



A Strategy to Strengthen Resilience for the Mental Health Management of Modern Korean Women: Focused on Korean Women's Depression Related Issues

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ABSTRACT

This study aims to develop strategies for enhancing the resilience of Korean women by reducing risk factors and promoting protective factors. To this end, resilience-related literature was reviewed and Korean women's depression-related issues were explored in view of biological and psychosocial factors. The reason why depression is a gender · age disease is ascribable to hormone-related biological factors (e.g., unbalance in estrogen) and psychosocial stress factors. Considering that women are inherently vulnerable to such biologically induced depression, there is a need to develop and disseminate prophylactic education and intervention programs before its onset. It is also necessary to set up legal and institutional infrastructure to promote protective factors at the family and social levels, such as countermeasures against domestic and gender-based violence, as well as fundamental measures to promote family and workplace culture tailored to the current situation and existing problems in Korea.

Key words: women, psychological resilience, depression, gender role, trauma, crisis

Introduction

Research Needs

Despite noticeable advancements in medical technology and improvements in living conditions, the mental health of people living in the modern society is deteriorating day by day. In particular, there is a rapid increase in depression. According to the Health

Insurance Review and Assessment Service, the number of people who received treatment after getting diagnosed with depression (F32-F33) increased from approximately 556,000 in 2009 to approximately 665,000 in 2013. This is an increase of approximately 109,000 people (19.6%) over the course of five years, identical to an average annual increase of 46%. Also, hospital expenses from depression increased from approximately 213.5 billion KRW in 2009 to 271.4 billion KRW in 2013, an increase of approximately 57.9 billion KRW (27.1%) over the course of five years, and an

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average annual increase of 6.2%.

One thing to notice in particular in terms of the prevalence of depression is that more than half (53.5%) of those who are treated with depression are women in their forties. This means that depression is a disease that clearly has higher risks for a certain gender and age group. According to a national longitudinal study conducted on households from seven metropolitan cities and nine provinces in Korea, depression by age groups in Korea shows a U-shaped pattern unlike that of western countries. This means that depression rates are low for adolescents but start to increase from the middle-aged (Kim, 2009), caused by changes in social status according to the stages of the life cycle. That is, women and those with lower education or income levels tend to have more chronic illnesses, lower positions in marriages, and lower economic status, and are more likely to be deprived of employment than men and those who received higher education. This may lead to higher risks of depression as well. Furthermore, according to the 2006 National Epidemiologic Survey, there is a gradual increase in the prevalence of major depressive disorders (MDD) that cause disabilities in social and vocational functions to a degree that need treatment (Cho, *et. al.*, 2009). As such, appropriate preventive and early intervention measures for depression are extremely important.

It is said that hormones greatly affect the prevalence of depression for women in their forties and above. Decrease in estrogen and decline in physical functions cause depression, and so there are many cases of menopausal depression, depression related to the menstrual cycle, and postpartum depression. Another reason for women experiencing more depression is that although they have greater sociocultural stress, there are limited ways for them to relieve it (Lim, *et. al.*, 2017). In particular, in Korea, married women have higher prevalence of depression than unmarried women, whereas unmarried men have higher prevalence of depression than married men (Kim, 2009). The psychosocial factors that come into play cannot be disregarded. That is, as marriage affects men and women differently, and as men and women are expected to have different gender roles, it is natural that there are differences in prevalence of depression by marital status according to gender.

In order to understand the differences of depression by gender, it is necessary to focus on not only the gender roles and role conflict of individuals, but also whether individuals actually perceive their roles given by the society as stress, and their resilience, which is the ability to overcome stress. This is because many past studies have confirmed that unfortunate situations or traumatic events experienced by people in various stages of the life cycle may not always lead to pathological conditions. Now, studies are focused on how to protect people in stressful situations from the negative effects

of the risk factors, and on finding how to make these people stronger. That is, there is a shift in focus to the coping abilities and possibilities of the individual, and many intervention studies have developed ways to reinforce individual capabilities and propose the important task of protecting people from risk factors (Hong, 2006).

This study thus examines depression-related issues of modern Korean women and resilience, the ability for an individual to overcome stress. By doing so, the study aims to identify strategies to decrease risk factors and increase protective factors to ultimately improve resilience and prevent depression.

