Death Education for Palliative Psychology (DE4PP)

Project n: 2019-1-IT02-KA203-063243

IO2- Report

Background about palliative care and death education in the collaborating countries

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Content

page

1 Proposed intellectual output 2 (from the application) 1

2 Prevalence of publications related to the themes of the DE4PP project 2

3 National reports 12

3.1 Austria 12
3.2 Israel 27
3.3 Italy 35
3.4 Poland 44
3.5 Romania 59

4 Conclusion 69

5 Appendix 72

5.1 IO2 structure of the report 72
5.2 IO2 five interviews protocol 2 73
5.3 Output descriptives 73

1 Proposed intellectual output 2 (from the application)

"The Report will establish the level of knowledge and diffusion of Palliative Care, Death Education and Arts therapies in partner countries as well as the level of knowledge about these issues on a sample of the target group (students) in order to both present these data during the course (O5) and be able to calibrate the e-learning materials (O3).
Scientific literature will be analyzed as well as curricula. Programs existing locally and the state of art of teaching related to palliative care and bereavement in psychology courses will be verified in each country.
The overview of literature will use the fundamental keywords that will be agreed among partners, based on the international literature dedicated to this topics. A first review will be produced with the PRISMA method (Preferred Re-porting Items for Systematic reviews and Meta-Analyses) for the recognition of the main key words. Once the key words have been derived from the review, the contents of the national psychology teachings in which these key words will be present will be analyzed. This operation can be carried out, where possible, thanks to access to the Posters of the Degree Courses that are published by the various Ministries of University and Research. In the countries where this is not possible, we will proceed through direct contacts with universities that provide courses in Psychology.
In addition to the literature overview, some students from each university will be selected for an exploratory questionnaire/interview on the subject to better investigate the level of knowledge that students have about palliative care and death education. These questions will concern: what students know about palliative care, death education and its functions and arts therapies. A Report will be created to gathered together results.

The Final Report will be useful to drive the contents of the future lessons, the development of online materials in O3 and O4.
KLU will be responsible for the production of O2, but all the partners will be involved in the production of the output.
The questionnaire and the interview questions about PC and DE and Arts therapies will be prepared by KLU, UH, ANT, and UNIPD in English. ULBS, KUL, UNIPD, and KLU will translate it into their national language.
Each University (UNIPD, ULBS, UH and KUL) will take care to find a sample of 30 students to answer the questionnaire and 5 students for the interviews.
Data will be collected and analyzed by each university partner in quantitative/qualitative analyses to investigate which are the preliminary knowledge of the students about palliative care and death education.

KLU, UNIPD, UH, ULBS, KUL will write a report in the English language based on the literature overview and the results of questionnaire/interviews of own students and will send it to the leader partner (KLU).

KLU will collect all partners' reports and the conclusions on the discussions and create a final Report in the English and German languages. ANT, ULBS, and KUL will translate the final Report into Italian, Romanian, and Polish respectively.
These results will be the basis for the construction of the pre- and post-intervention questionnaire and of e-learning materials."

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2 Prevalence of publications related to the themes of the DE4PP project

To assess the state-of-the-art in literature, a research was conducted following the PRISMA method (Preferred Reporting Items for Systematic Reviews and Meta-Analysis). This section describes the method of search and the results.

In the first phase, the following six keywords concerning death, end-of-life themes were chosen by means of consensus by the experts involved in the DE4PP project: "Death Education"; "Palliative care"; "Terminal illness"; "End of life"; "Mourning"; "Grief".
In the second phase, the following inclusion criteria were determined:

a) The publication type must be limited to systematic reviews, meta-analyses and journal articles.
b) Publications must have been published in the last 10 years (2009-2019)
c) Publications must be in English
d) Publication must be from one of the four countries participating in the DE4PP project: Italy, Israel, Austria, Poland, Romania.
e) The keywords must be present either in the title or in the abstract or in the keywords sections.

In the third phase, the six keywords related to death and end-of-life were searched in three major databases: Scopus, PubMed and PsycINFO.

In the fourth phase, the same keywords were combined with "Arts Therapies" and "Psychodrama".

Systematic reviews

As regards the **systematic reviews** the results of the third phase are presented in Table 1:

Table 1	Scopus	PubMed	PsycINFO	Total
“Death Education”	1	1	0	2
“Palliative Care”	833	510	280	1623
“Terminal illness” or “End of life”	451	336	206	993
Mourning or Grief	101	63	61	225
Total	1386	910	547	2843

During the fourth phase, these keywords were combined with "Arts Therapies" and/or "Psychodrama". The results of the forth phase are presented in Table 2:

Table 2	Scopus	PubMed	PsycINFO	Total
“Death Education” and “Arts Therapies”	0	0	0	0
“Palliative Care” and “Arts Therapies”	0	0	0	0
(“Terminal illness” or “End of life”) and “Arts Therapies”	1	0	0	1
(Mourning or Grief) and Arts Therapies	1	0	0	1
Total	2	0	0	2
“Death Education” and Psychodrama	0	0	0	0
“Palliative Care” and Psychodrama	0	0	0	0
(“Terminal illness” or “End of life”) and Psychodrama	0	0	0	0
(Mourning or Grief) and Psychodrama	0	0	0	0
Total	0	0	0	0

Only 3 systematic reviews were found, and only in the Scopus database, for the following keywords combinations:

(“Terminal illness” or “End of life”) and “Arts therapies”:

Title:
Dalton, J., Thomas, S., Harden, M., Eastwood, A., & Parker, G. (2018). Updated meta-review of evidence on support for carers. *Journal of Health Services Research & Policy*, *23*(3), 196-207. doi:10.1177/1355819618766559

Abstract:
Objective:
To update a 2010 meta-review of systematic reviews of effective interventions to support carers of ill, disabled, or older adults. In this article, we report the most promising interventions based on the best available evidence.
Methods:
Rapid meta-review of systematic reviews published from January 2009 to 2016.
Results:
Sixty-one systematic reviews were included (27 high quality, 25 medium quality, and nine low quality). The quality of reviews has improved since the original review, but primary studies remain limited in quality and quantity. Fourteen high quality reviews focused on carers of people with dementia, four on carers of those with cancer, four on carers of people with stroke, three on carers of those at the end of life with various conditions, and two on carers of people with mental health problems. Multicomponent interventions featured prominently, emphasizing psychosocial or psychoeducational content, education and training. Improved outcomes for carers were reported for mental health, burden and stress, and wellbeing or quality of life. Negative effects were reported in reviews of respite care. As with earlier work, we found little robust evidence on the cost-effectiveness of reviewed interventions.

Conclusions:
There is no ‘one size fits all’ intervention to support carers. There is potential for effective support in specific groups of carers, such as shared learning, cognitive reframing, meditation, and computer-delivered psychosocial support for carers of people with dementia. For carers of people with cancer, effective support may include psychosocial interventions, art therapy, and counselling. Carers of people with stroke may also benefit from counselling. More good quality, theory-based, primary research is needed.

Keywords:
Carers; Interventions; Meta-review

(“Mourning” or “Grief”) and “Arts therapies”:

Title:
Weiskittle, R., & Gramling, S. (2018). The therapeutic effectiveness of using visual art modalities with the bereaved: a systematic review. *Psychology Research and Behavior Management*, *Volume 11*, 9-24. doi:10.2147/prbm.s131993

Abstract:
Bereaved individuals are increasingly considered at risk for negative psychological and physiological outcomes. Visual art modalities are often incorporated into grief therapy interventions, and clinical application of art therapy techniques with the bereaved has been widely documented. Although clinicians and recipients of these interventions advocate for their helpfulness in adapting to bereavement, research investigating the efficacy of visual art modalities has produced equivocal results and has not yet been synthesized to establish empirical support across settings. Accordingly, this review critically evaluates the existent literature on the effectiveness of visual art modalities with the bereaved and offers suggestions for future avenues of research. A total of 27 studies were included in the current review. Meta-analysis was not possible because of clinical heterogeneity and insufficient comparable data on outcome measures across studies. A narrative synthesis reports that therapeutic application of visual art modalities was associated with positive changes such as continuing bonds with the deceased and meaning making. Modest and conflicting preliminary evidence was found to support treatment effectiveness in alleviating negative grief symptoms such as general distress, functional impairment, and symptoms of depression and anxiety.

Keywords:
Grief; Expressive arts; Bereavement; Therapy; Efficacy.

No systematic reviews were found for the searched keywords belonging to the 5 Countries of the project: Italy, Austria, Israel, Poland and Romania

Meta-analyses

As regards the **meta-analyses**, the results of the third phase are presented in Table 3:

Table 3	Scopus	PubMed	PsycINFO	Total
“Death Education”	1	1	0	2
“Palliative Care”	515	142	31	688
“Terminal illness” or “End of life”	185	73	13	271
Mourning or Grief	75	23	18	116
Total	776	239	62	1077

During the fourth phase, these keywords were combined with "Arts Therapies" and/or "Psychodrama". The results of the forth phase are presented in Table 4:

Table 4	Scopus	PubMed	PsycINFO	Total
“Death Education” and “Arts Therapies”	0	0	0	0
“Palliative Care” and “Arts Therapies”	0	0	0	0
(“Terminal illness” or “End of life”) and “Arts Therapies”	1	0	0	1
(Mourning or Grief) and Arts Therapies	1	0	0	1
Total	2	0	0	2
“Death Education” and Psychodrama	0	0	0	0
“Palliative Care” and Psychodrama	0	0	0	0
(“Terminal illness” or “End of life”) and Psychodrama	0	0	0	0
(Mourning or Grief) and Psychodrama	0	0	0	0
Total	0	0	0	0

Only 2 meta-analyses were found, and only in the Scopus database, for the following keywords combinations:

(“Terminal illness” or “End of life”) and “Arts therapies”:

Title:
Dalton, J., Thomas, S., Harden, M., Eastwood, A., & Parker, G. (2018). Updated meta-review of evidence on support for carers. *Journal of Health Services Research & Policy*, *23*(3), 196-207. doi:10.1177/1355819618766559

This meta-analysis has already been described previously in the systematic review section, but it also appears in the meta-analysis research.

("Mourning" or "Grief") and "Arts therapies":

Title:
Weiskittle, R., & Gramling, S. (2018). The therapeutic effectiveness of using visual art modalities with the bereaved: a systematic review. *Psychology Research and Behavior Management*, *Volume 11*, 9-24. doi:10.2147/prbm.s131993

This meta-analysis has already been described previously in the systematic review section, but it also appears in the meta-analysis research.

No systematic reviews were found for the searched keywords belonging to the 5 Countries of the project: Italy, Austria, Israel, Poland and Romania

Journal articles

As regards the **journal articles**, the results of the third phase are presented in Table 5:

Table 5	Scopus	PubMed	PsycINFO	Total
"Death Education"	124	43	64	231
"Palliative Care"	21526	12140	4726	38392
"Terminal illness" or "End of life"	16804	10433	4573	31810
Mourning or Grief	6989	2381	3130	12500
Total	45443	24997	12493	82933

During the fourth phase, these keywords were combined with "Arts Therapies" and/or "Psychodrama". The results of the forth phase are presented in Table 6:

Table 6	Scopus	PubMed	PsycINFO	Total
"Death Education" and "Arts Therapies"	0	0	0	0
"Palliative Care" and "Arts Therapies"	36	0	0	36
("Terminal illness" or "End of life") and "Arts Therapies"	16	0	1	17
(Mourning or Grief) and Arts Therapies	26	0	3	29
Total	78	0	4	82
"Death Education" and Psychodrama	0	0	1	1
"Palliative Care" and Psychodrama	1	0	1	2
("Terminal illness" or "End of life") and Psychodrama	0	1	1	2
(Mourning or Grief) and Psychodrama	4	1	2	7
Total	5	2	5	12

In this phase, 94 journal articles were found and duplications were removed. The final number of journal articles was 77. From these 77 journal articles, we selected only 6 journal articles that met the inclusion criteria (conducted in at least one of the 5 countries involved in the DE4PP project). These resulted in 4 studies in Italy and 2 studies in Israel. Additional study from Italy was included through personal communication with its authors resulting in 5 studies from Italy. Additional study from Israel was included through personal communication with its authors resulting in 3 studies from Israel.

The following five studies were conducted in Italy, with the following combinations of keywords:

"Death Education" and Psychodrama:

Title:
Testoni, I., Ronconi, L., Palazzo, L., Galgani, M., Stizzi, A., & Kirk, K. (2018). Psychodrama and Moviemaking in a Death Education Course to Work Through a Case of Suicide Among High School Students in Italy. *Frontiers in Psychology*, *9*. doi:10.3389/fpsyg.2018.00441

Abstract:
This study describes the psychological effects of an experience of death education (DE) used to explore a case of suicide in an Italian high school. DE activities included philosophical and religious perspectives of the relationships between death and the meaning of life, a visit to a local hospice, and psychodrama activities, which culminated in the production of short movies. The intervention involved 268 high school students (138 in the experimental group). Pre-test and post-test measures assessed ontological representations of death, death anxiety, alexithymia, and meaning in life. Results confirmed that, in the experimental group, death anxiety was significantly reduced as much as the representation of death as annihilation and alexithymia, while a sense of spirituality and the meaning of life were more enhanced, compared to the No DE group. These improvements in the positive meaning of life and the reduction of anxiety confirmed that it is possible to manage trauma and grief at school with death education interventions that include religious discussion, psychodrama and movie making activities.

Keywords:
Death education; Spirituality; Psychodrama; Movie making; Alexithymia; Representations of death; Death anxiety.

("Terminal illness" or "End of life") and Psychodrama:

1. **Title:**
   Baile, W. F., De Panfilis, L., Tanzi, S., Moroni, M., Walters, R., & Biasco, G. (2012). Using Sociodrama and Psychodrama To Teach Communication in End-of-Life Care. *Journal of Palliative Medicine*, *15*(9), 1006-1010. doi:10.1089/jpm.2012.0030

Abstract:

End-of-life discussions can be stressful and can elicit strong emotions in the provider as well as the patient and family. In palliative care, understanding and effectively addressing emotions is a key skill that can enhance professional competency and patient/family satisfaction with care. We illustrate how in coursework for a Master's degree in palliative medicine we used dramatic "action methods" derived from sociodrama and psychodrama in the portrayal of two challenging cases to train providers in the emotional aspects of caring for patients with advanced cancer. We describe the specific techniques of constructing and enacting case scenarios using warm-ups, role-creation, doubling and role-reversal. In particular, we illustrate how these techniques and others were used to reveal and address the "hidden" emotions, attitudes, and values that were central to the communication dilemma. Finally, we present an evaluation completed by the 26 participants who attended the course.

2. **Title:**
   Testoni, I., Ronconi, L., Palazzo, L., Galgani, M., Stizzi, A., & Kirk, K. (2018). Psychodrama and Moviemaking in a Death Education Course to Work Through a Case of Suicide Among High School Students in Italy. *Frontiers in Psychology*, *9*. doi:10.3389/fpsyg.2018.00441

This article has already been found and described previously, but it also appears in combination with these keywords.

"Palliative care" and Psychodrama:

Title:

Baile, W. F., De Panfilis, L., Tanzi, S., Moroni, M., Walters, R., & Biasco, G. (2012). Using Sociodrama and Psychodrama To Teach Communication in End-of-Life Care. *Journal of Palliative Medicine*, *15*(9), 1006-1010. doi:10.1089/jpm.2012.0030

This article has already been found and described previously, but it also appears in combination with these keywords.

(Mourning or Grief) and Psychodrama:

1. **Title:**
   Testoni, I., Cichellero, S., Kirk, K., Cappelletti, V., & Cecchini, C. (2019). When Death Enters the Theater of Psychodrama: Perspectives and Strategies of Psychodramatists. *Journal of Loss and Trauma*, *24*(5-6), 516-532. doi:10.1080/15325024.2018.1548996

Abstract:
Death is the most threatening experience to human life because it is inevitable and causes irreversible loss. The article describes the results of a qualitative study undertaken with 25 Italian psychodramatists. Respecting the Consolidated Criteria for Reporting Qualitive Research (COREQ) checklist, the research was aimed at bringing out their strategies and techniques used to manage loss and grief when real or symbolic death appeared in patients' narratives. The results showed that participants overwhelmingly believed that psychodrama offers excellent instruments to treat both forms of grief, despite few differences between the forms having been recognized. The participants considered the main strategies to be the therapeutic action of the group and the surplus-reality to put on a scene of death and the dead, while the main techniques are the role reversal involving the representation of the lost person or situation with the auxiliary ego, the empty chair, the double, and the genodrama. Finally, a striking factor from the qualitative analysis was that it diagnosed a lack of competence related to an explanation of real grief and its complex constellation. Suggestions useful for the improvement of psychodrama in the treatment of all types of loss are presented. Particular attention is paid to the continuing bonds.

Keywords:
Psychodrama; Real and symbolic death; Grief; Continuing bonds;Attachment.

2. **Title:**
   Testoni, I., Ronconi, L., Palazzo, L., Galgani, M., Stizzi, A., & Kirk, K. (2018). Psychodrama and Moviemaking in a Death Education Course to Work Through a Case of Suicide Among High School Students in Italy. *Frontiers in Psychology*, *9*. doi:10.3389/fpsyg.2018.00441

This article has already been found and described previously, but it also appears in combination with these keywords

3. **Title:**
   Menichetti, J., Giusti, L., Fossati, I., & Vegni, E. (2015). Adjustment to cancer: exploring patients' experiences of participating in a psychodramatic group intervention. *European Journal of Cancer Care*, *25*(5), 903-915. doi:10.1111/ecc.12412

Abstract:

The main purpose of the present study was to understand the subjective experience of patients adjusting to cancer by focusing on how that experience might be affected by participating in a psychodramatic group intervention. In-depth interviews using an interpretative-phenomenological approach were conducted with eight cancer patients involved in a psychodrama group. Four key themes were identified: (1) outside and inside relationships; (2) identities: nurturing other selves; (3) a feelings' gym: performing the internal world; and (4) many ends: mourning death and dying. Participation in cancer group using a psychodramatic

approach provided positive results. In detail, the group setting: (1) favoured relationships in which it was possible to freely express oneself and (2) empowered patients in their feelings of being able to give and receive help; the psychodramatic approach: (1) supported the physical mobilisation of sense of agency and (2) permitted to deal with the grieving process. Cancer healthcare pathways would benefit from psychotherapeutic programmes using a similar approach, since psychodrama by actively involving body seems to works on areas that are often underwhelmed by other approaches, such as (i.e., physical mobilisation, body engagement, grieving adjustment). Psychodrama supports patients to achieve insights into their own possibilities to actively participate in their own life situations despite having cancer and undergoing treatment for it.

Keywords:
Cancer; Oncology; Psychodrama; IPA; Qualitative study; Group therapy.

Additional study:

Title:
Testoni, I., Biancalani, G., Ronconi, L., & Varani, S. (2019). Let's Start With the End: Bibliodrama in an Italian Death Education Course on Managing Fear of Death, Fantasy-Proneness, and Alexithymia With a Mixed-Method Analysis. *OMEGA - Journal of Death and Dying*, 003022281986361. doi:10.1177/0030222819863613

Abstract:
This article presents the results of an experience of death education (DE) course with bibliodrama in Italian high schools, which focused on emotions and existential themes. The research analyzed the inability to recognize or describe one's own emotions (alexithymia), fantasy-proneness, and attitudes toward death in two different groups of students: one who took a course on DE (with 113 students) and another who did not participate in it (with 114 students). The use of a mixed method allowed this study to explore the quantitative results that the students indicated in the questionnaire and the qualitative open answers to the final question about how they had profited from this DE course. The results showed that the course had a positive effect, as the DE group significantly decreased alexithymia and negative attitudes toward death, particularly in fear and avoidance of death, making their representation of death less traumatic.

Keywords:
Adolescents; Alexithymia; Bibliodrama; Death education; Fantasy-proneness; Fear of death.

The following three studies were conducted in Israel, with the following combinations of keywords:

(Mourning or Grief) and "Arts Therapies":

1. **Title:**
   Bat-Or, M., & Garti, D. (2019). Art therapist's perceptions of the role of the art medium in the treatment of bereaved clients in art therapy. *Death Studies*, *43*(3), 193-203. doi:10.1080/07481187.2018.1445138

Abstract:
The exploratory study's aim was to examine how art therapists perceive the role of the art medium in the treatment of bereaved clients. Eight Israeli art therapists reflected on this topic through drawings and interviews. Qualitative analysis identified three major roles, specifically art as: (1) a space for the client's grief work; (2) a communication channel that impacts the art therapist's experience and therapeutic relationship; and (3) a shared space where client and therapist create a new narrative. The discussion deals with the findings and their clinical implications, identifying the central therapeutic processes involved in art therapy with bereaved clients.

2. **Title:**
   Garti, D., & Bat Or, M. (2019). Subjective experience of art therapists in the treatment of bereaved clients. *Art Therapy*, *36*(2), 68-76. doi:10.1080/07421656.2019.1609329

Abstract:
This study explores the subjective experience of art therapists who work with bereaved clients. Eight art therapists were given an art-based task and completed a semistructured interview. Qualitative analysis revealed 3 themes conceived in axes: (a) facilitating emotional expressiveness and control, (b) fluctuating between presence and absence of client's art, and (c) maneuvering between intuitive and theory-based interventions. The last axis incorporated the wounded healer aspect. The findings describe how art therapists use the creative process, honor imagery, and determine their interventions to effectively work with clients coping with grief.

Keywords:
Foreign Countries; Art Therapy; Allied Health Personnel; Grief; Emotional Response; Intervention; Coping; Psychotherapy; Art Materials; Art; Death; Art Expression.

