Cultural Considerations in the Neuropsychological Assessment of South Koreans

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Section I: Background Information

Terminology and Perspective

The Korean language is an East Asian language, spoken by approximately 77 million people. It has been traced to the Altaic language family, which includes the Turkic, Mongolian, and Tungusic language families. The written language (called Hangeul) was created by King Sejong the Great during the Chosen Dynasty in the 15th century. Prior to this, the written language in Korea was based on the Chinese language. We (authors) will use the term “Korean(s)” for those who primarily use the Korean language (spoken and/or written) in informal and formal settings. For the purposes of the clinical case presentation, we focus on monolingual Koreans whose English proficiency is limited.

Both authors of this chapter are multilingual, Korean-American neuropsychologists who were born in South Korea. One of the authors (DL) was trained in the southern and midwestern United States and currently practices in an outpatient clinic setting in the southeast. The other author (MJ) was trained in the northeastern United States and currently practices in a private outpatient setting on the West coast.

Geography

The Korean peninsula is located in North-East Asia and divided into North Korea (Democratic People's Republic of Korea) and South Korea (Republic of Korea). The closest neighboring counties are China, Japan, and Russia. South Korea is approximately the size of the US state of Indiana. Korea has four distinct seasons. The biggest city is Seoul (9.73 million in population) and the second largest is the southern port city of Busan (3.43 million). Non-stop travel from the United States to Korea takes approximately 12 hours by plane from the West Coast (Los Angeles) and 14 hours from the East Coast (New York). Many major US cities offer direct flights to Seoul Incheon International Airport, one of the largest and busiest airports in the world.

History

Ancient Korean history began with the establishment of the legendary prehistoric kingdom of Gojoseon in 2333 BCE. Koreans are proud of their long historical heritage (“history of 5,000 years”). Various kingdoms appeared and disappeared in the Korean peninsula and surrounding vicinities without much contact with the Western culture until the 19th century. Frequent contacts and

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trading with the Western culture can be traced back to the late Chosen Dynasty (1392–1910 CE), whose cultural impact, such as Confucianism, still can be felt in many aspects of modern Korean life. After 45 years of Japanese colonial rule (1910–1945), modern Korea was formed when Japan surrendered to the Allies in 1945. Because of the geopolitical interests of the United States and the Soviet Union, Korea was temporarily divided into North and South; this temporary division was consolidated further following the Korean War (1950–1953). The two countries (South which followed the Western model of capitalism and North which followed the model of communism) remained antagonistic after the Korean War. In more recent years, limited trading and cultural exchanges began between the two countries, but the relationship between South and North is still precarious at best. Unless noted separately, “Korea” denotes “South Korea” in this chapter.

People

Koreans are a highly homogeneous ethnic group, which has helped in defining unique cultural values and promoting a strong national identity. On the flip side, this can also contribute to xenophobic attitudes and differential practices toward those that are seen as “other.” As Korea becomes a more multicultural society with its recent rise in immigration, there are hints of change, if not outright calls, to challenge the homogeneous mindset in favor of a more contemporary outlook.1 There are approximately 52 million South Koreans living on the Korean peninsula as of 2020, and approximately 1.8 million South Koreans living in the United States.2 Starting in the early 1970s, South Korea began developing into a prosperous capitalistic society and underwent tremendous social and cultural changes. The generational gap between old and young Koreans can be quite significant. The lifestyle and viewpoint of the younger generation can be very similar to that of Western society, while the older generation remains more traditional and conservative in their cultural perspective. Koreans living in the United States can also be quite different in their world views and customs from their counterparts living in Korea.

It is possible for acculturation to the mainstream US culture to be delayed due to the widespread availability of the internet, social media, and mobile devices in the Korean language. Before the age of the internet and smartphones, international phone calls were expensive, and many Koreans living in the United States had no family or relatives locally. Therefore, except for activities in the local Korean communities, there was little exposure to the Korean culture, which forced many Korean immigrants back then to find ways to adapt to their new country faster than they would have otherwise. Nowadays, younger Korean immigrants or visitors are armed with tremendous electronic resources and information in Korean via smartphones that allow them to connect easily with their friends and family. Most information and entertainment in Korea, such as news, music, and movies, are simultaneously accessible in the United States and in Korea. Therefore, if one chooses to, one would not necessarily have to adapt to the American lifestyle or struggle with learning English. This delay in acculturation amid globalization is an ironic phenomenon observed in recent years.

