

Insights from the Friedwald-Jenseits study

Well provided for? Living, Sick & Dying

Now years ago, death and dying were taboo subjects in society. Today, dealing with one's own end has arrived in the middle of society. Demographic ageing makes it indispensable to deal with topics such as end-of-life care, health care, but also self-determined dying and dealing with one's own death. Nevertheless, only relatively late and few precautions such as living wills, Will or funeral arrangements made.

>> How people of the traditionalists (born 1949 and earlier), baby boomers (born 1950-1964) and Generation X (born 1965-1979) deal with the topic of "dying, death and funerals" today was investigated within the framework of the Afterlife Study 2020 in a representative manner for Germany. In cooperation with Friedwald GmbH, K&A BrandResearch determined psychological findings on how the images of death change in the generational view. In addition, it was determined how these perceptions have affected their own measures for death care and estate planning to date.

Those who feel younger die later in life

For almost 100 years, average life expectancy in Germany has been increasing rapidly and seemingly inexorably. From an estimated 70 years around 1960, the average life expectancy today is 79 years for newborn boys and 84 years for newborn girls. The remaining life expectancy for 65-year-olds in Germany today is on average 18 years for men and 21 years for women. Due to the continued increase in life expectancy, the number of people aged 65 and over is expected to rise.

the remaining life expectancy further

increase. At the same time, the cognitive dissonance between actual and perceived age grows with the height of the experienced age (Fig. 1).

People are living longer and longer and feeling younger and younger. Scientists estimate the average maximum life span at 115 years, the absolute maximum age at 125 years. In public, new, competence-oriented models of age are increasingly being emphasised, and remarkable differences can also be observed with regard to physical appearance: Older people today look younger than they did a few decades ago (Höpflinger 2012). The discrepancy between actual and perceived (or perceived through outward appearances) Age takes with it

The age of death tends to increase with advancing age (cf. Fig. 1) and makes the time of one's own death seem "far away".

Despite the increase in lifetime, one's own death is inevitable. Now we could assume that most people only start to think about death towards the end of their lives.

res life thought-

about their own death. In fact, a shift is taking place: According to the Friedwald-Jenseits study, people are thinking about death earlier and earlier compared to older generations. 78 percent of all respondents aged 55 and older said they thought about their own death at least occasionally. In the following Generation X (age 40 to 55), however, it is already 70 percent. It is also less and less of a topic to talk about death in one's social environment - it is most often integrated into everyday communication with life partners, with one's own children (best agers) but also with friends. Death also has its horror throughout

(only a tiny minority is afraid of hell) and is becoming more normal. The accepted end of one's own existence is understood as the course of life and only one third of the 40+ population still hopes for life after death.

Live longer, suffer longer

Although death has lost its horror, the dying process and suffering are still feared. Living longer often means suffering longer. The more life expectancy increases, the bigger the gap between life expectancy and disease-free life. And with increasing age, the

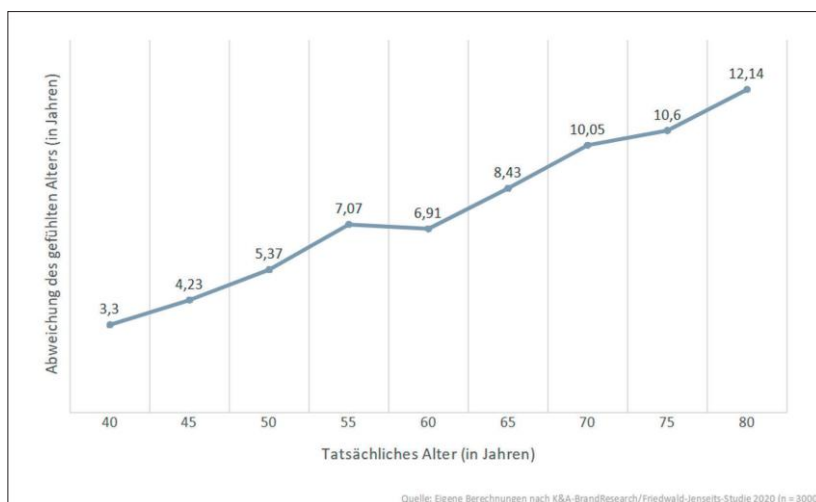


Fig.1: Difference between actual and perceived age from age 40 onwards

The probability of coming into contact with one of the diseases that determine the majority of causes of death in Germany: More than 90 % of the population dies at the age of 65 and older, with officially definite causes.

Although, according to the cause of death statistics of the Federal Statistical Office, many older people still die in old age from infections, tuberculosis or, more recently, from corona (almost 90% of all people who died from corona were aged 70+), the most common cause of death is still cardiovascular disease. The second most common cause of death is cancer, which is intuitively associated with fear and prolonged suffering: Around a quarter of all deceased people died of cancer in 2019. The most frequently diagnosed cancers were lung and bronchial cancer in men and breast cancer in women.

In the course of the demographic ageing, the risk of needing care is also increasing. While 2.34 million people in need of care were counted in 2009, the number has almost doubled to 4.13 million in 2019. 80% of those in need of care were aged 65 or older, and more than a third were at least 85 years old.