Research Purpose

This study aims to investigate resilience, the ability for an individual to overcome stress, centered on the various depression-related issues of Korean women, and to identify strategies to improve their resilience. By doing so, the study is expected to serve as a useful guideline to not only prevent mental health issues, but also improve coping skills of women who are faced with mental health issues. The purpose of the study in detail is as follows.

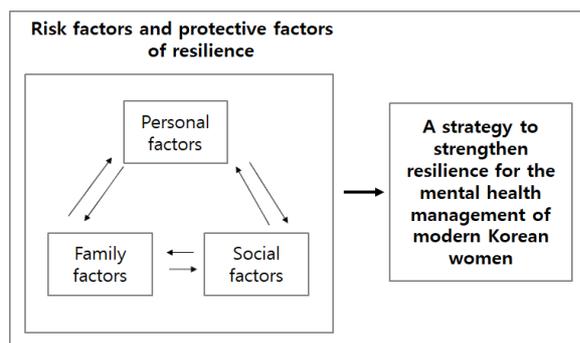
First, the study will investigate the major depression-related issues of Korean women by classifying them into biological factors and psychosocial factors. Second, the study will provide an understanding of the concept of resilience and examine risk and protective factors. Third, the study will discuss detailed intervention strategies that may be used in mental health services to improve resilience of women.

Conceptual Model

This study started from the research question of "How can resilience be improved for Korean women for their mental health management and prevention of depression?" To assess mental health problems, physical factors and psychocultural factors must be considered together. This is because human thoughts, emotions and behavior is closely related to physiological situations, and psychological structures are affected by the surrounding environment as well. As psychological structures are related to the adaptation to the social environment in which people belong in, all of these factors must be considered together (Lim, *et. al.*, 2017). In other words, humans should be understood as physically and psychologically integrated beings. Thus this study classified depression-related issues of modern Korean women into biological factors and psychosocial factors, and developed strategies to improve resilience based on the findings.

Lee (2002) pointed out hormonal imbalance that comes from changes of estrogen as a biological factor that affect depression. Many past studies identified menopausal depression (Hong & Yoon, 2013; Kim, 2008; Pak & Kim, 2010), postpartum depression (Kwon, 1997; Jung & Kim, 2005), and premenstrual dysphoric disorder and premenstrual syndrome (Kim & Jeong, 2000; Do, 2008; Pearlstein, *et. al.*, 1990; Yonkers, 1997; Park, *et. al.*, 2005) as major behavior issues related to female sex hormones, The American Psychiatric Association (APA) also included these three types of conditions in depressive disorders, and this study also focuses on these three types of conditions. However, rather than simply coming from hormonal imbalances, these conditions are also greatly affected by psychosocial factors and lifestyle. As psychosocial factors are also affected by gender and gender-related factors, there should be a comprehensive understanding and approach including these factors as well (Lee, 2002).

The concept of resilience is very comprehensive and includes various factors. Its subfactors vary by scholars and approach. In past studies, subfactors of resilience included individual internal factors such as temperament, personality traits, and cognitive skills, and individual external factors such as parent-child relationship, school and work life, and interpersonal relationships. All of the subfactors can be classified as either a protective factor or a risk factor. Hong (2006) discussed resilience to be constituted of three dimensions: "individual internal factor" including causal analysis skills, emotional control, impulse-control, satisfaction on life and optimism; "family factors" including the home environment such as parent-child relationship; and "social factors" including interpersonal relationships, communication skills, and empathy skills. Resilience can be understood as a comprehensive and broad concept that incorporates not only the individual internal resources but also the relationships with others. In this regard, <Figure 1> shows the conceptual model of the study.



<Figure 1> Conceptual framework of research

Depression-related Issues of Korean Women

Biological Factors (Personal Factors)

Menopausal Depression

Middle-aged women experience physical changes during menopause including functional decline of the ovaries, and psychological issues such as feeling of isolation and atrophy from changes in their social roles, as their children grow up and move out (Hong & Yoon, 2013). They are also vulnerable to depression due to various psychosocial changes such as climacteric changes, retiring spouses, and changes in their roles as they age. It was shown that middle-aged women tend to show more depressive symptoms than their counterparts. This may be based on the psychosocial background, where menopause of middle-aged women is considered as a loss of youth or a life crisis rather than a gradual stage of life, and they are forced accept their unfair situations because they are women (Hong & Yoon, 2013).

