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Ars moriendi – between the eschatology of salvation and the quality of dying. Secular and religious models of good death

The status of the analyses primarily focused on general attitudes the man has towards death, dying and anything that directly refers to these phenomena i.e. funeral rituals, eschatological beliefs or other cultural and religious representations of death, is very specific in religious studies and its subdisciplines. On the one hand with some exceptions, yet frequently, in the sociology of religion one manner of defining religion is adopted as essential – as a system of beliefs and practices by means of which the man has been attempting to explain and solve problems of ultimate significance¹. Brian S. Turner, who cannot be denied here, claims that “sociologists of religion generally agree that religious conduct is ultimately focused on existential issues while religious beliefs represent the attempts to give the world a meaning by resorting to the reality of the sacred”². Without limiting the genesis of religion and its continuous existence to solving solely eschatological problems, they undoubtedly remain one of the most essential issues that religion addresses. Within the empirical questions put forward by the sociologists of religion such issues commonly emerge as the indicators for measuring religiousness. The belief in a kind of life after death, a chance for salvation, contact of the living with the dead, existence of the Beyond (hell, heaven, purgatory) give a fragmentary insight into the ideological and intellectual dimension if we take advantage of the dimensions of religious involvement distinguished by Charles Y. Glock

¹ W. Piwowarski, *Socjologiczna definicja religii*, in: *Socjologia religii. Wybór tekstów*, F. Adamski (ed.), Kraków 1983, p. 56.

² B. S. Turner, *Świeckie ciała i taniec śmierci*, in: *Spółeczne i kulturowe reprezentacje śmierci. Koncepcje, badania i konteksty*, A. E. Kubiak, M. Zawila (eds.), Kraków 2015, p. 262.

and Rodney Stark³. In turn, the significance of religious rituals of death and participation in them enables examining the dimension of religious practices. Furthermore, the sphere containing the consequential dimension refers to moral behaviour that is the behaviour compliant with the indications of religious organizations. The research practice has been continuously marked by the questions about these issues, which is seen both in huge comparative, international research, like the one carried out within Religious and Moral Pluralism Project (RAMP)⁴ and World Values Survey (WVS)⁵ or in local studies conducted in Poland on specific study groups like the researchers⁶ or the youth⁷. On the other hand, in 1991 Turner pointed to underestimating relations between sex, death, religion in contemporary societies by contemporary sociologists of religion, which he proved by pointing to insufficient representation of such themes in textbooks on the sociology of religion published by 1980s⁸. This observation still appears to be truly accurate, even if limited to the relation between religion and death, yet some changes in this area must be noted, a good example of which could be textbooks on the sociology of religion by Meredith B. McGuire⁹ and especially by Grace Davie published already in 21st. century¹⁰. Yet, we still have no comprehensive, sociological publications analyzing the changes in social attitudes towards death in reference to religiosity or the contemporary condition of religion as such. Even though Poland has seen increased interest in the theme of death from the representatives of the humanities and social sciences, still they treat the context of religion at least marginally.

Peter L. Berger emphasizes that "Death radically challenges all socially objectified definitions of the reality – the world, others and your own self. Death principally questions the everyday attitude treated as something obvious and customary. (...) Since familiarizing with death cannot be avoided in any society, still legitimacy of the social reality of the world in the face of death is a decisive need in each society. (...) Thus, religion sustains socially determined reality, legitimizing boundary situations in the categories of omnipresent saint reality. (...) You may even have »good death« which means dying maintaining until the end a significant relation with the nomos of society"¹¹. Here, I am trying to take a closer look into the historical and sociological transformations of dominating models of "good death", treating them as a litmus test or optical lens for the observation of the changes of the theodicy of death. Similarly to Mary Bradbury,

³ R. Stark, Ch. Y. Glock, *Wymiary zaangażowania religijnego*, in: *Socjologia religii. Antologia tekstów*, W. Piwowarski (ed.), Kraków, pp. 182-187.

⁴ I. Borowik, T. Doktor, *Pluralizm religijny i moralny w Polsce. Raport z badań*, Kraków 2001.

⁵ See www.worldvaluessurvey.org

⁶ M. Libiszowska-Żółtkowska, *Wiara uczonych. Esej socjologiczny mocno osadzony w empirii*, Kraków 2000.

⁷ J. Mariański, *Między nadzieją a zwątpieniem*, Lublin 1998.

