

Original Research

Psychosocial Death Education in Schools: Insights from Experienced Practitioners

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Abstract

Death Education is an emerging field aimed at developing psychological and social competencies for engaging with death and dying. This qualitative study explored the experiences of 17 professionals—including psychologists, teachers, and spiritual counselors—implementing Death Education interventions in schools. Semi-structured interviews were analyzed thematically, revealing four key domains: (1) facilitators' personal relationship with death and motivation; (2) children's and adolescents' representations of death; (3) perceived benefits and cultural or institutional resistance; and (4) essential elements for effective Death Education. Spirituality emerged as a central factor in fostering open, meaningful, and culturally sensitive discussions. Findings suggest that Death Education can support young people's mental health by helping them process grief and engage with the reality of human finitude. However, cultural and familial resistance, along with limited teacher training, impede widespread implementation. Overall, the study underscores Death Education's potential to enhance resilience and psychological well-being during developmental years.



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Keywords

Death education; psychosocial; mental health; spirituality; qualitative analysis

1. Introduction

This study builds upon the framework outlined in the policy document of the Lancet Commission on the Value of Death [1], which powerfully called for the urgent need to “reintegrate death into life.” The Commission underscored the importance of developing social, cultural, and educational practices capable of restoring a shared and relational meaning of death in contemporary societies. As Testoni et al. argue [2], the censorship of death in modern culture contributes to a widespread inability to manage the fundamental limits of life, oscillating between resilience and irrationalism. This avoidance of mortality not only impoverishes social narratives but also produces significant stress among healthcare professionals and caregivers, who are often confronted with death but lack the necessary conceptual and emotional resources to cope effectively [3]. The problem becomes even more evident in the face of neurodegenerative diagnoses, where families and professionals alike frequently struggle to manage the profound existential and practical challenges posed by such illnesses. For this reason, the Lancet Commission emphasized the urgency of re-establishing a balanced cultural and educational relationship with death, thereby fostering a more sustainable and humanized approach to end-of-life care.

This perspective serves as a crucial conceptual foundation for Death Education (DE), which seeks to bridge the profound gap between the existential reality of death and its widespread removal from public discourse in modern culture. DE encompasses a broad spectrum of educational activities and experiential practices centered on death and dying, with the overarching aim of fostering individuals’ competence in approaching these topics [2]. While schools represent the primary setting for DE, Testoni and colleagues [4] highlight its applicability across a much wider spectrum of intervention, encompassing all three levels of prevention: primary, secondary, and tertiary. Among these, primary prevention is particularly vital, especially for younger populations. Indeed, as Dowdney [5] points out, one in five children who experience a traumatic loss during childhood may develop mental health difficulties as a consequence of their lack of preparation in facing death. Furthermore, when children experience an unexpected loss, the heightened risk of separation anxiety may compromise their ability to develop secure and healthy attachments [6].

As a field, DE has a relatively recent but well-defined history. It emerged in the United States during the 1960s and 1970s, when pioneering scholars such as Herman Feifel and, subsequently, Robert Kastenbaum and Hannelore Wass began to challenge the cultural silence surrounding mortality and to advocate for its inclusion in formal curricula [7]. Since then, DE has progressively expanded across Europe and other Western contexts, evolving from isolated initiatives into more structured programs informed by thanatology, developmental psychology, and pedagogy [4]. In terms of implementation, DE is delivered across a wide range of settings—nursery, primary, and secondary schools, as well as universities, healthcare services, and community contexts—and may take the form of stand-alone workshops, multi-session projects, or curricular modules integrated into existing subjects. Its content typically encompasses the biological understanding of death, the emotional and relational dimensions of loss and bereavement, the cultural and ritual practices

associated with dying, and the existential and spiritual questions that mortality raises. Rather than transmitting a fixed body of knowledge, DE is generally conceived as an experiential and dialogic process aimed at developing the cognitive, emotional, and social competences needed to engage constructively with human finitude [4].