Many middle-aged women view their lives in a negative light. It is necessary to consider that these negative psychological and physical symptoms that appear during menopause are caused not only by a decrease in estrogen, but also by various external factors such as monthly income levels, education levels, relationships with their spouses, and stress. Many studies have shown marriage life has an important role in the mental health of middle-aged women including depression. In particular, spouses are a directly affecting factor for overcoming hardships and an important emotional support system. Those with happier marriage life showed to have greater sense of wellbeing at the individual level as well (Kim, 2008). As the average life expectancy is on an increasing trend, the amount of time that the husband and wife spend together after their children move out is becoming longer. In-depth emotional support between the married couple is critical for the physical, emotional, and psychological satisfaction of middle-aged women (Pak & Kim, 2010), and so improving their relationship with their husbands is absolutely necessary for healthier lives.

Postpartum Depression

Women go through great changes in their lives during pregnancy and childbirth. After giving birth, it can be said that postpartum is a turning point in a woman's life as she experiences physical and psychosocial changes, and is given new roles and responsibilities as a mother. This period is not only important for the mother herself, but also important for the baby and the entire family (Jung

& Kim, 2005). However, many women show psychological symptoms during this period, as they may feel depressed, shed tears and become frustrated frequently, or get tired easily (Kwon, 1997).

Emotional disorders that may appear after childbirth include postpartum blues, postpartum depression and postpartum psychosis (APA, 1994). Postpartum blues is a feeling of sadness or depression that comes a couple of days after childbirth, and is extremely common with 85% of women experiencing it after childbirth. Normally, it is considered a relatively light mood alteration as the symptoms are temporary and disappear after three or four days. (Jung & Kim, 2005). However, postpartum depression shows greater symptoms and last longer. It may last anywhere between 10 days to as long as a year (Jung & Kim, 2005). Postpartum depression appears in 10-15% of mothers, and is characterized with depression, insomnia, fatigue, lethargy, loss of willingness to do anything, reproaching oneself for things that happened in the past, having negative feelings about the future, and may even lead to suicide attempts (Kwon, 1997). Postpartum psychosis is a more severe case of postpartum depression, where the patient experiences psychotic symptoms such as hallucinations and delusions (Jung & Kim, 2005).

In the past, there were many cases where women with postpartum depression did not realize that they were depressed as they had to focus on the child right in front of them (Jung & Kim, 2005). However, postpartum depression not only deteriorates the mental health of the mothers, but also worsens conjugal relationships, and prevents establishing healthy attachment with children as the mothers become incapable of taking care of the children properly. In addition, according to a study on women with postpartum depression, it was shown that these women were more likely to become depressed within five years. When depression returned, their children showed various behavioral problems before entering schoolage, and moderate-level depression not only affected the characters of children, but also may lead to infanticide (Kwon, 1997). Even if it does not go to such extremes, postpartum depression may come back as psychotic depression in the future, and so it is extremely important to prevent and manage postpartum depression as it can block women from performing their roles as healthy mothers (Jung & Kim, 2005). In this regard, it is necessary to detect postpartum blues at an early stage and provide support for these women, so that they will not have to go through postpartum depression or postpartum psychosis. As well, high-risk groups must be detected early during pregnancy and provide appropriate preventive measures.

Premenstrual Dysphoric Disorder and Premenstrual Syndrome

Premenstrual syndrome (PMS) is characterized by emotional symptoms (depression, anxiety, unrest, sensitiveness), behavioral symptoms (loss of interest, changes in desire to sleep or appetite, decrease in concentration, fatigue, loss of control), physical symptoms (edema, headache, bloating) during the luteal phase, and disappear in a couple of days after the start of menstruation. It is extremely common, as 20-50% of childbearing-aged women. On the other hand, premenstrual dysphoric disorder (PMDD) is seen from approximately 2-8% of women, but show serious symptoms that cause disabilities in the social and vocational functions (Kim & Jeong, 2000). DSM-IV (1994) defines PMDD with a presence of at least five different symptoms, including an emotional symptom, limited to the luteal phase, and must be confirmed prospectively with daily assessments for at least two consecutive menstrual cycles. In addition, the patient must experience disabilities in interpersonal relationships, at the workplace or during social activities.

Many theories explain the causes of these premenstrual symptoms. There are biological factors related to premenstrual symptoms, such as imbalance of estrogen and progesterone, hyperaldosteronism and hyperprolactinemia, lack of vitamins and minerals, hypoglycemia, changes in the autonomic nervous system, length of the menstruation cycle and the menstrual quantity, age, and birth history (Kim & Jeong, 2000). Also, there are socioenvironmental factors such as socialization of the traditional women's roles, personal expectations related to menstruation, daily life and everyday stress, employment status, use of oral contraception, and intrauterine contraceptive device insertions (Do, 2008).