Immigration History

Generally speaking, Korean immigration to the United States can be divided into three major waves that began in 1903 with mostly men who came to the United States as field or farm laborers and settled in Hawaii or the West Coast. The second wave consisted of women who married American soldiers and children adopted into American families. The third wave of Koreans, beginning in the mid-1960s, came under the occupational and family reunification preferences of the Immigration and Naturalization Act of 1965. Many Korean immigrants from the 1970s to 1980s were more educated than previous groups, and there have been a more diverse group of
immigrants in recent years, including employees of Korean corporations with US factories. The number of temporary visitors from Korea to the United States has been increasing in recent years due to the VISA Waiver Program implemented in 2008. This program allows South Koreans to travel to the United States for 90 days or less without obtaining a visa. Although most Koreans living in the United States still reside in large Korean immigrant communities in areas such as Los Angeles, New York/New Jersey, Washington, DC/Virginia, Chicago, Seattle, and Atlanta, there are many Koreans who live in small communities throughout the United States.

It is important to note that there are significant variations among Koreans living in the United States. Depending on their initial immigration status (e.g., student vs. business), marriage (e.g., mixed or single ethnicity), and generation (e.g., 1st vs. 2nd generation), worldviews and value systems can be very different. There are also large individual differences among those who were not born in the United States, depending on when they immigrated (e.g., 1970 vs. 2010) and where they were in their stage of life at the time of immigration (e.g., before teenage vs. late adulthood). Additionally, those who were born and grew up in Korean families in the United States have unique qualities and cultural viewpoints compared to other Koreans who were born in Korea and moved to the United States.

Language

The modern Korean educational system includes English as a major subject, and it is expected that most Koreans born after the 1960s achieve a certain level of proficiency in the English language. However, the emphasis is primarily on spelling, reading, and grammar; therefore, many Koreans may not be fluent in speaking and writing. This may lead to a false sense of English proficiency among Korean patients if the clinician just uses performance from a word reading or sentence comprehension measure. It is possible that a patient may not have difficulty following written instructions but may struggle to understand simple oral instructions. It is also important for clinicians to understand that a patient’s reliance on an interpreter does not necessarily mean that he/she does not comprehend English at all. In fact, it is possible that the patient follows and understands much of the communication between the clinician and the interpreter. Despite this, the patient may still choose to use an interpreter because he/she is not comfortable speaking English, particularly when having to convey complex medical issues. An interpreter may also be accepted out of respect to the clinician.

There are local variations in the Korean language called “satoori,” which can include unique local phrases/words, pronunciations, and accents (similar to the southern accent in the United States). When arranging for an interpreter, it could be useful to request one who understands a particular local satoori for the patient. However, this may not be necessary because most satoori are mild regional variations that most Koreans would be able to understand.

Literacy and Education

Korea’s literacy rate in 1945 was one of the lowest in the world (22%), but this changed dramatically with the industrialization and modernization of the country. It reached 98.3% in 2008. The simplicity of the Korean alphabet contributes to the high literacy rate, but at the same time, it also prevents development of a reading test to measure premorbid functioning due to its lack of silent letters. While complete illiteracy among Koreans is rare nowadays, it is possible to encounter older Koreans who may not have complete command of reading and writing in Korean.

As the country became more modernized and economically developed, a stronger emphasis was placed on education. With the increase in household income and improvement in socio-economic status, mere survival ceased to be the main issue for many families. Parents poured enormous resources into educating their children, with the primary aim of obtaining a degree from a
prestigious college. For most families in Korea, a college degree from a prestigious institution is the guaranteed path to occupational opportunities and success. Academic excellence supersedes every aspect of a student’s life. The over-emphasis on education in recent decades could provide important information in a clinical evaluation. If a patient in her 40s reports that she did not finish high school, this can be clinically meaningful and may deserve further inquiry. Since dropping out of school without a high school diploma is rare in modern Korea, this may mean a significant personal life event. Currently, the school system in Korea consists of 12 years of compulsory education: elementary school (1st to 6th grades), middle school (7th to 9th grades), and high school (10th to 12th grades). English is one of the primary subjects taught beginning in middle school; however, most students receive some type of English education starting in their early years from a for-profit private institution (“hagwon”). Hagwon is very prevalent in Korea, and it is equivalent to the Sylvan Learning Center or Kumon in the United States.