Additional study:

Title:
Bat Or, M. , Megides, O. (2016). Found Object/Readymade Art in the Treatment of Trauma and
Loss. *Journal of Clinical Art Therapy, 3*(1), , retrieved from: http://digitalcommons.lmu.edu/jcat/
vol3/iss1/3

Abstract:
Found object/readymade art is a familiar expressive medium in art therapy that has been insufficiently explored. The present article theoretically and clinically examines found object/readymade art as a progressive therapeutic intervention in the treatment of trauma and loss. It aims to show how creating found object/readymade art enables the client to encounter and contain damaged/disconnected memories and provides a space for integrating and meaning-making in the face of rupture and loss. This is discussed through a review of found object/readymade art medium in the history of art and in art therapy and by phenomenological observation of its creating process. Specific links to the treatment of trauma and loss are incorporated, as well as the therapist's role. Clinical vignettes and examples from found object/readymade art workshops illustrate these therapeutic qualities through art therapy, psychoanalytic, and neuroscience lenses.

Keywords:
Found object; Readymade art; Trauma; Loss.

Summary:

Italy is the Country where more scientific studies have been conducted followed by Israel.
The Italian scientific articles present interventions that combine arts therapies methods with the end-of-life field with results that demonstrate the effectiveness of these methods, in particular psychodrama, in helping to manage the issues of death, accompaniment to dying and mourning management.
Regarding the Israeli studies, the first two scientific articles have been carried out by the same authors and with the same sample, even though they analysed different aspects about how art therapists perceive the role of the art medium in the treatment of bereaved clients. The third Israeli study instead emphasizes the importance of art as therapeutic intervention in the treatment of trauma and loss (e.g., death, divorce, loss of employment, chronic disease, brain injury, political repression). Conversely, in Austria, Poland and Romania there is a lack of scientific articles on death and end-of-life themes using arts therapies or psychodrama.

3 National reports

3.1 Austria

IO2 Report Austria

M. A. Wieser and A. Leitner

1. Overview of the three fields of the project Palliative Care, Death Education and Arts Therapies / Psychodrama in Austria

According to Arias-Casais et al. (2019), Austria stands out in palliative care. This covers legislation, plan strategy, standards, personnel in health ministry and funds. For morphine and opioid exists special prescription forms with no limits and highest usage. Education is a mandatory specific subject in medical and nursing schools with professors and specialization. There are Austrian association for (pediatrics) palliative care and hospice Austria with a directory of services and register of trained volunteers. What is missing is a link to psychology, arts therapies and psychodrama.

Jacob Levy Moreno used to live in Austria; the roots of psychodrama are there since more than hundred years. After the Shoa psychodrama came back in the 1970ees inside the Austrian Association for Group Dynamics and Group Psychotherapy (ÖAGG) motivated by Moreno. Psychodrama section has more than 500 members. Along the psychotherapy law ministry of health and social insurance recognized it in 1993 and European Association of Psychotherapy in 2005. Meanwhile it is part of Universities of the Danube at Krems, Salzburg, Innsbruck, Bertha von Suttner St. Pölten, Sigmund Freud Vienna, and Klagenfurt. Besides group psychotherapy, it developed in individual setting and non-clinical fields.

Just like psychodrama, art therapy is an increasingly popular form of artistic therapy in Austria. In addition to the connection to psychology, Austrian art therapy also includes disciplines such as education or art science. The arts play a special role, especially in psychosocial, psychosomatic and psychiatric therapy practice. Through therapeutic support, patients can find their way to their own self in art therapy and at the same time experience forms of togetherness with others.
The relevance of creative art therapies in the sciences today is shown by the international research results of Shafit et al. (2020) "The State of the Art in Creative Arts Therapies": About one third of all research articles cover the importance of the arts in therapy. More and more institutions, practices or trainers are also offering various courses in this field, which can be advantageously combined with palliative care, thus enabling a positive interplay in therapy.
Unfortunately, so far we could not find courses that covers psychodrama and arts therapies in the area of palliative care and death education.

2. Prevalence of publications related to the themes of the DE4PP project in Austria

No systematic reviews, meta-analyses, and research articles were found with PRISMA (Preferred Re-porting Items for Systematic reviews and Meta-Analyses) for the searched keywords (Terminal illness or End of life or Mourning or Grief or Death Education or Palliative care and Psychodrama or Arts therapies) belonging to Austria (s. chapter 2 above).

3. Prevalence of courses related to the themes of the DE4PP project in Austria

All together, we found 34 courses. They were mainly in the field of palliative care, mourning or grief, only one in death education and none in terminal illness and end of life; two of them ends with a master degree, two are university courses. The search for courses indicates a lack

of third-level courses in palliative care and similar topics at Austrian universities. The same applies for psychology, psychodrama and art therapy courses.

Table 1 shows the number of courses offered in Austria, broken down by the keywords given.

Table 1	Total
“Death Education”	1
“Palliative Care”	19
“Terminal illness” or “End of life”	0
„Mourning“ or „Grief“	14
Total	**34**

„Death Education“:

Table 2 lists the individual course offerings that were found using the keyword "Death Education".

Table 2

Nr.	Institution name	type	name program/ course	ECTS	hrs/ duration	Academic degree/ certificate	costs	link
1	Kardinal König Haus - Educational Centre of the Jesuits and Caritas	Seminar	The body in the process of dying - About ability and confidence	/	8 h	Further training	€ 150,-	https://www.kardinal-koenig-haus.at/bildungsprogramm/hospiz-palliative-care-demenz/programm?seite=2&startpage=1&len=5#a107

„Palliative Care“:

Table 3 lists the individual course offerings that were found using the keyword "Palliative Care".

Table 3

Nr.	Institution name	type	name program/ course	ECTS	hrs/ duration	Academic degree/ certificate	costs	link
1	Paracelsus - Private Medical University	University course	University course Palliative Care	92,5	7 semesters	Master	€ 9.071,40	https://www.pmu.ac.at/studium-weiterbildung/ulg-lg/universitaetslehrgang-palliative-care.html
2	Kardinal König Haus - Educational Centre of the Jesuits and Caritas	course	Interprofessional palliative care course 2020/21	/	10 months	Master	1.375,- pro Semester	https://www.kardinal-koenig-haus.at/bildungsprogramm/hospiz-palliative-care-demenz/programm?seite=5&startpage=1&len=5#a107
3	Hospiz Österreich - organisation hospice and palliative care	Basic course	Interprofessional Palliative Basic Course	23,5	120 h	Diploma	/	https://www.hospiz.at/fachwelt/bildung/
4	Akademie Wels - Academy for Health and Education of Kreuzschwestern GmbH	course	Interprofessional Basic Course Palliative Care	23,5	120 h	Diploma	€ 2460,-	https://www.hospiz-ooe.at/wp-content/uploads/2019/05/PalliativeCare_2020_web-1.pdf
5	Caritasakademie	Basic course	Interprofessional basic course Palliative Care	/	136 h	Diploma	€ 2240,-	https://www.caritasakademie.at/erwachsenenbildung/pflege-betreuung/palliative-care/basislehrgang-palliative-care-201819/
6	Austrian Academy of Physicians GmbH	course	Palliative care	/	60 h	Diploma	/	https://www.arztakademie.at/diplome-zertifikate-cpds/oeaek-diplome/palliativmedizin
7	OPG - Austrian Palliative Society	course	Course Palliative Care	/	65 h	Diploma	€ 1800,-	https://www.palliativ.at/lehrgang/lehrgang-202021/
8	Kardinal König Haus - Educational Centre of the Jesuits and Caritas	Summer Academy	Focus on children and young people - Pediatric Palliative Care and Grief in Children and Adolescents	/	24 h	Certificate	€ 390,-	https://www.kardinal-koenig-haus.at/bildungsprogramm/hospiz-palliative-care-demenz/programm?seite=7&startpage=1&len=5#a107
9	Caritas - Mobile Hospice Palliative Care	Basic course	Basic course for life, death and grief counselling	/	88,25 h	Certificate	€ 880,-	https://www.caritas-linz.at/fileadmin/storage/oberoesterreich/hospiz/bildungsprogramm_2019_2020_hospiz.pdf
10	Caritas - Mobile Hospice	Basic cours	Basic course for children's	/	4 Module	Certificate	€ 800,	https://www.caritas-linz.at/fileadmin/storage/oberoesterreich/hospiz/bildungsprogramm_2019_2020_hospiz.p

	Palliative Care	e	hospice work					df
11	Palliative care coordination Steiermark - Steiermärkische Krankenanstaltengesellschaft m.b.H.	University course	University course Palliative Care in Pediatrics	/	125 h	Certificate	€ 3360,-	http://www.moki.at/palliativlehrgang19.pdf
12	GKPP - Society of Critical Psychologists	course	Gerontopsychological treatment: dementia treatment and palliative care	/	8 h	Module B Training Gerontopsychologist	€ 190,-	http://www.gkpp.at/weiterbildung/event-detail.php?id=223
13	Kardinal König Haus - Educational Centre of the Jesuits and Caritas	Seminar	The importance of critical awareness in hospice and palliative care facilities	/	8 h	Further training	€ 150,-	https://www.kardinal-koenig-haus.at/bildungsprogramm/hospiz-palliative-care-demenz/programm?seite=7&startpage=1&len=5#a107
14	bfi – Vocational Training Institute Linz	course	Further training Palliative Care	/	120 h	Further training	/	https://www.hospiz-ooe.at/wp-content/uploads/2020/01/30-01-20-BFI-Linz-Fort-u.-Weiterbildung-in-Palliative-Care-ab-2020-Sabine-W%c3%b6ger.pdf
15	Caritas - Mobile Hospice Palliative Care	Seminar	2-day introductory seminar aroma care base - focus on palliative care	/	16 h	Further training	€ 240,-	https://www.caritas-linz.at/fileadmin/storage/oberoesterreich/hospiz/bildungsprogramm_2019_2020_hospiz.pdf
16	KPG - Competence Center Palliative Geriatrics (KPG) Vienna	course	Interdisciplinary course for palliative geriatrics	/	120 h	Further training	€ 2200;-	https://www.dgpalliativmedizin.de/images/stories/Veranstaltungen_ab_14_07/20190606_Flyer_Lehrgang_Palliative_Geriatrie_2020-2021.pdf
17	Hospiz – Tyrolian Hospice Community	Basic course	Interprofessional Palliative Care Basic Course	/	46,25 h	Further training	€ 2020,-	https://www.hospiz-tirol.at/akademie/fuer-fachkraefte/palliative-care-lehrgang/
18	Kardinal König Haus - Educational Centre of the Jesuits and Caritas	course	Introduction to life, death and grief counselling Introductory evening	/	5 Monate	Voluntary employee	€ 515,-	https://www.kardinal-koenig-haus.at/bildungsprogramm/hospiz-palliative-care-demenz/programm?seite=9&startpage=1&len=5#a107
19	Kardinal König Haus - Educational Centre of the Jesuits and Caritas	Seminar	Educational program: Go to your longing edge - Give me your hand	/	20 h	Voluntary employee	€ 315,-	https://www.kardinal-koenig-haus.at/bildungsprogramm/hospiz-palliative-care-demenz/programm

„Terminal illness“ or „End of life“:

Not a single course offered in Austria was displayed under the keyword "Terminal illness" or "End of life".

“Mourning” or “Grief”:

Table 4 shows the individual course offerings that were found using the keyword "Mourning" or "Grief".

Table 4

Nr.	Institution name	type	name program /course	ECTS	hrs/ duration	Academic degree/certificate	costs	link
1	Hospizverein Melk	course	Training course for life, death and grief counselling	/	148 h	Certificate	€ 1000,-	http://www.hospiz-melk.at/index.php/ausbildung/lehrgang
2	Caritas&Du - charitable relief organization	course	Course in life, death and grief counselling	/	134 h	Certificate	€ 1200,-	https://www.caritas-stpoelten.at/hilfe-angebote/mobiles-hospiz/bildung/
3	Caritas - Mobile Hospice Palliative Care	Certificate course	Certificate course in grief counselling	/	88,25 h	Certificate	€ 850,-	https://www.caritas-linz.at/fileadmin/storage/oberoesterreich/hospiz/bildungsprogramm_2019_2020_hospiz.pdf
4	Rainbows Pedagogy - RAINBOWS gem. GmbH, Association RAINBOWS	Training course	Training course for grief counselling	/	65 h	Certificate	€ 1280,-	https://www.rainbows.at/ausbildungslehrgang-rainbows-trauerbegleitung/#tab-id-4
5	Kardinal König Haus - Educational Centre of the Jesuits and Caritas	course	Grief policy, shaping farewells	/	2 h	Further training	€ 10,-	https://www.kardinal-koenig-haus.at/bildungsprogramm/hospiz-palliative-care-demenz/programm
6	Kardinal König Haus - Educational Centre of the Jesuits and Caritas	Seminar	Fellow human beings in crisis- At the side of acutely grieving people	/	8 h	Further training	€ 150,-	https://www.kardinal-koenig-haus.at/bildungsprogramm/hospiz-palliative-care-demenz/programm?seite=9&startpage=1&len=5#a107
7	Kardinal König Haus -	Seminar	Interventions related to	/	12 h	Further training	€ 185,-	https://www.kardinal-koenig-haus.at/bildungsprogramm/hospiz-palliative-care-

	Educational Centre of the Jesuits and Caritas		memory and bonding in the company of mourning people					demenz/programm?seite=9&startpage=1&len=5#a107
8	Kardinal König Haus - Educational Centre of the Jesuits and Caritas	course	Accompany family mourning	/	75 h	Further training	€ 430,-	https://www.kardinal-koenig-haus.at/bildungsprogramm/hospiz-palliative-care-demenz/programm?seite=9&startpage=1&len=5#a107
9	Mobile Hospice - Austrian Buddhist Religious Society	course	Introduction to life, death and grief counselling	/	98 h	Further training	€ 495,-	https://www.hospiz-oebr.at/mitarbeit/
10	Österreichisches Rotes Kreuz	Seminar	Introductory seminar grief counselling	/	67 h	Further training	€ 200,-	https://www.roteskreuz.at/knt/pflege-betreuung/kurse/trauerbegleitung/
11	WIFI Wien - Economic Development Institute	course	Grief counselling for counsellors	/	84 h	Further training	€ 1600,-	https://www.wifiwien.at/kurs/60195x-trauerbegleitung-fuer-berater-innen
12	Caritas&Du - charitable relief organization	Basic course	Basic course for life, death and grief counselling	/	25,5 h	Further training	€ 880,-	https://www.caritas-linz.at/hilfe-angebote/hospiz/detailansicht-termine/news/75244-grundkurs-fuer-lebens-sterbe-und-trauerbegleitung/
13	bfi - Vocational Training Institute	course	Life, mourning and dying support	/	15 h	Further training	€ 320,-	https://www.bfi-stmk.at/ausbildung/lebens-trauer-und-sterbebegleitung.html
14	Kardinal König Haus - Educational Centre of the Jesuits and Caritas	course	Introduction to life, death and grief counselling	/	5 Monate	Voluntary employee	€ 515,-	https://www.kardinal-koenig-haus.at/bildungsprogramm/hospiz-palliative-care-demenz/programm

4 Analysis of the qualitative and quantitative results of students in Klagenfurt (Austria)

Qualitative Interviews with psychology master students in Klagenfurt

Five interviewed master students in psychology at University of Klagenfurt had mainly little contact and experience with the field of palliative care but are with a strong interest to attend a future course. They have deep thoughts about life and death.

Demographics:

Nr.	gender	age	semester	duration in min.
1	m	25	1	07:44
2	f	24	2	04:16
3	f	28	1	08:18
4	m	32	5	09:09
5	f	50	7	05:41

(1) How do you feel about studying palliative care and bereavement (theory and practice)?

During their studies all five interview partners did not really got in contact with palliative psychology (1-5). It just was mentioned about getting older and dying alone (2). They need to know about grief counselling and therapy, how to deal with bereavement and feel confidence (3). One said clinical psychology could only be palliative; healing is difficult to reach (4). The last one has experience as an assistant nurse in hospital (5).

All five mentioned they are very interested in this topic (1), wish to attend a course (2-4), find it helpful for the study (5), to learn how and what to do and why. One found it embarrassing that there is no course yet and likes that we make plans (3).

(2) How do you feel about working with clients who are coping with terminal illness, loss and bereavement?

They have no (2), little (1, 3, 4) or some experience (5). One had a trial day in a palliative care unit and a loss of a relative (3), another´s mother is working voluntarily in a hospiz (4). The fifth is trained in grief counseling and working in crisis intervention for Red Cross (5). They find it difficult and complex with these different areas of expertise. It feels unpleasant not knowing how to deal with it, at least a theoretical interest is there (1). Grief counseling is of interest (2). One said dying people does not have so much problems but the relatives and she got anxious about the idea of a practicum with dying people. She asks what is right in dealing with death and grief (3). Another made experience in a closed interdisciplinary psychiatric ward and is ready for a practicum (4).

(3) What does life and death mean to you?

The idea you could die is somehow suppressed, the student feels too young, but there is an issue with grandparents. Death is abstract, not tangible, you cannot imagine, make speculations, but exiting. To deal with is cultural divers but positive (1).
The question of live and death is difficult to answer, is there a life after death? Enjoy your live. What is death? We need some spirituality (2).
There is something after death, the energy is transforming. The body is only a cover and may disappear. Dying people look forward to death, something new, they do not disappear (3).

The death is the limit of life. Life is not always without pain. Problems can be palliated through relatives and professionals. Life prepares for death, Erickson calls it integration phase. The limit of life is not resolvable (4).
It is beautiful you may and can live. If you are healthy it is even better, and if everything is okay with the own children. Death goes with it, that´s just the way it is. Through training, this student got some tools and there were bereavements in the family and at the workplace. Even for young people life ends, but it is part of it (5).

(4) Additional

One found the interview in addition to the survey good (1). Another suggests including sociology, political science, society, besides psychology first. Working conditions and material and social appreciation are crucial (4).
After the pilot study, we will know more (5).

Results

contact with palliative care	interested in this topic	experience	wish to attend a course
no	yes	little	yes
no	yes	no	yes
yes	yes	little	yes
no	yes	little	yes
yes	yes	some	yes

Analysis of the survey for Klagenfurt (Austria)

As part of the DE4PP Erasmus+ project, an online survey was launched at the University of Klagenfurt in Austria for 261 master students in psychology from January 8 to 31, 2020. The survey was conducted by means of an exploratory questionnaire in order to better understand the needs of courses in palliative psychology.

The respondents who agreed to participate in the survey were kindly advised to answer as many questions as possible. It was also explained in the introduction to the survey that there would be no correct answers and that you should write what is true for you.
Of course, all information was kept completely anonymous and confidential.

Structure of the survey:

The online questionnaire included demographic questions such as age, gender, marital status, religion, religious affiliation, beliefs, experience as a formal caregiver of the dying, loss within the last two years of a loved one and current, incurable illness of a loved one, as well as specific questions on education, certain views on "death" and "dying" and on competencies as caregivers for the dying.

The chapter "Education" contained the following questions:

- Please state the field of study of your bachelor’s degree
- Please indicate if your bachelor’s degree included any of the following course topics (you may choose more than one answer)
- Please indicate the name of the university where you are currently studying towards your master's degree
- What master’s degree are you currently studying? (please state the field/s)
- What year are you currently in, for your master's degree?
- Please indicate if your current university studies include any of the following course topics (you may choose more than one answer)
- How interested are you in the death education / bereavement / loss / grief, Palliative Care topics?
- What literature on end-of-life and/or bereavement come to your mind? (you may choose more than one answer): Have you read something about end-of-life, bereavement and/or palliative care?
- How interested are you in obtaining practical / clinical competence for working with clients who are coping with end-of life conditions, bereavement and/or palliative care?
- How interested are you in acquiring theoretical knowledge about end-of-life conditions, bereavement and/or palliative care?
- How interested are you in working with clients who are coping with an end-of-life conditions, bereavement and/or palliative care?
- How interested are you in learning about Arts Therapies and/or Psychodrama interventions for end-of-life conditions, bereavement and/or palliative care?

For these questions the subjects had the possibility to choose between Strongly agree, Somewhat agree, Neither agree nor disagree, Somewhat disagree and Strongly disagree.
In the "Perceptions" section, respondents were able to indicate the extent to which they agree with the following statements:

- Death is terminal, and there is nothing after death.
- Death is a passage to another dimension wherein existence somehow continues
- The ambiguities in life stress me.
- Uncertainty makes me uneasy, anxious, or stressed.

As in the chapter "Perceptions", in the section "Competence" you could indicate to what extent you agree with the following statements:

- I feel confident listening to and talking with a dying person about issues surrounding their death.
- I am comfortable discussing a person's anxiety about the dying process and what will happen.
- I feel confident applying an individualized end-of-life care plan and assessment.
- I am confident about helping ill people with their end-of-life suffering.
- I am confident about helping people with their bereavement.
- I am confident in how to support a relative of a dying person.

Again, the participants could choose between the answer options Strongly agree, Somewhat agree, Neither agree nor disagree, Somewhat disagree and Strongly disagree.

Results:

Descriptive statistics for demographic variables in Klagenfurt (Austria):
A total of 47 respondents (18% response rate) aged between 21 and 50 years (mean 27.85) participated in the online survey, 19% of whom were male and 81% were female.
53% of the respondents live in a partnership, 43% are single and 4% indicated the status "other".
64% belong to the Christian religious community and 36% have no religious affiliation.

Of the 47 respondents, 6% are very religious, 19% somewhat religious, 60% secular and 15% atheist (2.17 in a range of 4).
23% believe in God, 15% in higher power, 30% in Spiritual force and 32% in Other (specify).

Table 1: This table shows what the people interviewed believe in (Selected Choice[a])

I believe in: - Selected Choice[a]

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	God	11	23,4	23,4	23,4
	Higher power	7	14,9	14,9	38,3
	Spiritual force	14	29,8	29,8	68,1
	Other (specify)	15	31,9	31,9	100,0
	Total	47	100,0	100,0	

a. Please indicate the name of the university where you are currently studying towards your master's degree: = University of Klagenfurt - Austria

8% of the respondents wrote they believe in the good and the possibility of moral people. 6% are non-believers. Respectively 4% believe in god, higher power, spiritual force and nature. Individuals believe in coincidence, in solidarity, relationships, love, science, life on other planets, the world is a big organism. 2% are very open-minded, another does not know, we are more likely believers than knowers. 2% did not answer (NR – no response).