Rodríguez Herrero et al. identify two primary approaches to DE [8]: the curricular approach, which seeks to normalize death through structured teaching and learning, and the palliative approach, which aims to cultivate greater awareness of death, particularly in bereavement contexts. Crucially, DE does not frame loss exclusively in relation to death. Rather, individuals across the lifespan – children, adolescents, adults, and older adults – regularly encounter experiences that profoundly shape their lives, such as separations, transitions, or various forms of loss. Nevertheless, current scholarship remains limited in its examination of how death-related loss compares to other forms of detachment or transformation [9]. From an emotional perspective, children tend to perceive death primarily as a source of pain and suffering, largely due to the separation and loss it entails [10]. Whereas in the past such themes were typically addressed informally within the family setting, contemporary contexts require the intentional design of educational activities to recover and re-elaborate narratives about life and death [7, 11]. Notably, children who openly discuss these issues or engage in shared experiences with their families – such as visiting cemeteries with their parents – report lower levels of fear of death [4]. However, many adults remain uncomfortable discussing death [12, 13] and often attempt to shield their children from it by avoiding honest conversations [14]. Despite this, numerous DE programs have demonstrated positive outcomes across age groups, reducing death denial and fostering emotional competence [15, 16]. For example, Testoni et al. describe a nine-month DE project implemented in a nursery school in Northern Italy [16], where spirituality played a pivotal role in shaping children's reflections on death. This spiritual dimension strengthened their sense of integrity and supported their understanding of transcendence. The active and positive involvement of parents further reassured the children, facilitating their acquisition of appropriate language about death and encouraging open communication on the topic. Similarly, Testoni et al. investigated the effects of a DE intervention aimed at suicide prevention in middle schools [15], reporting reductions in alexithymia and improvements in students' ability to express their emotions. Friesen et al. highlight the limited dissemination of DE among Western children and stress the need for a proactive approach within schools to address this topic effectively [17]. While young people are frequently exposed to the concept of death through the media – often presented in distorted, sensationalized, or trivialized forms – DE offers a structured and developmentally appropriate framework through which they can engage with death as an inherent part of human existence. In doing so, it equips them with the cognitive and emotional competencies required to comprehend and manage these experiences in a constructive manner [10]. Moreover, spirituality has increasingly emerged as a central dimension of DE. As Polemikou and Da Silva observe [18], fostering spiritual development in the classroom entails nurturing the most profoundly human dimension of a child's psyche, promoting reflection on meaning, values, and connectedness. A growing body of research supports this perspective: several studies [19, 20] have demonstrated that spirituality is a reliable predictor of well-being and positively influences quality of life. In this regard, literature in the psychology of religion and health further suggests that spirituality may play a significant role in coping with illness and death, fostering personal growth, and enhancing one's sense of meaning in life [21]. This study conducted an in-depth examination of the experiences of professionals involved in delivering DE interventions

through semi-structured interviews. The primary objectives were to: (1) explore participants' personal relationship with DE; (2) analyze their educational and professional trajectories; and (3) identify both the strengths and critical challenges of existing projects, with particular attention to strategies for enhancing their sustainability and effectiveness. Given the scarcity of first-hand accounts in the existing literature, the study prioritized the direct involvement of professionals in order to obtain an informed and up-to-date perspective on the current state of the field.

2. Materials and Methods

2.1 Participants

A total of 17 professionals participated in the interviews, comprising 15 women and 2 men aged between 22 and 65 years (mean age = 40.76; standard deviation (SD) = 13.41). Participants were recruited based on their prior involvement in initiatives and activities promoted by the research group. Sociodemographic details of the DE facilitators are presented in Table 1 and Table 2. To ensure confidentiality and protect participants' anonymity, pseudonyms are used throughout this article.

Table 1 Aggregate characteristics of respondents.

Profession		
	Number of participants	Percentage (%) of total
Psychologist	11	64.71
Preschool teachers	4	23.53
Counselor and family mediator	1	5.88
Priest and spiritual assistant	1	5.88
Region		
Lombardia	4	23.53
Puglia	2	11.76
Toscana	1	5.88
Veneto	10	58.82
Age group with which they conducted the interventions		
Preschools	6	35.29
Primary schools	8	47.06
Middle schools	2	11.76
High schools	4	23.52

Table 2 Socio-demographic information of participants.

Respondent	Age	Profession	Field of project implementation
Anna	47	Psychologist, high school teacher	Lower primary schools
Arianna	61	Teacher	Preschool
Aurora	41	Teacher	Preschool
Dario	61	Priest, spiritual assistant	Hospice; upper secondary schools; groups of school-age children
Emma	47	Psychologist, psychotherapist	Groups of girls and boys aged 6 to 12 years
Gaia	30	Psychologist, research fellow in Psychology	Primary and secondary schools
Giacomo	28	Psychologist, PhD student in Psychology	With groups of children at a developmental age
Giulia	22	Graduated in Social and Work Psychology	Primary schools
Irma	38	Psychologist and psychotherapist	With groups of adolescents
Lidia	29	Psychologist, psychotherapist in training	Primary schools
Margherita	29	Psychologist, psychotherapist in training, research fellow in Psychology	Primary schools
Marianna	57	Counselor and family mediator	Primary schools; upper secondary schools
Michela	25	Graduated in Community Psychology	Primary schools
Miriam	27	Graduated in Psychological Sciences and Techniques	Primary schools
Noemi	45	Teacher	Preschools
Paola	49	Psychologist, psychotherapist	Lower secondary schools
Paola	49	Psychologist, psychotherapist	Lower secondary schools
Roberta	52	Preschool teacher	Preschools