Korea has an international reputation for having a high-quality educational system, and it consistently ranks among the best in the world. Practitioners in the United States can be assured that the educational practices within the Korean educational system are comparable to the United States minimizing threats to test validity when utilizing Western assessment approaches with Korean-speaking patients.

Socio-Economic Status

Korea’s socio-economic status has changed rapidly in the past half-century, and South Korea’s economy is now the 12th largest in the world. While there are still disparities between rich and poor, the majority of Koreans do not worry about daily food supplies and safe shelter. The older generation went through tremendous socio-economic and political changes in their lifetime, whereas the younger generation mostly lived in a rather stable and economically established society. The typical lifestyle of younger generation Koreans is not much different from those in the United States.

The perception of the general public in the United States toward Korea has evolved significantly over the past decade. Because of products from large Korean companies, such as automobiles, smartphones, and electric gadgets, as well as influence from the Korean entertainment industry (K-Pop), past memories from the Korean War have been replaced with vastly different modern images. It is very common to see Korea depicted as a poor, underdeveloped, farming country in US movies from the 1980s, but this is no longer true. Travelers to Korea often comment that they are impressed by both the traditional and modern cultures coexisting side by side in Korean society.

Values and Customs

As with other Asian cultures, Koreans traditionally value honor, loyalty, humility, and a collectivistic attitude. Family is considered more important than the individual in general. Although Koreans value family, community, and peer groups more than those from Western cultures, it is important to recognize that there is a wide range of differences among Koreans in their worldviews. While extended families (e.g., three or more generations living together) still exist, the composition of the modern Korean family typically includes only two generations (parents and children). Aging parents could live in proximity of other family members, and extended families often exchange visits during major holidays, such as Chuseok (Korean Thanksgiving) and Seolnal (New Year’s Day).

Elders are respected in the family and community, and Koreans use specific language/terms to relate to their elders or social superiors. The Korean language includes numerous terms and expressions to reflect the hierarchical social structure. Elders, teachers, doctors, and bosses are treated with respect, and juniors/younger people carefully choose their language and demeanor
in interactions. To call a superior by their first name is culturally inappropriate. Bowing is the primary way to greet someone, followed by a handshake. Typically, a person with lower social status bows first, and they are expected to use both hands for handshakes. Direct eye contact is considered impolite and rude, particularly when interacting with someone with higher social status. Hugging is not a norm but is allowed among very close friends, spouses, and family members. While Koreans are generally humble and reserved in interactions with superiors or those they are unfamiliar with, they can be very friendly, boisterous, and social with friends and family.

It was not unusual in earlier times in Korea to register a newborn after their actual birthdate, sometimes months or even years after. Reasons for this include the high infant mortality rate in the past and availability of local resources for registering the child’s birth on time. Koreans also traditionally consider a newborn child to be one year of age at birth (to account for the nine months spent in the womb), and to further confuse matters, some Koreans follow both solar and lunar calendars when keeping track of their birthdates. Because the difference of even one year can have an impact on the choice of norms and clinical decision-making, it is important to clarify the date of birth as part of the initial evaluation process with an older Korean patient.

**Gender and Sexuality**

Traditionally, gender roles in Korean society followed the stereotypical expectations of men working in the field and taking care of business (“outside”) and women raising children, preparing meals, and maintaining the home (“inside”). Married couples even referred to each other as the “person for outside” and the “person for inside.” The traditional roles of women in the family have evolved as Korean society has developed and become more Westernized. While older women tend to be conservative, younger women are more vocal in challenging restrictive and conservative gender stereotypes. In 2001, the Korean government established the Ministry of Gender Equality to promote women’s policy and advance women’s rights and status, which later changed to the Ministry of Gender Equality and Family in 2010.