(Fig. 2). The proportion of people over 90 in need of long-term care is as high as 76% of the population. As life expectancy continues to rise, a further increase in the relative need for care and thus also a significant increase in the need for care is forecast. Approximately 80% of all people in need of care were cared for at home in 2019 - 2.33 million of them predominantly by relatives and a further 0.98 million together with or completely by outpatient care services. The remaining 20 % were cared for in nursing homes. The possible need for care is associated in the population with loss of control, dependence, burden on third parties and also a reduced quality of life, as this is also reflected in the results of the Friedwald-Jenseits study. can be proven.

When experiences with care cases in the close social environment were gathered, those affected were directly confronted with mortality. The confrontation with life-threatening illnesses in advanced age and with care in the personal environment leads, among other things, to people thinking more about their own death and the organisation of their last years of life. Protracted,

illnesses that impair the quality of life, apparatus medicine as well as an externally controlled dementia or isolation ("being alone") have a fear-intensifying effect on the 40+ generation.

In the eyes of the baby boomers and Generation X, dementia in particular is increasingly becoming a personal horror scenario of a no longer self-determined and undignified demise. These images are reinforced by the actual increase in dementia in the population, but also by the significant increase in the cause of death statistics in recent years.

Accordingly, with advancing age, death is also perceived as redemption if the body and mind are only functioning to a very limited extent. More frequent deaths among close relatives also provide food for thought to deal with topics such as death provisions, supplementary care insurance and inheritance regulations. Theoretically, especially in Gen X, there could be a lively exchange between children and parents (traditionalists 70+) about death care topics. In fact, provisions such as living wills, testaments or bequests are only made at a relatively late stage.

Chairman of the Board made.

Everything well regulated?

Almost two thirds (65%) of the population and still almost half (48%) of the boomers stated in the afterlife study that they had made no preparations for town death. Quite obviously-

The provision for old age is still related to the increasing age and the associated mental shift to the

"late (old) age", which lies far behind. We feel younger and younger, live longer and longer, and our own time of death seems to be "moving further and further away" - thus, care for the dying is often postponed until later in life. Very old people, on the other hand, are directly confronted with their own end of life due to the limited time they have left. 82% of traditionalists stated that they had given concrete thought to their own funeral. This tendency is also reflected in their actions: across all arrangements, traditionalists made significantly more arrangements than Gen X and baby boomers (Fig. 3).

Of particular importance for The most important factors for taking out death and survivors' insurance are retirement age and the pension period already experienced. Statistically, men who have been insured for many years have 18.1 and women 21.3 pension years to live. In retirement, there is (usually) no work, no externally or extrinsically motivated appointments, no obligations and therefore much more time to think about one's own life.

In comparison, working people have much less time. Every third person works between 41 and 50 hours a week, and work is the number one stress factor in Germany. After a long day at work, many people are unable to make good use of their free time: Almost half of the employees stated in the so-called Stress Study 2016 that they often do not manage to switch off properly in the evening or at the weekend. Decisions about one's own death are by no means easy and require a lot of time and calm as well as detailed consideration. Such

Resources are usually available

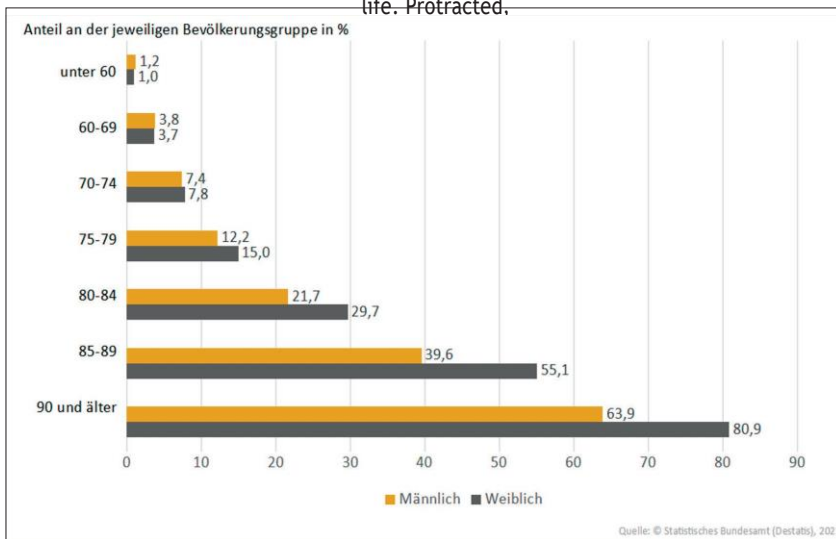


Fig.2: Society-specific care rates by age group (2019)