Many studies have suggested that women with premenstrual syndromes have a greater risk of psychiatric diseases such as minor depression, major depression, postpartum depression or bipolar disorder, and there are some studies that reported women with premenstrual dysphoric disorders have higher risks of comorbidity such as suicide attempts, drug addiction, or anxiety disorders (Pearlstein, *et al.*, 1990; Yonkers, 1997; Park, *et al.*, 2005). In addition, the executive functions of those with premenstrual syndromes were five times lower than those of average people, and medical expenses of those with premenstrual syndromes was 250 dollars greater over two years than those who did not have premenstrual syndromes (Park, *et al.*, 2005). These results suggest the importance of prevention education and management of premenstrual syndrome and premenstrual dysphoric disorders to reduce the health and economic burdens of women.

Psychosocial Factors (Family & Social Factors)

Gender Roles and Gender Role Attitudes

With the rapid transition to nuclear families and changes of the economic system, there has been an emphasis on the importance of co-parenting and shared responsibilities of childcare in Korea. Moreover, as more women started to enter the workforce, the proportion of working married women is continuously on an increasing trend. Now, as 74.6% of working women are married, it can be said that double-income families have become more common (Ju & Kim, 2007). However, childbirth and childcare had been considered women's responsibilities in the Korean society, and the overall social atmosphere still has patriarchal aspects. As such, many women are faced with a double distress that comes from work and home. That is, even if the wife of a double-income family is satisfied with her lifestyle as she can obtain self-realization, psychological compensation from work, and economic freedom, she still experiences severe role conflict and stress from the patriarchal gender role given by the society (Kang & Park, 2007). Despite the fact that many women have entered the workforce, women are still responsible for many of the housework and childcare, and the role conflict that comes from roles at work and at home becomes a severe stress factor (Kang & Park, 2007).

There are many past studies that reported the differences in depression by gender, that is, the reason for women experiencing more depression than men, comes from the differences in the gender roles of men and women. Gender roles refer to the behavior, attitude, value, and expectations that are deemed appropriate for men and women within the society that they belong in (Kim & Yang, 2005). However, the differences in depression by gender cannot only be explained with the differences in gender roles. Whether or not a person's role becomes a stress factor depends not only on the role itself, but also on how the individual perceives and accepts the role (Song & Lee, 2012).

To explain the differences in depression by gender, gender role attitude must be considered as well. Role conflict and the burden that comes from gender roles vary by whether the gender role attitude of an individual is patriarchal or equal. Past studies from the western hemisphere showed that people with equal gender role attitudes have better mental health levels than those with patriarchal gender role attitudes (Barnett & Hyde, 2001), and also had less suicidal thoughts (Hunt, *et al.*, 2006). There are also Korean studies that showed women with patriarchal gender role attitudes had greater levels of depression, and the parenting stress of women in a double-income family decreased when the husbands had a more equal gender role attitude (Han & Hong, 2011). Accordingly,

it is necessary for couples in double-income families to sufficiently understand the hardships that come from balancing between work and home, and actively participate in childcare. At the community level, it is necessary to provide education and promotion to create such social atmosphere.

Trauma

Due to differences in strength between men and women, women cannot help but be vulnerable from sexual or physical violence. This can lead to psychological problems from trauma. Kessler, *et al.*, (1994) reported that 51% of women and 61% of men experienced at least one trauma in their lives, yet the PTSD prevalence rate of women is 10.4%, which is more than twice of 5% of men. This suggests that women may have been faced with more traumatic situations than men that may lead to PTSD (Choi, 2010). According to Zoellner & Maercker (2006), approximately 55% of sexual violence victims, approximately 35% of victims of physical or sexual violence during childhood, 17% of physical attack victims, and 7% of severe accident victims have PTSD. Generally, PTSD is more serious from man-made disasters than from natural disasters, and from repetitive and unexpected events, events that occurred during childhood, events with sadistic or malicious intentions, and events caused by people of close acquaintances such as parents (Choi, 2010). In particular, sex-related violence is classified as a man-made trauma with sadistic or malicious intentions, and so can severely affect mental health of women.