Sexuality is a complex subject in Korean culture and is typically not discussed openly in public. Large generational gaps between conservative (traditional) and liberal (modern) views exist on the topic of sexuality. Discussions about sexual activities or sexual health can be difficult even in clinical settings, particularly for older patients. Views on issues such as prostitution and homosexuality/LGBTQ are heavily influenced by Confucian traditions. Same-sex marriage is not recognized in Korea. According to the *Organisation for Economic Cooperation and Development (OECD)*, Korea lags behind other countries when it comes to the acceptance of homosexuality. Very recently, Korean television dramas and shows have started to include LGBTQ characters into the storylines, which would have been unheard of even a few years ago, reflecting changes in public views of LGBTQ issues.

**Religion**

Based on the 2015 national census, 56% of Koreans reported no formal affiliation with organized religion. However, many still observe traditional Buddhist and shamanic shamanism based practices. Nowadays, native shamanistic beliefs and ideals of Confucianism coexist with formal religions in the form of cultural practices rather than as organized religions. Buddhism (16%) and Christianity (Catholics—8%, Protestants—20%) are now the dominant formal religions in Korea. A minority of Koreans (less than 1%) practice Islam, Taoism, and other religions. The influence of Christianity in Korea became noticeable starting in the 19th century and grew rapidly from the
mid- to late 20th century. In recent years, however, the number of Christians has declined due to growing public criticism against Christians on various social and religious issues.

Many Koreans living in the United States have strong affiliations with Protestantism (71%)\(^6\) and attend church regularly. It has been suggested that the responsiveness of Christian churches to immigrants’ needs, their communal nature, as well as social pressure from other Koreans are the main reasons for the high affiliation. Many Korean churches have English ministry for mostly second-generation Koreans who may not be fluent in Korean. The church is influential in daily life for many Koreans living in the United States and meets the various social and ethnic needs of its congregants, including providing Korean language education for children as well as providing a sense of identity and belonging.

**Healthcare and Mental Health Views**

Westernized medicine is the primary healthcare practice among Koreans; however, Eastern medicine is still popular among older Koreans. Practitioners of Eastern medicine in Korea, referred to as Hanbang, receive post-graduate/doctoral training, equivalent to that of Western medicine. Acupuncture, herbs, and cupping are common treatment modalities. Both Western and Eastern medicine approaches are respected, and it is not uncommon for older Korean patients to use both to treat or manage medical conditions.

Family members, such as adult children of older patients, may accompany the patient to an evaluation, particularly if the patient’s English is limited. Because of reluctance to discuss culturally sensitive matters (e.g., mental health issues, sexuality, etc.), a separate interview with the children could yield more detailed and valid information. Depending on family dynamics, English proficiency, and the patient’s preference, multiple sessions (with/without family members) may be necessary to gather more complete background information.

The health care system in Korea is considered among the best in the world. It is a universal and government-mandated single-payer system that provides coverage for the entire nation. In Korea, hospitals are usually equipped with modern diagnostic technologies (e.g., CT and MRI) and access to care and patient satisfaction is generally high.

There is significant stigma regarding mental health issues in Korea. Much of this comes from influences from Confucianism, where hard work, individual will, and self-discipline are emphasized. Seeking mental health treatment is generally considered dishonorable in the Korean culture. The homogeneous cultural mindset discussed earlier can also contribute to the shame and stigma of mental health concerns. Some reports indicate that less than 10% of those affected by mental illness seek psychiatric help. The universal health coverage affords medication and other treatments for mental illness for the majority of Koreans, but stigma often discourages individuals and families from utilizing this aspect of their healthcare coverage. In the past ten years or so, Korea has seen its suicide rate skyrocket, and it now ranks first among the OECD countries. Koreans are under significant stress from a young age because of academic, social, and cultural pressures. Data from the Health Ministry shows that mental illness, particularly depression, is the most significant cause of suicides in Korea.