⁸ B. S. Turner, *Świeckie ciała i taniec śmierci*, in: *Spółeczne i kulturowe reprezentacje śmierci. Koncepcje, badania i konteksty*, op. cit., p. 262.

⁹ M. B. McGuire, *Religia w kontekście społecznym*, Kraków 2012.

¹⁰ G. Davie, *Socjologia religii*, Kraków 2010.

¹¹ P. L. Berger, *Święty baldachim. Elementy socjologicznej teorii religii*, Kraków 1997, p. 79.

we do not treat the concept of good death as psychologically conditioned, “expressed by individuals and shared by them, but rather as culturally defined manners of expressing death aimed at presenting a social order”¹² along with its values and representative norms. Thus, the categories of good and bad death are then socially constructed, and as such are subject to constant modifications in socio-historical context.

Typologies and models of good death

Contemporary interest in the quality of death and dying may be linked with European beginnings of the hospice movement initiated by St. Christopher hospice in the UK founded by Cicely Saunders in 1967. What seems crucial for developing the research in this field is the response of Saunders herself to the question she asks: “how to be prepared for this kind of work (...) you need to learn how to take care of the dying from the dying themselves”¹³. What hides behind this answer is the substantial principle of hospice care based on building practical care responding to the needs of the dying in the final moments of their lives. The assumption incorporated in this principle means that such needs are diversified and refer to the human being as a whole, and thus not only to the physiological sphere but also psychological and spiritual areas (involving religion). As this approach to care of the dying develops and practitioners declare more interest in this issue, research studies aimed at diagnosing such needs were conducted and consequently what followed later was the reconstruction of the concepts of good death.

Having analyzed the results of the empirical research conducted in London in 1990s, M. Bradbury presented three general types of good death concepts, which should be treated as ideal types – the sacral type, medical type and natural type. Yet, the researcher emphasized that we should not treat these types as the ones occurring in history one after another on a linear basis, as it was suggested among the others by Philippe Aries but we should be aware of their co-existence¹⁴. The sacral type assessment of good death is based on the belief in eternal life, in a possibility of salvation and/or resurrection in a certain form. Medical intervention, allowing a religious preparation for death and farewell to the loved ones, is often accepted here. The perspective of the living also often goes beyond the very occurrence of death (similarly to what the dying person experiences) and involves the rituals of farewell and a possibility to sustain contact with the deceased. In contrast, medical good death is the one controlled not by religion but by medicine. The dying person is deprived of pain, the attention of everybody is focused on the physical symptoms of dying and those taking care of the

¹² M. Bradbury, *Representations of Death*, Routledge, London, New York 1999, p. 144.

¹³ C. Saunders, *Chwila prawdy: opieka nad człowiekiem umierającym*, in: *Śmierć i umieranie. Postępowanie z człowiekiem umierającym*, L. Pearson (ed.), Warszawa 1975, p. 71.

¹⁴ M. Bradbury, *Representations of Death*, op. cit., pp. 146-155.

dying person shoulder the responsibility. Secondary or none is the meaning of the social context, the mood and spiritual needs of the dying person. The last category identified by Bradbury is good natural death, the category linked by the author with anti-medicalization upheaval from the 1990s. The value of death based on this concept is determined by respect to individual values and preferences of the dying person at each stage, also after death. Any institutionalized, specialist form of control, including both medical interventions just before death as well as after death, in the form of formalized and uniform burial types performed by specialist undertakers is limited here. So we can see a do-it-yourself strategy here, where full control over the final form of the service or product is given to the customer alone. While the previous types envisage that death will occur in an expected manner and as such may be subject to control, the latter category only includes an unexpected death that excludes any control and makes its time, place and reason subject to external conditions.

Tony Walter emphasizes the fact that the view of good death that we all have in a more or less constituted manner may influence the approach that caregivers have towards the dying and thus may distort a possibility of practical implementation of the good death concept that the dying have, thus imposing the vision of the caregiver¹⁵. He selects the following models of good death only partially compatible with the ones presented above: the expressive model, emphasizing the value of expressing feelings and emotions by the dying and their near and dear, a similar model of natural death, models of the individual's concentration on himself/herself or the others, and models providing for an active or passive role of the dying person¹⁶.