2.2 Research Design

A qualitative research design was adopted to gain an in-depth understanding of professionals' lived experiences with DE interventions, following the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist [22, 23]. Specifically, an inductive bottom-up approach was employed, whereby the themes identified through analysis were closely grounded in the data, rather than being fitted into a pre-existing coding framework or guided by prior analytical assumptions [24]. Data were collected through in-depth semi-structured interviews lasting on average 45 minutes, conducted via Zoom in Italian, the participants' native language. These interviews were specifically designed and administered by two researchers who had received specialist training. It is important to note that there was no prior relationship between the researchers and the participants, thereby ensuring an impartial and unbiased data collection process. Semi-structured interviews were chosen to allow for a thorough exploration of participants' experiences and perspectives regarding the topic under study. This approach facilitated the collection of rich, detailed information essential for achieving a deep understanding of the phenomenon. To ensure the clarity and appropriateness of the interview questions, a pilot test was conducted. Initially, the questions were administered to three individuals who were not members of the research group. This preliminary evaluation helped confirm the clarity and suitability of the questions before their use in the actual interviews. The pilot aimed to identify and resolve potential issues or ambiguities, estimate interview duration, assess the clarity and effectiveness of the questions, and evaluate participants' comprehension and responsiveness. Furthermore, the pilot helped determine the overall appropriateness of the interview approach for obtaining the desired information and ensured that participants would feel comfortable responding to the questions. Additionally, the same set of questions was reviewed by two impartial judges with recognized expertise in DE. Their expertise was employed to assess the relevance and appropriateness of the questions. For example, questions addressed to the professionals included prompts such as: *How did the teachers respond to the proposal to implement a DE program? And what are the main challenges of DE interventions, in your experience?* The complete pool of guiding questions is provided in Appendix A. At the end of each interview, participants were given a short break of approximately 10 minutes. During this time, they were invited to confirm or revise their previous responses. This step aimed to ensure the accuracy and completeness of their answers, thereby guaranteeing that they authentically reflected the participants' experiences and perspectives. Following the interviews, a thematic analysis of the textual data was conducted using a bottom-up approach [25]. This method enabled the researchers to identify emerging themes within the data dynamically. The analysis provided a detailed and systematic account, emphasizing the relevance of these themes in relation to the research questions [24]. Thematic analysis was selected for its established reputation as a rigorous method for exploring and identifying key themes in qualitative data. This approach offers substantial flexibility, making it particularly suitable for research questions requiring in-depth interpretation and nuanced exploration, as was the case in this study. It proved essential for gaining insight into participants' experiences and for generating meaningful directions to address the research aims. Following the structured guidelines outlined by [26], the interviews were meticulously transcribed and thoroughly reviewed. The subsequent analytic procedure comprised six phases: (1) preliminary organization of the text; (2) generation of categories or themes; (3) coding of data; (4) interpretation of textual data; (5) consideration of

alternative explanations; and (6) reporting of findings. The coding process was supported using Atlas.ti software [27]. Two researchers conducted the analysis independently and in parallel, then compared and merged their findings. They then met with a third team member to review the coherence and robustness of their analyses, resolve any discrepancies, and ultimately reach consensus on thematic generation.

To illustrate the coding process, initial codes were generated inductively and remained closely anchored to participants' wording: semantic codes such as "death as transition," "fear of abandonment," "media-driven representations of death," and "spirituality as inner resource" were derived directly from recurrent expressions in the transcripts. Conceptually related codes were then clustered into candidate subthemes—for instance, the codes "preliminary meetings with teachers," "class-group assessment," and "screening for recent bereavements" were grouped under the subtheme "preparatory work"—which were in turn organised into the four overarching thematic domains. Consensus between the two independent coders was reached through an iterative process of comparison: discrepancies in code labeling or thematic allocation were discussed line by line until agreement was achieved, and any remaining disagreements were resolved in a dedicated meeting with the third researcher, who acted as an external auditor of the coding tree. Investigator triangulation—through independent parallel coding and subsequent reconciliation—was therefore the primary strategy used to enhance the trustworthiness of the analysis. It should be noted, however, that the study did not incorporate data-source triangulation (e.g., classroom observations or direct involvement of students and parents); this limitation, and its implications for facilitator bias, are addressed explicitly in the Limitations section.

This study adhered to the ethical code of conduct set out by the American Psychological Association [28] and followed the principles of the Declaration of Helsinki [29]. All participants received a detailed explanation of the study's aims and methodology. They provided written informed consent, authorizing their participation and approving all aspects of the interview protocol. Participants were asked to allow the interviews to be recorded for transcription and content analysis purposes, with the assurance that all data would remain confidential. The study received ethical approval from the Experimental Ethics Committee of the University of Padova (approval 572-a of March 20, 2024).

3. Results

Following a meticulous analysis of the interview data, four distinct thematic areas emerged. The excerpts presented here reflect the voices of professionals who directly facilitated DE courses. These thematic domains were identified as follows:

- 3.1 Facilitators' personal relationship with death and DE;
- 3.2 Children's and adolescents' engagement with DE and their representations of death as perceived by the facilitators;
- 3.3 Perceived benefits and resistance associated with DE;
- 3.4 Key elements underpinning "good" DE practices.

These four thematic areas proved essential to understanding the facilitators' experiences and perspectives in this study.

3.1 Facilitators' Personal Relationship with Death and Death Education

This thematic area primarily encompassed two subthemes: 3.1.1 facilitators' pathways into DE, and 3.1.2 the meanings they attribute to death.

3.1.1 Pathways into Death Education

Several specific motivations appeared to have led participants to engage with DE. First, some described encountering the topic during university or postgraduate courses, or other academic training pathways, which captured their interest precisely because of the unusual and rarely addressed nature of the subject—something largely absent from most standard curricula. As Margherita recalled:

"I first came across it when I attended a course on the psychology of end-of-life relationships, loss, and death. It was something new, something that didn't exist elsewhere—something I had never studied before."