**Neuropsychology in Korea**

The first neuropsychology laboratory in Korea was established in 1994 at the Department of Neurology of Samsung Medical Center. With increased awareness, understanding, and acceptance of the importance of psychological principles in promoting one’s well-being in Korean society and with government support for brain research, neuropsychology in Korea has enjoyed
much growth since its beginnings in the early 1990s. There are formal, university-based training programs in clinical psychology, through which one has the opportunity to specialize in neuropsychology. While the number of professionals involved in neuropsychology in Korea is steadily growing, those who can be identified as neuropsychologists (50% or greater time in practice, teaching, and/or research) still remain quite low when compared to the United States. Nevertheless, Korean neuropsychologists actively conduct research and regularly publish in well-respected scientific journals. There are multiple neuropsychological measures that have either been translated into Korean from the US version or have been developed and standardized for the Korean population. Considering its relatively short history, neuropsychology in Korea has seen much advancement in the past 20–30 years. With the increasing demand for neuropsychological services in Korea, there is much promise for continued growth and advancement of the field in the country.7

Section II: Case Study — “I Have No Plans to Retire”

Note: Identifying information and some aspects of history and presentation have been changed to protect patient identity and privacy.

Reason for Referral

Mr. Park was referred for neuropsychological evaluation by his neurologist after suffering a mild right-sided stroke with residual left hemiparesis four months prior to the evaluation. He had been hospitalized for eight days and then released home to the care of his wife.

Mr. Park’s official medical record indicated that he was 79 years old, but he reported during the clinical interview that his real birthday was one year earlier, which made his actual age 80 years instead of 79 years. This information was taken into account when selecting tests with appropriate norms.

Behavioral Observation

Mr. Park arrived early with his wife and son for his appointment. Arriving early is the norm for many Korean patients and conveys respect for the doctor and his/her time. Mr. Park was personable and cooperative. He and his wife expressed appreciation for being able to speak to a clinician who was fluent in their preferred language, and this appeared to facilitate positive rapport quickly. Mr. Park walked slowly with a three-point cane. He had left-sided weakness and was observed not to use his left hand during testing. Mr. Park spoke fluently and was able to express himself in Korean without difficulty, but he tended to be quiet and allowed his family to speak for him during the clinical interview. When he did participate in the interview, he was observed to be forgetful and repetitive at times. For example, he asked the examiner’s name a few times, sometimes just minutes after being told. During the mental status exam, Mr. Park was unable to recall the date or place correctly. Mr. Park reported his mood to be “okay,” but his affect was observed to be flat. He was slow to initiate tasks at times and required prompts or cues. He tended to give up easily. Other times, he was impulsive and attempted to start tasks before instructions were given. Instructions had to be repeated at times. He complained of fatigue after approximately two hours of testing, consistent with behavioral observation, but was agreeable to continue to complete the evaluation.
Presenting Concerns

Mr. Park initially denied any significant cognitive problems but later acknowledged that he could not remember things as well as he used to. He and his wife owned a dry-cleaning business, and he was still involved in overseeing the finances of the business. Mr. Park’s family reported that his memory had worsened since his stroke, and he was also slower overall to speak and respond. Mr. Park had not driven since his stroke but expressed a strong desire to resume driving. Physically, he reported weakness in both legs, especially on the left. He fell at home after his stroke and started using a cane after that. His family had noticed that he was physically slower with “everything” and also seemed to have decreased energy. Mr. Park was receiving physical therapy and weekly acupuncture treatment at the time of the evaluation, with reports of some improvement as a result. He was also taking traditional Korean herbal medicine.

Daily Functioning

Mr. Park and his wife lived by themselves in an apartment building. Mr. Park was able to manage all basic self-care activities without assistance. He had a shower chair installed after his stroke for fall prevention. As is typical in traditional Korean families, Mr. Park’s wife did all the cooking and cleaning, as well as management of household finances. Mr. Park was managing his own medications. Socially, Mr. Park was still meeting with friends regularly, mostly from church. He and his wife attended church weekly, and they cited religion as an important part of their daily life.

Health History

Mr. Park reported that he was healthy as a child. He developed diabetes in his 30s, presently managed with diet and medication. He had otherwise been in good health prior to his stroke. Mr. Park did not report a preference for traditional vs. non-traditional medicine approaches and had been utilizing both since his stroke (herbal medicine, acupuncture, physical therapy, neurology follow-ups). Mr. Park had a significant family history of stroke. Both his parents died from stroke-related complications in their mid- to late 80s.

