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## Japanese Style of Informed Consent on The Bases of Defense Mechanism of Denial Compared with that of Germans

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### Abstract

This study investigated Japanese characteristics of attitude to disclosure of information to cancer patients, in order to find Japanese style of informed consent, comparing it with those of Germans. Ordinary people and students in Japan and Germany answered a questionnaire about themselves and their family. Results are as follows: 1) Though most Germans and Japanese demanded disclosure to both themselves and their family, some Japanese demanded disclosure to themselves but not it to their family. 2) German students think of family as the same as German ordinary people, but Japanese do not. 3) The reason of disclosure for themselves is "I have to prepare to death" in the case of Japanese, and "reliance" in the case of Germans. 4) Reasons of closure to family in Japanese were "considering family's shock" and "their mental suffering over their family". The fact that Japanese have a tendency towards disclosure, compared with Germans, suggests that Japanese have strong defense mechanism of denying disclosure to their family and one of the Japanese style of disclosure is hiding the truth.

key words: informed consent, truth-telling, Bioethics, defense mechanism, Japanese family,

### Introduction

The disclosure of information to patients with cancer is one of the most important issues in medical science, health psychology, and so on. In the USA almost all cancer patients were informed of their diagnosis in even 1979 (Novak, et al., 1979)<sup>16)</sup>, while in 1994 only about 30 % of Spanish patients were informed of their diagnosis (Centeno-Cortes & Nunez-Olarte, 1994)<sup>11)</sup>. Oncologists estimated that a low percentage (< 40%) or higher percentage (> 80 %) of their colleagues revealed in each country (Holland, et al., 1987)<sup>5)</sup>. That is, there is not common opinion toward disclosure.

In Japan, since 27 % of cancer patients were informed in 1993 while 61 % of them were informed in 1998 (Horikawa, et al. 1999)<sup>7)</sup>, the percentage of disclosure of information in Japan has increased every year. However, Ford, et al. (1996)<sup>3)</sup> pointed out that, even though age, sex, or prognosis affects

behavior of doctors in the Japanese style of disclosure, psychosocial problems were seldom discussed. The author sometimes heard patients suffering from doctors' too straight disclosure in counseling situation. One of the reasons of this fact will be that as the concept of informed consent has imported from other countries, ways of disclosure sometimes do not match with patients' need. So it should now be rethought to include the point of view of psychosocial problems. To find a much better style of disclosure for Japanese, we need to find Japanese tendency toward disclosure and reasons for that tendency.

Kitayama (1998)<sup>10)</sup> showed characteristics of the Japanese mind in psychoanalysis on the basis of Japanese old tales and myths. He said, "Japanese folk tales reveal a tragic failure in the integrative process; they keep only a good part or a good product, casting away its animalized producers, some of them having been injured (Kitayama, 1985)<sup>9)</sup>, and sug-

gested the “animalization involved in a symbol-formation in the folk tales is derived from a kind of dissimilation as a primitive defense mechanism” . On the other hand, Western fairy tales end happily introducing troubles or negative feelings. That is, although Western people treat negative feelings by introducing, Japanese treat them by eliminating. Moreover, Japanese sometimes never reveal reality as taboo to maintain a good relation or communication, because they fear disruption of the relation caused by uncovering the reality (disclosure of secret). These results show that Japanese have treated negative feelings using defense mechanism of denial.

Then we hypothesized if Japanese treat negative feelings using denial, particularly for others (family), tendency towards disclosure will connect with denial because disclosure is accompanied with negative feeling, and there would be difference in generations (parents and children). Then both ordinary people and students were chosen as participants. And, to more clearly determine Japanese characteristics, we compared attitude of Japanese with those of Germans. Germans were selected because there were much more similarities between Japanese and Germans than those of other Western people and it was suitable to be compared, though there are so many differences between Japanese and Western people.<sup>17)</sup>

## Method

### Participants

Japanese were 161 (67 students at Kyushu University and 94 ordinary people at Fukuoka in Japan). Germans were 97 (47 students at Heidelberg University, and 50 ordinary people in Heidelberg city. Table 1 shows details about participants.