Second, other professionals reported that their involvement stemmed from the demands of their existing work, particularly with patients, in hospices, or within school settings. As Paola explained:

"...it's really because of the kind of work I do—every day, especially in hospitals, my work means constantly facing illness and death."

Third, many of the facilitators recounted being introduced to DE through school-based projects or proposals, which then prompted them to begin implementing such activities themselves. As Aurora recounted:

"I got into it because the school where I had just started teaching offered this series—this course on emotions, and then on dealing with death, and that's how it all began."

Notably, several participants emphasized that encountering DE in educational contexts—particularly in schools—revealed the importance of addressing these themes from early childhood onward. Introducing children to structured opportunities to reflect on loss and mortality was seen as a way to normalize conversations about death, reduce fear, and equip younger generations with the emotional and cognitive resources to face life's limits with greater resilience.

3.1.2 The Meanings Facilitators Attribute to Death

Regarding their personal relationship with death, most interviewees described it as a transition rather than an annihilation, while some reported living with the awareness that it is ultimately unknowable. Although their relationship with death was generally characterized as "peaceful" and "calm," the analysis of the interviews also revealed an undercurrent of anguish, present even in the more positive accounts.

For example, when reflecting on her personal relationship with death, Miriam shared:

"It's a mix of acceptance and fear. I've experienced the loss of people very close to me, though those losses happened some time ago, so I remember well the feeling of grief. [...] At the same time, I'm deeply aware that life is fleeting, and that's why my constant thought is: live without regrets."

Those who reported having a more serene relationship with death often explained what had helped them develop a representation that, while not excluding pain, no longer felt terrifying or overwhelming. Several mentioned that open discussions about death within their families, starting from childhood, had played a crucial role in this process. As Arianna recalled:

“When I was a child, death felt like something very natural. We children would go quite calmly to see the deceased person. [...] You grow up with an awareness that accepts the pain, accepts their departure [...].”

3.2 Children’s and Adolescents’ Relationship with Death Education and Their Representations of Death from the Facilitators’ Perspective

The second thematic area concerns how children and adolescents represent death and how they engage with DE interventions, as observed by the facilitators. The interviews revealed that death is rarely addressed openly within family settings. Consequently, according to the facilitators, children’s ideas about death are primarily shaped by what they see on television and by information absorbed from news media. As Arianna noted:

“They’re watching TV—which we, so casually, always leave on—and they keep seeing death, death, death... and they probably wonder, ‘Who are all these dead people?’ and they’re terrified. Death is when someone kills you, stabs you in the stomach, when you die from drugs...”

This lack of open dialogue within families stands in contrast to the real experiences children have and to the constant presence of death from their earliest years of life. As Roberta explained:

“In nursery school something always comes up: in the garden they find a dead little animal, one child wants to kill a fly, another doesn’t want to, so we let it go out the window instead of killing it... so the topic is kind of always there. And then sometimes there are bereavements in the family, and the children talk about what happened.”

Given this natural exposure, facilitators stressed that introducing DE from early childhood can help children process such encounters constructively, providing them with language, emotional tools, and a safe context in which to articulate their questions. In this way, death becomes normalized as part of life, rather than left to distorted or sensationalized media portrayals.

Yet, while children often display anxiety and fear about death, DE itself is generally absorbed as just another school activity—one to which they respond positively. As Emma described:

“When faced with a topic like this, the children felt relieved, like they were allowed to talk about something naturally. [...] No one exaggerated or judged; some even dared to say painful things that might otherwise have felt risky to share.”

3.3 Benefits and Resistance Associated with Death Education

The benefits and forms of resistance identified in relation to the DE programs examined in this study can be grouped into three subcategories:

- 3.3.1 Benefits and challenges affecting the target group, namely children and adolescents;
- 3.3.2 Benefits and challenges that the interventions indirectly generate for parents and families as a whole;
- 3.3.3 Benefits and resistance encountered among teachers.

The analysis of the interviews revealed several forms of resistance that hinder the implementation of many DE projects, with a particular focus on those involving school-based stakeholders. In addition, some organizational difficulties were noted. The following sections present these findings, starting with the broader cultural and societal resistances perceived by the facilitators, and subsequently moving to more specific challenges encountered among children, parents, schools, and teachers.

3.3.1 Benefits and Challenges for Children and Adolescents

Through DE programs implemented in nursery and primary schools, the notion of violent death—often absorbed by children through media representations—is gradually replaced by the idea of death as a natural event, occurring through illness or old age. Children are offered a more realistic understanding of death, which includes not only the loss of loved ones but also the enduring presence of their memory. Emotional bonds with the deceased are portrayed as continuing beyond physical death, surviving through remembrance and shared stories. As Arianna explained:

“Preventive means preparing children, in a calm and safe setting, to see that death exists — because that’s really the heart of the project. [...] The goal is to help them understand that the bond of affection is not broken... because for young children, their greatest fear—both conscious and unconscious—is abandonment.”