Ars moriendi treatises as the notions of the religious idea of good death

Treatises on ars moriendi known since 15th. century and instructing on the art of good death constitute after so many ages, apart from the aesthetic value and their primary educational and moralistic function, mainly the trademark of their times, the communication of norms, values and patterns of culture prevailing then among European communities, and for us they will serve as a starting point for the analysis of contemporary concepts of good death and as a historical example of religious theodicy of death mentioned by P. L. Berger.

In the vast majority of the treatises on the art of dying written in medieval, renaissance and baroque Europe, the main emphasis is put not so much on the quality of the process of dying, but the posthumous fate of the man – either salvation or eternal damnation. Preparation for the advent of death, accepting it in an open manner was

¹⁵ T. Walter, *The Revival of Death*, Routledge, London, New York 1994, p. 109.

¹⁶ Ibidem, p. 110-116.

substantial, yet what finally determined a positive quality of death was what followed after. Ars moriendi treatise itself was aimed at preparing for such voluntary acceptance of death. What was typical of the Christian thought conveyed in the treatises was understanding the physical life as a stop on the way to eternity, as a temporary state the proper aim of which was eternal life by God's side. Jan Gerson in his work "On the art of dying" written around 1408 writes the following: "We come into this world as pilgrims so that by living a decent life here and serving God, we could avoid atrocious penalty of the blazing fire and attain eternal glory"¹⁷.

Unlike the ancient writings, medieval authors did not avoid illustrative presentation of eschatological reality as they believed it was full of atrocious fears of the penalties awaiting the sinners living against the moral orders of Christianity.

"A thousand devilish spirits will follow it
They will be carrying great books
And forks of iron and chains of fire
And other evil tools"¹⁸.

Emphasis on potential penalties a dying person could face should the heavenly forces not be favorable was supposed to spark or enhance the feeling of guilt, repentance and contrition just before passing away and thus allowing absolution and consequently avoidance of the fate of condemnation. Bearing in mind his posthumous fate, the man should live all his life in agreement with God and His orders, refraining from temptations and sins, and even if he succumbed to them, he could still expiate them lying on his death bed. Pain and suffering accompanying the process of dying and death itself were understood as penalty for sins but also the way for atonement of such sins and thus they provided hope: "Carefully consider how many offences you have committed in your life, deserving thus the penalty of the sword, and you should patiently stand the punishment and sickness and death, begging God that the severity of pain could lead to absolution of sins, and the pains of purgatory could be changed for your suffering through His mercy. As it is easier to stand this punishment here now rather than in the future"¹⁹.

Apart from the moral and mental preparation for God's Judgment, a humble Christian should also undergo strictly defined ritual procedures. Prayer was one of the most significant forms of piety performed around the deathbed, regardless of whether the dying was capable of saying it himself/herself or it was said by others for him. The contemplation of the image of Christ suffering on the cross, or the saints, especially St. Barbara and St. Christopher as well as Archangel Mikhael – patrons of good death and mere hearing of some examples of good death from the Holy Book could help the dying person during his last journey, so was true of the presence of a priest near the

¹⁷ J. Gerson, *O sztuce umierania*, in: *Traktaty o sztuce umierania*, M. Włodarski (ed.), Kraków 2015, p. 53.

¹⁸ S. Tuliszkowski, *Pamięć Śmierci i Miłości Żywota Wiecznego*, in: *Dramaty staropolskie. Antologia t. I*, Warszawa 1959, p. 629.

¹⁹ J. Gerson, *O sztuce umierania*, in: *Traktaty o sztuce umierania*, op. cit. p. 53.

deathbed, the confession and receiving the Eucharist as well as the masses said in the intention of the fate of the deceased before or after his death²⁰.

The main purpose of the execution of the recommendations present in the treatises was to pass away with dignity and in an acceptable manner, which also involved a limited contact of the dying person with his dear and near so as to limit the temptation to remain in the temporal world: "On no account, if possible, even to a very minor extent should the dying person be reminded of his friends from the world of flesh: his wife, children or his property, perhaps solely to the extent required by the spiritual health of the ill person or if it cannot be appropriately avoided"²¹. Another warning concerned giving the ill person excessive hope for his recovery, as both him alone and his caregiver should stay focused on his spiritual rather than fleshly condition²².