### Questionnaire

The questionnaire was comprised of 4 parts consisting of “demanding disclosure to myself”, “denying disclosure to myself”, “demanding disclosure to family”, and “denying disclosure to family”. There were 5 factors and 10 items in each part for reasons. Ten

items were chosen as followings. In a preliminary study, other students or ordinary people described reasons why they were in favor of disclosure of information or why not. Combined the factors of Konishi et al.(1998)<sup>14)</sup> with these descriptions, 5 factors were chosen that “I(he/she) have a right to know” , “I(he/she) have to prepare to death” , “I(he/she) need time with family” , “I(he/she) have a personal choice” , and “I(he/she) have a reliable relations” about “demanding disclosure” .

About “denying disclosure” , 5 factors were chosen that combined the factors of Kitayama (1985, 1998)<sup>9)10)</sup> with the descriptions. Since there is some difference in ways of asking between to themselves and family, 5 reasons were somewhat different. For oneself, “I am shocked”, “I don’t want to be seen sick”, “I’m afraid about human relations after disclosure”, “I consider my family”, and “I can guess my disease”. For family, “Family would be shocked”, “I don’t want to see my family suffer”, “I’m afraid about human relations with family after disclosure”, “I consider family” and “Family would guess his (her) disease”.

There were 2 items for each factor for a total of 10 items in sum in each part. Each participant was asked to answer in the case of himself and family, so they answered 2 parts of all 4. Then they rated each of 10 items for 5 factors from 1 (I do not think so) to 5 (I

Table 1 Details of participants

		N	Mean age
German Ordinary people		50	34.3
	Male	24	36.1
	Female	26	32.7
German Students		47	25.3
	Male	34	25.7
	Female	13	24.0
Japanese Ordinary people		94	37.1
	Male	39	35.1
	Female	55	38.5
Japanese Students		67	20.0
	Male	40	20.0
	Female	27	20.0

think so). Alpha ( $\alpha$ ) confidence coefficients of the whole questionnaire was .83.

**Procedure**

The investigation of Japanese students was conducted in a law class. Investigation of Japanese ordinary people were conducted at the Kyushu University Festival. They were not members or staff in the University. The investigation of German students was conducted in a cafeteria in the University Heidelberg library for students who majored law. One of the authors during studying abroad asked students. And investigation of ordinary people was conducted in Heidelberg city. The author in Germany asked persons who were on the street, room mates, or worker in the Heidelberg University. The investigations were conducted from November 1998 to January 1999<sup>12)</sup>.

**Results**

**Percentages**

As Table 2 shows percentages of 4 parts in details, main results were demonstrated.

Most of German ordinary people and students hope “demanding myself/demanding family”. In “demanding myself/denying family”, there was no significant difference between ordinary people (6 %) and students (6.4 %). In Japan, many ordinary people and students hope “demanding myself/demanding family”. However, there was significant difference in “demanding myself/denying family” between ordinary people (13.8 %) and students (28.4 %), ( $\chi^2$

= 5.19,  $p < .05$ ).

Comparing results of Germany and those of Japan in “demanding myself/demanding family”, the percentage of German ordinary people (92.0%) was higher than that of Japanese ordinary people (78.8 %) ( $\chi^2 = 4.14$ ,  $p < .05$ ), and also percentage of German students (93.6%) was higher than that of Japanese students (65.7%) ( $\chi^2 = 11.9$ ,  $p < .001$ ).

**Ratings in "demanding myself / demanding family"**

Since percentage of “demanding myself /demanding family” was the highest of the 4 parts, ratings of this part was analyzed first. And results shows only main results which connects with purpose.

**Germany** : Two (groups: ordinary people, students)  $\times$  5 (5 factors) ANOVA was conducted on ratings for “demanding myself”. The main effect of 5 factors ( $F(4, 352) = 11.3$ ,  $p < .001$ ) and the interaction was significant ( $F(4, 352) = 2.99$ ,  $p < .05$ ). After multiple comparison (the method of Ryan, the same as follows), ratings of factor of “I have a right to know (4.43)” and “I have a reliable relations (4.39)” were higher than those of other three factors.

