Cultural Diversity in Neuropsychological Assessment
Developing Understanding through Global Case Studies
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Taiwan—The Island That Embraces the Pan Chinese Culture

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Section I: Background Information

This chapter focuses on the most pertinent topics in neuropsychological assessment conducted by a US-trained neuropsychologist with a Taiwanese/Taiwanese-American examinee.

Terminology and Perspective

People from Taiwan, home of the 2023 INS mid-year conference, are referred to as Taiwanese, though a heterogenous group is represented. For the purpose of this chapter, identification as Taiwanese is established through self-assessment. Many residents in Taiwan are originally from mainland China due to the 1949 mass exodus. Depending on whose research you read, a high number of inter-marriages between the native Taiwanese and Chinese is present. Many families have been regularly touring back and forth between Taiwan and China since 1987, when such travel became permissible.

I am a grateful Taiwan-born Chinese daughter of now retired diplomats who are ethnically Chinese. While I grew up in various countries, my parents and grandparents instilled in me strong Chinese cultural values. On a daily basis, I continue to listen, speak, think, read and write in Chinese at the most advanced level. More will be discussed in the Language section below regarding the written language which unites Chinese (including the Taiwanese) people, as well as the importance of reading and writing in the Pan Chinese culture.

Geography

Taiwan is an island country off the southeastern coast of China. In the 1500s, Portuguese sailors discovered this island and named it “Formosa,” which means “beautiful” (island). If Taiwan were one of the United States, it would be the third largest by population at 23 million: smaller than California and Texas but larger than New York or Florida. By economic output (GDP), Taiwan would fall behind California, Texas, and New York, but ahead of each of the other states in the United States. By area, Taiwan would be the 42nd largest state, larger than only relatively small states like Maryland, Hawaii, and Massachusetts. Taiwan is about 7,000 miles from California, so flying there from the United States takes just about a full day. The subtropical climate is similar to Hawaii and ideal for growing colorful fruits, vegetables, and tea. If you visit Taiwan’s capital city of Taipei, you must see the vibrant Taipei 101 building, currently the world’s 11th tallest building (and formerly the world’s tallest from 2004 to 2010). Email me if you are disappointed by the food inside Taipei 101.

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History

It is a daunting task to write a good summary of Taiwan’s history. I will focus on people and topics most likely to be encountered in a neuropsychological assessment in the United States.

As early as 220 AD, Taiwan was explored, occupied, or governed at different time periods by some of the following groups: The Three Kingdoms (between the transition from the Han to the Jin Dynasty), the Dutch, the Portuguese, the Aborigines (aka the indigenous High-Mountain group), the Hoklo from China’s Fujian province, the Hakka Hans, the Japanese, soldiers and followers of the Nationalist Party who retreated to the island around 1949, and finally new immigrants from South-Eastern Asia and elsewhere since the 1990s. Taiwanese people have long embraced many adventures, challenges, traditions, and influences. Please forgive me if I did not include a group that is personally significant to you.

The more recent Taiwanese history is as follows. Taiwan became the first colony of Japan after the defeat of the Qing in the Sino-Japanese war of 1895. This led to a 50-year occupation by Japan from approximately 1895 to 1945. As a colony of Japan, Taiwan participated in World War II, with Taiwanese men being conscripted into the Japanese military. When Japan surrendered at the end of World War II, Taiwan was formally placed under the governance of the new leadership there. However, the United States was active in the reconstruction of both Taiwan and Japan and temporarily provided governance ostensibly until China could take control.

In 1949, the then dominating political party in China, known as the Kuomintang (the Chinese Nationalist Party), was defeated by the Communist Party and forced to move to Taiwan. Using my family as an example, my maternal grandparents and their then seven-year-old child, my mother, followed the leaders of the Nationalist Party and moved to a small city near Taipei. My father’s family had more involvement in the Chinese civil wars and separated from each other earlier in mainland China. My father survived and entered a foreign language school that later helped him to enter the Taiwan diplomatic corps. Strong work ethic, value on doing (vs. speaking), and family pride pushed my parents to work hard. This is consistent with Chinese philosophy and history of many growing up in Taiwan: “There shall be no impossibility if one works diligently” (一勤天下无难事).