The significant majority, if not all conditions of good death as it was understood in Medieval Europe and also a few centuries later had a religious character, a good death meant living a religious and moral life so as to receive the grace of salvation and paradise in the presence of God. The focus of the consideration was not on the psychological and intellectual acceptance of death and understating it as a chance for freeing from the inconveniences of everyday life but on strictly theologically defined eschatological destiny of an individual after death.

The quality of dying as the contemporary "ars moriendi"

Referring to 20th and 21st century patterns of death and dying, historians indicate a number of processes which significantly affected their change in relation to the attitudes prevailing in Europe till 17/18th century.

Firstly, death and anything related to it, forecasting it or becoming its derivative that is the old age, the dying person alone and his remains, place of burial, cult and honoring the dead are separated from everyday reality, and consequently disappear from the sight of those who enjoy good health and life unaffected by the thought of *vanitas*²³. The deceased are buried at municipal cemeteries located on the edges of towns or outside town walls. The old, the dying and the sick are handed over to professional institutions intended for them so that their sight and needs would not have to be dealt with by another generations of their close relatives but rather be handed over into the hands of specialized and well-trained personnel. The change of the basic place of dying from their home zone to a bureaucratic structure of the hospital, homes for the elderly

²⁰ M. Włodarski, *Ars Moriendi w literaturze polskiej XV i XVI w.*, Kraków 1987.

²¹ J. Gerson, *O sztuce umierania*, in: *Traktaty o sztuce umierania*, op. cit., p. 62.

²² Ibidem and [Mateusz of Kraków?], *Sztuka umierania*, in: *Traktaty o sztuce umierania*, op. cit., p. 72.

²³ Michel Foucault writes about the formation of the myth of medicine and the doctor in the 18th century modelled after The Church and clergy „Czyż lekarze nie są pasterzami ciała?”, M. Foucault, *Narodziny kliniki*, Warszawa 1999, p. 54.

or hospices may be related to the modifications in the character and structure of the family, emancipation and higher female employment rates as well as the changes in the structure and development of towns.

The isolation of experiencing death and its professionalization are assisted by medicalization of death and dying and thus by the move of the sick and the dying into the possession of medicine with its technology, pharmaceuticals, procedures, doctors and nurses. "Death in hospital is both the aftermath of the development of medical pain relieving techniques and - as things stand at present - the result of material difficulties related to using all such techniques in home-care setting (...). In their moral sense, the family confuses their hidden intolerance towards the uncleanness of the disease with the requirements of hygiene and order. (...) Hospital is not only the place where the man recovers or dies as a consequence of an unsuccessful therapy, it is becoming a venue for a common death, predictable death, death accepted by medical staff"²⁴. This phenomenon in turn must be understood as an element of secularization that is exclusion of particular areas of social life from the supervision of religious institutions or doctrinal life, having a tendency to embrace the reality of the holy canopy. The official who provides good death is no longer a priest but a medical doctor, ritual actions aimed at the salvation of the dying person are replaced by hospital regime and medical procedures applicable in a given hospital, the enigmatic eschatological perspective becomes replaced by an approach based on the quality of thinking, thus the future gets replaced by "what is here and now", "good death" is changed by "the quality of dying".

Public Opinion Research Centre (CBOS) has regularly conducted opinion polls on Poles' attitudes towards death and dying since 1990s. The vision of good death emerging from such surveys is death impending in the state of unconsciousness, contrary to real situation²⁵ a vast majority of people would prefer to die at home (66%)²⁶ but not in hospital. According to the 2012 survey, contrary to medieval guidelines for the art of good dying, and also against the teaching of the Catholic Church, 71% of Poles would like to die unexpectedly, while one fifth of the respondents would like to have enough time to get ready for death²⁷. This preparation should primarily mean farewell to the dear and near (81%), receiving sacraments (71%), putting in order all matters concerning possessions (62%), ending conflicts (42%) and arranging one's own burial place (24%).

²⁴ P. Aries, *Śmierć odwrócona*, in: *Antropologia śmierci. Myśl francuska*, S. Cichowicz, J. M. Godzimirski (ed.), Warszawa 1993, p. 260.