Moreover, DE projects foster an enhanced ability to express emotions, which becomes an essential skill when addressing difficult topics across many areas of life. Margherita noted:

“What really helped was creating a space for sharing. Many aspects of these children’s lives emerged—things they didn’t know about each other, even though they’d known each other for years. Building a space where they get to know one another, feel safe, feel a sense of closeness and trust—that was invaluable.”

The interviews also suggested that older students, particularly adolescents, tended to respond with greater initial skepticism or critical distance. However, once this initial resistance was overcome, their engagement often became a source of deeper reflection and enrichment. Gaia described the difference she perceived between younger children and adolescents, and the importance of tailoring activities to developmental stages:

“Children are generally less critical than adolescents, who make it more challenging. With adolescents it’s harder to keep them engaged—though it’s also more enriching, because they bring more complex reflections. Children, at least the ones I’ve worked with, approach the topic more openly. I didn’t find fear or avoidance among them—if anything, they showed more courage than the adolescents, and definitely more than the adults.”

In a few rare cases, facilitators encountered agitation or distress among children and adolescents during the sessions, often linked to unresolved bereavements in their families or personal histories.

Finally, another key challenge highlighted by the facilitators was the linguistic diversity present in contemporary classrooms, often composed of children from multiple cultural backgrounds. This posed a significant barrier to the delivery of Death Education activities. As Noemi explained:

“In the private school there were maybe two or three foreign children per class, so nothing like the percentages we see in state schools. There, up to eighty percent of the class can be foreign-

born. So, the challenge becomes different—you have to work on language, on building shared understanding.”

3.3.2 Benefits and Resistance among Parents and Families

The interventions also foster collaboration between schools and families by involving parents in the activities, thereby allowing children to bring discussions about death and dying into the home. This helps break down the taboo and silence that often surround these topics. As Aurora explained:

“The children really enjoyed this school–family connection, because schools don’t always ask for such close collaboration. Bringing something from home, asking their mum questions, saying ‘my mum told me this, and now I’m sharing it at school’... all of that carried a lot of important goals along the way.”

Beyond matters directly related to death, participants reported that DE initiatives helped open dialogue about difficult subjects and encouraged the expression of emotions often repressed in daily life. As Michela and Irma noted:

“The fact that the children could ask their parents directly how they experienced the pandemic — that was really important.”

Some parents, however, believe they are protecting their children from the anxiety of death by keeping the topic out of conversations. Yet, as the facilitators pointed out, this approach does not address the thoughts and questions that children begin to formulate as early as age three. According to the interviews, parents’ main fear is that raising such topics could trigger emotional reactions they would be unable to handle at home. As Aurora reflected:

“Speaking as a mother, I can say this too... because I’ve been through it myself. The fear is always there — that when the children come home they’ll ask a question, and then you’re not quite sure how to answer...”

The interviews also suggested that parents who reject the idea of their children engaging in DE—believing it would destabilize or harm them—often struggle personally with the topic of death. In this sense, their reluctance to expose their children to death may reflect an effort to keep the subject at a distance from themselves.

Nevertheless, despite their initial resistance, many parents eventually come to understand the purpose and value of these projects once they see them in practice. As Noemi observed:

“Even the more sceptical parents would eventually get drawn in, once they realised what we were actually doing.”

3.3.3 Benefits and Resistance among Teachers

Teachers also often feel at a loss when their students express a need to talk about difficult topics such as loss. On the one hand, they report feeling insufficiently trained; on the other, even if they were, they say they would lack the time to address such issues within the constraints of the school timetable.

According to the facilitators, teachers show a strong need for support and, once involved, generally engage positively with the interventions—although they are sometimes initially hesitant, often due to fears linked to parental pressure. As Paola explained:

“Some teachers feel completely left on their own. Most of them don’t know what to say, they don’t feel able to manage their own pain or anxiety [...]. They feel they should do something, but part of them can’t find the words—or the ways—to handle it. So, there are teachers who really need to be supported through the process.”

Because of these needs, many teachers come to view DE programs as an important resource. As Irma and Dario recounted:

“The year after we ran the intervention at this school, one of the students—not from the classes we had worked with—died suddenly in an accident. He was a bit of a leader in the school, so it had a huge impact on everyone. The teachers got back in touch with us to thank us, because, even though the event was painful for everyone, they felt they had more tools to deal with it thanks to the project.”

As with parents, the idea of accompanying children and adolescents through DE is not easy for teachers to accept. As Irma noted:

“We always offer the chance to create a space for teachers, parents, and students. [...] The teachers often brought very intense emotional reactions and struggled to process them, while with the students this happens much less.”

Facilitators observed that teachers’ difficulties stem not only from a general tendency to avoid death-related topics, but also from their unfamiliarity with a discipline that is still relatively unknown. Most importantly, they experience the weight of responsibility they hold toward both their students and the students’ parents. In this way, parental resistance often overlaps with and amplifies teachers’ own hesitations, making it especially challenging to introduce DE projects within schools.