In 1979, the United States opened diplomatic relations with the People’s Republic of China (PRC) as there was a heightened sense of concern over the growing threat of the nuclear superpower that was the USSR. It was then that the United States recognized the PRC’s claim to Taiwan officially, and United States relations with Taiwan transitioned to informal and unofficial. However, the United States has continued to trade with Taiwan and has routinely sold military defense equipment to Taiwan to enable Taiwan to maintain a sufficient self-defense capability. Today Taiwan is effectively governed as an independent country, known as the Republic of China (ROC), while the PRC still considers Taiwan to be part of its “One China.”

Values and Customs

Readers are reminded that the main goal of this chapter is to assist the interested neuropsychologist to gain a better appreciation of the Taiwanese culture in order to provide services to their client. Taiwan is a progressive and democratic country. As evidence of this, Taiwan is one of approximately 23 countries in the world that, as of this writing, has a female President. You might not immediately find such data because China insists on the name “Chinese Taiwan” under the “One China” policy. Despite its political stalemate with the PRC, Taiwan is closely tied to the Pan Chinese culture. “Chinese” is a heterogeneous group, and China is the motherland of other ethically Chinese-influenced countries, including Taiwan. To reiterate, it is beyond the scope of this chapter to describe the long and complex sub-cultural attributes. Taiwan continues to embrace
cultures and influences of many origins including various Chinese groups (e.g., the indigenous
Taiwan, Han, Man, Miao, Hakka, etc.), as well as other influences such as the Dutch, Japanese,
and American! If I were to name two main distinct characteristics of the Taiwanese (as opposed
to the Chinese), they would be (1) their education level being more homogenous i.e., Taiwanese-
Americans are generally well educated and (2) that they are adventurous, resourceful, friendly,
and open to learning and benefiting from other cultures and ways of living.

Taiwan attracts tourists from all over the world as well as American businesses, more so than
China. On an everyday bus or subway train in a larger city, such as Taipei, one finds not only
traditional Taiwanese and Chinese restaurants but also McDonald’s, Kentucky Fried Chicken
(KFC), Starbucks, as well as other international cuisine and cafes. One sees signs as well as writ-
ing in both Chinese characters and English. Spoken English along with the two primary dialects
spoken in Taiwan, Mandarin and Taiwanese, can be heard routinely. On a high-speed train to the
other cities in Taiwan, one hears a combination of languages and dialects: Mandarin, Taiwanese,
Hakka, and English. In the Chinese culture, a dialect represents a common way of speaking for a
community (usually a province or in geographically larger provinces, a specific region), admitting
to only minor variations in structure; language consists of a continuum of dialects and usually
refers to the written characteristics.

Chinese people share many cultural characteristics stemming from Confucian teachings empha-
sizing action (doing), reading and writing (vs. speaking), education, family, specific role of various
family members, and physiological/somatic (vs. psychological expressions). A neuropsychologist
who is familiar with the nuances of the Chinese and Taiwanese culture and history is equipped
to consider many of the pertinent psychosocial factors and is more likely to be able to obtain a
relatively more coherent history of an examinee and their family. As illustrated in the case study
below, Mr. Yang’s uncle was not only a semi-famous entrepreneur in Taiwan but also had a unique
surname. The moment Mr. Yang mentioned his uncle’s history, I identified who his uncle was.
Another example is the actress mentioned in the case vignette who won the “Oscar of China”
for Best Actress also has a unique name that tells a learned Chinese person that she is of mixed
Chinese and Mongolian heritage. In sum, invaluable history of a Taiwanese (or Chinese) examinee
can be inferred by their name alone. If using an interpreter, consider asking him/her if there is any
significance or insight to be gained from the examiner’s name.

For more information regarding the importance of cultural nuances, such as food in the Taiwanese
tradition, refer to the movie Wedding Banquet by the two-time Academy award-winning director,
Ang Lee, who was born in Taiwan, educated in Taiwan and United States, and socio-culturally
identified as Chinese because his parents were born and raised in China.

As noted in a previous publication, at least five specific cultural values are pertinent to neu-
ropsychological assessment of Taiwanese-American examinees. These are described below.