²⁵ Pursuant to the Main Statistical Office's (GUS) statistics, most Poles die out of home and this percentage is systematically growing. In 1980 42.7% of Poles died in hospital, 0.5% at another facility and 49% at home, 10 years later 46.6% died in hospital, 1.5% at another facility, 45.2% at home, in the year 2010 50.2% died in hospital, 6.2% in a different care unit, 37.8% at home while in 2015 the percentage of people deceased in hospital rose to 51.5%, in another facility it rose up to 7.9, while the number of those who passed away at home dropped to 35.3%. Own calculations based on Demographic Yearbook ("Rocznik Demograficzny"), GUS, Warszawa 2016, p. 366.

²⁶ *W obliczu śmierci. Komunikat z badań*, CBOS, Warszawa 2012, p. 5.

²⁷ *Ibidem*, p. 2.

Thus, such preparations would primarily be of psychical and interpersonal character, followed by religious and finally pragmatic character²⁸.

The deepest fears regarding death and dying also do not involve existential and eschatological fears, namely the ones related to posthumous destiny of man but the ones concerning the quality of dying, fleshly dimension of the process leading to death as well as the ones that could be attributable to psycho-interpersonal dimension of an individual. The deepest fear related to passing away was: pain related to dying (65%), necessity to leave close relatives (63%), dying in loneliness (42%) and finally the unknown regarding the fate after death (29%)²⁹. Another death-related fears involving religious issues like death without receiving a sacrament (55%) and lack of forgiveness from God (48%) occupy third and fourth place, just behind longing and memory from their near and dear (61%) or lack of chance for earlier farewell to them (57%)³⁰.

In 2012 CBOS asked its respondents about their preferred death, which de facto means asking about the idea of good death. Among the respondents' answers the first place was occupied by death during sleep that is unconscious death (59%), followed by death free from suffering (50%), death involving a possibility to say good bye to the loved ones (32%), death preceded by sacraments (29%), death at one's own home (25%) and dying in the presence of the loved ones (15%)³¹. Thus, also here the eschatological criterion on which the concept of good death from medieval treatises was based is not a basic criterion for a positive valuation of death, it gave way to a psycho-interpersonal dimension and a physical comfort, the size of which may be defined as essential for the currently understood good quality of dying.

The concept of good death currently seen in opinion polls conducted in Poland, remote from the eschatological perspective and different from the concept of death in medieval treatises, is becoming increasingly comprehensible in the context of the results of the research into Poles' faith and in particular its content regarding the posthumous fate of the man. The response to the question asked in 2015 and regarding what happens to us after death was the following: nothing, death is the end – 18% of respondents, however this percentage was a few percentage points lower in previous years³². In turn, the faith compliant with the doctrinal teaching of the Catholic Church was declared by 36% of respondents in the same survey (31% in 2006³³) and the percentage has been close to 30% of respondents since 1990s, when 36% of respondents referred to Christian eschatological teaching responding to the open question about man's posthumous fate³⁴. It is worth noticing the emergence of a category of answers, completely different

²⁸ Ibidem, p. 3.

²⁹ *O umieraniu i śmierci. Komunikat z badań*, CBOS, Warszawa 2001, p. 8.

³⁰ Ibidem, p. 9.

³¹ *W obliczu śmierci. Komunikat z badań*, op. cit., p. 4.

³² *Kanon wiary Polaków. Komunikat z badań*, CBOS, Warszawa 2015, p. 4.

³³ *Religijne aspekty Świąt Wielkanocnych i opinie o zbawieniu. Raport z badań*, CBOS, Warszawa 2006, p. 5.

³⁴ *Nasze postawy wobec umierania i śmierci. Komunikat z badań*, CBOS, Warszawa, p. 10.

from Christianity in terms of doctrine, and focusing on reincarnation. Depending on the manner of asking the question, in 2005 this faith was declared by from 5% of those responding to the question what happens to us after death, having a limited choice of answers regarding various options, with reincarnation as one of the choices, up to 30% of respondents when asked in 2015 about their faith or its lack in the journey of souls (reincarnation)³⁵. The latter survey was interesting as CBOS used it to calculate the rate of orthodoxy of the faith of Polish Catholics, which amounted to 7.33%. The above means that the content of eschatological faith of contemporary Catholics has a selective and syncretic character, combining various beliefs about human fate after death and one fifth of Poles generally remains distanced from the concept of afterlife. These results are coherent with the idea of good death dependent on the quality of dying based on lack of physiological inconveniences and death having psycho-social dimension, rather than the eschatological perspective of salvation.