3.4 Key Elements of Effective Death Education

The thematic analysis of the interviews identified several elements that facilitators considered essential for delivering effective DE interventions. These can be grouped into four subcategories:

- 3.4.1 Working with teachers,
- 3.4.2 Working with parents,
- 3.4.3 Activities to be carried out with children and adolescents, and
- 3.4.4 The spiritual dimension.

3.4.1 Working with Teachers

A recurring point raised by the facilitators was the need to engage with teachers and parents before entering classrooms, primarily through dedicated preparatory meetings. Another key preliminary step that emerged from the interviews was assessing the class group. This allows facilitators to design a tailored program based on the group’s characteristics and prior experiences.

It was also considered crucial to determine in advance whether any children or adolescents had recently experienced complex bereavements or had close relatives who were seriously ill. As Irma explained:

“The preliminary phase is fundamental. Through the teachers, you need to gather detailed information about the students and the situations you’ll be working on in class or in the school. For example, recently I received a request, and as I kept asking questions—because we’re used to probing—I was eventually told, ‘Yes, actually, a girl from the school died by suicide this summer.’ This hadn’t been mentioned in the original request, it wasn’t the stated reason for contacting us. These are all extremely important elements to investigate—just as it’s crucial to know if there have been recent bereavements or if any of the students’ family members are in the terminal stage of an illness. The whole preliminary investigation phase is absolutely essential for the project’s success.”

3.4.2 Working with Parents

As with teachers, it can be beneficial to organize informational and/or experiential meetings with parents before implementing DE projects. In schools where a relationship of trust has been established between facilitators and parents, the projects were reported to function more effectively, producing positive outcomes not only for children and adolescents but also for the wider family environment.

Parental involvement in activities designed for students also appeared to contribute significantly to the projects’ success. As Arianna explained:

“This way the project worked much better—first of all because we actively asked for their collaboration. So, when parents received a letter asking them to accompany their child to the cemetery to place a candle, or to provide a photograph, they understood why. [...] The greater the collaboration with families, the more successful the project is—there’s no doubt about that.”

According to the facilitators, what ultimately makes the greatest difference to the success of DE initiatives is effective communication between facilitators, school staff, and parents. In particular, involving teachers in preliminary training sessions was considered especially helpful in enhancing the quality and impact of the subsequent classroom interventions.

3.4.3 Working with Children and Adolescents

In general, facilitators recommended conducting sessions in small groups whenever possible, particularly with younger children, whose limited attention span often requires greater investment of energy from the facilitator. It was considered essential to remain flexible and adaptive, and to adopt a highly participatory approach with the class.

To prevent the interventions from becoming conventional frontal lessons, a multidisciplinary approach was regarded as highly valuable, allowing different professionals to contribute to the activities. For example, a team might include a psychologist, an educator, a spiritual counselor, and an art therapist, especially if creative activities are to be incorporated.

Regarding classroom activities and their management, the interviews highlighted the importance of approaching children and adolescents in an open and non-judgmental manner, giving them space to be heard. One suggested strategy was to begin the project with a collective sharing session in which the students are invited to express how they perceive death, their relationship to it, and their current thoughts about it.

For younger children, it was considered particularly useful to carry out a preliminary pathway focused on emotions before introducing DE. Developing the ability to recognize and describe their emotions equips children with more tools to articulate how death affects them personally. As Arianna explained:

“This allows them to express much more of themselves. We’ve seen it in practice: giving children the words to describe what they feel creates a sense of emotional openness. Otherwise, as we know, emotions stay inside and even we adults struggle to explain them. Children sometimes can’t tell fear from anger—they confuse the two. [...] Without this, a child becomes a victim of their emotions, unable to understand them and, as a result, unable to manage them.”

3.4.4 The Spiritual Dimension

Given the clear prominence of spirituality – its nature and its role within DE pathways – this section explores this distinctive dimension in greater depth.

The interviews revealed that spirituality is not merely a tool proposed and welcomed with curiosity and enthusiasm during DE interventions; rather, it also constitutes a deeply rooted element of facilitators’ personal approaches to life. Regardless of whether they adhere to a specific religious faith, spirituality clearly emerged as an essential part of their identity—something they actively nurture inwardly. As Lidia stated:

“I’ve always felt a strong spiritual drive. Even though I’m not religious, and I don’t currently believe in the existence of any higher or more powerful entity, spirituality—as a human need to give meaning to one’s existence, to feel that connection, that ‘something beyond’ in life—has always been very present for me. [...] It’s a theme that’s very dear to me, though not... not in a religious sense.”

Spirituality was often described as abstract and separate from the body. As a transcendent dimension, it suggests that not everything necessarily ends with death and can therefore be introduced within DE programs as a resource for approaching death-related themes in a less anxiety-provoking way. As Miriam explained:

“The only way to approach this positively, without feeling emptiness or loss, is to think that there really is something beyond materiality—beyond what a lifeless body is. So yes, spirituality becomes essential for filling that inner need: having a thought that goes beyond death, imagining that the person we’ve lost somehow still exists somewhere in the universe. That’s why spirituality is indispensable.”

While spirituality is certainly embedded in many religious traditions, it can also exist as an autonomous inner dimension, independent of any connection to the sacred or the divine. It can serve as a daily resource for coping with difficult moments in life and is often described as an inner strength. This fundamental human drive offers meaning and helps individuals connect with both their personal resources and their limitations.