Table 2: Table 2 reveals what the people who were interviewed believe in (Other-specify-Text[a])

I believe in: - Other (specify) - Text[a]					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	alle oben Angeführten	1	2,1	6,7	6,7
	an das Gute im Mensch	1	2,1	6,7	13,3
	das Gute	1	2,1	6,7	20,0
	das Unbewusste, das Gute im Menschen, Liebe, Leben auf anderen Planeten, dass unsere ganze Welt ein großer Organismus ist und wir alle so Teil von etwas größerem sind... (ich bin mir ehrlich gesagt nicht sicher was Sie hier alles wissen möchten, da ein Mensch doch nur relativ wenig wirklich wissen kann und das meiste eher glaubt als weiß :))	1	2,1	6,7	26,7
	den Zufall	1	2,1	6,7	33,3
	Die Möglichkeit eines moralischen Menschen.	1	2,1	6,7	40,0
	Keine Ahnung	1	2,1	6,7	46,7
	Natur	1	2,1	6,7	53,3
	Natur, vllcht Gott	1	2,1	6,7	60,0
	Nichts dergleichen	1	2,1	6,7	66,7
	NR	1	2,1	6,7	73,3
	sehr offen ausgelegt	1	2,1	6,7	80,0
	Solidarität, Beziehungen..	1	2,1	6,7	86,7
	weder noch	1	2,1	6,7	93,3
	Wissenschaft	1	2,1	6,7	100,0
	Total	15	31,9	100,0	
Missing		32	68,1		
Total		47	100,0		

a. Please indicate the name of the university where you are currently studying towards your master's degree: = University of Klagenfurt - Austria

Descriptive statistics for previous experience variables in Klagenfurt (Austria):

Previous experience they had with 40% lost someone and 26% terminal illness closed to them.

The terminal illnesses currently close to the respondents are alzheimer and dementia (8%), digestive organs (6%), cancer (6%), multiple sclerosis (4%), diabetes, heart disease, consequences of accident, and stroke (2%).

Table 3: In this table you can see which answers the respondents gave to the question, if anyone close to them currently have a terminal illness und if yes, what illness (specify)

Does anyone close to you currently have a terminal illness? If Yes, please specify the illness. - Yes (specify) - Text[a]

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Alzheimer	1	2,1	8,3	8,3
	Alzheimer Demenz	1	2,1	8,3	16,7
	Chronische lymphatische Leukämie	1	2,1	8,3	25,0
	Darmkrebs	1	2,1	8,3	33,3
	Demenz	1	2,1	8,3	41,7
	Diabetis, Herzkrank	1	2,1	8,3	50,0
	Mehrfach körperlich schwerbehindert, geistig eingeschränkt nach unfall	1	2,1	8,3	58,3
	Morbus Chron	1	2,1	8,3	66,7
	ms	1	2,1	8,3	75,0
	MS	1	2,1	8,3	83,3
	schlaganfallbedingte Hirnschädigung, Dementielle Symptomatik	1	2,1	8,3	91,7
	Speiseröhrenkrebs	1	2,1	8,3	100,0
	Total	12	25,5	100,0	
Missing		35	74,5		
Total		47	100,0		

a. Please indicate the name of the university where you are currently studying towards your master's degree: = University of Klagenfurt - Austria

They all made a bachelor in psychology (100%). 49% wrote that they had no course in palliative care during their bachelor study, 38% learned once about psychodrama. 40% did not read about palliative car, 30% books, 55% one book or article.
2% of the respondents wrote they read for a course, 2% listened in public radio and had regularly conversations with mourners. 12% did not answer (NR – no response).

Descriptive statistics for actual experience variables in Austria:
100% of the respondents study master in psychology, 70% are in the second or more years, 47% answered that they had no course in palliative care, death education, loss, grieve and bereavement, 45% had no course in psychodrama.

Descriptive statistics for five interest items and total score of interests in Klagenfurt (Austria):
In a range of 2 to 5 with a mean of 4.34 they are very interested (55%) in topics of death education, bereavement, loss, grieve and palliative care. With 4.06 out of 5, they are somewhat interested (40%) in obtaining practical clinical competences for work. They are very interested (49%, 4 out of 5) in acquiring theoretical knowledge. Somewhat interested (38%, 3.43 out of 5) they are in working with clients. Very interested are 30% (3.73 out of 5) in learning about art therapies of psychodrama interventions. 96% know about art and psychodrama therapy. The total score of interest is 3.99 out of 5 with a Cronbach´s alpha of .75. The biggest interest is in theoretical knowledge.

Descriptive statistics for perceptions on death, ambiguities and uncertainty in Austria:
26% disagree that death is terminal (2.72 out of 5). 32% neither agree nor disagree that death is a passage (3.21 out of 5). 36% neither agree nor disagree that the ambiguities in life stress them (2.57 out of 5). 60% somewhat agrees that uncertainty makes them uneasy, anxious or stressed (3.36 out of 5).

Descriptive statistics for six confident items and total score of confident in Klagenfurt (Austria):
34% somewhat disagree to feel confident listening to and talking with a dying person about issues surrounding their death (2.89 out of 5). 43% somewhat agrees that they are comfortable discussing a person's anxiety about the dying process and what will happen (3.49 out of 5). 38% somewhat disagree to feel confident applying an individualized end-of-life care plan and assessment (2.34 out of 5). 36% somewhat disagree to be confident about helping ill people with their end-of-life suffering (2.66 out of 5). 38% somewhat agrees that they are confident about helping people with their bereavement (3.23 out of 5). 40% somewhat disagree to be confident in how to support a relative of a dying person (3.06 out of 5). The total score of confident items is 2.95 out of 5 with a Cronbach´s alpha of .87.

Calculation of the question "Is there a difference between women and men in Klagenfurt (Austria) with regard to their interests in the topic "end of life" taking into account age?"

The calculation for the response was carried out using single factorial covariance analysis (ANCOVA) in SPSS.

Zero and alternative hypotheses:

H_{0G}: There is no significant difference between men and women with regard to interests in the topic "end of life" taking into account age.
H_{1G}: There is a significant difference between men and women with regard to interests in the topic "end of life" considering age.

SPSS Syntax:

```
UNIANOVA interested_topicsDE BY gender WITH age
  /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /PLOT=PROFILE(gender)
  /PRINT=HOMOGENEITY DESCRIPTIVE
  /CRITERIA=ALPHA(.05)
  /DESIGN=age gender.
```

Control Requirements for performing a single factor covariance analysis:

The Levene test provides a significant result with F (1, 45) = 0.709, p = .404.
The variances are homogeneous.
This means that the condition of homogeneity is fulfilled.

Levene-Test auf Gleichheit der Fehlervarianzen[a]

Abhängige Variable: interested_topicsDE

F	df1	df2	Sig.
,709	1	45	,404

Prüft die Nullhypothese, daß die Fehlervarianz der abhängigen Variablen über Gruppen hinweg gleich ist.
a. Design: Konstanter Term + age + gender

Output:

Zwischensubjektfaktoren

		Wertelabel	N
Please indicate your gender:	1	Male	9
	2	Female	38

Deskriptive Statistiken

Abhängige Variable: interested_topicsDE

Please indicate your gender:	Mittelwert	Standardabweichung	N
Male	4,4444	,72648	9
Female	4,3158	,90360	38
Gesamt	4,3404	,86669	47

Tests der Zwischensubjekteffekte

Abhängige Variable: interested_topicsDE

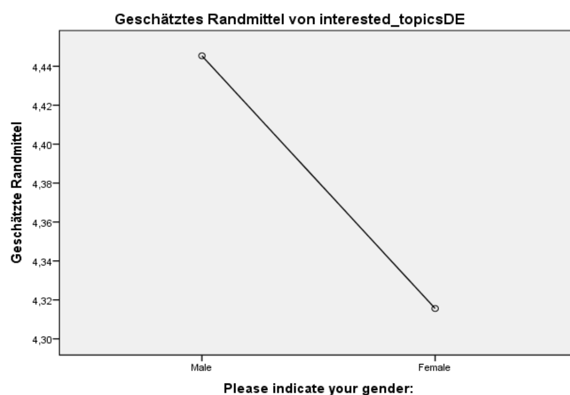
Quelle	Quadratsumme vom Typ III	df	Mittel der Quadrate	F	Sig.
Korrigiertes Modell	,141[a]	2	,071	,090	,914
Konstanter Term	40,149	1	40,149	51,336	,000
age	,021	1	,021	,027	,871
gender	,123	1	,123	,157	,694
Fehler	34,412	44	,782		
Gesamt	920,000	47			
Korrigierte Gesamtvariation	34,553	46			

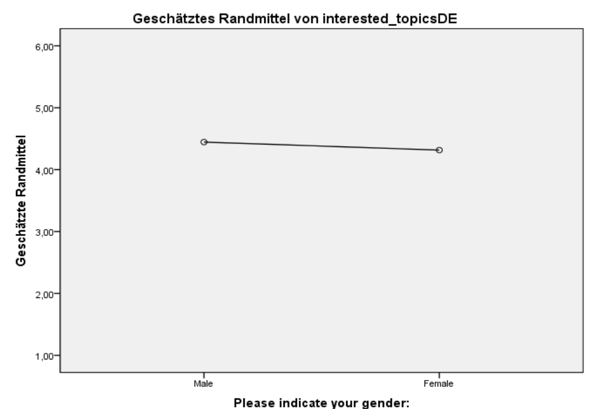
a. R-Quadrat = ,004 (korrigiertes R-Quadrat = -,041)

Result:

The single factor covariance analysis with age as a covariate yields the following result: There is no significant difference between men and women with regard to interests for the topic "end of life" taking age into account (F(1,44) = 0.27, p = .871).

Graphical representation:





The left mean value diagram with a fine y-axis scaling from 4.30 to 4.44 could be mistakenly interpreted as significant. However, since a graph only serves as an illustration and not as a basis for decision making, the right graph with a coarser y-axis scaling shows that this cannot be significant from a purely visual point of view.

5 Conclusion for Austria

Austria stands out in palliative care and psychodrama, but it needs to establish more third-level courses that covers psychodrama and art therapies in the area of palliative care and death education, research and publications in indexed journals. Psychology master students of Klagenfurt has a strong interest in gaining theoretical knowledge and some practical experience in the field of end of life. There is a need to set up a pilot course.

References:

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3.2 Israel

IO2 Report – Israel. From Dr. Hod Orkibi, University of Haifa, Israel.

Creative Arts Therapists in Israel

Creative Arts Therapists (CAT) are credentialed healthcare professionals who have completed a Master's degree and clinical training in using the creative and expressive process of active art-making and its outcomes to ameliorate disabilities and illnesses and optimize health and well-being within a therapeutic relationship. The six professional specializations are visual/plastic art therapy, psychodrama, drama therapy, dance movement therapy, music therapy, and poetry/bibliotherapy – which are especially valuable for clients who have difficulties expressing themselves in words alone. CAT work with clients of all ages, with individuals, dyads, families, and groups across a variety of medical, rehabilitative, educational, and community settings. In Israel, the majority of CAT who work in the public sector are employed by the Ministry of Education under the Special Education Act.

Since 1971, CAT in Israel are professionally organized under the Israeli Association of Creative and Expressive Arts Therapies - YAHAT (https://www.yahat.org/). In 1986, the profession was officially recognized by the State when the Medical Professions Licensing Department at the Ministry of Health (MOH) started issuing a "Status of Recognition Certificate" to practitioners (who graduated from training programs recognized by the MOH), which entitled them to work in public state institutions. However, in 2005 the High Court of Justice ruled that without a statutory law to permit the issuance of a certificate, employers' demands for proof of this certificate as a requirement for hiring creative arts therapists violated the basic (i.e., constitutional) right of freedom of occupational choice. Subsequently, the MOH stopped issuing this certificate and a tedious process of legislating the creative arts therapies profession began, along with the process of academic accreditation. As a result, in 2010 the MOH and the Council for Higher Education of Israel established uniform standards for a master's degree in the creative arts therapies that are intended to be the entry level to the profession when it is legislated. In January 2019, YAHAT petitioned the Israeli High Court of Justice in Jerusalem against the MOH, demanding that the MOH complete the legislation of

the CAT profession. But in September 2019, the High Court of Justice's deliberation in front of three judges resulted in a verdict that licensure should be established in Israel's parliament (Knesset) and not in court, consistent with the “separation of powers” principle (between the State legislature and the judiciary branches). CAT work alongside other professionals whose status has already been legislated, including clinical psychologists and social workers (the Psychologists’ Act was enacted in Israel in 1977 and the social work profession was legislated in 1996).

Palliative Care (PC) in Israel

Palliative/supportive care in Israel is an emerging field that includes a combination of medical, nursing, and psychosocial services which are “intended to improve the quality of life of patients and their family members while they are coping with incurable diseases.”[1] While in recent years the scope of services in Israel has improved and now meets standard international criteria for assessment and management, it still fails to meet the level of practice in other developed countries.

The National Program for Palliative Care is designed for patients from the initial diagnosis of a terminal illness and as it evolves. The program was launched after a joint steering committee was formed in 2015 consisting of representatives from the Ministry of Health (MOH), the Health Maintenance Organizations (HMO), the National Insurance Institute, Universities, and other stakeholders. The final document contains their recommendations in areas such as hospitalization, geriatrics, prolonged institutionalization, treatment continuation, education, training and research, public awareness and preliminary instructions, ethics and rights.[2] An integrated document consisting of “Guidelines of Palliative Care and End of Life Situations” was prepared for use by professionals.[3]
In Israel, PC is mostly offered in cases of terminal cancer, incurable neurological diseases, advanced-stage dementia and other neurodegenerative diseases and extreme heart failure. It follows an interdisciplinary care approach and is provided by specialized staff in collaboration with family members/significant others. Four legal measures have facilitated the regulation of PC in Israel:[4] (1) The Dying Patient Law Legislation (2005); (2) The Directive Policy Statement (2009) describing the standards for developing services by HMOs and hospitals; (3) The MOH's recognition of clinical nurse specialists in PC (2009) including training and certification; (4) The establishment and inspection of PC services in national healthcarefacilities by the MOH. There is a growing public awareness of patients’ rights and the expression of personal preferences in PC conditions.
PC in Israel is included in the national *Healthcare Basket* and coverage for PC is offered if a physician has determined a life expectancy of up to 6 months. PC is accessible and may be provided in an institutional framework, or by a home service provider. For institutional services, the professional team includes a physician, nurse, psychologist and social worker, who together address the patient’s and family’s needs. For home hospice care, the same team is available 24/7, but are not always present and as such a primary caregiver is responsible for the patient. Currently, the HMOs’ provide home hospice services, but only a few are in operation.

[1] Ministry of Health, State of Israel, 2020: https://www.health.gov.il/English/Topics/SeniorHealth/Pages/palliativeCare.aspx
[2] Document in Hebrew: https://www.health.gov.il/PublicationsFiles/palliativeCare_brochure.pdf
[3] Ministry of Health https://www.health.gov.il/English/Topics/SeniorHealth/Pages/palliative_care_code.aspx
[4] Ami, S.B., and Yaffe, A. (2015). Palliative Care in Israel: The Nursing Perspective. *Journal of Palliative Care & Medicine, 5,* 1.

PC Facilities and Organizations in Israel

PC facilities in Israel are offered at the Oncological Hospice at Sheba Medical Center in Ramat-Gan, Hadassah Mount Scopus hospice in Jerusalem, and other institutions nationwide (including HMOs and home hospice services such as “Tsabar”).[5] There are various NGOs and associations that have played a vital role in the development of PC in Israel. The most prominent ones include **Tmicha - The Israeli Association of Palliative Care** (IAPC) which was established in 1993 as an umbrella organization for all health professionals and trained volunteers actively involved in PC in Israel and which encourages professional and public education and promotes the development of services.[6] **The Israel Cancer Association** (ICA) was founded in 1952 with the aim of decreasing the morbidity and mortality of cancer patients and improving the quality of hospital life. The ICA funds educational services and scholarships for fellowship programs nationally and internationally.[7] **The Israel Palliative Medical Society** (IPMS)was established in 1996 as a branch of the Israeli Medical Association to represent physicians practicing palliative medicine and to promote medical services and research.[8] **The Association for Spiritual Care in Israel** aims to improve the quality of life for people with chronic and fatal diseases, the elderly, and individuals experiencing distress, anxiety, pain, crisis, or bereavement. They offer support to reduce solitude, identify and reinforce inner resources, and aim to positively impact the overall well-being of those they serve.[9] **CareGivers Israel** promotes an approach that recognizes, includes and supports family caregivers as partners in health care as an essential step in ensuring the well-being of the caregiver and the patient. This association is affiliated with the International Alliance of Carer Organizations.[10] Both **Tmicha** and **IPMS** are members of the European Association of Palliative Care (EAPC).

Education in Palliative and Bereavement Care

In Israel, there are only a few PC education programs and nurses play a major role in providing public education on PC and end-of-life. Nurses learn the basic principles of PC in all nursing schools and in more specialized courses in Oncology Nursing and Geriatric Care. PC is recognized by the Department of Professional Development in the MOH’s Nursing Administration as an area of expertise for advanced practice Registered Nurses (a one year training program at a recognized institution that includes at least 400 hours of field training).[11] Below is a list of training courses in the fields of death, loss, bereavement, mourning, grief and PC that are offered at universities across Israel.

University of Haifa. The School of Social Work (Faculty of Social Welfare and Health Sciences) offers students a course on loss and bereavement (2 credits) and chronic illness (2 credits) for the M.A. degree. The Department of Gerontology (Faculty of Social Welfare & Health Science) offers a course for the M.A. degree on coping with death in old age (2 credits). The Department of Continuing Education (Faculty of Education) offers a 60-hour certificate course called Coping with Loss and Bereavement, which is recognized by the

[5] https://www.kolzchut.org.il/en/Supportive_Home_Care_(Palliative_Care)
[6] http://www.palliative.org.il/tmicha-the-israeli-association-of-palliative-care/
[7] https://en.cancer.org.il/
[8] https://www.ima.org.il/eng/
[9] http://www.kashouvot.org/
[10] https://caregivers.org.il/
[11] https://www.health.gov.il/English/Services/MedicalAndHealthProfessions/nursing/nursingExpertise/Pages/default.aspx

International Association for Thanatology Association for Death Education and Counseling (ADEC).

Ben-Gurion University (BGU at Beer Sheva). The Social Work school offers a course entitled "Loss and Bereavement" (2 credits), a course entitled "Bereavement – The Coping of the Individual, Family, Friends and Community' (2 credits). The Department of Gerontology offers a course entitled "Psychology of Death and Loss" (2 credits). The department of Behavioral Sciences offers a course entitled "Bereavement, Grief and Commemoration" (2 credits). The undergraduate Nursing School degree offers a seminar entitled "Concepts, Issues and Challenges in Managing Palliative Care and Treatment for Terminal Patients" (6 credits). The Department of Family Medicine offers a theoretical and practical course in PC which is given every two years for specialists in family medicine (1.5 credits). Affiliated with BGU, the

Israel National Palliative Care Training (INPACT) offers two courses. One is the national course for palliative education for doctors, nurses, social workers and other health professionals who work with patients with advanced and terminal illnesses in various settings in community medicine, geriatrics, nursing homes for the elderly, oncology services and hospitals. This course is composed of 5 weekly sessions of 8 hours, totaling 43 hours of training. The second is an advanced course reserved for social workers who work in PC which is aimed at increasing their knowledge of PC and developing professional leadership in this field. The course is composed of 7 sessions of 8 hours (56 hours in total). [12]

Bar-Ilan University (Ramat Gan). The Continuing Education unit of the School of Social Work at Bar-Ilan University offers a 112-hour course for clinical psychologists and social workers. The course covers psychological interventions, pain management techniques, loss and bereavement work, medical and legal issues in PC. There is also a two-year training program comprising 400 hours of study that prepares participants to manage the palliative services in their workplaces.

The Hebrew University (Jerusalem). Social Work undergraduate studies include a course entitled "Interventional Strategies in Bereavement and Loss" (2 credits). The Faculty of Medicine offers a course entitled "Palliative Care and End-of-Life Treatment" (1 credit).

Tel Aviv University. Certification for physicians in palliative medicine at the School of Medicine (no details in that the course is not being offered for the 2019/2020 academic year).

Ariel University. The Department of Social Work (MSW degree) offers an elective course entitled "Coping with End-of-Life Among the Patients and Their Families" (2 credits).
The Continuing Education Unit offers a course in Thanatology that includes 16 weekly sessions of study (64 academic hours) of theoretical and then practical work. Upon completion, participants receive a diploma and undergo an external examination and may also receive formal certification from the Association for Death Education and Counseling (ADEC).

The Technion – Israel Institute of Technology (Haifa). The Faculty of Medicine offers an elective course on PC (credits not specified).

[12] https://fohs.bgu.ac.il/inpact/index.php

The Academic College of Tel Aviv-Yaffo. Offers a non-degree certificate course entitled "Introduction to Loss and Bereavement Studies" (7 weekly sessions, for a total of 42 academic hours). The course is open to psychologists, social workers, arts therapists, qualified couples and family therapists, psychiatrists, clinical and applied criminologists, and psychology graduate students.

Conclusion

Although the legislators, professionals, health providers and funders of health services in Israel are progressively acknowledging the advantages of PC, its provision remains low (less than roughly 20% of the population in need receives PC services). **An internet search yielded no courses in arts therapies and psychology programs**. One explanation is the lack of specialists and trained professionals, and the shortage of adequate resources and educational guidelines. It is hoped that PC education will expand and develop in the coming years.