What performs the role of contemporary literary treatises on *ars bene moriendi*? It seems that basic tools of transfer and the notions of generally accepted and multiplied values and patterns of behavior are based on mass media and primarily electronic media, and in particular the internet. Speaking of the most frequent form of experiencing death and dying, the media-mediated form of death must be mentioned. This form may also indicate preferences towards the process of death and dying. Blogosphere is a popular form of transferring the experience of a dying person from the perspective of the first person narration, while a separate category involves the blogs of people grappling with an incurable disease, their own dying or the grief after the loss of a loved one. Thanks to this form of transfer, by sharing their own experience a dying person enables others to learn about him or her through a visual or vocal message, thus gaining a possibility to share any fears and worries, breaking the hostility to mention such issues in every day relations with relatives and thus by doing so decreases the feeling of loneliness. Another form of contemporary *ars moriendi* treatises includes internet discussion forums, characterized by a slightly less open and democratic character as they are usually run and monitored by the owner or the moderator, yet they are more open to a dialogue and exchange of information. Consequently, both forms may lead to the emergence of a community of people around the issue of death or a dying person.

Apart from these most popular internet forms, which have significantly democratized a possibility of creating and sustaining or modifying cultural patterns of dying, death and dying are also present in other mass media, including TV media as film productions, TV series or news programs. However, the death presented in these productions is rarely of a natural character, affecting most of us. Exceptions are made by the news about death of famous people treated as specific heroes of contemporary culture.

³⁵ *Kanon wiary Polaków*, op. cit., p. 8.

An example of mediatized dying of such a hero was death of Pope John Paul II in 2005, whose funeral was attended by a vast majority of Poles through radio or TV broadcast.

In 2008 the Agora Foundation, by means of one of Polish dailies, launched a campaign "Humane death". In a short text presenting the goals of the campaign the authors write the following: "We appeal for a right for natural, conscious death with dignity, without physical pain – what is avoidable at present, with respect to dignity or right for complete information about the progress of the disease, death while remaining in contact with the loved ones and if only possible – at one's own home, enjoying spiritual support, without the obligation of persistent therapy prolonging the agony unnecessarily". These words comprise the concept of death preferred and promoted by the campaign initiators. The campaign resulted in collecting and publishing 10 principles to follow in relation to the dying, such as among the others: right to a natural death, death with dignity, conscious death, dying at one own home, reliable information about health condition, right to a painless death, open demonstration of one own's feelings, contact with one's near and dear, psychological assistance and spiritual support consistent with the expectations of the dying person³⁶.

It is clear that the assumptions of the campaign and the principles it promoted on the one hand respond to the expectations and preferences expressed by Poles through opinion polls towards the concept of good health, on the other hand they are in line with the models of good natural death, or expressive death as proposed by Bradbury and Walter, rather than the sacral death focused on the posthumous fate of an individual. Religious theodicy of death is currently one of the possibilities, and as we can see in Poland, actually not the most popular manner enabling, as Berger claims, the execution of good death.

The process of change outlined above within the concept of what good death should look like, does not have to be interpreted in a chronological order, as presented above in a simplified way, yet it is proper to interpret this characteristics as attempts to present various models of good death which may co-exist in one society, but still can be represented to a certain extent by a specific individual while coping with his or her own dying.

Małgorzata Zawila – ARS MORIENDI – BETWEEN ESCHATOLOGY OF SALVATION AND QUALITY OF DYING. SECULAR AND RELIGIOUS MODELS OF GOOD DEATH

The paper is focused on the analysis of exemplifications of good death models: sacred and secular, and their validation for contemporary Poles. Firstly, there is a sacred model of good death as put in *Ars bene moriendi* treatises popular in Middle Ages presented. The quality of death in such treatises is based on eschatological hope for redemption, and heavenly peace. Such a model of good death is still valid for around one third of Polish population. Secondly, there are secular models of good death. Here, death is understood as a good one when it is

³⁶ See www.kampaniespoleczne.pl/kampanie,128,umierac_po_ludzku [access of: 20 III 2017].

painless, unconscious, possibly in a dream, but when it makes farewell with friends and family possible, at home. In such models (natural, expressive) – most popular among contemporary Poles – the quality of death is based on socio-psychological dimensions, and refers to a quality of dying, and not religious hope for a future, post-mortem salvation. The models of good death presented in the paper are understood as social constructs, that gain or lose their credibility in the context of changing society, but may be represented simultaneously as well.