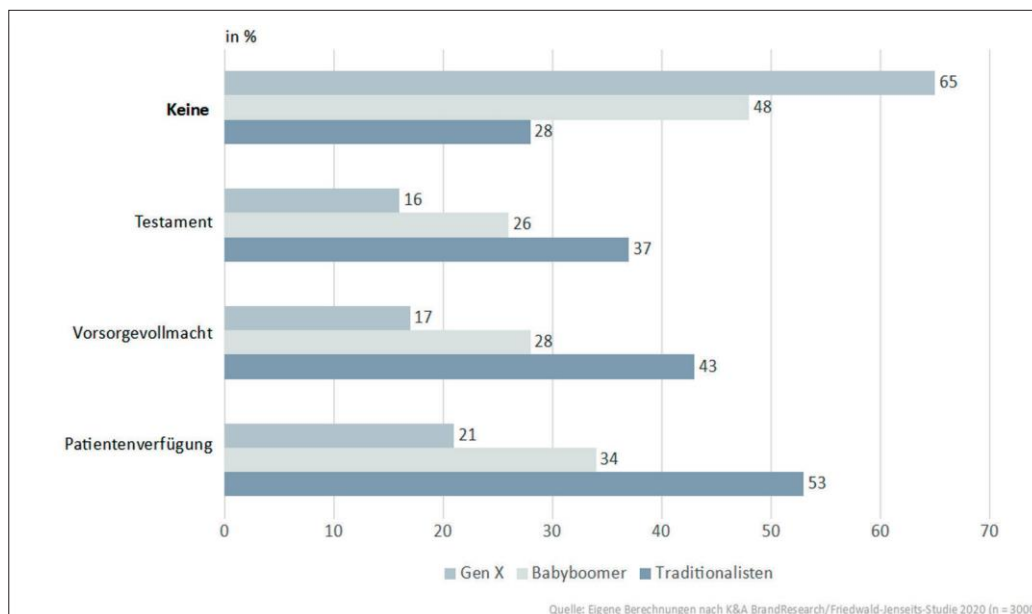


Fig. 3: Generation-specific precautions regarding one's own death

more available to retired people than to working people. Among retirees, only one in three said in the Beyond study that they had not made any provisions; among working people, the figure was almost 60%.

The wishes for one's own funeral are quite specific. Today, most people over 40 are concerned that their own death should not cause any financial or long-term emotional burden for the bereaved (64%) and that they should regain their zest for life as quickly as possible. Self-determination of death is seen as an important part of human autonomy. A change in values is also noticeable with regard to funeral arrangements: The beautiful moments during a funeral should gain more importance and mourning should be as little in the foreground as possible.

The implementation of the own

Turning desires into actions requires mental overcoming. Even if death has less fear, people prefer to theorise about it instead of taking concrete steps. Thus, despite the taboo, this topic remains a relatively abstract construct.

This behaviour of suspension, postponement and doing nothing is due to the so-called status quo bias, as Kahneman and his research team were able to prove decades ago. Due to this bias effect, nothing tends to be done in a choice or decision-making situation and the tried and tested is retained if this actual state is far removed from the actual goals and needs. We unconsciously decide in favour of the status quo, to the detriment of all other options that are necessary but involve change. The fear of what might happen blocks decisions before possible changes (Samuelson & Zeckhausen, in: Journal of Risk and Uncertainty, 1988, pp. 7-59). An action-based examination of one's own death or burial could make one's own time of death more tangible if the momentum of the decision text is stringently elaborated using methods of context thinking.

Also explains the status quo Bias Conformity to rules, tend to be more in favour of a generally applicable standard and routine op-.

tion. Although there might be a personal wish for alternative forms of burial, in the end people fall back on familiar and universally valid options.

The most famous example of the preference for default options is organ donation: If there is opt-out consent for organ donation in a country, donor rates are significantly higher than if one opts out.

must actively decide in favour of an explicit organ donation. Similar constellations also apply to end-of-life care and all other arrangements.

How to change behaviour

Making arrangements for dying always means a change in one's own life, as this alone makes people aware of and able to experience death. However, the task of the protagonists in insurance, wills and funeral arrangements must be how people can be motivated to see their preferences and decisions from a different contextual perspective. Our many years of experience with behaviourist models of thought

and psychodramatic research methods have repeatedly proven that the key to behavioural change lies solely in the context of decision-making situations. The key challenge of successful marketing and sales strategies is to distil the appropriate solution in a way that is as simple as possible for consumers and decision-makers.

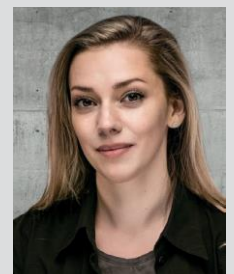
- also in business in the context of death and dying. <<

Authors

Dr Uwe Lebok is CMO at K&A BrandResearch. He has been on the board since 2005 and is responsible for marketing and sales. He joined K&A in 1999, where he was initially responsible for cross-industry customer service. Today, he mainly supports medium-sized companies with research-based brand strategies.



Nathalie Dammer is a Brand Consultant at K&A BrandResearch. After studying sociology and education, she first worked in international consumer market research (GfK). Furthermore, she worked in psychosocial counselling for the police. She has been working at K&A BrandResearch since 2019 and mainly supports clients from the health care sector on various indications.



Contact: info@ka-brandresearch.com