Educational and Occupational History

Mr. Park completed high school and college in Korea. He reported that he was a good student and did well in school. He studied accounting and worked as an accountant in Korea prior to immigrating to the United States in his 40s. In the United States, Mr. Park owned a small fashion shop for a few years before purchasing a dry-cleaning business. He and his wife managed the business together. Mr. Park had started to cut back his work hours prior to his stroke, with one of his children helping out as needed. Mr. Park stated that he still did not have any plans for retirement, and it was his intention to return to work once he recovered from his stroke.

Language Proficiency

Mr. Park completed all of his formal education in Korea. While he had been in the United States since his 40s and had conversational fluency in English, Korean was his preferred language. It was the language that he used almost exclusively at home and when socializing with friends. As such, evaluation procedures were selected that would minimize bias due to cultural and language factors.
Cultural History

Mr. Park was born and raised in Seoul, South Korea, as the oldest of eight children. As the eldest son in a traditional Korean family, Mr. Park would have enjoyed the privileges that came with this position, but he also would have had many expectations and burdens and would have functioned essentially as another parental figure to his siblings. This early role appeared to continue to influence him even into the present as he was recovering from his stroke. As head of household, he saw his primary role as being the provider, and hence, he had no plans to retire and intended on returning to work when he could.

Mr. Park and his wife immigrated to the United States in the early 1980s. His cultural outlook and mindset were still primarily traditionally Korean, but in his almost 40 years of living in the United States, Mr. Park appeared to have found a good balance between keeping to his Korean traditions and assimilating into the larger mainstream culture, as evidenced by his successful work history in the United States and his use of both traditional and non-traditional health care approaches.

Emotional Functioning

Mr. Park denied any mood symptoms. His family also agreed with this initially and stated that they had not noticed any depression or anxiety. However, further questioning revealed more mood symptoms than what Mr. Park or his family had initially been willing to acknowledge. When mood difficulties were normalized in the context of his recent stroke, Mr. Park opened up and admitted that he had been more easily tearful than before. His family also added that he seemed more emotional and sensitive than what was typical for him. They also reported noticing some apathy with certain hobbies he used to enjoy, such as baduk (Korean board strategy game). When his family mentioned this, Mr. Park admitted that playing baduk was more cognitively difficult now than before his stroke.

Preliminary Formulation

Cognitive/neurological sequelae related to Mr. Park’s recent stroke were expected, but the presence of a mood disorder as a sequela not just of the neurological event but of post-stroke adjustment difficulties moderated by cultural variables was also considered. Considerations were made that this may have resulted in minimization of mood problems and denial or unawareness of the contributions of mood to post-stroke adjustment and recovery for Mr. Park and his family.

A neuropsychological test battery that could assess Mr. Park’s cognitive and emotional functioning in a culturally fair manner was selected and administered.

Test and Norm Selection

A battery of tests that could be administered in Korean was selected. Test instruments included several neuropsychological instruments from Korea, as well as several US-developed neuropsychological measures.

1 Korean Mini-Mental Status Exam (MMSE-KC, from the CERAD neuropsychological assessment battery).
2 Korean Elderly Memory Disorder Scale (EMS). The EMS is a battery of tests that assesses verbal and visual memory, auditory and visual attention/working memory, naming skills, and visual-spatial ability. It is similar to the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS). For clinicians practicing in the United States without...
access to the EMS, translating the US RBANS subtests may be an acceptable substitute based on the authors’ experience. However, usual caveats apply in terms of acknowledging the limitations of the normative database and introduction of possible errors when translating tests, particularly language-based tests. As an alternate to translating the verbal list learning test from the RBANS, the Korean Auditory Verbal Learning Test is available.10

3 Korean Wechsler Adult Intelligence Scale-IV (K-WAIS-IV).11 The K-WAIS-IV is modeled after the US version and has all the same subtests. The US WAIS-IV performance-based measures and norms may be appropriate to use for an older Korean patient based on the authors’ experience.

4 Korean Stroop Color-Word Test for Senior.12 The procedures for the Korean version of the Stoop Color-Word Test are the same as the Golden version of the Stroop test.