Domestic violence is a major social phenomenon that comes from gender inequality. The main victims of domestic violence are women and the elderly. The Korea Institute for Health and Social Affairs (2008) reported that 40.3% of married people experienced some sort of marital violence, which means that at least one out of 2.5 married people were victims of violence from their spouses. 11.6% of marital violence cases were physical violence cases, and 10.5% were sexual violence cases. Trauma that come from marital violence can not only cause physical symptoms but also cause psychological problems such as anxiety, depression, low self-esteem, and lethargy. Some cases may even lead to severe aftermaths such as drug abuse, eating disorders, dissociative disorders, PTSD, and suicide. In particular, marital violence poses negative effects for not only the victims but also the children who witness such incidents (Kwon, *et al.*, 2010).

Recently in Korea, there has been an increase in the number of violent crime cases targeted at the socially vulnerable, such as women. One of the incidents that shocked the entire society was a murder of a woman in her twenties committed by schizophrenic at a public bathroom near Gangnam Station in 2016 (Dong-A

Ilbo, 2016. 5. 19.). This event was proof that women are relatively more susceptible random violent crimes than men, and that anyone can become victims of a crime. According to the Supreme Prosecutors' Office (2016), most of the victims of violent crime, such as murder, theft, arson, or sexual violence, are women, as 84.3% (29,617 people) of the victims (30,529 people) are women, whereas 10% (3,529 people) are men. The number of women victims increased by 2.4% compared to the past year, but that of men victims decreased by 0.6%. The number of women victims of violent crimes is continuously increasing. Recently, many of the opportunist crimes that come from a sense of deprivation and rage towards the unjust social structure, tend to be targeted at women and the elderly who are less resistant. There should be response systems to counter this trend.

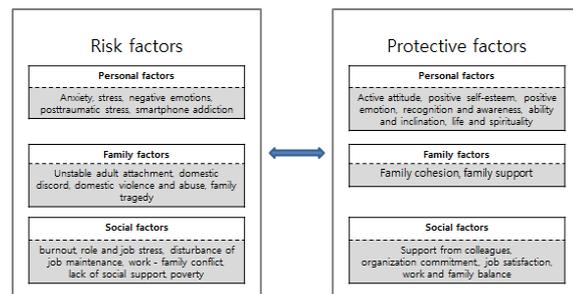
Resilience

Conceptual Understanding of Resilience

Resilience by definition is the ability to bounce back from a state of compression, or the ability to return to its original shape after being stretched. In academia, resilience refers to "mental resistance" of an individual (Lee & Lee, 2005). Past studies present many definitions for the concept of resilience, depending on the stance of the author. The reason for the variety of definitions for resilience is that resilience is a more comprehensive concept related to the people's ability to adapt and react to different environments. There are two mainstream definitions of resilience that are common from past studies. First, those with resilience were exposed to external factors that may have been a risk, and second, despite the external risk factor, they experienced positive changes (Hong, 2006).

Risk Factors and Protective Factors of Resilience

Resilience-related factors suggested by past studies can be classified into either risk factors or protective factors. Risk factors are those that increase the possibilities of emotional or behavioral problems, or prevent reaching an expected level of capability. First, there are personal factors such as negative sentiment like depression, anxiety (Kwak & Byeon, 2013), PTSD (Kim, *et al.*, 2011), and smartphone addiction (Koo, 2016). Second, there are family factors such as insecure adult attachment (Kim, *et al.*, 2011), family discord



<Figure 2> Risk factors and protective factors of resilience

such as domestic violence and abuse, and unfortunate family events (Hong, 2006). Third, there are social factors, such as burnouts (Park & Lee, 2016), role and job stress (Ryu & Yu, 2015), prevention of retention (Ryu & Yu, 2015), work and family conflict (Kang, 2016), lack of social support, and poverty (Hong, 2006). Rather than appearing one at a time, these risk factors appear simultaneously, and can be understood as indices of problem behavior. That is, problems from risk factors may become more severe as they get accumulated. In addition, whether or not a risk factor negatively affects a person does not depend on the risk factor itself, but on how an individual responds to the risk factor. In other words, environmental risk factors cause dynamic and unspecified results by interacting with one another. Furthermore, risk factors affect a person's life throughout various stages of the life cycle, and so, pregnancy and childbirth, which is a great turning point for women, greatly affect a woman's life.