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Interviews Findings - University of Haifa Participants

Pseudonym	Gender	Age	CAT track of study
1. Tamar	F	46	Psychodrama
2. Ruth	F	32	Psychodrama
3. Rachel	F	42	Dance movement therapy
4. David	M	36	Music therapy
5. Avi	M	28	Art Therapy
CAT= creative arts therapies.			

Five themes emerged from the thematic analysis procedure, across the three interview questions, as detailed next.

What does life and death mean to you?

Theme 1: A bridge to the "Olam HaBa"

Some interviewees expressed a worldview that is consistent with the traditional belief in Judaism in an afterlife called "Olam HaBa" (the world to come) suggesting that death is not the end of human existence.[13] The souls of the righteous as compared to the souls of the wicked are subject to reward or punishment, respectively. This belief seems to make one's worldly experience meaningful:

"I believe this world is full of suffering, but .... it is a bridge to the next world. There is no way we came here to work and sleep for a few years and then go, it cannot be that we are going through such experiences and they have no meaning."

"I have faith that the human soul is eternal. Life is lessons that the soul chooses to experience on its way to enlightenment. After death, the soul learns its lessons and when it is ready it "comes down" to life to undergo the new lesson it has chosen. Therefore, life, for me, is a lesson that my soul chose to go through when it was in heaven, and death is the period of lesson processing and choosing a new lesson for the next incarnation, until enlightenment."

"I'm not afraid of death. I think it is a part of life, it's important to know how to leave and move on, to say goodbye in a right and safe way."

Theme 2: live meaningfully, because death is the inevitable end

Other interviewees expressed a worldview that reflects Judaism's general emphasis on life in the here-and-now rather than on the afterlife.

"Life is here and now ... everything that fulfills my life, children, spouse, work, meaning, learning, good and bad experiences, emotions, adventures, routines… Death is the end of a life journey."

"When my father passed away my mother always said that those who remain, should live. I identify a lot with this statement .... the living should be attentive to themselves, follow their heart… those who have experienced loss, have had a significant reminder that life is temporary and as long as we are here it is better that we do what we really want to do. Death will come at the end so at least it won't catch us off guard."

"To me, there is no objective meaning to life and death, but only the meaning formed by close relationships. A person creates meaning by engaging in things that evoke emotion: mainly people who are close and aesthetics, in the broad sense of the word, which includes art and nature and everything that evokes emotion. Death is meaningless, apart from what you have left in the hearts of the people closest to you and what they carry with them. Until they also perish, and then nothing of you remains."

[13] http://www.jewfaq.org/olamhaba.htm

"Death is an integral part of our lives. We will all experience it at some point. Treating death as a taboo that should not be talked about makes it scary and awful in a way that is hard to bear. Treating death as a natural process of separation may ease the dread… the separation process can be remembered as a complete and rich experience that contains many emotions: sadness, pain, love, wholeness, relief..."

How do you feel about studying palliative care and bereavement (theory and practice)?

Theme 3: Interested but afraid of psychological burden and incompetence

Most interviewees expressed interest in studying palliative care and bereavement but at the same time expressed concerns about not being qualified and susceptible to the psychological burden of working with these populations.

"I have no background on the subject, either professional or personal. The subject is interesting to me but at the same time I'm very concerned about approaching people with a terminal illness, knowing that there is no chance of healing; it is still a great thing that the goal is to give a few moments of grace. But I don't know if I can handle this."

"I am very interested in being part of a palliative team that supports and helps with the last stages of life. Of course concerns arise as to how I would personally take the separation, and whether I did my best with the patient and family, was I there for them when they needed it."

"As a first year art therapy student, I do not feel I am equipped to deal with patients in these situations. I am interested in acquiring therapeutic approaches for this type of treatment, but even if I have the tools I am not sure I will be able to overcome the emotional difficulty of treating terminally ill patients."

"The topic itself is very sensitive, a person who is dealing with someone who is coping with a terminal illness or loss should be very careful of every word she says. Working with such patients is interesting to me and seems important to my development as a therapist. But the subject makes me afraid …. It should be dealt with so much delicately and empathically."

Theme 4: death or illness experiences as motivation

Many interviewees shard they had experienced loss and that this experience enabled them to acknowledge the importance of studying palliative care and bereavement and helping people in this situations.

"I experienced bereavement (I am military orphan) and lost a good friend who passed away from cancer. I do not know if this is a specialization that I would like to deal with exclusively, but if patients would bring up this content I have no hesitation from dealing with them."

"Despite the difficulty of dealing with patients who are suffering from terminal illness, this is a population that I am very interested in working with. I don't have professional experience but my brother-in-law passed away from a disease, and I support my partner who has lost a brother. I also supported friends who were dealing with cancer twice."

"As someone who has lost a father, I feel I have the ability to understand mourning and the situation. Because I have processed this experience in my own therapy, I feel that I can make a contribution to the field, you can contain it and just be sad."

How do you feel about working with clients who are coping with terminal illness, loss and bereavement?

Theme 5: positive belief about death gives strength to work with the terminally ill
Some interviewees said that their beliefs about death, either as a natural part of life, or as a passage to a different world, could make it easier to work with clients who are coping with terminal illness, loss and bereavement.

"Death does not scare me, I believe that when a person is able to rectify/ repair his own world [in Hebrew: *tikkun*, a Kabbalistic notion],[14] he goes to another world. What I need to do is to complete my tikkun in the best possible way to ensure I never have to go down to this world again."

"The thought of working with patients who are dealing with loss and grief evokes empathy and a desire to be part of helping the process of separation from family and the world. I think that looking at death as an integral part of the life process can help deal with the fear of death."

"My view of death and the afterlife makes me think that I am not afraid of the subject but of course I take these cases and human pain and family to heart. I understand that it's a challenge, but I want to work with this population."

"… the main thing that gives me the power and strength is the belief and confidence in God and knowing that the soul comes down to the material world for a purpose. A clear knowledge that Jewish human life does not end in death, and every moment the person spent in life both the good and the bad had a purpose…. After death the soul continues to exist in higher worlds."

3.3 Italy

IO2 Italian Report

Italian background regarding Death Education, Arts Therapies and Palliative Care

[14] See https://www.safed.co.il/tikkun.html

DEATH EDUCATION IN ITALY

As stated by Fonseca and Testoni (2011), human beings have always carried out Death Education. At first, it was carried out informally in families but nowadays, in the secularised society, the only way man can reflect upon life and death and their significance is by implementing specific educational activities (Wass, 2004; Testoni Ronconi, Palazzo, Galgani, Stizzi, & Kirk, 2018).

Death Education primarily aims at simplifying man's understanding of topics such as death and dying, the nursing care at the end of life and bereavement. In order to foster this comprehension, it suggests a reflection upon existential themes and the exploration of fears in relation to death and dying and the ontological representations of death.

As part of the above mentioned secularised society, what has been stated so far relates to Italy as well. Death Education, which was born in the Anglo-Saxon world in the sixties, has only recently been introduced there. With respect to Death Studies in Italy, it is worth mentioning the Institute of Thanatology and Psychological Medicine and the "Zeta" journal directed by Francesco Campione, the Ariodante Fabretti Foundation publishing "Thanatological Studies" introduced by Marina Sozzi and the Historical Institute of Lucca publishing "The Afterlife" from 1995 to 2005 (Testoni, 2015). However, the just mentioned centres do not sustain the dissemination of Death Education. Just the master "Death Studies & the End of Life", directed by professor Ines Testoni from the University of Padua, seems to organise and supervise Death Education programs.

Death Education is claimed to be particularly important at school. Currently, the MIUR – the Ministry of Education, of University and of Research – only provides for the youngest – children aged between 3 and 5 – time for "reflections on the great questions of existence", such as the end of life, at school (Testoni, 2015). Older students are therefore not given, at an institutional level, the opportunity to reflect upon existential themes. This form of education is extremely important for children and adolescents though, in that it allows the development of coping strategies and of resilience, which are important in facing life difficulties. In more recent years, Death Education programs have been introduced also in Italy. In the year 2018, the first Death Education program targeted specifically to high schools was implemented. This program was realised thanks to the partnership between Professor Ines Testoni and her research team with professionals of the ANT Italia Onlus Association (Testoni, Biancalani, Ronconi, & Varani, 2019). This type of Death Education pertains to what is defined as primary prevention, a kind of contemporary *memento mori,* aimed at attributing meaning to life and death and understanding them (Testoni, 2015).

Secondary prevention in educating on death and dying concerns *ars moriendi,* that is becoming aware of how people want to die and how formal and informal caregivers can accompany those who are dying (Testoni, 2015). Despite law 217/2019 regarding advance directives, patients are not always given the opportunity to experience what they consider a "good death" due to a self-recognised lack of preparation by health professionals in dealing with the nursing care at the end of life (Cipolletta & Oprandi, 2014).

Finally, tertiary prevention in the field of Death Education is what allows a healthy transition from grieving to mourning (Testoni, 2015). Some progress has been made – also at school (Testoni et al., 2018) - even though much remains to be done.

ART THERAPIES IN ITALY

Art therapies are types of psychotherapy applying different artistic forms. Art therapies, as compared to a more classic form of psychotherapy based on the use of language, are therapies based on non-verbal communication and creative processes, in a trusted environment in which people can get in contact with their emotions and express them (Payne, 1993). The underlying premise is that creative processes encourage people to express themselves and they promote self-awareness and increase insight, thus ameliorating people's psychological well-being.

Art therapies have been defined as such and they have received a formal organization only in the 20th century. However, the artistic forms they employ - such as art, dance and music - have always played an important role in both eastern and western medicine (Pratt, 2004). The main types of art therapies are art therapy, dance therapy and dance/movement therapy, drama therapy and psychodrama, music therapy and poetry therapy. They promote the integration between physical, emotional, cognitive and social functioning of a person, enhance self-awareness and facilitate change ("*National Coalition of Creative Arts Therapies Association*" 2019).

As far as Italy is concerned, there is a lack of scientific literature on art therapies and the majority of the carried out studies focus on psychodrama. Its creator, Moreno (1953), defines psychodrama as the representation of subjective experiences by employing dramatic techniques that motivate participants to use spontaneity and creativity to find new solutions to difficult situations. Psychodrama provides participants with a safe and supportive environment in which they can experiment new and more effective roles and behaviours ("*American Society of Group Psychotherapy and Psychodrama*" 2018). Two Italian centers of excellence for classic psychodrama are AIPsiM (the Italian association of Morenian Psychodramatists), with four headquarters in Milan, Venice, Bologna and Turin, and whose journal is "Psicodramma classico" ("AIPsiM" 2019) and CSP (Center of Studies on Psychodrama and Active Methods), with headquarters in Milan ("Centro Studi di Psicodramma e Metodi Attivi" 2019). The scientific literature on the use of psychodrama in Italy suggests that it is employed in different situations, among which, for example, with patients with eating disorders (Pellicciari et al., 2013) and with mental disorders more generally (Biolcati, Agostini, Mancini, 2017), with patients with a disease and their relatives (Menichetti, Giusti, Fossati & Vegni, 2016; Polizzi et al., 2017) and, more recently, at the end of life and in Death Education (Baile et al., 2012; Testoni et al., 2018; Testoni, Cichellero, Kirk, Cappelletti & Cecchini, 2019).

PALLIATIVE CARE IN ITALY

Palliative care has been defined by the World Health Organization (WHO) as *"... an approach that improves the quality of life of patients and their families who face the problems associated with incurable diseases, through prevention and the relief of suffering through early identification and optimal treatment of pain and other problems of a physical, psycho-physical and spiritual nature. "*

Palliative care in Italy is considered a young discipline; developed as a result of the "Hospice Movement" influence, it was launched at a European level by Cicely Saunders. In our country, it originated around the 1980s thanks to the work of non-profit organizations that

worked voluntarily and had begun to respond at a homecare level to the complexity and ever-changing needs of the terminally ill and of their families.
The law 38 of 2010 - March 15th is essential for palliative is essential for palliative care in Italy: it empowers citizens' rights to access palliative care, to protect and guarantee patient's dignity and quality of life until the end of life. The law also institutes local palliative care networks to promise care continuity between hospital, hospice and home. Palliative therapy is integrated into Essential Levels of Care (ELC), every region must supply health care for free to their residents.

Eight years after the publication of the law 38/2010, a report released by the Ministry of Health, describes the actual scenario, the goals conquered and the critical points. The improvement of palliative care is undeniable, however it's still insufficient.

In 2017, over 40.000 patients in Italy have been assisted in home palliative care, significant growth of 32% compared to 2014.
The report also underlines a deficiency of 244 Hospice beds, with a surplus in some regions (Lombardia, Emilia Romagna, Lazio) and deficits in others (Piemonte, Toscana, Campania, Sicilia).
Between 2015 and 2017, the percentage trend of the duration of waiting time between the medical prescription and the taking charge in the Hospice, it confirms high percentages of hospitalization with a waiting time less than 2 days, follows by those between 4 and 7 days.
Today, the only significant information about pain therapy concerns the use of opioid, it piles to 16 billion doses, 1,6% more than 2016.

Goals
In the last few years, the following measures regarding palliative care have been approved:

1. definition of regions' requirements to the accreditation of palliative care in health structures;
2. the recognition of three-years' experience in palliative care for doctors not specialized, to the professional certification;
3. the update of the Essential Levels of Care (ELC) of palliative care, described in their different assistance setting (home, Hospice, Hospital) inside different five articles of Decree of the President of the Council of Ministers.

Critical issues
Despite positive results, some critical issues remain:

1. Objectives like the development of local net about palliative care, the identification of minimum accreditation requirements and adoption of uniform organizational models, they are not achieved by all regions. Regions of Abruzzo, Molise, P.A. of Bolzano and Valle D'Aosta, they don't have transposed the Agreement of July 25th 2012 yet.
2. Paths of assistance to taking care of patients who need palliative care are different between regions and it's not yet developed everywhere a "proactive" methodology
3. with the involvement of the patient and his family. Doctors and the organization aren't sufficiently prepared to provide adequate care.
4. The training for health workers about palliative care is still uneven on National territory, both for University education and Continuing Medical Education [Educazione Continua in Medicina] ECM credits.
5. The situation of Palliative care networks and pediatric pain therapy is still critical. Fourteen regions are increasing this type of care network at territorial level. Currently,

there are two pediatrics Hospice in the region of Veneto and Liguria, while in cities like Bologna (Emilia-Romagna) and Milan (Lombardia) Foundations that provide and promote palliative care are active.

Research of university's and master's courses in Psychology and Social Services concerning death and palliative care issues.

The main purpose of this section is to investigate the existence of university studies and masters in the Italian context addressed to psychologists and social workers dealing with topics regarding death and palliative care. For the present research, the official website of Ministry of Education, University and Research- Italian MIUR was taken into consideration. The following keywords were used during the study: Death Education, Palliative Care, End of life, Terminally Illness and Mourning/Grief. Words were searched both in Italian and English language.

Among various schools of Psychology, it was identified only one study course provided by the University of Padova and denominated "Psychology of Loss, Death and Dying Relationships" held by Professor Ines Testoni within the master's course in "Social, Work and Communication Psychology". However, it is important to take carefully into consideration the Italian university system. Indeed, the term "master" in the Italian context in this particular case refers to a master's degree awarded on completion of two years courses for students who have already a bachelor's degree.

As for masters, in the international meaning, it is necessary another premise. In Italy masters are programmes intended to provide students with further specialization or higher continuing education after completion of a bachelor's degree or a master's degree. Furthermore, masters can be divided into first level master and second level master in Italy. So, the difference between the two courses is that the first level master can be accessed after a bachelor's degree or an equivalent foreign qualification legally recognized; oppositely, second level master is reserved for those who have a master's degree. The identified masters are reported in the following table:

	Name of the Master	Level	Institution	Access by the degree in
Death Education				
Palliative care	Master in Palliative Care and Pain Therapy for Psychologists	2° level	University of Messina	Medicine, Psychology
	Master in Pain and Pediatric Palliative Care	1° level	University of Padua	Medicine and surgery, Psychology, Nursing and Obstetrics, Rehabilitation Science of Healthcare Professions
	Master in Palliative Care and Pain Therapy	1° level	LUMSA Rome	Psychology, Nursing and Obstetrics, Rehabilitation Science of Healthcare Professions, Social Work, Medicine and Surgery
	Master in Pediatric Palliative Care	1° level	University of Bologna	Nursing and Obstetrics; Rehabilitation Science

				of Healthcare Professions; Social Work; Psychology
	Master in Palliative Care	1° level	University of Verona	Medicine and Surgery; Healthcare Professions; Psychology
	Master in Palliative Care and Pain Therapy	1° level	University Ecampus	Targeted to all professionals working in the field of palliative care and to those interested in acquiring knowledge on the end of life.
	Master in Pediatric Palliative Care	1° level	Academy of Science of Palliative Medicine – Campus Bentivoglio in Bologna	Nursing, Physiotherapy, Speech therapy, Educators, Psychology, Nutrition, Social work
End of life	Master in Death Studies & the End of Life for the Intervention of support and the accompanying	1° level	University of Padua	Medicine, Psychology
Terminal illness				
Mourning/Grief				

As regards Social Services, there are no master's courses dealing with themes about mourning/grief.

Qualitative data analysis of the interviews

27 students attending one of the master's degree courses in psychology at the University of Padua, 17 females and 10 males, aged between 24 and 30 years. The structured interview is made up of the following 3 questions:

1. How do you feel about studying palliative care and bereavement (theory and practice)?
2. How do you feel about working with clients who are coping with terminal illness, loss and bereavement?
3. What does life and death mean to you?

The answers to the first question highlighted a general interest with respect to the issues of palliative care and bereavement, observing only a few cases of what can be defined as "avoidance", that is a lack of propensity to deal with or even just think about these issues due to the "anxiety" they generate. It should also be noted that only in one case was palliative care defined as irrelevant: "I think they only tend to delay a process that is already chronic, even

more so if there is awareness by the patient then it becomes excruciating" (5: 1)[15]. Looking at the question from a view point which is certainly closer to the aims of this exploratory study, one cannot help but notice that there are various cases of admission of a lack of information, which can be summarized in a paradigmatic way by the answer 19: 1, stating "I don't think I know the topic adequately from an academic / scientific point of view". If this could be understood as a mere recognition of one's knowledge, shortly after that, precise responsibilities are identified and they are attributed specifically to university education. This is in fact pointed out by several participants as a central issue and in 25: 1 the analysis of the training proposal from the School of Psychology regarding the topics discussed is markedly negative: "in the degree course of psychology, it is absurd that there are not - except for the end of life course - other courses, especially in the bachelor's degree I have never found courses that deal with these topics ... ". What emerges, generally, is the feeling of not being educated, as future psychologists, to deal with fundamental and perceived as very useful issues, because if it is true that (11: 1) "People get sick and must die [...] in the final stage of life, palliative treatments allow incurable but still possibly taken care of patients to fight symptoms resistant to other clinical treatments. "

Going then to analyze the answers to the second question, we clearly notice (18 references) a widespread feeling of unpreparedness, of lack of useful knowledge to feel at ease: "I would be pervaded by the fear of saying something that could hurt the person and that would not help them "(3: 2)," I would certainly feel guilty even at the idea of not being able to provide patients with all the help they need "(1: 2) and all this translates into sensations certainly prefigured but still capable of offer a clear glimpse of the situation: "a great sense of helplessness and therefore of frustration assails me" (20: 2). In the absence of professional training, then, personal experiences come to the aid of aspiring psychologists, who seem to fairly divide their concerns about being occupied in what they identify as two distinct areas (working with the dying or working with who stays). An interesting indication that emerges from the answers is that professional preparation must obviously not be systematized in view of just teaching "knowing what to do", but must take care first of all of the meaning of what is accomplished and of providing an indispensable semantic context. Without this precise action, sensations such as those expressed in 14: 2 cannot be avoided and therefore the "anguish will be revealed because [we will be] in contact with what is the lack of meaning and the inability to find a value in presence of the concept and experience of death ". In conclusion, therefore, tension is the sensation that occurs most frequently among those who are led to imagine themselves working in contact with death, even if this area still remains an interesting challenge for a good part of the interviewees (11 references).

The final question concerns a topic that actually governs the semantic system of the two previous questions and this progression, in a certain way a descent towards the very source of the problem, that is, the finitude of existence, is certainly perceived by the students. The discussion is generally more intimate: it is not a matter of common topics for discussion, but rather of what we can define as quasi-taboo, in particular, this is what is stated about death: "we should talk about it a little more and make it even a little closer, even to children, for example, to the experience of all of us, in my opinion "(6: 3). We have been talking about "Death", but it is clear to almost everyone that "the meaning of life depends on the value associated with death" (3: 3) and therefore that it is impossible to talk about one forgetting the

[15] The first figure stands for the numerical index, univocal and progressive assigned to each participant whereas the second one refers to the answer.

other. Indeed, it is only when considering mortality that the value of existence can be fully grasped: "if one does not teach himself to die he cannot live to the end, he cannot give himself to life" (12: 3). Even from the analysis of these last propositions, although certainly of an intimate nature and inspired by good feelings, it is quite clear that the participants are not in possession of any specialized trainings on the subject, not significantly distancing themselves from the type of answers that could be expected from their peers engaged in other degree courses. We then come to the point when it is clear that precisely the lack of a transmission and integration of knowledge can cause a certain aridity of approach with respect to the concepts of life and death, since it is reported that on the basis of "knowledge and the education received in these years of study [...] they are inevitably physiological processes "(11: 3).

Therefore, considering as a whole the answers to the three questions raised, there is a significant lack of specialized training with regard to end-of-life issues, a deficiency which is circumvented by considering topics suggested, depending on the case, by one's own personal opinions, from common sense and from any painful experiences they had (e.g. interviews 9 and 16). The outcome of the analysis can only be certainly more inflexible precisely if considered in relation to the peculiarity of the participants: students close to the conclusion of their studies in psychology who will necessarily have to deal with human beings, individuals therefore subject to "an inevitable moment that we will all have to face sooner or later ”(22: 3).