Language

The official spoken language in Taiwan is Mandarin, and residents of Taiwan can understand
spoken Mandarin, even though they may speak a combination of Mandarin and Taiwanese or
other Chinese dialects. Just like most Chinese individuals, a Taiwanese person usually learns to
speak several dialects while growing up with parents and grandparents in the same house. It is
common to have grandparents from both sides who speak different dialects. Thus, Chinese and
Taiwanese speakers are trained at an early age to “code-switch” from one dialect to another. It is
important to note that Chinese dialects generally differ in cadence and are fairly similar, particu-
larly those from neighboring provinces. Typically, one can communicate easily in a dialect from a
neighboring province but not as well from a distant one, unless the individual makes a dedicated
effort to consistently learn and practice another dialect. Generally, it would be a mistake to ask a Taiwanese person: “Do you speak Mandarin or Cantonese?” Cantonese is only one of the 30+ dialects spoken by the Chinese and is not a particularly common dialect among the Taiwanese.

Chinese characters are largely uniform, with the traditional version of Chinese written language consisting of about 50,000 characters being used in Taiwan, while the simplified version, making up of about 8,000 characters, being used in China. Of more relevance to assessment of cognitive functions and changes is that Taiwanese-Chinese culture tends to value written language over spoken language. Reading and writing skills in English and Chinese in an educated Taiwanese individual are typically more developed than spoken language (English or Chinese) due to cultural differences. Indeed, there is a common saying that is very similar to “Silence is golden” (言多必失) which indicates the cultural value of silence.

An examiner with an understanding of a specific dialect, non-verbal aspect of the language communication, a knowledge base of Taiwanese history, and an effective command of writing skills will be able to catch things that would be lost in a verbal/oral interpretation via writing.

In light of the high level of education a Taiwanese-American generally has, a neuropsychological examiner should possess university-level linguistic skills to assess a wide range of examinees in all five areas of language: listening, speaking, thinking, reading, and writing. If the examiner can merely speak a language but cannot read or write it, then he/she is unable to independently conduct a portion of the neuropsychological test battery in the examinee’s preferred language due to these limitations. The neuropsychologist who asserts she has Chinese language proficiency should share her certificates, just as a clinical neuropsychologist displays his/her board certification (Lidia Artiola i Fortuny, personal communication, 10/16/2019).

For clinicians who are not of Taiwanese heritage or do not possess cultural and linguistic proficiency, effective rapport can be similarly established (see suggestions below). A burden should be on the neuropsychologist to verify that a non-family member and professionally trained translator or medically certified interpreter is being used to promote accuracy of the interpretation (typically related to the spoken/oral language) and translation (related to the written language), as well as protection of the examinee’s privacy.

**Education**

Education is highly valued in Asian culture in general and in Chinese culture specifically. Approximately 51% of Asian-Americans (Asians living in the United States) have at least a bachelor’s degree; 21% of Asian-Americans over the age of 25 have an advanced degree, including Master’s, MD, PhD, or JD degrees. More specifically, data from the 2018 Program for International Student Assessment (PISA) show a high level of education and test scores by Taiwanese students. According to 2018 to and 2019 data, Taiwan was seventh in the number of international students entering US universities, while China was the first. The higher education system in China, South Korea, and Taiwan ranks among the best in the world. However, this is not to say that every Taiwanese individual has an opportunity for higher education. As an example, the educational system in Taiwan during Mr. Yang’s parents’ developmental years was still being developed as at that time Taiwan was adjusting to the integration of the immigrants from the many provinces of China. The need to develop an educational system in the Mandarin (vs. Taiwanese) dialect was pressing and immediate.

Many Taiwanese immigrated to the United States (and other parts of North America, Asia, Australia, and Europe) typically for educational and potentially better occupational opportunities. The region of origin in Taiwan is also a factor. A person from the capital city, Taipei, such as
Mr. Yang, generally will have more education in Taiwan prior to moving to the United States than his age-related peers from other geographic regions.