5 Brief Visuospatial Memory Test-Revised.13

6 Color Trails Test 1 and 2.14 As an alternative to Color Trails, Trail Making A and B with the English alphabet can be used for Korean patients with 13 or more years of education.15

7 Line Orientation and Semantic Fluency subtests from the RBANS.

8 Grooved Pegboard Test.16

9 Category Fluency: Animal fluency; Tombaugh et al. (1999) norms, which are stratified by age and education, were used with Mr. Park.17 Older adult Korean norms for category fluency and letter fluency have been published, which were unavailable to the examiner at the time of Mr. Park’s assessment.18,19

10 Wisconsin Card Sort Test-64.20

11 Korean Beck Anxiety Inventory (same cut-off scores as the US version).21

12 Geriatric Depression Scale22—Korean translation (same cut-off scores used in the United States).

**Test Results and Impression**

Mr. Park’s premorbid level of functioning was estimated to have been in the average range based on his educational and occupational history. His test results revealed mildly impaired mental status, including impaired orientation to date and place. Additional deficits were found in memory, visual-spatial skills, processing speed, aspects of executive functioning (cognitive flexibility, problem solving), and left-sided fine motor control. Despite these deficits, there was no evidence of decline in intellectual functioning from baseline levels based on his K-WAIS-IV scores. Mr. Park obtained very strong scores on measures of auditory attention/working memory. He scored at expected levels on measures of visual attention/working memory, reasoning, and response inhibition.

Mr. Park did not endorse any significant mood symptoms on formal mood measures, but given clinical observations as well as his and his family’s reports during the clinical interview, it was determined that Mr. Park had a mild mood disorder secondary to post-stroke adjustment difficulties characterized by increased emotionality, increased sensitivity, mild anxiety, and mild apathy.

Mr. Park was still independent with basic and instrumental daily living activities and was given diagnoses of Mild Vascular Neurocognitive Disorder and Unspecified Adjustment Disorder. Recommendations were made for cognitive rehabilitation, with the acknowledgment that this may be difficult to access for an individual like Mr. Park, given the language barrier. Individual and family counseling with a Korean-speaking therapist were also recommended, as well as considerations for future consultation with a Korean-speaking psychiatrist for medication management if mood symptoms persisted.
Feedback Session and Follow-Up

The feedback session was held with Mr. Park, his wife, and his son. Mr. Park and his family were not surprised to hear about his cognitive deficits but were relieved to hear that he did not have dementia, which is something they had all feared. Education was provided about stroke-related symptoms and the stroke recovery process, which was information they had not received previously from any of the other doctors they had seen. Mr. Park and his family were also not surprised at the mood diagnosis as that was something they had suspected even though they had initially denied any mood difficulties. A discussion ensued of the importance of addressing mood issues and how this could affect the recovery process, which they seemed to understand and appreciate. While open to this discussion, Mr. Park and his family still appeared to receive the recommendation for counseling with some hesitation, indicating that their faith was what they preferred to turn to. It was left as an option for them to consider for the future, which they were agreeable to. They expressed appreciation that Korean-speaking counselors were available in their community.

We also discussed the issue of retirement in the context of minimizing stress going forward. Mr. Park was receptive to the idea of retiring and acknowledged that it might be time for him to step back and allow his family to help. Getting reassurance from a medical professional appeared to help Mr. Park give himself “permission” to step back. His son reiterated support for the idea of retiring, adding that he and his siblings would be there to help out as needed. The importance of pursuing healthy lifestyle habits was also emphasized. A follow-up evaluation in approximately one year was also recommended, and Mr. Park and his family were agreeable. In the end, they again expressed their gratitude for being able to work with a clinician who could communicate with them in their preferred language.