Protective factors are closely related to resilience, the ability to respond to risk situations. There are three types of protective factors suggested by past studies. First, there are personal factors such as positive emotions including psychological well-being (Kim, 2016) or happiness (Oh, *et al.*, 2015), positive sense of self such as self-esteem and self-efficacy (So & Moon, 2011), positive attitudes such as problem-focused coping (Roh, *et al.*, 2016) perception and awareness such as deliberate rumination and emotional awareness (Roh, *et al.*, 2016), capabilities and inclination such as communication skills (Lee, 2015) optimism (Hwang, *et al.*, 2013), life and spirituality such as meaning of life (Lee, 2017) and spiritual well-being (Kim, 2016). Second, there are family factors such as family cohesion and family support (Kim & Byeon, 2013). Third, there are social factors such as peer support (Kim & Byeon, 2013), organizational commitment (Oh, *et al.*, 2015), job satisfaction (Han, 2015) and work-family balance (Baek, 2015).

These protective factors are personal or environmental factors that encourage adaptation by neutralizing the effects of the risk factors, and improve resilience for risk situations to prevent the risk factors from developing into a problem. Resilience refers to

the abilities to efficiently use the internal and external protective factors to appropriately solve tasks that are given during each stage of the life cycle. In this regard, protective factors can be seen as more effective when there are risk factors. That is, protective factors interact with risk factors to mitigate the effects of risk situations on the individual and the surroundings of the individual, while reinforcing the cohesion between an individual and the community. The various types of risk factors and protective factors shown on <Figure 2> can either hinder or improve the development of an individual through dynamic interactions (Hong, 2006).

Strategies to Improve Resilience

Psychological disorders is a combination of intrapersonal factors, and sociocultural, or external, factors. So the approach for therapeutic intervention for psychological disorders of women should consider not only the personal factors of women but also the external, socio-cultural environment.

As such, strategies to improve resilience for women can have two types of approaches. One is to improve the intrapersonal resources of women with prevention education and intervention programs cus-

tomized for each stage of the life cycle, and the other is to improve the environment and system to improve the overall social support from family members, workplace, and the community <Table 1>.

Intrapersonal Level : Prevention Education and Intervention Program for Each Stage of the Life Cycle

In order to increase resilience by improving the intrapersonal resources of women, there should be an intervention that considers the individual characteristics of women, and strategies focused on detailed approaches by stages of the life cycle. In detail, for children and adolescents, there should be mental health promotion programs for as they experience mood swings related to the menstrual cycle for the first time in their lives, group counseling and program for peers, academic stress management, suicide prevention programs, gate keeper programs for teachers, and emotion coaching classes for parents. For women in the child-bearing age of twenties to thirties, there should be job stress management and sexual violence prevention classes, pregnancy classes, stress management programs during pregnancy, postpartum depression management education, and education for spouses of pregnant women. For middle-aged women, there should be depression management education for the

<Table 1> A strategy to strengthen resilience by life cycle for modern Korean women

Strategy	Age	Children and adolescents (7~19 years)	Married Womens (20~39 years)	Middle-aged womans (40~ years)
Education and intervention programs	Personal	<ul style="list-style-type: none"> Children's mental health program Management of academic stress Education on the method of anger control Suicide prevention education program 	<ul style="list-style-type: none"> Pregnant women education program Pregnancy stress management and mental health promotion programs Postpartum depression prevention training 	<ul style="list-style-type: none"> Education on depression management for middle-aged women Mental health promotion program Grandparents' childcare stress management program Suicide prevention education program
	Family	<ul style="list-style-type: none"> Parent Emotional Coaching Training 	<ul style="list-style-type: none"> Husband training for pregnant women Program to promote understanding of working couples 	<ul style="list-style-type: none"> Spousal post-retirement relationship promotion program Middle-old aged gate keeper program
	Social	<ul style="list-style-type: none"> Peer-to-peer consultation Gatekeeper program for teachers 	<ul style="list-style-type: none"> Job stress management program Training against sexual violence in the workplace 	<ul style="list-style-type: none"> Grandparents' childcare support program Middle-old aged reemployment support program
Environmental improvement		<ul style="list-style-type: none"> Improve the accidental crime environment for women Implementation of the project to solve the blind spot for crime safety Building a network to create a culture of gender equality Environmental improvement of education, campaigns, and broadcasting Supporting for gender equality center activities 		
Reform of systems		<ul style="list-style-type: none"> Stronger punishment for domestic violence Reinforce management to prevent repeat offenders and severe punishment for violent crime Supporting the victims' personal protection Support for self-help group of vulnerable groups, such as victims of sexual crimes Expansion of psychological treatment facilities for violent crime victims (Smile Center) in major areas Expansion of center for victims of sexual and domestic violence (Sunflower Center) in major areas Training for mental health expert on gender equality models and women's psychological treatment 		

middle-aged women, gate keeper programs, support programs for grandparents who nurture grandchildren, and support programs for reemployment of the middle-aged.