In the DE programs in which it was introduced, spirituality was particularly well received by children, who engaged enthusiastically in activities designed to explore this dimension. Noemi described how this was introduced in classrooms with younger children:

“With your arms and hands you can lift something heavy, and with your inner world you can face the really important things. And how do you train it? By talking about it, by noticing what it’s like.”

4. Discussion

This study set out to investigate DE interventions in schools, analyzing them from the perspective of professionals who possess both specialized training and direct experience in this field. As anticipated in Arianna’s words, one of the main positive outcomes reported in these programs—particularly those involving children and adolescents—was their preventive function.

Understanding death as a natural event appears to help younger individuals approach it with less anxiety, recognizing it as an undeniably sad but ultimately manageable experience. According to the participants, this perspective grants DE a fundamental life-promoting role, encouraging children and adolescents to reflect on how to value and live their lives more fully. Consequently, DE emerges—especially for adolescents, who often grapple with these questions in solitude—as a potentially effective form of suicide prevention.

The professionals interviewed reported becoming involved in DE primarily through training courses, motivated either by personal reasons or by the needs arising from their daily work, which frequently involves contact with grief, loss, and illness. Overall, their relationship with death was described as an ongoing and evolving process, yet generally approached with a sense of calm. This attitude appeared to be supported by both personal faith and the cultivation of spirituality—two dimensions that occasionally overlap but remain distinct, as the interviews highlighted.

Spirituality, in particular, was presented as deeply intertwined with the professionals’ personal lives and with the valuable contributions it can offer to projects addressing death, dying, and loss, in line with existing literature [19, 20].

In line with previous studies [18] the participants described spirituality as a universal dimension that characterizes every individual, regardless of religious belief. It was also regarded as an essential component in children, playing a crucial role in their development and growth. For these reasons, the use of spirituality was promoted within educational activities to help students access inner resources, connect with themselves and their emotions, and embark on a personal search for meaning. Sessions dedicated to spirituality were reported to generate particularly high levels of interest and engagement, especially among younger children.

Consistent with the work of Gorer [30], Ariès [31], Pyszczynski et al. [32], and Testoni et al. [10, 33], the interviews also highlighted a clear tendency within contemporary society to avoid engaging with death and dying. This avoidance appears to translate into strong resistance within schools to adopting educational projects on these topics—resistance shaped largely by the fears and insecurities of parents and teachers, as also noted by Testoni et al. [34].

Several factors were identified as contributing to this cultural silencing of death. First, the participants observed a prevailing tendency to delegate the entire management of death to medicine. Second, the weakening of religious rituals was seen as distancing younger generations from any meaningful understanding of death. Finally, the literature suggests that funerary rituals play a crucial role in supporting grief processing, including for children [35-38].

According to the literature, adults often assume that children are unable to engage with the topic of death without experiencing trauma [10, 39]. However, a lower understanding of death has been

associated with higher levels of anxiety [40]. The participants highlighted what they described as a “widespread misconception” among adults and families: the belief that talking about death brings one closer to it, and that addressing these issues is therefore inherently dangerous.

Families appear willing to discuss death only in emergencies [17], and this reluctance seems to stem from parents’ own difficulties in coming to terms with their mortality and, consequently, in discussing it with their children. Similar challenges were reported among teachers, who often hesitate to take part in DE initiatives—especially under parental pressure [41].

Nevertheless, once projects are implemented, parents’ initial fears and expectations are almost invariably disproven by the positive responses of children and adolescents. Some challenges persist, such as the need to tailor the interventions to children’s emotional maturity and to precede them with activities focused on emotional literacy.

In conclusion, despite the ongoing resistance, DE shows considerable potential not only as a resource for supporting grief but also as a life-promoting and suicide-prevention intervention—particularly valuable for children and adolescents within the current post-pandemic context.

A further consideration concerns the ethical challenges inherent in addressing death with children, particularly within culturally and religiously heterogeneous classrooms. Representations of death, conceptions of an afterlife, mourning practices, and the very appropriateness of discussing mortality with minors vary considerably across cultural and faith traditions. Facilitators therefore face the delicate task of creating a shared space for reflection without imposing a single, implicitly secular or majority-culture framework, and without inadvertently conflicting with the values transmitted within students’ families. Ethical practice in this context requires transparent communication and informed consent with parents, particular sensitivity toward children who may have experienced loss or trauma in migratory or conflict-related circumstances, and a pluralistic stance that presents spirituality and ritual as plural human responses to finitude rather than as doctrine. The spiritual dimension highlighted by our participants should thus be framed as an open, non-denominational resource that accommodates religious, agnostic, and atheist worldviews alike.

