

Delusions of Understanding

By Kunio Yanagida

Our admiration for things American and the cheerful frankness of so many Americans tends to lull us into believing that we fully understand the American people. Yet just when we are feeling comfortably secure in our understanding, a totally unexpected facet of the American character shows up to mystify us. This is not a uniquely Japanese misconception. Americans probably have the same experience in their relations with other cultures. International understanding is not at all as simple as it seems.

In any culture, people share basic assumptions so deeply rooted that they never even consider there could be another way of looking at things; and the fact that different cultures have different assumptions complicates communication between peoples. This was brought home to me on a recent visit to the United States to gather material for an article on medicine and medical practices.

My periscope is your telescope

Japanese companies have achieved world-class levels in their industrial technology, especially in optical equipment. In fact, Japanese companies now supply more than half of the fiberoscopes the world's doctors use to inspect and diagnose the digestive tract and the respiratory system. Since these are physical things and not cultural assumptions, one would think that Japanese and American doctors use the same kinds of fiberoscopes the same ways. After all, no matter what color our skin is or where we grew up, surely we are the same inside. Not so, I'm told.

It is now generally accepted that diet and life-style are major factors influencing the kinds of diseases we are prone to.



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Cancer is an example. It means stomach cancer to a Japanese, more often lung cancer to an American. If an American does think of a cancer of the digestive tract, he is more likely to think of duodenal cancer because more Americans suffer from duodenal cancer than from stomach cancer. This kind of difference can lead to misunderstanding when a Japanese and an American talk about cancer because their basic assumptions of the nature of the disease differ.

The Japanese doctor uses the fiberolescope to examine the stomach because he knows that that is where he is most likely to discover a cancerous growth in the Japanese patient. Since the J-shape of the stomach makes it difficult to examine the inner wall in a single sweep, Japanese doctors prefer fiberoscopes with lenses set along the sides instead of at the end. With this periscope-like fiberolescope, the doctor can glide the lens along the stomach walls in search of signs of cancer or other disorders.

When Japanese manufacturers began exporting fiberoscopes, they very quickly found that the high incidence of duodenal cancer among Americans meant that American doctors were most interested in moving quickly down to the intestines, giving the stomach only a cursory look. For the American doctor, it is more convenient to have the fiberolescope lens placed right at the tip of the scope so that it can function much like a simple telescope. This configuration, called a pan-viewing fiberolescope, makes it possible to view the whole stomach from the cardia, the upper opening of the stomach, right down to the pyloric, the narrow opening where the stomach joins the small intestine.

Not only are Japanese and Americans prone to different kinds of cancer, their perceptions of the disease and its treatment also differ significantly. In America, it is accepted that the patient should be told his condition. Doctors do not hesitate to tell patients that they have cancer, and they will often take the trouble to explain how they plan to treat the disease and what side effects the patient can expect. The American cancer patient knows what he has, how he is being treated with what, and what effects are likely or hoped for.

When a Japanese patient is found to have stomach cancer, he is usually told he has an ulcer or some other digestive ailment and there is little or no explanation of the treatment that he is given. Doctors, nurses, and relatives cooperate to keep the truth from the patient, forcing themselves and the patient to live a lie until the day he dies. Should the patient somehow recover, everyone is greatly relieved, but he is never told what he had. Without passing any value judgments on whether it is better for the patient to know or not,

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this should be noted as another example of different cultural assumptions—the American assumption of the patient's right to know versus the Japanese assumption that ignorance is bliss.