**Approach to Neuropsychological Evaluations**

Just like many Americans do not know exactly what a neuropsychological assessment entails, a Taiwanese-American client initially might not be aware of the purpose and value of neuropsychology. However, Taiwanese individuals can often be easily informed, particularly given the fact that they tend to be highly accomplished educationally and occupationally. Many have had advanced training in science and/or engineering. Using myself as an example, prior to studying neuropsychology, I majored in physics and studied neuroscience.

A number of strategies can be used to assist with establishing rapport with a Taiwanese examinee and the examinee’s family. These are discussed in more detail with a case illustration in a previously published chapter. One strategy involves affirming an examinee’s decision to attend the neuropsychology consultation with a statement such as “I’m glad you came. As a neuropsychologist, I assess brain functions but am not here to probe your private feelings. I think that neuropsychology can be of help to you and your family.” Descriptions of neuropsychology’s interdisciplinary relationship with neurology, neuro-ophthalmology, as well as with rehabilitative services, such as physical therapy, occupational therapy, and speech therapy, can help to underscore the unique role and contribution of a neuropsychologist. Neuropsychologists should reassure the examinee of their professional training and experience by displaying their diploma/credentials in neuropsychology and language proficiency. Use of a certified translator or linguist is highly recommended if the neuropsychologist does not have cultural and linguistic proficiency. Neuropsychologists should reassure the client and his/her family of confidentiality as well as limitations to confidentiality. Modification of standard test procedures is sometimes necessary (as the contents of some tests might not readily apply to the Chinese culture), and the neuropsychologist should be flexible in doing so. The neuropsychologist should share his/her current and/or past scientific research program(s), publications, and/or university affiliation(s), highlighting the relationship between neurophysiology and neuropsychology, as well as emphasizing the predictive and heuristic values of neuropsychology. This reassurance of credibility also helps to build rapport.

Until rapport is more strongly established, it is helpful to first ask questions about an examinee’s physical health before inquiring about psychological distress. Finally, whenever possible, a culturally and linguistically competent neuropsychologist should make use of Chinese proverbs and/or famous stories to assist with recommendations. This approach is later illustrated in the case vignette below.

**Section II: Case Study — “Now That I’ve Sustained a Concussion, I Need to Work Hard to Get Back on My Feet. I Need More Food and Oolong Tea to Heal!”**

Note: Clinical details below have been modified to maintain patient confidentiality. All names are fictitious.

**Presenting Problem**

Mr. Yang is a 52-year-old Taiwanese-American, right-handed computer engineer, referred for a neuropsychological evaluation following a motor vehicle accident (MVA). When driving to work, his car was hit by a large truck. He was alert and frightened when the ambulance arrived but was unsure if he lost consciousness. He sustained minor injuries to his neck and right shoulder.
Mr. Yang refused to be taken to the hospital, insisting that he drive himself to work, which would take him only another 15 minutes. He was also observed to be apologizing profusely to a new co-worker, Mr. Lin, who was following Mr. Yang to work that day, as Mr. Lin was unfamiliar with the geographic area. Mr. Lin witnessed the accident and has since reported symptoms associated with post-traumatic stress disorder (PTSD).

After driving himself to his office, Mr. Yang worked a full day and went home feeling tired and still frightened. He began to develop headaches and nausea the next day. His neck and shoulder pain also worsened. However, it was his mother’s 80th birthday celebration in two days, and he did not want to tell his parents (who live nearby) about his MVA nor seek medical attention. His symptoms persisted after one week. He had nightmares of car crashes and being chased by animals, and he experienced insomnia. His wife decided to take him to the emergency department of a local hospital. There he had a normal neurological exam and was diagnosed with “post-concussive syndrome (PCS), cervical (neck) strain, shoulder pain and PTSD.” He had minor avoidance of the intersection where he had the accident, though this was substantially resolved. He was instructed by the ER physician to take Tylenol as needed and to follow up with his primary care physician (PCP).

