States: Paris Filmes. 1993. 106 min.

The fourth stage, i.e., depression, occurs when the patient can no longer hide and deny the disease and the clinical condition features new therapeutic changes and new symptoms. In this new scenario, the situation worsens, forcing the

patient to receive more care and depend on other people. This stage comes as a strong feeling of future loss of everything someone loves<sup>(6)</sup>.

Kübler-Ross points out two types of depression that deserve different actions by

health professionals. The first type of depression is the reactive, in which the patient feels tormented with any appointment or task, thinking about everything he/she should have done, in everything he/she did, he/she also thinks of the people he/she will leave in life, diving into sadness. In this case, the patient lacks attention and availability of listening, because he/she has a lot to communicate, often needing interventions as complement, such as social assistance<sup>(6)</sup>.

The second type, the preparatory depression, in contrast to the first one, is silent, featuring a preparatory regret, with little or no need for words. Health professionals shall provide a gentle touch, a cuddle in the hair, or just “quietly sit beside”<sup>(6)</sup>.

In some cases, the family’s desire to keep the patient alive differs from the patient’s will. In this circumstance, health professionals shall offer support to the family, making them understand that the patient is in a moment of introspection and emotional preparation on his/her hike to accept the end of life<sup>(6)</sup>. It is necessary to explain to the family that this type of depression is necessary and beneficial. Only those who have managed to overcome their troubles and anxieties will be able to die in a stage of acceptance and peace<sup>(6)</sup>.

In Table 5, we can identify the acceptance stage in scenes that approach it and we notice its main features.

Table 5- Scenes of the film that approach acceptance.

Stage	Scenes of the movie that approach the theme.
Acceptance	<p>Scene A: After Bob’s dream with his father, he asks to talk to him and his mother on the phone. In both conversations, Bob states that he never wanted to hurt them, that they had no fault of what had happened to him, they had no fault that he left his hometown, that he loved them and they had never done something wrong.</p> <p>Scene B: Contemplating his son Brian, who was sleeping in the cradle, Bob says, “Listen, this dying thing was not my idea, sometimes such things happen”. At this point, he refers to his father and his similarities with him, saying that Brian would never really know him and that he would end up being just like his father, perhaps making promises without being able to fulfill them by working too hard. He cries for his son not to feel bad about his departure. “Dying is a very hard way to learn about life. I am very grateful for all this time with you”.</p>

Source: *My Life* [DVD]. Diretion and screenplay: Bruce Joel Rubin. United States: Paris Filmes. 1993. 106 min.

The scenes from the film show the acceptance stage and narrate moments of reconciliation between Bob and his family. When showing gratitude for his remaining days of life, he expresses his feelings and receives the love and gratitude of his relatives. The acceptance, the last stage of the process of death and dying, corresponds to the period of greatest physical wear<sup>(13)</sup>.

The patient’s circle of interests usually decreases at this stage, wishing not to be disturbed, the willingness to talk disappears, limited to gestures and non-verbal conversations. According to Kübler-Ross, the patients, which were encouraged to let their anger out, demonstrating their fears and sorrows during their walk, reach more easily the acceptance stage, as well as have more time to prepare for the process of finitude<sup>(6)</sup>.

The thought that there is greater difficulty to go on with life than dying appears. The acceptance is not like a stage of happiness. At this stage, the feelings dissipate, as if the fight had

ceased, being closer to the “ultimate rest before the final journey”<sup>(6)</sup>. This is the period when the attention, understanding and support of friends become fundamental to the family rather than the patient him/herself.

It is recommended to learn to distinguish the surrender “too early” from the acceptance stage. In the words of Kübler-Ross, “if we are not able to distinguish between them, we might do more harm than good to people who are under our care, and can make their death a last and painful experience”<sup>(6)</sup>.

Each of the presented stages can last different times, and one can replace the other, or sometimes walk paired or even not all happens, and the patient can remain in one of them. However, “the only thing that usually persists in all these stages, is hope”<sup>(6)</sup>. This may lead the patient to resist and go long distances to search for treatments for his/her disease and tirelessly undergo procedures, often painful and invasive<sup>(24-25)</sup>. Health professionals should not ignore the feeling of hope, because it is responsible for the



encouragement of many patients over the periods of suffering, enabling many times their treatment and unveiling new possibilities. "It is not in human nature to accept death without leaving a door open to hope"<sup>(6)</sup>.

It is necessary to be mindful of the difficulties that we have to meet the patient's emotional needs. It is believed that we are at better technological conditions, but we are not prepared and humanized to receive the grief and the pain of another person at the end of life, there is an urgent need for psychological preparation for this task<sup>(6)</sup>.

## FINAL THOUGHTS

In the analysis of the film "My Life", we were able to highlight scenes that illustrate the five stages of Kübler-Ross Model. The selected scenes favored didactic exploration and exemplification of the stages of denial, anger, bargain, depression and acceptance, through the path of the main character during the process of coping with his death.

Through the scenes highlighted in the film, it was possible to identify the characteristics and discuss the importance of proper management of each stage, as well as the relevance of each one to achieve a dignified death. Moreover, throughout the film, the main character's movement, who began to reconsider his priorities, fortified and prepared to deal with the death with dignity.

Therefore, the film may represent a pedagogical strategy for facilitating the understanding of the stages of death and dying and that the film "My life" can represent an interesting strategy for the thematic approach. Thus, we suggest applying the film in the classroom of health courses to provide moments of discussion about the Kübler-Ross model.

The limitation of the study is the fact that the film was not applied to students as a test in order to verify their understanding about the stages of death and dying.

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