Family level: Family counseling and education programs to strengthen family support

There should be various interventions such as support counseling and family education to help married women form positive relationships with their spouses and the family members of the spouses, and help them view their lives in a more positive light and adapt to their changing lives. The focus of the intervention is to strengthen the social support system surrounding the women, and support groups among women who face similar difficulties will help to promote debriefing related to the stress factors.

Sociocultural Level : Improvement of the Environment and System

The most important thing for women to be mentally healthy is to prevent mental diseases before they occur. To do so, preventive measures at the individual level is important. However, as the main affecting factors of mental diseases of women are the many risk factors and gender inequality that come from being a woman, it is critical to create sociocultural changes to result in gender equality. This starts from a closely-knit cooperative system among related organizations to create a gender-equal culture within the community and break the sociocultural prejudice and discrimination related to gender. In detail, there should be various classes, campaigns, promotion activities to create a gender-equal society, and improvements in the broadcasting and online environment by eliminating gender discrimination in mass media. In the short-term, this can reduce the pain of women, and in the long-term, enhance the mental health of women. Ultimately, these interventions will help women live a more independent and autonomous life.

As mentioned above, women have great risks of emotional disorders such as depression before and after childbirth. There should be practical and active policies to integrate the various needs of women who experience different mental health problems related to childbirth. That is, there should be fundamental response measures to create family and workplace culture that fit the Korean society and establish legal and institutional infrastructure to create gender-equal family cultures. Traditionally, childcare was a family issue and the primary person in charge of childcare was the mother. For the perfect work and family balance, there should be more

comprehensive and active measures by the government to divide childcare responsibilities, beyond the nearsighted “childbirth grant” (Min & Lee, 2013). If childcare becomes a responsibility for both the government and the parents, it will be more possible for women to successfully go through the stages of pregnancy and childbirth, and go back to the workforce as a healthy mother, ultimately resulting in a work and family balance.

Lastly, in order to prevent posttraumatic stress disorder of women, there should be legal and institutional measures to prevent domestic violence, sexual violence, and violent crimes targeted at women. In particular, there should be improvements in the law to legally protect women from domestic violence, by clearly classifying domestic violence as a crime and reinforcing punishment. It has been 20 years since the establishment of the Act on Special Cases Concerning the Punishment, etc. of Crimes of Domestic Violence. However, the reporting rate of domestic violence is still low, and as domestic violence had been considered personal issues within the family, even if the police comes to intervene in domestic violence, they feel burdened to intervene in personal lives, leading to passive measures and greater problems. In addition, in order to prevent the random violent crimes that target women that are increasing in number, there should be measures to eliminate blind spots of crime safety within the community, and implement strong police activities around frequent violent crime areas for women. Also, there should be more treatment and management to reduce recidivism rates, greater punishment for violent crimes, and stronger protective custody support for victims of repeated crimes like stalking or victims susceptible for revenge. Furthermore, there should be more “Smile Centers” that specialize in psychological healing of violent crime victims, and “Sunflower Centers” that provide counseling and support for sexual violence and domestic violence victims in major areas around the country. Lastly, there should be more multifaceted support for the victims such as psychological support.

Conclusion and Suggestions

This study reviewed the depression-related issues of modern Korean women in terms of biological and psychosocial factors. As well, the study conducted a literature review on resilience to suggest strategies to reduce risk factors and improve protective factors, ultimately improving resilience, based on three levels of intrapersonal factors, family factors, and social factors.

First, there are a few personal factors as to why depression is more susceptible for a particular gender and age group. There

are biological factors, including hormonal imbalance such as decrease of estrogen, menstruation cycle, childbirth, and menopause. Menopausal depression, postpartum depression, premenstrual syndrome and premenstrual dysphoric disorder come from biological factors, and gender roles and gender role attitude, and trauma such as domestic violence and violent crimes targeting women come from sociocultural factors. However, biological problems are not simply just from hormonal imbalance, but are largely affected by the psychosocial factors and lifestyles. In addition, as psychosocial factors are also affected by being women and factors related to the gender, there should be a comprehensive approach and understanding of all factors. As it is possible for all women in all stages of the life cycle to experience depression, preventive education and intervention programs that are suited to each stage of the life cycle are extremely important. These are ways to enhance the aforementioned intrapersonal protective factors related to resilience, and may result in early intervention even if women fall into depression.