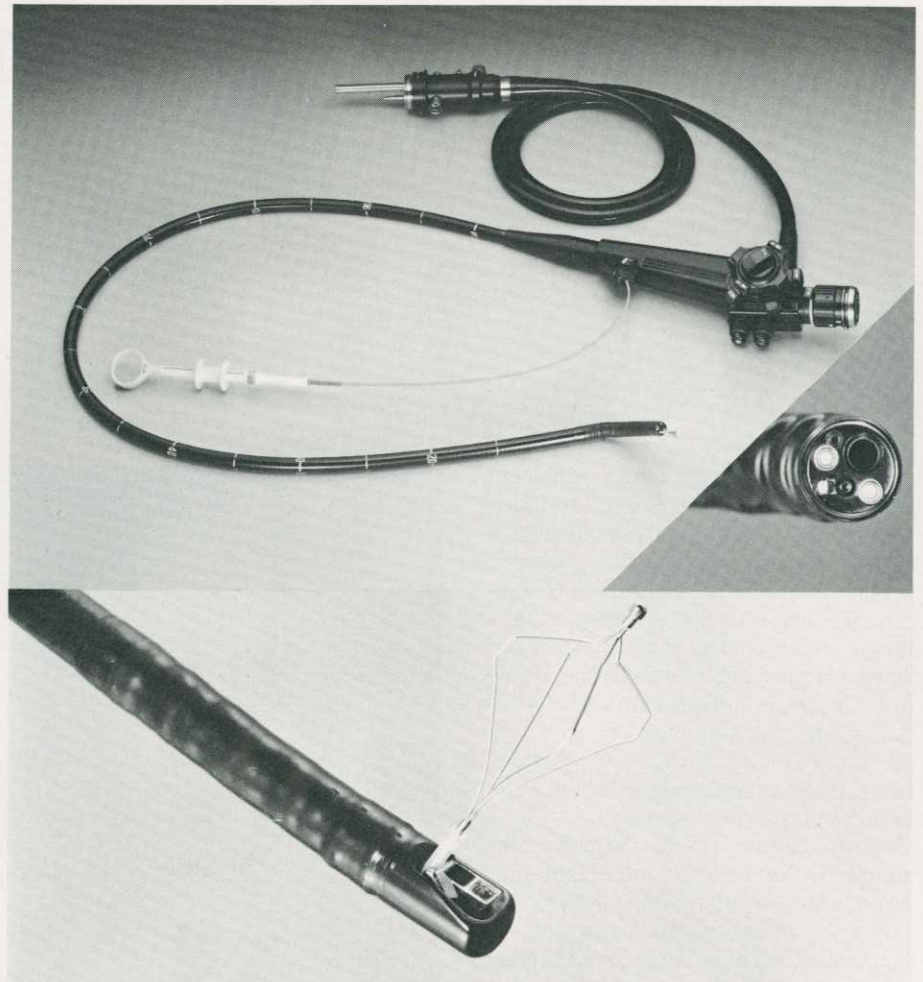
Cancer treatment is still highly experimental, and it is a common practice in America to encourage cancer patients to participate in experimental programs. The patient is typically told that there are several experimental programs under way in a series of comparative studies and that the doctor would like his consent for participation. If the patient agrees to cooperate, with the decision on what treatment he will receive left to the doctor, he signs a letter of informed consent which functions as a contract between the patient and the hospital. The letter of consent spells out the nature of the treatment and the likely side effects in great detail and clearly states that the patient realizes that there is no guarantee of the treatment's success.

I knew that attitudes toward cancer in Japan and the United States differed considerably, and I was aware that, in contrast to Japanese patients who are rarely told if they have cancer or any other serious disease, American cancer patients are told exactly what the prognosis is. Yet I had not realized how straight-from-the-shoulder the American cancer patient is told of his condition and compelled to face it.

The profound difference in the doctor-patient relationship among Japanese and Americans seems to reflect a staggering divergence of cultural mores and perceptions of life and death. Could it be that we fail to understand a very important part of what makes America and Americans the way they are? And if we cannot understand each other's perception of cancer and its treatment, how many other areas may there be where we are completely failing to read each other correctly?

Pigs and doves

Nearly a decade ago NHK, the Japan Broadcasting Corporation, put together a program on understanding among peo-



The telescope-type pan-viewing fiberscope (above) preferred by American doctors and the periscope-like fiberscope (below) used widely by Japanese physicians.

ple of different cultures. Made with the cooperation of American, Soviet, British, Thai, and Ghanaian television networks, the program brought 50 people, selected at random, together in a television studio in each country. These people were then asked to answer a series of questions designed to reveal their different values and standards.

I found the responses to the question on the symbol of peace particularly enlightening. Each group of 50 was shown pictures of a sheep, cow, pig, and dove and asked to indicate which animal they considered the symbol of peace. Know-

ing that virtually all Japanese would choose the dove, I assumed that this was a universally accepted symbol. The actual results show clearly that this is not so.

The dove as a symbol of peace, as used by Picasso, for example, is by no means an internationally accepted symbol. The Americans responding to the question in the NHK program were divided among all the choices given, a significant percentage of the Thais selected the cow, and many Ghanaians chose the pig.

The values and standards we take for granted in our own societies and cultures are not necessarily universal, and our insistence on basing judgments solely on these values and mores always carries the danger of grave misunderstandings. International relations implies a give and take among many, and it is important to premise our relationships on the very basic understanding that we each live by deeply ingrained assumptions that are not always shared by others and may need to be carefully explained. ●

(This is the first of six parts.)

Survey on Symbol of Peace

Country	Sheep	Cow	Pig	Dove	(%)
U.S.A.	22	18	14	46	
U.S.S.R.	0	10	0	90	
Britain	8	18	6	68	
Thailand	0	36	4	60	
Ghana	6	0	34	60	