Then, two (groups: ordinary people, students)  $\times$  5 (5 factors) ANOVA was conducted on ratings for “demanding family”. Since there was no significant difference anywhere, both ordinary people and students demand disclosure equally.

**Japan**: Two (groups: ordinary people, students)

**Table 2** Numbers and percentages of four sections

Percentages of "demanding" or "denying"					
German (ordinary people) N=50 (%)			Japanese (ordinary people) N= 94 (%)		
demanding myself · demanding family	46	(92.0)	demanding myself · demanding family	74	(78.8)
demanding myself · denying family	3	(6.0)	demanding myself · denying family	13	(13.8)
denying myself · demanding family	1	(2.0)	denying myself · demanding family	1	(1.1)
denying myself · denying family	0	(0.0)	denying myself · denying family	6	(6.4)
German (student) N= 47 (%)			Japanese (student) N=67 (%)		
demanding myself · demanding family	44	(93.6)	demanding myself · demanding family	44	(65.7)
demanding myself · denying family	3	(6.4)	demanding myself · denying family	19	(28.4)
denying myself · demanding family	0	(0.0)	denying myself · demanding family	1	(1.5)
denying myself · denying family	0	(0.0)	denying myself · denying family	3	(4.5)

×5 (5 factors) ANOVA was conducted on ratings for "demanding myself". The main effect of the 5 factors was significant ( $F(4, 464) = 25.54, p < .001$ ). After multiple comparison, ratings of "I have a right to know (4.32)" and "I have to prepare to death (4.25)" was higher than those of other three factors.

Two (groups: ordinary people, students) × 5 (5 factors) ANOVA was conducted on ratings of "demanding family". The main effect of 5 factors was significant ( $F(4, 463) = 6.01, p < .001$ ). After multiple comparison, ratings of "I have a personal choice" was the lowest.

### Ratings in "demanding myself / denying family" in Japanese

Since there were some Japanese ordinary people and Japanese students in "demanding myself/denying family" though there were few in Germany, a statistical analysis was conducted only on Japanese.

Two (groups: ordinary people, students) × 5 (5 factors) ANOVA was conducted on ratings for "demanding myself" in Japan. The main effects of groups ( $F(1, 30) = 5.07, p < .05$ ), the 5 factors ( $F(4, 120) = 3.22, p < .05$ ), and the interaction ( $F(4, 120) = 5.49, p < .001$ ) were statistically significant. After multiple comparison, ratings of ordinary people were higher than those of students in the fac-

tors of "I have to prepare to death" and "I have a choice" (Figure 1). In ratings of students, "I have a right to know" was the highest, and it rated higher than ordinary people (although it did not show any statistical difference).

Two (groups: ordinary people, students) × 5 (5 factors) ANOVA was conducted on the ratings of "denying family". Only the main effects of the 5 factors was significant ( $F(4, 120) = 21.3, p < .001$ ). The ratings of "I don't want to see my family suffer" was higher than others (Figure 2). This tendency was the same for both ordinary people and students.

## Discussion

### Considering family

Though Mitchell (1998)<sup>15)</sup> demonstrated that there are a variety of opinions towards disclosure in Europe, it found that most of Germans hope disclosure in present study. And, German students think the same as German ordinary people do. One of the reasons of these results is that Germans do not like to close the truth because German have nature of sincere and honest.<sup>11)</sup> However, Japanese students do not think the same as Japanese ordinary people do. One interpretation was the following. Family means parents or brothers (or sisters) for students. In Japanese culture, Japanese think it is bad for children to make

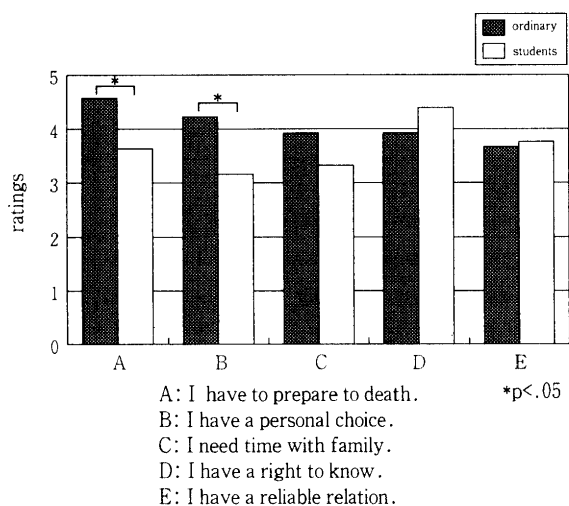


Fig. 1 Ratings for factors of "demanding" in "demanding myself / denying family" parts.