Quantitative data analysis of the questionnaire

Demographic:
102 (71 females, 30 males, 1 other) Italian students aged between 22 and 32 years (mean age 24.09) completed the explorative questionnaire. About 50% of students indicate Christian religion and lot of students show a low religious level (38% secular, 35% somewhat religious and only 27% believe in God).

Previous experience:
The 98% of students have a bachelor’s degree in psychology, 78% of students no indicate any courses in bachelor’s degree with topics on Death Education or Loss, Grief and Bereavement or Palliative Care or Arts Therapies or Psychodrama and 58% of students have never read something on the same topics. Only 7% of students have experience as formal caregiver to end-of-life clients and only 9% of students have experience of terminal illness of someone close to him, but 44% of students have experience of lost someone close to him in the last two years.

Actual experience:
All students attend a master’s degree in psychology and the 91% are at the second year of master’s degree. The 57% of students indicate at least one course in master’s degree with topics on Death Education or Loss, Grief and Bereavement or Palliative Care or Arts Therapies or Psychodrama. Moreover, they show high levels of interest (range of total score

from 1 to 5 with mean score of 3.71), but low levels of confident (range of total score from 1 to 5 with mean score of 2.77) in these same topics.

Perceptions:
Their perceptions about death are more oriented on "Death is terminal and there is nothing after death" then "Death is a passage to another dimension where existence somehow continues" (range from 1 to 5 with mean score of 3.21 and 2.87, respectively).
Finally, students show high levels of stress caused by ambiguities in life and uncertainty (range from 1 to 5 with mean score of 3.62 and 3.82, respectively).

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3.4 Poland

Death Education for Palliative Care

I/O2Report for Poland

Elaborated by Krzysztof M. Ciepliński, PhD

1. Palliative Care, Death Education, and Psychodrama in Poland

Palliative Care

In Poland there are general standards of palliative care (PC), but they are not specific and adjusted to long term care. According to the statistics from 2015 Poland is placed in the first quartile of the European countries in terms of total palliative care services per population. According to the Polish Hospices Forum, in 2018 Poland has 488 hospices (including 8 inpatient hospices for minors). Poland's and Europe's oldest children's hospice is the Warsaw Hospice for Children. Palliative care for adults in Poland consists mainly of home PC teams (69%) and inpatient hospices (16,5%). Most of the issues concerning PC in Poland are covered in national legislation. However, some issues such as HIV plan and end-of-life matters don't find proper legislative regulation (euthanasia is considered a crime in the light

of the Polish Penal Code).Medical and nursing schools are the main source of knowledge about palliative care in Poland. 80% of medical schools (16 out of 20 institutions) and all of the nursing schools (95 institutions) in Poland teach palliative care. Both of them offer specific mandatory PC courses. The total number of certified physicians in palliative care in Poland was estimated at about 500.Professional activity in palliative care is fulfilled by associations and societies. Currently in Poland there are three main institutions focused on the scientific research, improving educational standards and other issues concerning palliative care. Summarizing, the level of palliative care services in its medical aspects in Poland is quite satisfactory. However, there is still space for improvement, especially in the areas of available PC forms and legislative actions.

References: EAPC Atlas of Palliative Care in Europe; accessible at: https://www.researchgate.net/publication/333390123_EAPC_Atlas_of_Palliative_Care_in_Europe_2019

Death Education

Except for medical and nursing schools, death education in Poland is provided also as part of other university faculties like psychology and social work. Research on topics of courses, programs and specializations at psychology studies in Poland suggests that death education is not enough widespread in this area of academic teaching. Amongst institutions assessed by the Polish Accrediting Commission (PKA) as offering high-quality education programs in the scope of psychology only five out of seventeen have courses explicit concerning death education in their curriculum. The classes are mostly facultative and addressed to students of certain specializations (clinical psychology or similar). As a result, only a very limited group of students can receive education concerning the psychological aspects of death and bereavement. Furthermore, it’s difficult to evaluate the contents of existing courses due to a lack of easily accessible official materials with detailed description of the content. As one would suppose, some issues related to the psychology of death and dying can be discussed in the courses concerning aging, coping with stress, illness and pain, included in the curriculums of some academic institutions.
References: Polish Accrediting Commission Website database; accessible at: https://www.pka.edu.pl/ocena/baza-uczelni-jednostek-i-kierunkow-ocenionych/#

Psychodrama

Psychodrama in Poland is quite well recognized by the society. It is on the list of benefits financed by the National Health Fund. The Polish Psychiatric Association (PPA) accept its as an approach useful in psychotherapist’s education. Two independent psychodrama-oriented complex psychotherapy postgraduate trainings accredited by PPA have been running in

Poland over the last 10 years. Currently are there no accredited psychodrama university studies in Poland. The development and learning programs in psychodrama are mainly covered by the Polish Psychodrama Institute Association (PIP) established in 1999 in Kraków. PIP offers a full psychodrama training (basic-, upper- and trainer levels; seminars and supervisions) conducted according to standards of the Psychodrama Association for Europe e.V (PAFE). Trainings take place in different cities and parts of Poland. Since 2004 about 500 trainees have completed the first-level group training. Among them a forty psychodrama therapist/leaders were graduated and twenty two become to be certified trainers. In addition the Institute have three PAFE accredited supervisors. Actually in progress are 12 first-level and one the upper-level group. The PIP consists approximately of 150 highly educated professionals all over Poland, including mental health care professionals (psychologists, psychotherapists and psychiatrist) as well as educators, philologist, philosophers, and actors. Consequently psychodrama is used in many of mental health care system units (public and private), in education, adult learning and business. Over the last twenty years many papers, books as well as scientific conference presentations and workshops dedicated to psychodrama were published and conducted. Since 2014 every two years PIP have been organizing a Polish Psychodrama Festival, a forum for encounter, learning and exchange. During this event (Kraków, 2016) the first Polish Playback Theatre "Ole!" was established. The PIP collaborate with European psychodrama networks PAFE and FEPTO (The Federation of European Psychodrama Training Organizations). Its representatives are involved in the boards of both organizations.

References: Polish Psychodrama Institute Association information accessible at:
www.psychodrama.pl

2. PRISMA method research of keywords

Journal articles with PRISMA keywords related to Poland

The search was conducted mainly using the EBSCO data base tools:

(Palliative care* and *Poland or Polish)

- Pivodic, L., Smets, T., Van Den Noortgate, N., Onwuteaka-Philipsen, B. D., Engels, Y., Szczerbińska, K., Finne-Soveri, H., et al. (2018). Quality of dying and quality of end-of-life care of nursing home residents in six countries: an epidemiological study. *Palliative Medicine*, *32*(10), 1584–1595.

Abstract:

Background: Nursing homes are among the most common places of death in many countries. Aim: To determine the quality of dying and end-of-life care of nursing home residents in six European countries. Design: Epidemiological survey in a proportionally stratified random sample of nursing homes. We identified all deaths of residents of the preceding 3-month period. Main outcomes: quality of dying in the last week of life (measured using End-of-Life in Dementia Scales - Comfort Assessment while Dying (EOLD-CAD)); quality of end-of-life care in the last month of life (measured using Quality of Dying in Long-Term Care (QoD-LTC) scale). Higher scores indicate better quality. Setting/participants: Three hundred and twenty-two nursing homes in Belgium, Finland, Italy, the Netherlands, Poland and England. Participants were staff (nurses or care assistants) most involved in each resident's care. Results: Staff returned questionnaires regarding 1384 (81.6%) of 1696 deceased residents. The End-of-Life in Dementia Scales - Comfort Assessment while Dying mean score (95% confidence interval) (theoretical 14-42) ranged from 29.9 (27.6; 32.2) in Italy to 33.9 (31.5; 36.3) in England. The Quality of Dying in Long-Term Care mean score (95% confidence interval) (theoretical 11-55) ranged from 35.0 (31.8; 38.3) in Italy to 44.1 (40.7; 47.4) in England. A higher End-of-Life in Dementia Scales - Comfort Assessment while Dying score was associated with country ($p = 0.027$), older age ($p = 0.012$), length of stay > 1 year ($p = 0.034$), higher functional status ($p < 0.001$). A higher Quality of Dying in Long-Term Care score was associated with country ($p < 0.001$), older age ($p < 0.001$), length of stay > 1 year ($p < 0.001$), higher functional status ($p = 0.002$), absence of dementia ($p = 0.001$), death in nursing home ($p = 0.033$). Conclusion: The quality of dying and quality of end-of-life care in nursing homes in the countries studied are not optimal. This includes countries with high levels of palliative care development in nursing homes such as Belgium, the Netherlands and England.

Keywords: Nursing home, terminal care, palliative care, quality of health care, epidemiologic research design, advanced dementia, place, death, Flanders, Belgium,

- Rybarski, R., Zarzycka, B., & Bernat, A. (2018). Measuring the quality of life of people with life-threatening illnesses: the internal structure of the Polish adaptation of the McGill Quality of Life Questionnaire - Revised. *Contemporary Oncology / Wspolczesna Onkologia*, *22*(4), 252–259. https://doi.org/10.5114/wo.2018.82645

Abstract:

Aim of the study: The McGill Quality of Life Questionnaire has been widely used for people with life-threatening illnesses since 1996. In 2016 Cohen et al. revised the McGill Quality of Life Questionnaire and improved its psychometric properties and length. The aim of the present study was to adapt the McGill Quality of Life Questionnaire - Revised (MQOL-R) into Polish. The study assessed the factorial structure, reliability, and validity of the Polish adaptation of the MQOL-R. Material and methods: The study had a non-randomised, cross-sectional design. The Polish translation of the MQOL-R was administered to 140 people with life-threatening illnesses. Patients were recruited from acute and palliative care units. Data were analysed using confirmatory factor analysis, and correlational and multiple regression analyses. Results: The results provide support for the measurement structure of the Polish adaptation of the MQOL-R. Both the overall scale and four subscales have satisfactory internal consistency and the construct and concurrent validity. Conclusions: The Polish MQOL-R is psychometrically sound and may serve as a valuable asset in research on quality of life of people with life-threatening illnesses.

Keywords: end-of-life care, life-threatening illnesses, palliative care, psychometric, quality of life

Other journal articles related to Palliative Care in Poland (searched by PubMed)

- Bogusz, H, et. al. (2018). Under the British Roof: The British Contribution to the Development of Hospice and Palliative Care in Poland. *J Palliat Care, 33*(2),115-119.

Abstract: The article focuses on British contribution to the development of palliative and hospice care in Poland in the 1980s and beyond. It is based on archival research in the hospices in Cracow and Poznan and broad-scoped Polish journals' review. The social background of the hospice movement in Poland is described. We explore the role of inspiration and help of Dame Cicely Saunders and other British leaders in the transfer of British hospice philosophy and practice of palliative care to the medical community in Poland. This study demonstrates the importance of institutions for the formal exchange of medical information.

Keywords: Cicely Saunders; Polish hospice movement; history of palliative care; palliative education

- Krakowiak, P., et al. (2016). Walls and Barriers. Polish Achievements and the Challenges of Transformation: Building a Hospice Movement in Poland, *Journal of Pain and Symptom Management*, *52*(4), 600-604.

Abstract: In this review, the authors discuss the creation and development of hospice-palliative care in Poland and present attempts to move from religious care into spiritual companionship, using examples of concrete activities and challenges, which-like subsequent walls and barriers-have appeared inside and around us.

Keywords: Eastern Europe; Poland; Transformation of health & social care system; challenges; hospice& palliative care; religion; solidarity; spirituality

- Centeno, C., et al. (2016). Coverage and development of specialist palliative care services across the World Health Organization European Region (2005-2012): Results from a European Association for Palliative Care Task Force survey of 53 Countries. *Palliative Medicine, 30*(4), 351-62.

Abstract:
Background: The evolution of the provision of palliative care specialised services is important for planning and evaluation.
Aim: To examine the development between 2005 and 2012 of three specialised palliative care services across the World Health Organization European Region - home care teams, hospital support teams and inpatient palliative care services.
Design and Settings: Data were extracted and analysed from two editions of the European Association for Palliative Care Atlas of Palliative Care in Europe. Significant development of each type of services was demonstrated by adjusted residual analysis, ratio of services per population and 2012 coverage (relationship between provision of available services and demand services estimated to meet the palliative care needs of a population). For the measurement of palliative care coverage, we used European Association for Palliative Care White Paper recommendations: one home care team per 100,000 inhabitants, one hospital support team per 200,000 inhabitants and one inpatient palliative care service per 200,000 inhabitants. To estimate evolution at the supranational level, mean comparison between years and European sub-regions is presented.
Results: Of 53 countries, 46 (87%) provided data. Europe has developed significant home care team, inpatient palliative care service and hospital support team in 2005-2012. The improvement was statistically significant for Western European countries, but not for Central and Eastern countries. Significant development in at least a type of services was in 21 of 46 (46%) countries. The estimations of 2012 coverage for inpatient palliative care service, home care team and hospital support team are 62%, 52% and 31% for Western European and 20%, 14% and 3% for Central and Eastern, respectively.
Conclusion: Although there has been a positive development in overall palliative care coverage in Europe between 2005 and 2012, the services available in most countries are still insufficient to meet the palliative care needs of the population.

Keywords: Europe; Palliative care; coverage; development

(***Grief or Mourning or Loss or Death Education and Poland or Polish)***

- Ogińska-Bulik, N., & Kobylarczyk, M. (2019). The Experience of Trauma Resulting From the Loss of a Child and Posttraumatic Growth—The Mediating Role of Coping Strategies (Loss of a Child, PTG, and Coping). *Omega: Journal of Death & Dying*, *80*(1), 104–119. https://doi.org/10.1177/0030222817724699

Abstract: The aim of the study was to determine the mediating role of coping strategies in the relationship between intensity of trauma resulting from the loss of a child and posttraumatic growth (PTG). The study included a group of 76 persons who regarded the loss of a child as a traumatic event. The majority (55.3%) of respondents were women. The age of the participants ranged from 18 to 62 years (M=35.88; SD=9.52). A visual scale to measure intensity of trauma was used, and the Polish versions of the Posttraumatic Growth Inventory and Coping Inventory (Brief-Cope). The subjects revealed PTG, primarily in terms of appreciating of life and relating to others. Seeking social support, both emotional and instrumental, plays a mediating role between the intensity of trauma and PTG. Encouraging people who have experienced trauma to seek social support may not only enable adaptation to the situation but also contribute to the occurrence of PTG.

Keywords: coping strategies, loss of a child, posttraumatic growth, trauma

- Sawicka, M. (2017). Searching for a Narrative of Loss: Interactional Ordering of Ambiguous Grief. *Symbolic Interaction*, *40*(2), 229–246. https://doi.org/10.1002/symb.270

Abstract: In this article I analyze the collective management of ambiguous emotions in the case of grief arising from perinatal loss/stillbirth. Based on a content analysis of selected Polish discussion lists for bereaved parents and interviews with moderators of these lists, I conceptualize the experience of grief arising from miscarriage/stillbirth as both culturally 'disembedded'-not regulated by a coherent set of feeling and display rules, and interactionally 'disenfranchised'-framed by the immediate social surrounding of the bereaved as illegitimate. This study then focuses on subsequent social processes surrounding the collective management of such emotions through interactions within online bereavement communities, leading to the creation of local definitions of the situation of loss and formation of subcultural feeling and display rules of grief. I posit that in a wider perspective these community

processes can be seen as grassroots mechanisms that agents use to transform the existing emotional culture of grief.

Keywords: emotional ambiguity, feeling rules, grief, online community, sociology of emotions

- Turkowski, P. (2018). Neuro-Linguistic Perspective of Long- and Short-Term Psychotherapy of Grief. Theoretical Background, Method and Case-Studies. *Journal of Experiential Psychotherapy / Revista de PSIHOterapie Experientiala*, *21*(1), 12–23.

Abstract: Introduction: Grief and loss are topics that appear quite often in psychotherapy. They have always been present in people's lives through culture and religion. Existential ideas (Yalom, 1999; Frankl, 2008) and the ideas of Elizabeth Kubler-Ross (1969) are quite common in the psychotherapy of people in mourning**.** Objectives: This article shows a neuro-linguistic model of work with loss and grief**.** It draws from the assumptions of neuro-linguistic psychotherapy (NLPt) and is inspired by contemporary research on effectiveness (Milman, 2013; Hall, 2014). The "4 steps for handling bereavementand loss" were developed as a result of modeling of successful mourning processes and modelling of psychotherapeutic activities aimed at supporting people in mourning developed in the constructivist and narrative trends (Marwit, Klass, 1996; Gillies, Neimeyer, 2005; Fuller, 2009; Stroebe, 1997; Walter, 1996; Gillies, Neimeyer) taken by the people working with the NLPt approach (Witt et all, 2011). Methods: This paper presents the assumptions of the model, theoretical background, models and tools, 2 case studies and conclusions on the applicability of the model in psychotherapy of clients reporting various symptoms. Results: The cases discussed illustrate its usefulness in both short-term and long-term therapeutic processes. A short-term, structured, 5-session intervention led to measurable changes described by the client and his family. In a long-term psychotherapy of a person suffering from bereavement for a person who, during life, evoked ambivalent feelings and traumatic issues in relationship, there were observed several positive changes (also at the level of personality) and personal growth. Conclusions: The model shows potential at supporting people in bereavement and as a practical set of techniques and it allows working in a form similar to crisis intervention and undertaking deeper work at the level of personality disorders

Keywords: grief, loss, neuro-linguistic, NLP

(Arts therapy or ***Psychodrama*** and ***Poland*** or ***Polish)***

- POTMĚŠILOVÁ, P., & POTMĚŠIL, M. (2019). Cultural Differences in Creative Reactions to an Ambiguous Stimulus. *Creativity Studies*, *12*(1), 119–130. https://doi.org/10.3846/cs.2019.718.

Abstract: Art therapy has been used in the Czech Republic since the 1950s, and the only thing that has changed over the course of time has been the target group to which art therapy is applied. Art therapy is currently used in three key areas: psychology, social work, and education, or, more precisely, special education. The purpose of the present study is to demonstrate the specific cultural differences during the use of art therapy procedures in the field of education, specifically during work with creativity. The target group for the research consisted of university students from Poland and the Czech Republic. The students were all presented with the same ambiguous stimulus, to which they were to respond artistically. The individual artistic responses were then classified into specific categories, and cultural differences were subsequently evaluated and described.

Keywords: art philetics, cognitive penetrability, creativity, cultural aspects of educational process

- Ciepliński, K., Karkut-Rzondtkowska, J. (2019). Significant events during a psychodrama and action methods based experiential group training for psychology students. *Zeitschrift für Psychodrama und Soziometrie*, 1, 153-165**.** DOI:10.1007/s11620-019-00480-w

Abstract: This article of the Zeitschrift für Psychodrama und Soziometrie (ZPS) presents some results of empirical research on the change process during the psychological training based on Psychodrama and Action Methods. The participants were a group of 28 female, aged 22, fourth year Psychology students at the John Paul II Catholic University of Lublin, Poland. They are randomly chosen from a group of 61 voluntaries and divided into two equal groups. 24-hour three-day training were prepared and conducted by a certified psychotherapist and PD trainer. Participants were anonymously asked by using the Polish version of the Helpful Aspects of Therapy Form (HAT) adapted to the training context for their feedback at the end of each eighth-hour day of training as well as three months after. The

students reported many significant events both helpful and hindering. Helpful events were more numerous in number. Some of these were still remembered after three months. The trainees' perception of the application of a set of PD and AM techniques in their academic professional education, as well as the use of HAT as feedback methods in group training were discussed.

Keywords: Change Process Helpful Aspects of Training Experiential Learning Empirical Research Psychodrama Significant Events Students Training Groups Action Methods

Page 3. Study of programs and courses in psychology, medicine, nursing, and social work in Poland approaching the keywords of the project

According to the POL-on data base (POL-on is an official integrated information system about science and higher education in Poland) in the field of psychology there are 178 master degree and bachelor academic studies programs registered. The research was done among those who have an approval of the Polish Accrediting Commission (PKA)as offering high-quality education programs in psychology. The research protocol includes a review of the usethe following key terms in the curriculum published on the Internet: *thanato* (tanato*); death education (eduakcja na temat śmierci); palliative care (opieka paliatywna); terminal illness (choroba terminalna, choroba przewlekła); end of life (kres/koniec życia); mourning (żałoba); grief (żal po stracie); bereavement (żałoba); loss (strata); dying (umieranie)* and *arts therapy (arteterapia)/psychodrama (psychodrama) / sociodrama (sociodrama).*Only in 41% of the monitored psychology studies programs (7 out of 17) the key words above were found. The particular results of the search were collated below in the table containing the following pieces of information: institution name; type; name of the program/course; credits/hrs/duration; academic degree/certificate; link.