Six months after Mr. Yang’s MVA, he still suffered from “headaches, neck pain, shoulder pain, disrupted sleep, difficulty focusing attention, fatigue, inability to work without taking several short breaks a day, as well as arguments with his wife and sometimes his 20-year-old son.” His PCP ordered a brain MRI scan which was normal. His physician again diagnosed him with “PCS, neck strain, and PTSD” and referred him to an occupational therapist (OT) and a mental health counselor. Mr. Yang followed up with the OT for six sessions, and they agreed to reduce the frequency of visits to once a month. Mr. Yang canceled the follow-up appointment after one additional session, citing a conflict in his work schedule. He met with an individual counselor twice and discontinued. His wife and son saw a family counselor three times after his MVA to discuss their psychological distress and found the counseling to be helpful.

Nearly 15 months after Mr. Yang’s MVA, concerns about persisting post-concussion symptoms prompted referral to a neurologist at a local university medical center who found nothing untoward on examination and subsequently referred Mr. Yang for neuropsychological assessment with a Mandarin-speaking neuropsychologist.

Behavioral Observations

Mr. Yang was accompanied by his wife to my office. The assessment was conducted using a combination of Mandarin, Taiwanese, English, and written Chinese. Based on his responses, Mr. Yang showed no difficulty understanding either Chinese or English. He was alert and cooperative. He spoke rapidly and sometimes loudly. His conversational speech was characterized by word-finding pauses.

Mr. Yang was fully oriented. No evidence of a thought disorder was observed. His predominant mood was anxious, and from time to time, he showed flashes of irritability particularly when he felt that his wife was being critical of him. He noted that “people did not seem to appreciate the degree of impact my accident had produced.”

Mr. Yang’s vision and hearing were both intact. He is right dominant. No fine motor difficulties were detected.

Mr. Yang showed a perfectionistic approach and often watched my reactions and asked how he did. History was given by both Mr. and Mrs. Yang during a collateral interview which was conducted prior to the individual interview and neuropsychological testing.

Mr. Yang’s surname and family history reminded me of a semi-famous pioneer entrepreneur from Taiwan who built a company in a metropolitan city on the East Coast, United States, in
the 1970s. Upon further inquiry, he shared that the person is his paternal uncle. I shared that my parents were diplomats posted in the same city around the same time period.

**Family History/Background**

Mr. Yang was born in a suburb of Taipei, Taiwan. His father is a native Taiwanese, while his mother was born in the Hebei province of China. Mr. Yang is the eldest of three children. He learned the Baoding dialect of Hebei and Taiwan dialect before preschool and heard all three dialects (Baoding dialect, Taiwanese, and Mandarin) prior to going to school. Consistent with my professional and personal experiences, he said that most of his neighbors, extended family members, and friends all speak Mandarin. The formal education he received was in traditional Chinese (written language).

As noted previously, Mr. Yang’s paternal uncle was working on the east coast. Mr. Yang and his younger brother were sent to live with his uncle and aunt and spent three years, where he attended a local US elementary school from the age of 9–12. Then he returned to Taiwan. Living with relatives for a period of time is common in Chinese culture.

Mr. Yang has been married to his wife for 21 years, and they have two children (son, 20 and daughter, 17). He moved to the United States in the early 1990s for graduate school and met his wife, who is also a native of Taiwan but immigrated to the United States with her parents when she was a first-grader.

Mr. Yang disclosed a normal developmental history. Per available medical records and self-report, Mr. Yang’s medical history prior to his MVA was unremarkable. His family medical history was significant for type II diabetes in his father.

Mr. Yang acknowledged social drinking while denying any history of illicit substance use. He and his wife concurred over a prior history of mild anxiety, along with occasionally minor verbal arguments with his wife and sometimes colleagues. However, he said he did not experience significant sleep problems before the accident.

Mr. Yang obtained a BS degree from a highly prestigious university in Taiwan, majoring in computer engineering. He described himself as a “B+” student. He said that his favorite subjects in school were “math, all sciences and sports.” He denied having had a concussion while playing sports. He obtained an MBA degree from a university in the San Francisco Bay Area. According to his recollection, Mr. Yang’s mother completed high school. His father obtained a degree that resembles a GED in the US educational system from a “professional government-management school.”