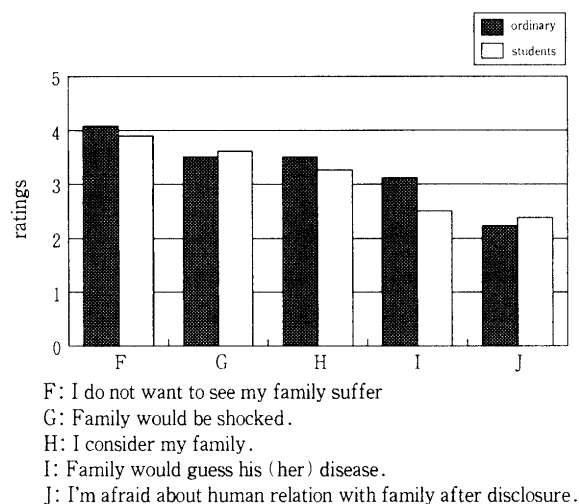


Fig. 2 Ratings for factors of "denying" in "demanding myself / denying family" part.

parents worry or to be a bad son or daughter. It is called “unfilial behavior” in Japanese moral. So, Japanese students would deny disclosure to family much more than ordinary people, and there is difference between parents and children in considering.

### **Difference in ways of thinking for informed consent**

The different reason for “demanding to myself / demanding to family” is “I have to prepare to death” of Japanese and “I have a reliable relation” of Germans. Since a factor of “I have to prepare to death” include an item of such as “I need time to do something to be left”, Japanese seems to accept death and prepare to death rather than fight with cancer positively. On the other hand, as Germans share the fact of death in the family to rely each other, they seem to fight with cancer in all the family positively. It may also reflect introducing and eliminating.

Moreover, Japanese ratings of “I have a right to know” was higher than others in “demanding myself”, but Japanese ratings of “I have a personal choice” was the lowest in “demanding family”. That is, although Japanese are conscious to personal choice from the view of right about themselves, they do not consider disclosure for their family’ personal choice. Though one of the purposes of informed consent is for patients to understand the treatment and choose their treatment for themselves, Japanese families have difficulty to choose their treatment for themselves.

### **A Japanese style of informed consent - based on defense mechanism of denial -**

The facts that the reasons for “denying family” were “Family would be shocked” and “I don’t want to see family suffer”, and there was no difference in this tendency between Japanese ordinary people and Japanese students suggest that Japanese consider family with emotions of “considering family’s pain” and “decreasing own pain”. “Considering family’s pain” means that Japanese try to share the pain and

decrease family’s pain, which are common interpretations among previous studies. However, “decreasing own pain” means that Japanese feel family’s pain for themselves and can not share the pain, then project its pain only on their family unconsciously. This interpretation to that phenomenon has not been pointed out in previous studies. This process can be said ego-centric, and this feeling is common with the concept of “pity” (Kitayama, 1999)<sup>13)</sup>.

Then what type of informed consent is suitable for Japanese? Horikawa, et al. (1996)<sup>6)</sup> indicated that patients who were not disclosed of information had higher irritation, embarrassment, and functional or physical symptoms than those who were disclosed. And Centeno-Cortes & Nunez-Olarte (1994)<sup>1)</sup> indicated that informed patients had better communication with the physicians or nurses. On the other hand, there are some countries in which disclosure is affected by cultural background. For example, in Australia diagnosis was affected by whether or not be patients are English people (Chan & Woodruff, 1992)<sup>2)</sup>. Additionally, denial is playing an important role in their coping strategy in Spain. (Centeno-Cortes & Nunez-Olarte, 1994)<sup>1)</sup>. These are samples for which denial has meaning on the bases of culture or tradition.