Institution name	**Type of course**	**Name of the program/course**	**Duration/ ECTS**	**Academic degree/certification**	**Link**
Katolicki Uniwersytet Lubelski Jana Pawła II w Lublinie	lecture/ seminar	Psychodrama w szkoleniach/ Psychodrama in trainings	30h/2	3rd year of MA, psychology studies, Psychology of Business and Entrepreneurship	http://e.kul.pl/qlsale.html?op=10&zid=509051&oz_lng=1
	seminar	Arteterapia / Arts therapy	30h/3	4th year of MA psychology studies, Psychology for Quality of Life Promotion	http://e.kul.pl/qlsale.html?op=10&zid=512013

Uniwersytet Gdański	lecture	Praca z pacjentem przewlekle chorym w warunkach szpitalnych / Working with chronically ill patient in the hospital conditions	30h/4	4th or 5th year of MA psychology studies, specialization: Clinical psychology	https://wns.ug.edu.pl/sites/default/files/_nodes/strona-wns/89779/files/psychologia_kliniczna_2019-2020.pdf
Akademia Pedagogiki Specjalnej im. Marii Grzegorzewskiej w Warszawie	seminar	Art Techniques in Group Training	15h/2	Psychology studies, facultative classes for students of 4th year	https://usosweb.aps.edu.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=20-FF-ATG
	class	Metody pomocy osobom w chorobach terminalnych / Methods of aid to people in terminal illness	15h/2	5th year of psychology studies, obligatory, specialization:: clinical psychology	https://usosweb.aps.edu.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=20-3S-MCT
	lecture	Psychologia śmierci: aspekty rozwojowe i kliniczne / Psychology of death: developmental and clinical aspects	30h/2	5th year of psychology studies, facultative	https://usosweb.aps.edu.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=20-FF-PSM
	Class	Interwencje kryzysowe w kryzysie zagrożenia życia / Crisis interventions in the crisis of life in danger	20h/5	Postgraduate studies: psychological counseling and crisis intervention, obligatory	https://usosweb.aps.edu.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=SP-IKK
	class	Interwencje kryzysowe w sytuacjach żałoby / Crisis intervention in the situations of bereavement	15h/2	Postgraduate studies: psychological counseling and crisis intervention, obligatory	https://usosweb.aps.edu.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=SP-IK%C5%BB
Uniwersytet Marii Curie-Skłodowskiej w Lublinie	class	Fakultet intra i interdyscyplinarny:Psychologiczny kontekst doświadczenia żałoby / Intra and interdisciplinary faculty: psychological context of bereavement experience	30h/3	2nd, 4th, 5th year of psychology studies, facultative	https://usosweb.umcs.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=PS-PS-MS%2FFII.56

	class	Fakultet intra i interdyscyplinarny:Żałoba po śmierci bliskiej osoby-aspekty kliniczne i terapeutyczne / Intra and interdisciplinary faculty: Mourning after death of close related person - clinical and therapeutic aspects	15h/3	2nd, 4th, 5th year of psychology studies, facultative	https://usosweb.umcs.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=PS-PS-MN%2FFII.13
	class	Przedmiot fakultatywny: Pomoc dzieciom i młodzieży w przeżywaniu kryzysu, straty i żałoby / Facultative subject: Helping children and adolescents going through crisis, loss and bereavement	10h/1	psychology studies, facultative	https://usosweb.umcs.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=PS-PES.2NIII.8EDfak.
Uniwersytet Adama Mickiewicza w Poznaniu	seminar	Radzenie sobie z przewlekłą chorobą / Coping with chronic illness	10h	4th year of psychology, specialization: psychology of health and illness	http://150.254.90.19/Studia/Psychologia-S/Sylabusy/Psychologia%20stacjonarna/4%20rok/psychologie%20stosowane/Specjalnosc%20-%20Psychologia%20zdrowia%20i%20choroby%201.pdf
	class	Interwencja w kryzysie zdrowotnym / Intervention in the health crisis	30h	4th year of psychology studies, specialization: psychology of health and illness	http://150.254.90.19/Studia/Psychologia-S/Sylabusy/Psychologia%20stacjonarna/4%20rok/psychologie%20stosowane/Specjalnosc%20-%20Psychologia%20zdrowia%20i%20choroby%201.pdf
	seminar	Wybrane zagadnienia z psychoonkologii i opieki paliatywnej / Selected aspects of psycho-oncology and palliative care	10h	5th year of psychology studies, specialization: psychology of health and illness	http://150.254.90.19/Studia/Psychologia-S/Sylabusy/Psychologia%20stacjonarna/5%20rok/cwiczenia%20terenowe%20w%20ramach%20specjalnosci/Specjalnosc%20Psychologia%20zdrowia%20i%20choroby%20cwiczenia%20terenowe.pdf

Uniwersytet Warszawski	seminar + class	Diagnoza specyficznych konstelacji rodzinnych: Smutek w rodzinie - rola żałoby i depresji / Diagnosis of specific family constellations: Sadness in family - the role of bereavement and depression	12h/1,5	4th and 5th year of psychology studies, specialization: Clinic diagnosis of child and family	https://usosweb.uw.edu.pl/kontroler.php?_action=katalog2/przedmioty/pokazPrzedmiot&prz_kod=2500-DK-SWR
Górnośląska Wyższa Szkoła Handlowa	no information	Trening radzenia sobie w żałobie / Training of coping with bereavement	No information	psychology studies, specialization: Interventional psychology	https://www.gwsh.pl/studia/psychologia-interwencyjna-magisterskie.html

4.Qualitative (Thematic Analysis) results for Poland

Five MA psychology students from the John Paul II Catholic University of Lublin were interviewed. They voluntarily replied to an open invitation to participate in the research project. Four of them studied the Psychology for Quality of Life Promotion (PQLP) and one the Psychology of Business and Entrepreneurship (PBE).The demographic and observation data of the interviewed students were collated below in the table.

Code	Gender	Age	Year of study	Faculty/Course	Remarks / Observations
1.	F	23	5th	Psychology, PQLP	Emotionally moved during the interview; satisfied after. With experience of oncologic illness in close family. Duration: 8:17 minutes
2.	M	24	5th	Psychology, PQLP	With experience of oncologic illness in close family. Duration: 11:03 minutes
3.	M	23	5th	Psychology, PQLP	Duration: 10:19 minutes
4.	F	24	5th	Psychology, PQLP	”Impressive” style of answering, Duration: 14:20 minutes
5.	M	21	4th	Psychology, PBE	Well organized answers. Duration: 8:10 minutes

The purpose of this semi-structured interview was to carry out an in-depth exploration of students' former educational experiences and training needs in the field of death education and palliative care. Special attention was paid to the emotional impact of these themes on the participants, how they perceive the training process and what meanings they attach to life and death as deeply human and universal themes.

As a result of the thematic analysis of participants' statementsin relation to questions 1-3 more than thirty different topics were identified.

1) How do you feel about studying palliative care and bereavement (theory and practice)?

While answering this question the participants were focused on the following themes:

a) significance of education and training in the field (1, 5), *a very important topic* (3, 5), which should be included in the curriculum of psychology studies (3);
b) more personal than professional attitude to the education process connected with personal difficulties in the assistance of dying and bereaved persons (1);
c) references to past learning experiences in university education; death and bereavement issues were included in their clinical psychology (2, 4) and psychotherapy (4) classes;
d) importance of talking about death (2);
e) universality of the experiences and potential problems in dealing with death and grief (3);
f) no additional learning experiences in the field (4)
g) death as a *distant* and *unfamiliarreality* for students (4); as the topic is underestimated, ridiculed or omitted in conversations with friends (4)
h) the lack of skills to exchange or to share about death and grief with friends (4)
i) death associated with universal experiences connected with the loss of any human life (4)

2) How do you feel about working with clients who are coping with terminal illness, loss and bereavement?

As a result of the thematic analysis of the second question the following topics were indentified:

a) a personal interest in working in the field (3, 5);
b) working in this field is perceived as very difficult (4); difficulties in working with bereaved people - the containment of feelings between the bereaved and themselves (3);
c) obstacles and barriers in work – contact with bereaved and dying clients provokes negative emotions, like disagreement, grief and pain (4); anxiety and other loss related

experiences (3); ambivalence (1); an emotional sensitivity as a problem, the work is emotionally difficult and exposed to professional burnout (3);

d) experience of overwhelming by difficult feelings, a lot of sadness, the professional role seen in the context of aggravating childhood experiences (1);
e) emphasizing a value of practical experiences, clinical examples during education as well as practical skills learning (*theory to practice learning ratio 80% -20%*);
f) the work with terminally ill children perceived as the most difficult (4);
g) lack of personal experience in work with death related clients (1, 2, 3, 4, 5);
h) professional work associated with the other clinical voluntary experiences (in psychiatric hospital with chronically ill patients) (4);

3) What does life and death mean to you?

The answers to the last question are categorized into the following topics:

a) life as a lesson, an opportunity for learning (1);
b) life as an ability to *creation* and *change*: *to experience*; *to create something within yourself* (2, 5); a collection of experiences (2) (*everything that we come in contact with*); *colours palette*, person as a painter who chooses colours and creates an image (5);
c) life related to involvement in many meaningful activities; life as a task, given by God (1);
d) life is a construction, *which sounds funny* (4);
e) life is associated with positive emotions - *something joyful and positive*; *opportunity*; *hope*; *change* and *depth* (4);
f) positive emotions connected to life (*playfulness and happiness*) (3); hope (4);
g) reincarnation as a life and death relation concept (1);
h) death as a beginning of a new period life (1); *not totally the end of life* (4) vs death as *simple and absolutely end of life* (2, 3); as *physiological end of life* (5); *the end of creation process* (5)
i) death concept related to religious faith and personal values (4)
j) negative emotions connected to death: fear - facing punishment for not leading a good enough life before (1); sadness, grief (4);
k) emphasis on the importance of care about the quality of life of dying people (2);
l) avoidance and resistance in thinking about death, *not to think too much about death* (3);
m) the most important is to plan how to live, consciously to improve personal life, *it is worthy to do or to have something enduring after the end of biological life* (3);
n) death associated with terrible historical facts (German Nazi Death Camp in Auschwitz-Birkenau) (4);

o) life and death relations: opposites (4); sometimes combine as in the experience of separation, the end of love, which is a chance for a new relationship; something ends

(*dies*) and gives birth (*starts*) at the same time (5); *reincarnation* as a life and death relation concept (1);

p) death as a question mark - it is not known if and what is after biological death, there is no knowledge on this subject (5);
q) postulate to focused on life and if life after death exists, he/she would wonder how they would experience it (5).

The following additional topics of students' narrations appeared:

a) for some students participation in the interview provokes flashbacks to the past personal death related experiences connected to the close family and other contexts (oncologic illness of respondent's brother in childhood) (1) and the mother returns to the cancer disease after a 15 year break (2); shock after an accidental meeting in the hospice with a terminally ill child (4), and pain after the loss of a child by parents in the hospital (1). These sharing proved that a carefulness and ethical sensitivity/responsibility is demanded from the interviewer.
b) spontaneous expression of a great interest in replying: *a very interesting questions* (1).

3.5 Romania

IO 2 – Romania report

1. Overview of the three fields of the project Palliative Care, Death Education and Arts Therapies/ Psychodrama in Romania

The three fields of the project are represented in different ways in our country.

A. Palliative care

The *National Association of Palliative Care* (NAPC) was founded in Romania in 1998, and nowadays promotes not only the concept of palliative care but also services. According to NAPC (2018), over 172.000 patients need PC yearly in Romania. **The order of the Minister of Health no.253/2018** is the first official unitary regulation of the way of organizing palliative care in Romania. For 26 years, since the establishment in **1992 of the first palliative care service in the country** (HOSPICE Casa Sperantei, in Brasov), care for people

suffering from progressive or incurable chronic diseases has developed as local initiatives, both in the public system as well as the private system (as charities or companies), without having any clarifications regarding the clear definition of palliative care and its principles, specifying the locations and functional structures in which such services are provided, or specifying the professional training of the human resources needed for palliative care services.

The order details both the composition and the necessary qualification of the staff from the multidisciplinary teams of the specialized palliative care services:

- **physicians** with over-specialization / competence / certification of complementary studies of palliative care;
- **graduate nurses** of a specialization program for palliative care / master studies in palliative care or of a program of continuous medical education of palliative care of 120 hours and clinical experience in palliation of at least 3 years;
- **Social workers**, **psychologists**, **therapists**, **clerics**, other staff with a bachelor and master degrees in palliative care or an in-depth 60-hour medical education course.

In 2010, the National Palliative Care Association together with the Ministry of Health and international experts developed the **Romanian Palliative Care Strategy**. According to the strategy, the provision of palliative care services can be thought of on three geographically defined levels; local, regional, and national.
In 2017 - Recognition of palliative care as a specialty for nurses.
In 2018, palliative care is recognized as a subspecialty with 408 doctors who have successfully completed the 18 month national training in palliative care, delivered by HOSPICE Casa Sperantei under the umbrella of the Ministry of Health. Over 60% of the doctors who participated in the training work part-time or full-time in palliative care services.
Palliative Care Services
At the end of 2015, there were **115 specialized palliative care services** in the governmental, NGO and for profit health care sectors, distributed as follows:

- 78 palliative care inpatient units (77 receiving funding through the National Insurance Fund),
- 24 palliative care home care services (four receiving funding through the National Insurance Fund),
- Five palliative care outpatient services (funded through projects and private initiatives),
- Four palliative care day centers (funded through projects and private initiatives),
- Four palliative care mobile hospital teams (funded through projects and private initiatives).

In Romania, the palliative care is organized on three levels: local, districtual, and on national level, as it follows:

Levels of Palliative Care

Level	Ambulatory	Palliative Care	Hospitals (In Patients)	Governance Managements	Financing
Local	Dispensaries Primary care physicians	Basic services	Rural (internal medicine, pediatrics) 120 beds Town/municipal (general) 250–400 beds	Local town halls Local network District Public Health Directorates	Local community District Health Insurance Funds
District	Diagnosis & treatment centers Outpatient departments Specialist physicians	Specialized services	District (first level specialization)	District Public Health Directorates	District Health Insurance Funds
National		Developmental education research	Specialty (Tertiary)	Ministry of Health	National Health Insurance Fund

Programs in palliative care, on national level, are detailed in section 3.

B. Death Education in Romania

Death education is not a very well approached topic in Romania. There is a lack of studies and a gap in the educational system on all levels.
On national level, there is the **Institute for the Study and Treatment of Trauma (ISTT)**, which is an interdisciplinary, non-governmental professional association. The institute was **established in 2010** under the aegis of the Romanian Association of Short Therapies and Resource Oriented Consulting (A.R.T.S.-C.O.R.S.), and **has from 2013** an autonomous legal personality.
The Institute provides programs which are detailed in section 3.

C. Psychodrama in Romania

During a 45 years, in the communist regime, in Romania, Psychology was severely constrained. It was re-instituted as an academic discipline in 1990. Today, over a thousand of specialists have been trained in psychodrama in Romania and more than 300 of them are psychodrama psychotherapists authorized by the Romanian Psychologists' College.
Romania has two psychodrama organizations (both providing training and maintaining the psychodrama community): one based in Cluj-Napoca: Psychodrama Society "Jacob Levy Moreno" (SPJLM), and one in Sibiu: Romanian Association of Classical Psychodrama (ARPsiC), with training groups in many other cities. The two organizations have a close collaboration, co-editing the national psychodrama journal and co-organizing the national psychodrama conference every year.
The Romanian Association of Classic Psychodrama was founded in 1995 and we may say that it was the embodiment of G. Boria's desire to pay tribute to Jacob Levi Moreno by disseminating psychodrama in theory and practice in its master's native country.
The Romanian Association of Classic Psychodrama (ARPsiC) is a professional, non-governmental and non-profit association committed to promoting the theory and application of psychodrama, sociometry, group psychotherapy and other related methods (methods of action, art therapy, improvisational theatre, playback theatre, forum theatre and so on).

ARPsiC aims at guiding the practice and scientific research in the field, its specialists' initial and further training in the method of classic psychodrama; the association also works to facilitate communication between the professionals in the area.
ARPsiC is a founding member of the Romanian Federation of Psychotherapy, accredited by the Romanian College of Psychologists in Romania – CPR, member of the Federation of European Psychodrama Training Organizations (Federaţia Europeană a Organizaţiilor Europene de Formare în Psihodramă) -FEPTO.
Scope of work and areas of psychodrama activity in Romania, aims to:

- promote psychodrama in its theory and application, as well as sociometry, psychotherapeutic groups and other related methods, as well as to guide the practice and scientific research in the field;
- promote and validate the statute of the psychotherapist/trainer specialized in the method of classic psychodrama, as a result of training skills, higher level training and supervision from specialists in the clinical and medical, areas of pedagogy and other socio-humanities fields of activity.
- facilitate communication between professionals in the field.

Along the recent years, ARPsiC has been engaged in national and international projects in the field of education, and adult further training in the area of social innovation and health. More specifically, non-formal education, prevention and intervention in interpersonal violence, implementation and promotion of new working methodologies, such as action methods (technics from psychodrama) and methods based on spontaneity (such as playback theatre, forum theatre) have been – along with the initial training in psychotherapy – the fields of expertise and action priorities of ARPsiC.

2. PRISMA research method for Romania

Using the PRISMA method (Preferred Reporting Items for Systematic Reviews and Meta-Analysis), following issues was revealed, regarding the topic and keywords of the project.

Studies carried out and published in Romania that focused on topic of the project

The following two studies were conducted in Romania, with the following combinations of keywords:

"End of Life" and "Research" and "Romania"

1. **Title:**
   Vosit-Steller, J., White, P., Barron, A., Gerzevitz, D., & Morse, A. (2010). Enhancing end-of-life care with dignity: Characterizing hospice nursing in Romania. *International journal of palliative nursing*, *16(9)*, 459-464. doi:10.12968/ijpn.2010.16.9.78645.

Abstract:
The purpose of this research was to characterize the nursing actions practiced by Romanian nurses affiliated with Hospices of Hope that promote dignified dying and explore needs to promote a more dignified death.

A survey method used the International Classification for Nursing Practice dignified dying survey. A convenience sample of 43 hospice nurses responded. Descriptive statistics, t-tests and content analysis were used to analyze the data.
Characteristics that promoted dignified dying included the use of a formal, iterative process of assessment, interventions that supported pain and symptom management, and spiritual comfort at the end of life. Participants described family-centered hospice care that integrated Christian orthodox tradition that transformed patients as death approached.
Dignity for terminally ill Romanian will be enhanced as the nurses implement these interventions. Awareness of cultural and spiritual differences concerning end of life will facilitate dialogue among nurse scientists.

2. **Title:**
   Mosoiu, D. et al. (2018). Palliative Care in Romania. *Journal of Pain and Symptom Management, 55(2)*, 67-76

Abstract:
HOSPICE Casa Sperantei has been pioneering palliative care development in Romania since 1992. The have developed specialist palliative care services in home-based settings, inpatient units, day care centers, and as hospital support teams. They have provided national and international education programs for professionals in the palliative care field, as well as promoting palliative care integration in the health care system. Legislative improvements were adopted, including funding mechanisms for the reimbursement of palliative care services through the health insurance funds, review of opioid policy, and quality standards of care. By the end of 2015, Romania had 115 specialist palliative care services (78 palliative care inpatient units, 24 home-based palliative care services, five outpatient palliative care clinics, four day care centers, and four hospital support teams). A palliative care subspecialty for doctors was recognized as early as 2000, and a multidisciplinary master's degree program has been available at Transilvania University since 2010, when the first palliative care academic position was established. Nursing education includes mandatory palliative care modules in nursing schools. For coordinated development of palliative care at the national level, a national strategy was proposed defining three levels of palliative care provision, local, district, and national. The implementation of the palliative care strategy is partially funded through a World Bank loan.

Keywords: palliative care; Romania; opioids; palliative care costing; palliative care education.

The following study were conducted in Romania, with the following combinations of keywords:

"Palliative care" and "Romania"

1. **Title:**
   Untu, I., Bolos, A., Buhas, C.L., Radu, D.A., Chirita, R., Szalontay, A.S. (2017). Considerations on the Role of Palliative Care in the Mourning Period. *Revista de Cercetare si Interventie Socială*, 58, 201-208.

Abstract:
In this paper, the authors analyze the sources of mourning labour, as well as the intervention means suitable for the genuine existential crisis entailed by the passing of

a loved one. The importance of the theme resides in the fine line between physiological grief and depression (with all the risks it involves) and in the need of identifying ways to familiarize the family with the idea of death, both before the passing of the dying and afterwards (to facilitate the mourning labour of those left behind and to avoid its complications).

Keywords: death, mourning labour, pathological grief, palliative care.

Other papers published in Romanian Journals:
Engelhardt , H.T. (2012). SUFFERING, DYING, AND DEATH PALLIATIVE CARE ETHICS ‘AFTER GOD’ . *European Journal of Science and Theology.* (8), 2, 5-13.
Cherry. M.J. (2012). END-OF-LIFE CARE AND PREPARATION FOR DEATH IN A POST-CHRISTIAN AGE. *European Journal of Science and Theology.* (8), 2, 29-37.
Hinshaw, D.B., Carnahan Hinshaw, J. (2013). ADDICTION AT THE END OF LIFE ‘TOTAL PAIN’ AND THE PASSIONS. *European Journal of Science and Theology.* (9), 1, 121-129.

3. Study programs and courses in psychology, medicine, nursing, social work in Romania approaching the keywords of the project

We researched for Romania curricula and topics in Universities covering all the possible programs and courses dealing with the topic of project.
We found data only about the courses and programs that are available online. It is possible that there are more, but we couldn't access them.
Our exploration revealed following **courses**:
Faculty of Medicine (Nursing): Palliative care (course) 70 hours (14 weeks -1 semester), 3 credits
Faculty of Medicine: Particularities in the approach of the patient in palliative care (course) 14 hours (14 weeks -1 semester), 2 credits
The programs that we identified in Romania are depicted in the table:

Institution name	Type	Name of program/course	Credits/hours/ duration	Academic degree/certificate	Link
Hospice Casa Sperantei	Private	Palliative Studies		certificate HOSPICE	http://www.studiipaliative.ro/educatie/medici/online_ro/inscriere/
		1. Introduction to palliative care	11 credite /2 months		
		2. Management of chronic pain by oncologic patients	17 credite /2 months		
		3. Communication of a diagnosis of serious illness.	11 credite /2 months		
		4. Terminal state (end of life) in palliative care	12 credite /2 months		

	Private	In-depth modular program of palliative care for Nurses, with minimum 3 years of experience in palliative care services - 120 hours. - Introductory palliative care course for nurses (18 hours) -Advanced palliative care course for nurses (18 hours) -Advanced palliative care practices for nurses (30 hours) -Portfolio - notions of palliative care in the clinical practice of nurses – case studies, observations (24 hours) -Leadership course in palliative care (30 hours)	120 hours,	certificate HOSPICE	http://www.studiipaliative.ro/educatie/programe-modulare-paliatie/program-aprofundat-ip-asmed-120ore/
	Private	Specialization program in palliative for nurses (generalists and pediatrics) with university or post-secondary education. Nurses can register through the employer health units. **9 modules** – 5 theoretical modules -4 practical modules	9 months		http://www.studiipaliative.ro/educatie/asistenti_medicali/specializare-in-ingrijiri-paliative-pentru-asistenti-medicali/
Faculty of Medicine, University Transylvania of Brasov & Hospice Casa Sperantei	Public and Private	Palliative care management and strategies	120/ 2 years	Master	http://www.studiipaliative.ro/educatie/master_ingrijiri_paliative/
	Private	Leadership in palliative care – program for multidisciplinary team	1 year Nurses enrolled in the National Association 15/18 credits	Certificate Hospice	http://www.studiipaliative.ro/educatie/echipa_multidisciplinara/lidership-in-ingrijire-paliativa/
INSTITUTE FOR TRAUME STUDY AND TREATMENT	Private	Training course, based on the first psychological advice curriculum in palliative care in Romania			https://www.istt.ro/formare-continua
	Private	Basic training in Integrative Trauma Psychotherapy starts 2020 -This includes 1000 hours in total, of which 500 hours of theoretical training, 300 hours of personal analysis and 200 hours of supervision.			https://www.istt.ro/formare-complementara/

4. Analysis of the quantitative and qualitative results for Romania

Thematic analysis of the five interviews realized in Romania

The description of the research group:

Five people were interviewed, the first ones who answered the invitation and accepted an interview, after completing the questionnaire. All five people are female students in the first year of the Master's Degree in Clinical Psychology, Counseling and Psychotherapy at „ Lucian Blaga" University of Sibiu.