Upon receiving his MBA degree, Mr. Yang worked as a programmer for a start-up computer company for a year in the Bay Area. Later, one of his colleagues there recruited him to join the leadership team at his current company, where he has worked for 14 years. After his accident, he was allowed to work from 9 to 3, granted he attends essential team meetings and completes projects. He did not always need this accommodation and worked diligently. About eight months later a younger female manager was hired by his company. Mr. Yang stated the belief that she has been scrutinizing his work and attempting to take away his flextime. According to his wife’s observation, he had become more stressed and irritable.

Prior to his accident, Mr. Yang’s hobbies were “playing a variety of sports and doing things with his family and friends.” Now he takes walks either alone or with his wife and watches football and sometimes movies on TV. He and Mrs. Yang concurred that he has been fully independent in his activities of daily living and instrumental activities of daily livings (ADLs and IADLs). For example, he assists her with cooking and takes the lead in managing the household’s finances. A concern expressed by his wife was that after his accident, he self-initiated drinking a larger quantity
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of oolong tea. He responded by saying she had got him hooked on tea after she took note of his fatigue upon his return to work.

When asked, Mr. and Mrs. Yang reported that they converse with each other in a combination of Mandarin, Taiwanese, and English. Mr. Yang rates his spoken and written English as “good.” He had not had an opportunity to consistently use written Chinese but is able to read because the diversity in the Bay Area affords him an opportunity to continue to read in Chinese (e.g., at local shopping malls). He occasionally watches Chinese TV in Mandarin or Taiwanese. When specifically queried, he said he thinks in a combination of Chinese and English. His wife agreed that he has a good command of spoken and written English as he participates in weekly meetings with his co-workers without difficulty. She also praised his oral Mandarin and Taiwanese and observed that he has a cordial relationship with his friends of Chinese and Taiwanese descent. On certain occasions, he appears to be more polite and closer to them than to her and their children. When asked to elaborate, Mrs. Yang said that Mr. Yang seems to forget things she and her children have recently said to him and becomes irritable with them.

I asked Mr. Yang about his favorite football team, and he replied the San Francisco 49ers. He also mentioned a few quarterbacks in the NFL history he particularly likes. I shared with him my familiarity with football including knowledge of his favorite players. Later I said to him that although he may feel like a benched quarterback, he is still a pivotal part of his family. As he probably knows, many football players have ups and downs in their careers. He then spoke of a Chinese film that won critical acclaim at the Golden Rooster Awards the weekend before when he saw my laptop photos from the award ceremony. We chatted about a few other Chinese and Taiwanese movies that involve sports, music, and life lessons.

Tests and Procedures Used

A sufficient number of neuropsychological tests have been appropriately translated to Chinese and normed for the Chinese (including Taiwanese). A number of reliable and valid tests have been developed and normed specifically for the Chinese. Those were used in conjunction with my interviews, behavioral observations, and records review.

Assessment Results

Results suggest that most of Mr. Yang’s cognitive functions, including simple attention, episodic memory, concept formation, problem-solving, and fine-motor skills, were at or near pre-accident levels. He showed subtly reduced performance on tests assessing complex attention and processing speed.

When he was alone with me, he reported racing thoughts, worries about his critical new manager who is a younger female, irritability, occasional nightmares (of being pushed off tall buildings and chased by animals, and recently hiking accidents), disrupted sleep, and anger at his wife. When I observed that he repeatedly spoke of “scaring” his co-worker with his accident rather than expressing his feelings of guilt over his family, Mr. Yang was close to tears. He later said it was less intense to speak of an “outsider” (that is, his new co-worker is not a family member) than those who are emotionally close to him.

Mr. Yang took an objective psychological measure in Chinese and produced a valid protocol. According to both Chinese and American norms, his profile suggested a high level of anxiety over his physical symptoms (e.g., headaches, shoulder pain, disrupted sleep). Mr. Yang became emotional when responding to items in his native language. He said that the questions “drove the matter home” and brought him both affirmation of his pain and at the same time sadness. He said that even his own family members do not seem to appreciate his unseen pain and stress but tell him to
“stay strong like a man should be.” One of his extended family members told him: “Head injuries in Taiwan typically result from motorcycle accidents. It’s hard for us to relate to someone who has had your type of accident!” Mr. Yang has been worried that he might not be able to hold onto his job full time to provide for his family and fulfill his duties as a son, husband, and father. I reminded him how quickly he returned to work after his accident, attesting to his high level of responsibility and integrity. His everyday functioning appeared to suggest intact neuropsychological status. He beamed and replied in Chinese: “There is always a taller mountain” (一山比一山高). When asked to elaborate, he said he thought his wife was amazing at juggling family and career, especially after his accident. He said he appreciated my compassion and professionalism. He also offered to bring oolong tea to me.