About Japanese, there are some people who hope to deny based on defense mechanism of denial or Japanese culture (or moral). And Hoshino (1995)<sup>8)</sup> says that straightforward communication is an uncommon trait in Japanese society, instead, sensing what has been politely and respectfully left unsaid is a well-used skill. Then, one of the ways of Japanese informed consent may be hiding the truth (mutual false communication, Glaser & Strauss, 1965)<sup>4)</sup>. Moreover, even when the truth is disclosed, it is important how to tell (Holland, 1990)<sup>18)</sup>, and to disclose slowly.

## **REFERENCES**

- 1) Centeno - Cortes, C. and Nunez-Olarte, J.M.

- (1994) Questioning diagnosis disclosure in terminal cancer patients: a prospective study evaluating patients' responses. *Palliat. Med.*, 8: pp.39-44.
- 2) Chan, A. and Woodruff, R. (1992) Palliative care in a multicultural society: a comparison of the palliative care needs of English-speaking and non-English-speaking patients [abstract]. 9th International Congress on Care of the Terminally Ill. *J. Palliat. Care*, 8:p.69.
- 3) Ford, S., Fallowfield, L. and Lewis, S. (1996) Doctor-patient interactions in oncology. *Soc. Sci. Med.*, 11:pp. 1511-1519.
- 4) Glaser, B.G, and Strauss, A. L. (1988) *Awareness of Dying*. ALDINE Pub. Co.
- 5) Holland, J.C. Geary N. Marchini, A, Tross.S. (1987) An international survey of physicians attitudes and practice in regard to revealing the diagnosis of cancer. *Cancer Invest* 1987;5(2).
- 6) Horikawa, N., Yamazaki, T., Nagao, Y., and Nagata, T. (1996) Psycho-genetic reactions in cancer patients not told of their diagnosis. *Rinsho Seishin Igaku* 25:pp.1457-1464.
- 7) Horikawa, N, Yamazaki, T. and Sagawa, M. (1999) Provision cancer patient with information and the relation between doctors and patients in Japan. In *Proceeding Medical and Liaison Psychiatry*, ed. Fukunishi, I. Tokyo: Kanehara Syuppan. pp.34-41.
- 8) Hoshino, K. (1995) Autonomous decision making and Japanese tradition. *Cambridge Quarterly Healthcare Ethics*, 4: pp.71-74.
- 9) Kitayama, O. (1985) Pre-oedipal taboo in Japanese folk tragedies. *Int. J. Psychoanal.*, 12:pp.173-186.
- 10) Kitayama, O. (1998) Transience: Its beauty and Danger, *Int. J. Psychoanal.*, 79: pp.937-953.
- 11) Mme de Stael: *De l'Allemagne (Les Grands Ecrivains de la France)* nouvelles editions publiees d'apres les manuscrits et les editions originales. Notes par la comtesse Jean de Pange avec les concours de Mlle Simone Balaye, Librairie Hachette, 1958- 1960.
- 12) Maruyama, M., Ando, M., Matsuo, T. (2000). A Comparative study about views on life and death in terms of truth-telling, *Journal of Japan Association for BIOETHICS*, 10 : pp.100-110.
- 13) Kitayama, O. (1999) *Amae wo kanngaeru*. TOKYO, Seiwa Syoten, pp.102-104.
- 14) Konishi, E., Ota, K., Suzuki, M. and Sonoya, A. (1998) Provision of information to terminal patients: International comparison about ethical attitude nurses. Proceedings of the 18th academic conference: *Japan Academy of nursing science*, pp.106-107.
- 15) Mitchell, J.L. (1998) Cross-cultural issues in the disclosure of cancer. *Cancer Practice*, 6:pp.153-160.
- 16) Novak, D.H., Plumer, R., Smith, R.L, Ochitill, H, Morrow, G.R. and Bennett, J. M. (1979) Changes in physicians. *J AMA*, 241: pp.897-900.
- 17) Shiba, S. (1999) *Nihonjin toiu Utsubyo*. Jinbun Syoin.
- 18) Holland, J.C. (1990) Clinical course of cancer. In *Handbook of Psycho-oncology*, ed. Holland, J.C. and Rowland, J.C., Oxford University Press, New York, pp.75-100.