The linguistic and cultural diversity of contemporary classrooms, identified by several facilitators as a significant obstacle, also calls for concrete operational responses. While our participants did not themselves report fully developed solutions, their reflections, together with the literature on intercultural and inclusive education, suggest several practicable strategies. These include involving cultural-linguistic mediators in both preparatory meetings and classroom sessions; privileging non-verbal and arts-based activities—drawing, symbolic objects, music, and movement—that reduce reliance on verbal proficiency; using visual supports and simplified, multilingual materials; and, where appropriate, organizing small-group work that pairs pupils sharing a language so that peers can act as informal interpreters. Engaging migrant families directly, and drawing on their own narratives and rituals around death, can additionally transform linguistic diversity from a barrier into a resource that enriches the intervention for the whole class. Such measures should be planned during the preliminary phase rather than improvised, and represent an important direction for the future refinement of DE programs in multicultural settings.

Finally, the resistance encountered at the institutional level deserves explicit strategic attention. The accounts gathered here suggest that resistance from schools, teachers, and parents is most effectively reduced not through confrontation but through gradual exposure and structured support. Concrete strategies emerging from the interviews, and consistent with the wider literature, include offering teachers dedicated training and ongoing supervision so that DE is experienced as a

supported rather than an isolating task; beginning collaboration with a small number of motivated “champion” teachers whose positive experience can legitimize the initiative within the school; embedding DE within existing curricular areas—such as civic education, emotional literacy, religious or ethics education, and language or arts subjects—rather than presenting it as an additional burden on an already crowded timetable; and providing school leaders with evidence of DE’s preventive and well-being outcomes to support its institutional endorsement. Framing DE as a continuous, normalized component of the curriculum, rather than an exceptional intervention triggered only by crisis or bereavement, is likely to be the most sustainable route toward its broader integration into educational systems.

5. Conclusions

This study highlighted the forms of resistance – already documented in the literature – that often arise when proposing and implementing DE projects in schools. Despite these obstacles, the findings also confirmed the significant benefits these projects can offer participants. Moreover, the contributions of the facilitators proved invaluable for identifying the most effective strategies to promote and disseminate DE, as well as for outlining the key elements that contribute to the success of these interventions, with particular emphasis on the central role of spirituality.

The use of semi-structured interviews allowed for an in-depth and personal exploration of the participants’ experiences, providing a rich and detailed picture of their perspectives. The study gathered a broad range of testimonies from professionals working across different regions of the country, both in the North and the South, thereby enhancing the representativeness of the sample.

6. Limitations and Future Directions

This study presents several noteworthy limitations. The most significant concern is the limited representation of DE interventions conducted in lower secondary schools, as most of the participants had primarily worked with children in nursery and primary schools. Consequently, adolescents’ experiences were explored to a lesser extent compared with those of younger children.

Another limitation lies in the relatively limited experience of some participants: six out of the seventeen interviewees had conducted only one cycle of DE interventions, which may have affected the depth of their insights. Furthermore, the sample was predominantly (88.24%), with very limited male representation. Because facilitators’ personal relationship with death, their spirituality, and their motivation constitute one of the core findings of this study, this gender imbalance may have shaped the emotional and relational tone of the accounts collected, and the perspectives of male facilitators remain markedly underrepresented. The variable level of experience among participants likewise means that the dataset combines well-consolidated expertise with more preliminary impressions, and the two should not be weighted equally; this heterogeneity, while a limitation for generalizability, is also partly consistent with the exploratory aim of mapping the breadth of professionals’ experiences.

An additional challenge reported—particularly by professionals working in nursery and primary schools—was the limited participation of children from migrant backgrounds, who often struggled to fully understand the content of the projects due to language barriers. This issue remains an unresolved challenge for which the Discussion now proposes a set of concrete operational strategies that nonetheless require systematic empirical validation. A further methodological limitation

concerns the reliance on a single data source: the analysis is based exclusively on facilitators' self-reported accounts and was not triangulated with classroom observation or with the direct perspectives of students, parents, or teachers. The findings should therefore be read as reflecting facilitators' situated viewpoints, which may be subject to recall and self-presentation bias, rather than as an objective measure of intervention outcomes.

Regarding future directions, further studies are needed to deepen the exploration of professionals' experiences in implementing DE projects in schools. Such research should aim to address the current gap in the literature by recruiting a more diverse and gender-balanced sample, involving participants with greater experience and who work across different age groups. Future research would also benefit from multi-informant and mixed-methods designs that combine facilitators' accounts with classroom observation and the direct involvement of students, parents, and teachers, thereby strengthening triangulation and reducing the risk of facilitator bias. Finally, it is hoped that the present study may offer concrete practical insights for professionals in the field, supporting the development of more effective and contextually appropriate interventions, and thereby fostering the broader acceptance and integration of DE within schools.

Author Contributions

EI and MR—conceptualization; validation; writing-review. EI, MR and LB—methodology, software; formal analysis, investigation, resources, data curation. EI, MR and SM—writing-original draft preparation; editing, visualization. IT—supervision. All authors have read and agreed to the published version of the manuscript.

Competing Interests

The authors have declared that no competing interests exist.

AI-Assisted Technologies Statement

ChatGPT, an AI language model, was used in a limited manner to support the translation of selected passages and to refine the linguistic clarity of the manuscript. All sections in which AI assistance was employed were subsequently reviewed and edited by the authors to ensure accuracy and coherence. The authors retain responsibility for the final content of the manuscript.

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