**Conceptualization/Impressions**

I diagnosed Mr. Yang with “Unspecified Anxiety Disorder.” During the feedback meeting with him and his wife, I reassured them that his “PTSD” symptoms were resolving.

I explained to Mr. Yang and his family that the findings were consistent with overall intact cognitive functions, though he could benefit from specific recommendations to ameliorate his psychological distress as outlined below. I emphasized that his distress stems in part from his strong sense of responsibility related to his culture.

Using the aforementioned “story-telling” technique, I shared that another computer engineer with a similar MVA whom I worked with a year ago called recently with the great news that he has recovered and accepted his company’s offer to work 50% from home. Then I invited Mr. Yang to consider that the scrutiny he experiences with his new supervisor was possibly related to systemic changes rather than personal factors. Even those who have been working for twice as long as he has can still make mistakes at work. Therefore, he might not need to be concerned with every criticism she makes. At this time, Mr. Yang appeared to be acknowledging that what I said was making sense to him, saying: “You’re a professor!”

**Recommendations**

In line with Mr. Yang’s current needs and cultural values, the following recommendations were made:

1. Mr. Yang should consult a nutritionist about having a healthy diet on a regular basis. While current research shows that the Mediterranean diet is rich in anti-oxidants and ideal for promoting brain hygiene, the Taiwanese diet similarly contains a large amount of fish, vegetables, fruits, nuts (especially peanuts), etc. Integrating these two should be of benefit to him.
2. Mr. Yang should consider reducing tea intake as it contains caffeine which can interfere with his sleep.
3. Continued daily non-strenuous physical exercise (e.g., 30-minute walk, once to twice per day) is recommended. Similarly, participation in physical exercises (e.g., tai chi, pilates, or yoga) to build up relaxation skills, increase social support, and regulate his daily schedule should be beneficial to him.
4. Given his impressive intellect, Mr. Yang should consult literature on concussion recovery strategies. The work by Mittenberg and colleagues was recommended to him. The following tips were punctuated during our feedback meeting:
   a. Eight specific tips that are helpful to alleviate symptoms are: rest, graded resumption of activities, cognitive restructuring, thought stopping, relaxation exercises, reducing distractions, writing things down, and development of problem-solving skills.
b When having a headache, try the following: “take a break, reduce your work day, engage in relaxation to reduce tension and rest.”

c When feeling anxious, try the following: “schedule pleasant activities, stop thinking negative thoughts, and ask yourself if the negative thoughts are really true.”

5 According to evidence-based research, participation in mindfulness meditation, CBT, and CBT-i can be helpful in promoting emotional regulation, better sleep, and ultimately increased mental health. It should be explained to Mr. Yang and his family (at least his wife) that symptoms of concussion and PTSD improve over time while acknowledging his high level of motivation, diligence, sense of responsibility, and devotion to his family.

Section III: Lessons Learned (Reminded) and Summary of Pertinent Cultural Factors

• Many people in Taiwan are Chinese, and the Taiwan sub-culture is part of the Pan Chinese culture.

• The official language in Taiwan is Mandarin (like in mainland China and Singapore). Importantly, many, if not most, people in Taiwan converse in two or more dialects.

• Because education, science, and professionalism are valued in the Taiwanese culture, an examiner should strengthen rapport and collaboration in the assessment process by emphasizing the scientific and inter-disciplinary aspects of neuropsychology.

• A scientific approach in assessment with the Taiwanese includes a combination of neuropsychological testing, review of available records (e.g., medical, educational, and occupational records), and interviews of multiple collateral sources, especially family members.

• The educational system in Taiwan during Mr. Yang’s parents’ developmental years was still being developed such that his parents’ educational history might not be an accurate reflection of their intellect.