Name (Pseudonym)	Gender	Age	Licence	Specialty	Observations
Ana	F	22	"Babeș Bolyai" University of Cluj Napoca,2019	Psychology	
Maria	F	22	Universitatea "Lucian Blaga" of Sibiu, 2019	Psychology	With experience of supporting friends who have suffered a loss
Irina	F	23	"Lucian Blaga" University of Sibiu, 2019	Psychology	
Iulia	F	22,5	"Lucian Blaga" University of Sibiu, 2019	Psychology	With personal experience of a loss
Alina	F	22	"Lucian Blaga" University of Sibiu, 2019	Psychology	With personal experience of being near death

The purpose of this semi-structured interview was to explore in depth the training needs of students in psychology in the field of death education and palliative care. Special attention was paid to the emotional impact of these themes on the students, how they perceive the training process and what meanings they attach to life and death as deeply human and universal themes.

1. **Studying death ...**

All female participants appreciated that the topic of death was very little tackled in their academic training: "*I consider it a complex and a very necessary and a useful topic; but, at least until now, this part has not been discussed in details.*"(Iulia)

Not only in the academic environment was avoided the theme of death, but it also seems to be a taboo topic in the family as well. Alina shows how even at home, in the family, the conversation about death is minimal, surrounded by a conspiracy of avoidance and silence: "*... because it is a subject very little discussed and hidden even in families, we do not talk about it. And if we talk, we talk about it beautifully.* "*Rest in peace*" *and we do not debate the*

subject. And I saw that it is something common in several families, not just in mine, it is not much discussed ... anywhere."(Alina)
There are three words used by the participants to describe what they think about introducing such a course in their academic training: "*necessary, useful and beneficial*". It is necessary and useful, because, as Irina says "*... death is something we have to face*" and avoiding the subject is not an option for those who want to become psychologists. All female students talk about the professional role of the clinical psychologist and / or the psychotherapist and about the pressures they feel as coming from family, friends, society, when someone is facing loss, mourning, death: "*... because we are psychology students, the world has expectations from us* "(Ana). When there is no personal experience of loss, mourning or caring for someone who is dying, the lack of knowledge is even more acute, and the need to know how to react, how to give support is even greater. I find it superficial to say: "*I understand - when I did not go through this, and I do not know exactly how it is ... and how I can be useful or helpful* "(Maria).
For those who have had a personal experience of bereavement, the course could be useful in understanding the phenomenon of loss and providing support to other people: "*... maybe it would have been nice to know some things then-maybe not me - it would have affected me so much ... and somehow I would like another person not to go through what I went through ... And then, such a course would be more than useful.*"(Iulia)
Loss and death are seen as inevitable human experiences, the psychologists are somehow forced to give help, and they feel totally unprepared in this direction: "*And unfortunately, we are not prepared for it: neither emotionally nor cognitively. How can I tell them I didn't learn about this at the Faculty? That I don't know what to do ... They don't expect us to be unprepared; how is that, it prepares you for everything, and even for this, which happens every day, you are not prepared? Such a situation scares me very much ...* "(Alina)

All participants assert that such a course would provoke them not only intellectually, cognitively, but especially personally. Participating in such a course is perceived as a great challenge and anxiogenic at the same time. "*Mm ... how not talking about this ... I think it would be hard.*" (Irina) Especially the female participants who have a personal experience of loss, are afraid to reactivate painful memories. Iulia, when asked what she feels about being able to take such a course, says: *"... I feel a little discomfort because I do not know what I will have to do, and a little anxiety because I have been through some situations, and I go straight with the thought of what happened then."* Personal development, working with oneself thus become obligatory and intrinsic at the same time: *"... whoever takes such a course, does continuous therapy, because you do not escape, it happens every week, and what is more, you will also have a test from it."* (Alina)
The course could cause a confrontation with the theme of death, a confrontation with one's fears, anxieties, memories, "leaving the comfort zone" and implicitly personal growth - which is perceived by all participants as a great benefit.
Maria sees this course as a *"need and opportunity"* because there is a need on the market (in Romania) for both palliative care and gerontopsychology specialists. *"It is an opportunity and a need because the elderly in the asylums need someone who can make the last moments of their lives more beautiful, to be there for them."*(Maria)
Iulia summarizes perhaps best how a course of education on death and palliative care is perceived: *"... as a necessity and as a void to be filled in our training and development."* (Iulia)

2. Working with people in mourning or near death

All female participants perceive that working with people in mourning or near death is *"difficult, troublesome, overwhelming".* Scared of this possibility, all claim that at this point they do not feel ready for such a job. Insecurity and fear regarding such a possible job are common to the whole group. Fear of not identifying with the patient, of not empathizing until identification, fear of harsh memories, of painful reliving. Only Iulia, with a personal experience of loss, states that *"I would like to work with such people ..."* The others, despite not directly seeking such a job, state that knowing how to work with such patients (who are mourning) is mandatory for a psychotherapist or clinical psychologist.

Despite the fact that they feel *"unprepared and scared"* at the thought that they could work in this area, they all talk about curiosity and the need to train in this direction. *"At this moment I do not feel very prepared, I feel a little scared, but curious, and of course I am a human being who wants to help and I think that, if I have the necessary training, I will do it."* (Elena)

Fear and insecurity can be controlled - they say - by acquiring knowledge and skills and especially by working with oneself, through personal development. The arguments I bring out indicate the main training needs in this direction:

The need to have a structured framework for understanding the experience of mourning and that of being near death: *"I suppose not all of us have gone through a loss or felt the grief to such an extent that we understand at least a little of what it means. Anyway, I find it very important to first make a theory, to understand the framework a little, and then to go into practice.”*(Ana)

The need to know the specific setting of interventions in this direction (psychological support, psychological counseling, psychotherapy): *"(...) to know how we work, when we intervene, some benchmarks ... of intervention in mourning. We do not know the stages of mourning. We know them only experientially, if we went through them. If not, we don’t known ”* (Alina)

To learn how to assist patients in the mourning process, but also to know how to help them to learn / develop new adaptive roles: *”... somehow I can make them understand what is happening then with them and what that event means. , because at that moment you are not very aware of what is happening, it is a mixture of feelings that you do not interpret concretely and you need a person there, not to open your eyes, but to help you see that everything does not end there and that you can do a lot after, and that it is a quite natural event. ”*(Iulia)

Personal development - to work on their own painful experiences, their own fears about loss: *”And then, working with people who have gone through similar experiences, would mean to immediately identify with them. At least now. I should work hard with myself so I don't do that.”* (Alina)

3. Life and Death...

All the participants were surprised by the two questions about what life and death mean to them, and stated that they had not thought about those things until then. Uncertainty, insecurity, volatility of life are characteristics that all participants have given to life. Ana sees life as *"A moving sand, which can disappear anytime, but I think it's very important to appreciate the moment you take, and to do everything you can now ...",* and Mary talks about *"... a series of ups and downs ... I think life is a surprise."*

Thus the need arises to be on alert, to learn to accept and especially the pressure to leave the comfort zone, to assume the experience of life. *"(Life) A complex context of experiences,*

events, actions and states in which everything that comes to you is a challenge and you must accept it. Somehow you don't let your guard down." (Maria)

However, or especially because of them, life gains value and implies the courage to take on your imperfection and to accept the risk of living: *"Life is an exploratory event ... it is beautiful and worth living! You never know ... now is all this news ... you see how it is ... and with Iran, and with America, bombings ... well if you just sit and complain ... that not now, only when I am ready will I try something else ... Well, maybe when you're ready, the planet is no longer ready to support you! "*(Alina)

No study participant sees death as an end point. The participants are little interested in their own death *"maybe it's the youth's fault ..."* (Ana), for them death is rather a gateway to something else, in another dimension where the soul continues a different existence *"I don't think it is necessarily the end, I think something happens to our soul after we die. It's not like when everything is over. "*(Irina)

The discourse changes, however, when it comes to the death of the loved ones; here death means *"an extremely tragic moment, no matter how you look at it"* says Maria and an irreversible loss: *..." it is a physical loss first ... that contact with the mother, at the moment when you lose the physical contact, you feel it. So, there is real loss!"* (Alina)

Quantitative Analysis

In the following part we will summarize some data from the quantitative analysis:

- N=64, 61 females, 61 Christians, 84% somewhat religious and very religious
- Regarding the interests in topics of death education/bereavement/loss/grief/palliative care, 55% are very interested
- Regarding the interests in working with clients who are coping with an end-of-life conditions, bereavement and/or palliative care: 44% are very interested
- Regarding the interests in learning about Arts Therapies and/or Psychodrama interventions for end-of-life conditions, bereavement and/or palliative care: 64% are very interested
- Regarding the items about the confidence topic, the majority of the sample somewhat agree and strongly agree:
    - listening to and talking with a dying person about issues surrounding their death (70%)
    - being comfortable discussing a person's anxiety about the dying process and what will happen (48%)
    - applying an individualized end-of-life care plan and assessment (60%)
    - helping ill people with their end-of-life suffering (69%)
    - helping people with their bereavement (86%)
    - in how to support a relative of a dying person (76%)

4 Conclusion

Research and Publication

"Italy is the Country where more scientific studies have been conducted followed by Israel. The Italian scientific articles present interventions that combine arts therapies methods with the end-of-life field with results that demonstrate the effectiveness of these methods, in particular psychodrama, in helping to manage the issues of death, accompaniment to dying and mourning management.

Regarding the Israeli studies, the first two scientific articles have been carried out by the same authors and with the same sample, even though they analysed different aspects about how art therapists perceive the role of the art medium in the treatment of bereaved clients. The third Israeli study instead emphasizes the importance of art as therapeutic intervention in the treatment of trauma and loss (e.g., death, divorce, loss of employment, chronic disease, brain injury, political repression). Conversely, in Austria, Poland and Romania there is a lack of scientific articles on death and end-of-life themes using arts therapies or psychodrama."

Austria:

Austria stands out in palliative care and psychodrama, but it needs to establish more third level courses that covers psychodrama and art therapies in the area of palliative care and death education, research and publications in indexed journals. Psychology master students of Klagenfurt has a strong interest in gaining theoretical knowledge and some practical experience in the field of end of life. There is a need to set up a pilot course.

Israel:

"Although the legislators, professionals, health providers and funders of health services in Israel are progressively acknowledging the rising need for and the advantages of PC services, their provision remains low, as less than roughly 20% of the population in need receives PC services. An internet search yielded no courses on PC in arts therapies and psychology programs (most courses are in nursing programs). Possible explanations are that PC specialists in the arts therapy and psychology are scarce in and that the existing arts therapy and psychology programs focus on other health issues alone with a shortage of adequate resources and the need to comply with field-specific educational guidelines. It is hoped that PC education will expand and develop in the coming years. The 40 arts therapies students who chose to respond to the survey aged 23-51 (age mean = 37), 93% were female, 85% were Jewish (as expected in Israel), and 58% were secular. All but one were in their first year of study. The majority (95%) did not have any experience as a formal caregiver to end-of-life clients. Most of them did not lose someone close in the last two years (60%) and they don't have a close person with a terminal illness (88%). Of the 40 students, 80% stated they were very to somewhat interested in the topics of death education , bereavement, loss, grief, and palliative care. Slightly more students were interested in acquiring theoretical knowledge (90%) than in obtaining practical / clinical competence for working with bereaved or terminally ill clients (85%) and somewhat less interested in actually working with these populations (75%). The qualitative findings suggest that despite personal and professional hesitations (e.g., emotional burden and fear of incompetence), arts therapies students who participated in this assessment were generally interested in learning PC and more specifically in its practical implications with bereaved or terminally ill clients."

Italy:
"The Italian situation regarding death, mourning and end-of-life issues needs further improvement, despite the fact that at European level the situation is better than other countries. First of all, there is still a lot of research to be done in these fields, trying to evaluate the effectiveness of the psychological support strategies put in place to deal with these difficult situations.
In addition, there was an extreme need to bring these issues into university courses that train psychologists, doctors, nurses and all health personnel, as there was a lack of knowledge of the topics covered among students. Spreading adequate knowledge on these issues in the first place could sensitize students by helping them to have a healthy understanding of how end-of-life, death and mourning should be addressed and then would definitely help future health workers to better manage critical situations with terminally ill patients and their families."

Poland:
"The results of the multisource analysis done above proved that a spread of scientific knowledge on death-related problems and its accessibility in academic education is not fully satisfied. The outcomes of empirical quantitative and qualitative research conducted among KUL psychology students have showed a great significance of this topic. Most of them declared an interest in improving their knowledge (76,9%) and obtaining clinical competence (56%) in the fields of death education, bereavement, loss, grief and palliative care. They are also interested in learning more about Arts Therapies and/or Psychodrama interventions for clients with death-related problems (62,6%). Almost 2/5 of researched students (37,4%) consider future work with clients who are coping with the end-of-life conditions, bereavement and/or palliative care."

Romania:
"The palliative care was founded in Romania before any common European regulations were established. Nowadays it is very well organized, through the *National Association of Palliative Care* and the *Order of the Minister of Health no.253/2018.*
Less approached topic in Romania is Death Education; this project could be a milestone in this field.
The study of the key concepts of the project needs further research.
There is a consistent availability from students to study these concepts and to gain knowledge and competencies."

5 Appendix

5.1 IO2 structure of the report

Page 1:
Overview of the three fields of the project Palliative Care, Death Education and Arts Therapies / Psychodrama in each country

Page 2:
made by UNIPD for all countries until Christmas:

PRISMA method research of keywords:
Databases: PsycInfo and PubMed
Source of material: Journals
Field of search: Title, Abstract, Keywords
Time frame: last 10 years
Language: English
Terms: thanato*, death education, palliative care, terminal illness, end of life, mourning, grief, bereavement, loss, dying AND arts therapy / psychodrama / sociodrama AND country

Page 3:
After checking
https://www.researchgate.net/publication/333390123_EAPC_Atlas_of_Palliative_Care_in_Europe_2019 (medicine, nursing)
research in your country according the above PRISMA (Preferred Re-porting Items for Systematic reviews and Meta-Analyses) keywords results for study programs and courses in psychology and social work.
If available use existing overview of degree courses of ministries of universities and research.
Please don't forget to write the research protocol you use to find these courses
Please find the study programs and courses in this way: start focusing on higher education (Universities) and then the others, including postgraduate, continuing education.
The institution name, type, name of the program/course, credits/hrs/duration, academic degree/certificate, link.

Page 4-5:
Analysis of the quantitative and qualitative results (thematic analysis) for each country
The data file from QUALTRICS will be downloaded and sent to Lucia Ronconi l.ronconi@unipd.it for descriptive statistical analysis per country.
Qualitative data that comes from the questionnaire will be analyzed by each country in the native language.
The data of the interviews will be analyzed by each country.

Common font: Time New Roman 12 pt
Deadline: end of January, send to Michael Wieser

5.2 IO2 five interviews protocol 2

Five Interviews (with psychology/social work/arts therapy master students)

How do you feel about studying palliative care and bereavement (theory and practice)?
How do you feel about working with clients who are coping with terminal illness, loss and bereavement ?
What does life and death mean to you?

Demographic:
Gender
Age
Study

Thematic analysis

Deadline: end of January, send to Klagenfurt

5.3 Output descriptives

Table 1 Descriptive statistics[1] for demographic variables, in global sample and in each country

Variable	Global (N=344)	Italy (N=102)	Austria (N=47)	Romania (N=64)	Israel (N=40)	Poland (N=91)
Age	21-53; 26.83 (6.79)	22-32; 24.09 (1.90)	21-50; 27.85 (6.04)	21-53; 31.55 (9.91)	23-51; 32.65 (8.62)	21-26; 23.48 (0.98)
Gender:						
Female	290 (84%)	71 (70%)	38 (81%)	61 (95%)	37 (93%)	83 (91%)
Male	53 (15%)	30 (29%)	9 (19%)	3 (5%)	3 (8%)	8 (9%)
Other	1 (0%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Marital status:						
Single	127 (37%)	49 (48%)	20 (43%)	9 (14%)	12 (30%)	37 (41%)
In a relationship	158 (46%)	49 (48%)	25 (53%)	27 (42%)	11 (28%)	46 (51%)
Married	49 (14%)	2 (2%)	0 (0%)	26 (41%)	14 (35%)	7 (8%)
Divorced	4 (1%)	0 (0%)	0 (0%)	1 (2%)	3 (8%)	0 (0%)
Other	6 (2%)	2 (2%)	2 (4%)	1 (2%)	0 (0%)	1 (1%)
Religion:						
Christian	226 (66%)	53 (52%)	30 (64%)	61 (95%)	2 (5%)	80 (88%)
Jew	34 (10%)	0 (0%)	0 (0%)	0 (0%)	34 (85%)	0 (0%)
Moslem	3 (1%)	0 (0%)	0 (0%)	0 (0%)	3 (8%)	0 (0%)
None	75 (22%)	47 (46%)	17 (36%)	1 (2%)	1 (3%)	9 (10%)
Other	6 (2%)	2 (2%)	0 (0%)	2 (3%)	0 (0%)	2 (2%)
How religious:	1-4; 2.58 (0.88)	1-4; 2.29 (0.86)	1-4; 2.17 (0.76)	1-4; 3.06 (0.64)	1-4; 2.43 (0.84)	1-4; 2.86 (0.90)
Atheist	41 (12%)	20 (20%)	7 (15%)	1 (2%)	3 (8%)	10 (11%)
Secular	112 (33%)	39 (38%)	28 (60%)	8 (13%)	23 (58%)	14 (15%)
Somewhat religious	140 (41%)	36 (35%)	9 (19%)	41 (64%)	8 (20%)	46 (51%)
Very religious	51 (15%)	7 (7%)	3 (6%)	14 (22%)	6 (15%)	21 (23%)
I believe in:						
God	176 (51%)	28 (27%)	11 (23%)	45 (70%)	18 (45%)	74 (81%)
Higher power	40 (12%)	14 (14%)	7 (15%)	9 (14%)	5 (13%)	5 (5%)
Spiritual force	62 (18%)	24 (24%)	14 (30%)	8 (13%)	12 (30%)	4 (4%)
Other	66 (19%)	36 (35%)	15 (32%)	2 (3%)	5 (13%)	8 (9%)

[1]Range; Mean (SD) for continuos/ordinal variables and N(%) for nominal variable

Table 2 Descriptive statistics[1] for previous experience variables, in global sample and in each country

Variable	Global (N=344)	Italy (N=102)	Austria (N=47)	Romania (N=64)	Israel (N=40)	Poland (N=91)
Formal caregiver to end-of-life clients	45 (13%)	7 (7%)	3 (6%)	8 (13%)	2 (5%)	25 (28%)
Lost someone close to you in the last two years	140 (41%)	45 (44%)	19 (40%)	22 (34%)	16 (40%)	38 (42%)
Terminal illness of someone close to you	45 (13%)	9 (9%)	12 (26%)	5 (8%)	5 (13%)	14 (15%)
Field of study of bachelor degree:						
Psychology	303 (88%)	100 (98%)	47 (100%)	60 (94%)	8 (20%)	88 (97%)
Other	41 (12%)	2 (2%)	0(0%)	4 (6%)	32 (80%)	3 (3%)
Course topics inluded in bachelor degree:						
None	162 (47%)	79 (78%)	23 (49%)	32 (50%)	17 (43%)	11 (12%)
Death Education	47 (14%)	5 (5%)	4 (9%)	6 (9%)	2 (5%)	30 (33%)
Loss, Grief and Bereavement	102 (30%)	13 (13%)	7 (15%)	9 (14%)	5 (13%)	68 (75%)
Palliative Care	34 (10%)	5 (5%)	3 (6%)	3 (5%)	4 (10%)	19 (21%)
Arts Therapies	37 (11%)	1 (1%)	0 (0%)	5 (8%)	20 (50%)	11 (12%)
Psychodrama	85 (25%)	10 (10%)	18 (38%)	20 (31%)	8 (20%)	29 (32%)
Number of course topics included in bachelor degree:	0-5; 0.89 (1.08)	0-4; 0.33 (0.72)	0-3; 0.68 (0.81)	0-3 (0.68 (0.84)	0-5; 0.98 (1.12)	0-5; 1.73 (1.17)
0 course topics	162 (47%)	79 (78%)	23 (49%)	32 (50%)	17 (43%)	11 (12%)
1 course topics	98 (29%)	15 (15%)	18 (38%)	22 (34%)	12 (30%)	31 (34%)
2 course topics	56 (16%)	6 (6%)	4 (9%)	6 (9%)	8 (20%)	32 (35%)
3 course topics	17 (5%)	1 (1%)	2 (4%)	3 (5%)	2 (5%)	9 (10%)
4 course topics	6 (2%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	5 (6%)
5 course topics	4 (1%)	0 (0%)	0 (0%)	0 (0%)	1 (3%)	3 (3%)
Read something about end-of-life, bereavement						
None	130 (38%)	58 (57%)	19 (40%)	16 (25%)	14 (35%)	23 (25%)
Scientific Journals	76 (22%)	17(17%)	8 (17%)	23 (36%)	4 (10%)	24 (26%)
Books	156 (45%)	35 (34%)	14 (30%)	30 (47%)	21 (53%)	56 (62%)
Other	21 (6%)	0 (0%)	8 (17%)	4 (6%)	5 (13%)	4 (4%)
Number of readings:	0-3; 0.74 (0.65)	0-2; 0.51 (0.64)	0-2; 0.64 (0.57)	0-2; 0.89 (0.62)	0-2; 0.75 (0.63)	0-2; 0.92 (0.65)
0 readings	130 (38%)	58 (57%)	19 (40%)	16 (25%)	14 (35%)	23 (25%)
1 readings	175 (51%)	36 (35%)	26 (55%)	39 (61%)	22 (55%)	52 (57%)
2 readings	39 (11%)	8 (8%)	2 (4%)	9 (14%)	4 (10%)	16 (18%)
3 readings	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