Section III: Lessons Learned

- It is important to recognize that there is a wide range of differences among Koreans living in the United States. Worldviews and value systems can be very different depending on one’s generation, age, time of immigration, immigration status, profession/career, birthplace, and religion, among others.
- Given the unique values and customs among Koreans, a cultural broker can be helpful for clinical evaluations in understanding various socio-economic, cultural, and linguistic factors. A cultural broker can be a local psychologist/clinician or a community member who can provide advice and guidance regarding Korean social and cultural practices, which can influence clinical outcomes.
- Elders, parents, doctors, and teachers hold positions of respect in Korean society. Patients and families appreciate it when a doctor (neuropsychologist) spends extra time to listen to their stories, review test results, and provide recommendations.
- There has been a lot more acceptance of the importance of mental health in the Korean community, but much stigma still remains, particularly in the older, more traditional generation. Rather than asking direct questions such as “Are you depressed?” asking questions such as “Are you stressed?” or “What worries you?” or normalizing it in the context of a medical condition may yield more information about mood.
- Religion, especially Christianity, plays an important role in many Korean families in the United States. Many Koreans forgo recommendations for formal counseling in favor of seeking out church elders, praying, and/or reading the Bible.
- The language barrier continues to limit access to counseling and rehabilitation programs for many Koreans, especially those of the older generation. More research, funding, and culturally competent clinicians are needed to bridge the gap.
Norms developed in South Korea may not be the most accurate for a Korean individual who has been living in the United States for most of his/her adult life. Having separate norms for Koreans living in the United States vs. Koreans living in Korea would be ideal. None are available currently, to the authors' knowledge, but this would be an important area for future research.

While there are Korean tests and norms commercially available, they can be difficult for general US practitioners to gain access to. Further research into more appropriate norms and methodology are necessary to meet the needs of an increasing Korean-speaking population in the United States.

Glossary

**Chosen Dynasty (also transcribed as Choson or Joseon).** The Chosen Dynasty was a Korean dynastic kingdom in the Korean peninsula that lasted for five centuries (1392–1897). It was founded by the military commander Yi Seong-Gye after the Goryeo Dynasty. He established the capital at Hanyang (now Seoul) and allied himself with a group of reform-minded Confucian scholars. Teachings of Confucius became the guiding principles of the government as well as the general public, rather than the Buddhism of the Goryeo Dynasty. The legacy of the Chosen Dynasty can still be felt in many areas of modern Korean life, including language, cultural norms, social roles/expectations, and family life. The kingdom lasted until it became the Korean Empire in 1897, which was later colonized by Japan in 1910.

**Confucianism.** Confucianism is a system of philosophical and ethical teachings, founded by Confucius in the 6th century BCE and further developed by Mencius in the 3rd century BCE in China. It is considered a religion by some and a social and ethical code by others. Confucianism believes that human beings are inherently good, and it advocates strict ethical codes and rituals to achieve peace and prosperity in life. While the influence of Confucianism decreased over the past decades, it can still be felt in many aspects of life in Korea, such as close family ties, respect for the elderly and teachers, hierarchical social interactions, and stereotypical gender roles.

**Cupping.** Cupping is a practice in Eastern medicine that involves placing cups on the skin of the patient. By warming the air within the cup, a vacuum is created, and the skin is drawn up into the cup. The major benefit of cupping is increased blood flow and loosening of connective tissue. Cups are typically placed on the back, neck, and shoulders. It is similar to a deep tissue massage.

**K-Pop.** K-Pop refers to Korean popular music that originated in South Korea. K-Pop music in its current form started in the 1990s and was popularized in the 2000s. It includes genres of rock, hip hop, rap, and electronic music. K-Pop idols are groups of young artists and musicians, typically formed by entertainment companies. These idols often begin their career in their teens and train for years to become a member of an idol group. K-Pop melodies are simple and catchy, with perfectly in-sync choreographies. K-Pop idols often enjoy megastar status with their physically fit physique, attractive appearance, and unique styles.

**OECD.** The Organisation for Economic Co-operation and Development (OECD) is an international organization with 37 member countries. It was founded in 1962 to promote world trade and to build better policies. OECD members consist of high-income countries and are considered as developed countries. It publishes influential economic data and evaluations/rankings of member countries, although it does not have the power to enforce its decisions. The headquarters is located in Paris.

**Shamanism.** Shamanism is not tied to any single culture or religion. The religious practice involves a shaman who is believed to have special powers to interact with souls or spirits and influence them. One of the common beliefs in shamanism is that everything/everyone is...
inter-connected. Evidence of shamanistic practices has been found in Scandinavia, Siberia, Mongolia, Korea, Japan, China, Inuit, and First Nations tribes of North America.

References