• Interpreting psychological testing data could be problematic to be used with Taiwanese examinees due to differences between Western and Taiwanese/Chinese cultures. For example, I disagree with several diagnoses translated from English to Chinese. PTSD is currently translated literally as “obstacles following injury/unspecified trauma,” neglecting a patient’s emotional experience. Autism is currently translated as “self-limiting disorder” or “self-closure disorder.” Current psychological measures were developed based on Western cultural values (e.g., individualism, expressions of feelings). They should be used to only elicit clinical data. Formal diagnoses, such as PTSD, anxiety, and Autism Spectrum Disorders should only be made with a thorough review of the examinee’s records and history, a clinical interview with the examinee, behavioral observations, as well as collateral interviews with family and individuals who know the examinee in the everyday situation.

• A neuropsychologist performing an assessment with a Taiwanese examinee is encouraged to not only display but also explicitly discuss their credentials including any and all certifications in neuropsychology and language proficiency at the outset of a meeting with the examinee and the examinee’s family. This helps to build credibility. As an example, I display my certificates in Clinical Neuropsychology, as well as in Chinese (HSK Certificates for Higher Educational and Professional Purposes, highest level in listening, speaking, reading, and writing).

• If it is not possible to find a neuropsychologist who has cultural and linguistic proficiency, then the use of a certified translator is ideal when working with a Taiwanese examinee, though currently this might not be realistic due to scarce availability. A certified medical interpreter, rather than the examinee’s family or clinic staff, should be used.
• A client’s premorbid history is a highly relevant component of the neuropsychological assessment and important in making recommendations for interventions. Mr. Yang’s experience with both the Taiwanese and American educational systems is a good example.

• Taiwanese people tend to focus on somatic or physical complaints rather than psychological complaints. In Mr. Yang’s case, it was easier for him to talk about his physical injuries as opposed to his initial post-traumatic stress.

• A Taiwanese examinee’s duty to their parents and family takes precedent over their own needs. Instead of seeking treatment for his headaches, nausea, and pain, Mr. Yang chose to focus his attention on his mother’s birthday celebration.

• As a group, my Asian examinees (including Taiwanese examinees) tend to start drinking (more) tea in order to re-energize themselves following a concussion. The act of drinking tea signals a physiological type of coping and a plea for attention and help from the family. Taiwanese clients have easy access to premium Oolong tea, which may contain a high amount of caffeine. I have found it helpful to gently remind them of caffeine’s interference with sleep.

• Taiwanese as a group are well educated and likely will expect professional explanations of the neuropsychology of neurological and psychological conditions (e.g., concussion, PTSD). A neuropsychologist is encouraged to prepare written information in advance for the Chinese-American examinee and their family.

• Like Mr. Yang, some Taiwanese Americans have lived and obtained formal education in other countries (e.g., European and other Asian countries). Openness to this phenomenon and an appreciation of a client’s educational and social background can be helpful in building an effective rapport.

• A Taiwanese client without multiple abnormal neuropsychological findings such as in the case of Mr. Yang should be told so. Many, if not most, Taiwanese clients prefer results with no abnormal findings and prefer to be told that no medications are needed. Instead, they are still able to return to work or school and continue to demonstrate their competence. Additionally, natural interventions (e.g., physical exercise and nutrition from food and water) are welcome.

• In accordance with APA ethical and AACN practice guidelines, a neuropsychologist should explicitly document limitations in level of rapport, uncertainty over communication accuracy including both verbal and non-verbal communication, any modification of test administration, lack of ethnicity corrected norms, etc.

• In addition to a formal assessment of language proficiency, assessment of everyday language and communication can be easily conducted in a few minutes by discussing current news in any Chinese country (e.g., Taiwan or China), artwork displayed at the professional office, and/or mutually liked music. I often hum currently popular Taiwanese and/or Chinese songs during break time and the examinee’s “ability” to join me in singing affords an added opportunity to assess his/her cultural and linguistic proficiency.

• Skills training and goal-oriented methods (e.g., CBT) tend to be better received by the Taiwanese than feeling-based psychological interventions.

References