[1]Range; Mean (SD) for continuos/ordinal variables and N(%) for nominal variable

Table 3 Descriptive statistics[1] for actual experience variables, in global sample and in each country

Variable	Global (N=344)	Italy (N=102)	Austria (N=47)	Romania (N=64)	Israel (N=40)	Poland (N=91)
Master degree:						
Psychology	273 (79%)	102 (100%)	47 (100%)	62 (97%)	0 (0%)	62 (68%)
Arts Therapies	39 (11%)	0 (0%)	0 (0%)	0 (0%)	39 (98%)	0 (0%)
Other	30 (9%)	0 (0%)	0 (0%)	2 (3%)	1 (3%)	27 (30%)
Missing	2 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (2%)
Year of master degree:						
1st (or 4th in Poland survey)	111 (32%)	9 (9%)	14 (30%)	29 (45%)	39 (98%)	20 (22%)
2nd (or 5th in Poland survey)	233 (68%)	93 (91%)	33 (70%)	35 (55%)	1 (3%)	71 (78%)
Course topics inluded in master degree:						
None	148 (43%)	44 (43%)	22 (47%)	49 (77%)	1 (3%)	32 (35%)
Death Education	58 (17%)	30 (29%)	4 (9%)	2 (3%)	0 (0%)	22 (24%)
Loss, Grief and Bereavement	95 (28%)	49 (48%)	5 (11%)	8 (13%)	1 (3%)	32 (35%)
Palliative Care	39 (11%)	22 (22%)	2 (4%)	1 (2%)	2 (5%)	12 (13%)
Arts Therapies	53 (15%)	2 (2%)	0 (0%)	0 (0%)	37 (93%)	14 (15%)
Psychodrama	85 (25%)	14 /14%)	21 (45%)	10 (16%)	11 (28%)	29 (32%)
Number of course topics included in master degree:	0-5; 0.96 (1.07)	0-5; 1.15 (1.30)	0-3; 0.68 (0.81)	0-3; 0.33 (0.67)	0-2; 1.28 (0.51)	0-4; 1.20 (1.12)
0 course topics	148 (43%)	44 (43%)	22 (47%)	49 (77%)	1 (3%)	32 (35%)
1 course topics	105 (31%)	24 (24%)	21 (45%)	10 (16%)	27 (68%)	23 (25%)
2 course topics	59 (17%)	17 (17%)	1 (2%)	4 (6%)	12 (30%)	25 (28%)
3 course topics	23 (7%)	11 (11%)	3 (6%)	1 (2%)	0 (0%)	8 (9%)
4 course topics	7 (2%)	4 (4%)	0 (0%)	0 (0%)	0 (0%)	3 (3%)
5 course topics	2 (1%)	2 (2%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

[1]Range; Mean (SD) for continuos/ordinal variables and N(%) for nominal variable

Table 4 Descriptive statistics[1] for five interest items and total score of interest, in global sample and in each country

Variable		Global (N=344)	Italy (N=102)	Austria (N=47)	Romania (N=64)	Israel (N=40)	Poland (N=91)
Interest in topics of death education/bereavement/loss/grief/palliative care:		1-5; 4.07 (0.99)	1-5; 3.91 (1.06)	2-5; 4.34 (0.87)	3-5; 4.59 (0.61)	2-5; 4.13 (0.91)	1-5; 3.73 (1.03)
	Very Disinterested	10 (3%)	5 (5%)	0 (0%)	0 (0%)	0 (0%)	5 (5%)
	Somewhat Disinterested	20 (6%)	6 (6%)	2 (4%)	0 (0%)	3 (8%)	9 (10%)
	Neither Interested nor Disinterested	36 (11%)	14 (14%)	6 (13%)	4 (6%)	5 (13%)	7 (8%)
	Somewhat Interested	147 (43%)	45 (44%)	13 (28%)	18 (28%)	16 (40%)	55 (60%)
	Very Interested	131 (38%)	32 (31%)	26 (55%)	42 (66%)	16 (40%)	15 (16%)
Interest in obtaining pratical/clinical competence for working with clients who are coping with end-of life conditions, bereavement and/or palliative care:		1-5; 3.84 (1.08)	1-5; 3.71 (1.04)	1-5; 4.06 (0.99)	1-5; 4.19 (0.87)	1-5; 4.25 (1.03)	1-5; 3.46 (1.19)
	Very Disinterested	14 (4%)	6 (6%)	1 (2%)	1 (2%)	1 (3%)	5 (5%)
	Somewhat Disinterested	32 (9%)	6 (6%)	3 (6%)	2 (3%)	3 (8%)	18 (20%)
	Neither Interested nor Disinterested	52 (15%)	20 (20%)	6 (13%)	7 (11%)	2 (5%)	17 (19%)
	Somewhat Interested	142 (41%)	50 (49%)	19 (40%)	28 (44%)	13 (33%)	32 (35%)
	Very Interested	104 (30%)	20 (20%)	18 (38%)	26 (41%)	21 (53%)	19 (21%)
Interest in acquiring theoretical knowledge about end-of-life conditions, bereavement and/or palliative care:		1-5; 4.15 (0.90)	1-5; 4.02 (.89)	2-5; 4.40 (0.68)	3-5; 4.52 (0.62)	2-5; 4.58 (0.75)	1-5; 3.73 (1.01)
	Very Disinterested	6 (2%)	2 (2%)	0 (0%)	0 (0%)	0 (0%)	4 (4%)
	Somewhat Disinterested	18 (5%)	6 (6%)	1 (2%)	0 (0%)	1 (3%)	10 (11%)
	Neither Interested nor Disinterested	26 (8%)	9 (9%)	2 (4%)	4 (6%)	3 (8%)	8 (9%)
	Somewhat Interested	162 (47%)	56 (55%)	21 (45%)	23 (36%)	8 (20%)	54 (59%)
	Very Interested	132 (38%)	29 (28%)	23 (49%)	37 (58%)	28 (70%)	15 (16%)
Interest in working with clients who are coping with an end-of-life conditions, bereavement and/or palliative care:		1-5; 3.44 (1.20)	1-5; 3.25 (1.19)	1-5; 3.43 (1.08)	1-5; 4.22 (0.90)	1-5; 3.88 (1.22)	1-5; 2.92 (1.13)
	Very Disinterested	26 (8%)	11 (11%)	2 (4%)	1 (2%)	2 (5%)	10 (11%)
	Somewhat Disinterested	61 (18%)	18 (18%)	8 (17%)	3 (5%)	6 (15%)	26 (29%)
	Neither Interested nor Disinterested	58 (17%)	18 (18%)	12 (26%)	5 (8%)	2 (5%)	21 (23%)
	Somewhat Interested	133 (39%)	44 (43%)	18 (38%)	27 (42%)	15 (38%)	29 (32%)
	Very Interested	66 (19%)	11 (11%)	7 (15%)	28 (44%)	15 (38%)	5 (5%)
Interest in learning about Arts Therapies and/or Psychodrama interventions for end-of-life conditions, bereavement and/or palliative care[2]:		1-5; 3.99 (1.06)	1-5; 3.69 (1.11)	1-5; 3.73 (1.29)	2-5; 4.56 (0.69)	3-5; 4.68 (0.57)	1-5; 3.73 (0.97)
	Very Disinterested	26 (8%)	11 (11%)	2 (4%)	1 (2%)	2 (5%)	10 (11%)
	Somewhat Disinterested	61 (18%)	18 (18%)	8 (17%)	3 (5%)	6 (15%)	26 (29%)
	Neither Interested nor Disinterested	58 (17%)	18 (18%)	12 (26%)	5 (8%)	2 (5%)	21 (23%)
	Somewhat Interested	133 (39%)	44 (43%)	18 (38%)	27 (42%)	15 (38%)	29 (32%)
	Very Interested	66 (19%)	11 (11%)	7 (15%)	28 (44%)	15 (38%)	5 (5%)
Interest in learning about Arts Therapies and/or Psychodrama interventions for end-of-life conditions, bereavement and/or palliative care[2]:		1-5; 3.99 (1.06)	1-5; 3.69 (1.11)	1-5; 3.73 (1.29)	2-5; 4.56 (0.69)	3-5; 4.68 (0.57)	1-5; 3.73 (0.97)
	Very Disinterested	9 (3%)	4 (4%)	3 (6%)	0 (0%)	0 (0%)	2 (2%)
	Somewhat Disinterested	30 (9%)	13 (13%)	7 (15%)	1 (2%)	0 (0%)	9 (10%)
	Neither Interested nor Disinterested	40 (12%)	16 (16%)	5 (11%)	4 (6%)	2 (5%)	13 (14%)
	Somewhat Interested	123 (36%)	41 (40%)	14 (30%)	17 (27%)	9 (23%)	42 (46%)
	Very Interested	125 (36%)	24 (24%)	16 (30%)	41 (64%)	29 (73%)	15 (16%)
Total score of interest (Cronbach's alpha values: .87 in global sample; .86 in Italy, .75 in Austria, .91 in Romania, .81 in Israel and .86 in Poland)		1-5; 3.89 (0.87)	1-5; 3.71 (0.84)	1-5; 3.99 (0.73)	1-5; 4.41 (0.65)	1-5; 4.30 (0.70)	1-5; 3.49 (0.90)

[1]Range; Mean (SD) for continuos/ordinal variables and N(%) for nominal variable

[2]Only for who know arts therapies and/or psychodrama: 327 (95%) students in global sample, 98 (96%) in Italy, 45 (96%) in Austria, 63 (98%) in Romania, 40 (100%) in Israel and 81 (89%) in Poland

Table 5 Descriptive statistics[1] for perceptions on death, amibiguities and uncertainty, in global sample and in each country

Variable		Global (N=344)	Italy (N=102)	Austria (N=47)	Romania (N=64)	Israel (N=40)	Poland (N=91)
Death is terminal, and there is nothing after death:		1-5; 2.53 (1.38)	1-5; 3.21 (1.41)	1-5; 2.72 (1.38)	1-5; 2.31 (1.01)	1-5; 2.33 (1.37)	1-5; 19.91 (1.24)
	Strongly disagree	105 (31%)	17 (17%)	12 (26%)	15 (23%)	14 (35%)	47 (52%)
	Somewhat disagree	89 (26%)	19 (19%)	10 (21%)	22 (34%)	12 (30%)	26 (29%)
	Neither agree nor disagree	54 (16%)	14 (14%)	10 (21%)	21 (33%)	6 (15%)	3 (3%)
	Somewhat agree	55 (16%)	30 (29%)	9 (19%)	4 (6%)	3 (8%)	9 (10%)
	Strongly agree	41 (12%)	22 (22%)	6 (13%)	2 (3%)	5 (13%)	6 (7%)
Death is a passage to another dimension where existence somehow continues:		1-5; 3.44 (1.29)	1-5; 2.87 (1.38)	1-5; 3.21 (1.20)	2-5; 3.91 (0.75)	1-5; 3.60 (1.39)	1-5; 3.80 (1.24)
	Strongly disagree	38 (11%)	24 (24%)	4 (9%)	0 (0%)	4 (10%)	6 (7%)
	Somewhat disagree	48 (14%)	19 (19%)	9 (19%)	2 (3%)	6 (15%)	12 (13%)
	Neither agree nor disagree	62 (18%)	17 (17%)	15 (32%)	15 (23%)	7 (18%)	8 (9%)
	Somewhat agree	116 (34%)	30 (29%)	11 (23%)	34 (53%)	8 (20%)	33 (36%)
	Strongly agree	80 (23%)	12 (12%)	8 (17%)	13 (20%)	15 (38%)	32 (35%)
The ambiguities in life stress me:		1-5; 3.25 (1.13)	1-5; 3.62 (1.03)	1-5; 2.57 (1.25)	1-5; 3.14 (0.89)	1-5; 3.65 (1.15)	1-5; 3.09 (1.10)
	Strongly disagree	19 (6%)	1 (1%)	10 (21%)	2 (3%)	2 (5%)	4 (4%)
	Somewhat disagree	86 (25%)	20 (20%)	17 (36%)	12 (19%)	5 (13%)	32 (35%)
	Neither agree nor disagree	71 (21%)	15 (15%)	6 (13%)	28 (44%)	8 (20%)	14 (15%)
	Somewhat agree	126 (37%)	47 (46%)	11 (23%)	19 (30%)	15 (38%)	34 (37%)
	Strongly agree	42 (12%)	19 (19%)	3 (6%)	3 (5%)	10 (25%)	7 (8%)
Uncertainty makes me uneasy, anxious, or stressed:		1-5; 3.64 (1.09)	1-5; 3.82 (1.12)	1-5; 3.36 (1.13)	1-5; 3.36 (1.00)	1-5; 3.88 (1.04)	1-5; 3.67 (1.08)
	Strongly disagree	13 (4%)	1 (1%)	4 (9%)	3 (5%)	1 (3%)	4 (4%)
	Somewhat disagree	58 (17%)	21 (21%)	9 (19%)	9 (14%)	4 (10%)	15 (16%)
	Neither agree nor disagree	37 (11%)	5 (5%)	3 (6%)	20 (31%)	6 (15%)	3 (3%)
	Somewhat agree	168 (49%)	43 (42%)	28 (60%)	26 (41%)	17 (43%)	54 (59%)
	Strongly agree	68 (20%)	32 (31%)	3 (6%)	6 (9%)	12 (30%)	15 (16%)

[1]Range; Mean (SD) for continuos/ordinal variables and N(%) for nominal variable

Table 6 Descriptive statistics[1] for six confident items and total score of confident, in global sample and in each country

Variable		Global (N=344)	Italy (N=102)	Austria (N=47)	Romania (N=64)	Israel (N=40)	Poland (N=91)
I feel confident listening to and talking with a dying person about issues surrounding their death:		1-5; 3.01 (1.19)	1-5; 2.88 (1.19)	1-5; 2.89 (1.20)	1-5; 3.69 (0.87)	1-5; 3.35 (1.27)	1-5; 2.59 (1.11)
	Strongly disagree	42 (12%)	15 (15%)	5 (11%)	2 (3%)	4 (10%)	16 (18%)
	Somewhat disagree	85 (25%)	26 (25%)	16 (34%)	4 (6%)	8 (20%)	31 (34%)
	Neither agree nor disagree	72 (21%)	24 (24%)	10 (21%)	13 (20%)	5 (13%)	20 (22%)
	Somewhat agree	117 (34%)	30 (29%)	11 (23%)	38 (59%)	16 (40%)	22 (24%)
	Strongly agree	28 (8%)	7 (7%)	5 (11%)	7 (11%)	7 (18%)	2 (2%)
I am comfortable discussing a person's anxiety about the dying process and what will happen:		1-5; 3.25 (1.22)	1-5; 3.56 (1.29)	1-5; 3.49 (1.10)	1-5; 3.17 (1.08)	1-5; 3.38 (1.21)	1-5; 2.77 (1.66)
	Strongly disagree	28 (8%)	10 (10%)	1 (2%)	3 (5%)	3 (8%)	11 (12%)
	Somewhat disagree	85 (25%)	14 (14%)	11 (23%)	15 (23%)	9 (23%)	36 (40%)
	Neither agree nor disagree	60 (17%)	15 (15%)	7 (15%)	22 (34%)	4 (10%)	12 (13%)
	Somewhat agree	116 (34%)	35 (34%)	20 (43%)	16 (25%)	18 (45%)	27 (30%)
	Strongly agree	55 (16%)	28 (27%)	8 (17%)	8 (13%)	6 (15%)	5 (5%)
I feel confident applying an individualized end-of-life care plan and assessment:		1-5; 2.44 (1.23)	1-5; 1.79 (1.00)	1-5; 2.34 (1.17)	2-5; 3.48 (0.89)	1-5; 2.73 (1.52)	1-5; 2.34 (1.05)
	Strongly disagree	96 (28%)	52 (51%)	12 (26%)	0 (0%)	11 (28%)	21 (23%)
	Somewhat disagree	102 (30%)	28 (27%)	18 (38%)	12 (19%)	11 (28%)	33 (36%)
	Neither agree nor disagree	67 (20%)	15 (15%)	9 (19%)	14 (22%)	4 (10%)	25 (27%)
	Somewhat agree	58 (17%)	5 (5%)	5 (11%)	33 (52%)	6 (15%)	9 (10%)
	Strongly agree	21 (6%)	2 (2%)	3 (6%)	5 (8%)	8 (20%)	3 (3%)
I am confident about helping ill people with their end-of-life suffering:		1-5; 2.90 (1.24)	1-5; 2.58 (1.15)	1-5; 2.66 (1.20)	2-5; 3.77 (0.81)	1-5; 3.53 (1.36)	1-5; 2.49 (1.16)
	Strongly disagree	56 (16%)	22 (22%)	8 (17%)	0 (0%)	4 (10%)	22 (24%)
	Somewhat disagree	84 (24%)	28 (27%)	17 (36%)	5 (8%)	7 (18%)	27 (30%)
	Neither agree nor disagree	73 (21%)	26 (25%)	8 (17%)	15 (23%)	5 (13%)	19 (21%)
	Somewhat agree	101 (29%)	23 (23%)	11 (23%)	34 (53%)	12 (30%)	21 (23%)
	Strongly agree	30 (9%)	3 (3%)	3 (6%)	10 (16%)	12 (30%)	2 (2%)
I am confident about helping ill people with their end-of-life suffering:		1-5; 2.90 (1.24)	1-5; 2.58 (1.15)	1-5; 2.66 (1.20)	2-5; 3.77 (0.81)	1-5; 3.53 (1.36)	1-5; 2.49 (1.16)
	Strongly disagree	56 (16%)	22 (22%)	8 (17%)	0 (0%)	4 (10%)	22 (24%)
	Somewhat disagree	84 (24%)	28 (27%)	17 (36%)	5 (8%)	7 (18%)	27 (30%)
	Neither agree nor disagree	73 (21%)	26 (25%)	8 (17%)	15 (23%)	5 (13%)	19 (21%)
	Somewhat agree	101 (29%)	23 (23%)	11 (23%)	34 (53%)	12 (30%)	21 (23%)
	Strongly agree	30 (9%)	3 (3%)	3 (6%)	10 (16%)	12 (30%)	2 (2%)
I am confident about helping people with their bereavement:		1-5; 3.20 (1.18)	1-5; 2.93 (1.38)	1-5; 3.23 (1.03)	2-5; 4.03 (0.71)	1-5; 3.73 (1.26)	1-5; 2.67 (1.15)
	Strongly disagree	34 (10%)	15 (15%)	1 (2%)	0 (0%)	3 (8%)	15 (16%)
	Somewhat disagree	74 (22%)	21 (21%)	13 (28%)	3 (5%)	6 (15%)	31 (34%)
	Neither agree nor disagree	61 (18%)	25 (25%)	11 (23%)	6 (9%)	2 (5%)	17 (19%)
	Somewhat agree	139 (40%)	38 (37%)	18 (38%)	41 (64%)	17 (43%)	25 (27%)
	Strongly agree	36 (11%)	3 (3%)	4 (4%)	14 (22%)	12 (30%)	3 (3%)
I am confident in how to support a relative of a dying person:		1-5; 3.24 (1.20)	1-5; 2.90 (1.23)	1-5; 3.06 (1.19)	2-5; 3.94 (0.73)	1-5; 3.58 (1.28)	1-5; 3.05 (1.19)
	Strongly disagree	32 (9%)	18 (18%)	2 (4%)	0 (0%)	2 (5%)	10 (11%)
	Somewhat disagree	77 (22%)	22 (22%)	19 (40%)	2 (3%)	10 (25%)	24 (26%)
	Neither agree nor disagree	56 (16%)	20 (20%)	6 (13%)	13 (20%)	2 (5%)	15 (16%)
	Somewhat agree	136 (40%)	36 (35%)	14 (30%)	36 (56%)	15 (38%)	35 (38%)
	Strongly agree	43 (13%)	6 (6%)	6 (13%)	13 (20%)	11 (28%)	7 (8%)
Total score of confident (Cronbach's alpha values: .85 in global sample, .74 in Italy, .87 in Austria, .86 in Romania, .89 in Israel and .84 in Poland)		1-5; 3.00 (0.91)	1-5; 2.77 (0.77)	1-5; 2.95 (0.90)	1-5; 3.68 (0.66)	1-5; 3.38 (1.05)	1-5; 2.65 (0.84)

[1]Range; Mean (SD) for continuos/ordinal variables and N(%) for nominal variable