Second, in order to enhance the family protective factors to counter the sociocultural factors related to depression, there should be emotion coaching classes for parents of children and adolescents, education and promotion for spouses of double-income families to understand each other, and systematic family treatment programs to improve family cohesion and family support. To enhance social protective factors, there should be peer group counseling and teacher gate keeper programs for children and adolescents, job stress management and workplace sexual violence prevention classes for women in twenties and thirties, and support programs for grandparents who nurture grandchildren, and support programs for reemployment of the middle-aged.

Finally, there should be fundamental response measures to create family and workplace culture that fit the Korean society and establish legal and institutional infrastructure to create gender-equal family cultures. To do so, there should be various classes, campaigns, promotion activities to create a gender-equal society, and improvements in the broadcasting and online environment by eliminating gender discrimination in mass media. Furthermore, in order to prevent psychological problems that come from trauma for women who are vulnerable to physical and sexual violence, there should be measures to improve the environment and system to prevent domestic violence, sexual violence, and violent crimes targeting women. As preventive measures, there should be improvements in the law to classify domestic violence as a crime and reinforce punishment, and measures to eliminate blind spots of crime safety within the community, along with stronger police activities around frequent violent crime areas for women. For posttreatment, there should be more treatment and management to reduce recidivism

rates, greater punishment for violent crimes, stronger protective custody support for victims, support for self-help groups among the vulnerable such as sexual violence victims, and increase of psychological support centers.

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References

- American Psychiatric Association. 1994. *Diagnostic and Statistical Manual of Mental Disorders*. 4th ed. Revised.
- Baek, Yu Sung. 2015. The Effects of Resilience on Job Satisfaction and Organizational Commitment: With a Focus on Members of Gyeongbuk Headquarters of KORAIL. *Ordo Economics Journal*. 18(4): 129-146.
- Barnett, R. C. and J. S. Hyde. 2001. Women, Men, Work, and Family: An Expansionist Theory. *American Psychologist*. 56(10): 781.
- Cho, Maeng Je, et. al. 2009. Prevalence and Correlates of Major Mental Disorders among Korean Adults: A 2006 National Epidemiologic Survey. *Journal of the Korean Neuropsychiatric Association*. 48: 143-152.
- Choi, Yun Kyeong. 2010. Overview of Women's Mental Health: Gender Bias and Gender-specific Risk Factors. *Gender and Culture*. 3(1): 203-232.
- Donga Ilbo. 2016. 5. 19. 'Kangnam Station Don't Ask for Murder' Arrested... URL: <http://news.donga.com/3/all/20160519/78194836/1>.
- Han, In Young and Sun Hee Hong. 2011. Do Gender Role Attitudes Affect on Depression? *The Korean Journal of Woman Psychology*. 16(4): 477-498.
- Han, Sun Yeong. 2015. Resilience, Work-life Balance and Job Satisfaction. Master's Thesis. Korea University.
- Health Insurance Review & Assessment Service. http://www.hira.or.kr/r/e/stcInsInfm/stcInsInfm_View.do?pgmid=HIRAA030502000000&sortSno=179
- Hong, Choo Yon and Mi Yoon. 2013. The Effect of Spirituality on Happiness and Depression of Women in Middle Life. *The Korean Journal of Woman Psychology*. 18: 219-242.
- Hong, Eun Suk. 2006. Conceptual Understanding of Resilience and Instructional Suggestion. *Korean Journal of Special Education*. 41(2): 45-67.
- Hunt, K., H. Sweeting, M. Keoghan, and S. Platt. 2006. Sex, Gender

- Role Orientation, Gender Role Attitudes and Suicidal Thoughts in Three Generations. *Social Psychiatry and Psychiatric Epidemiology*. 41(8): 641-647.
- Hwang, Hae Ik, Jung Hwa Tak, and Hyun Mi Kang. 2014. The Mediating Effect of Resilience on The Relationship between Emotional Intelligence and Optimism in Early Childhood Teachers. *Korean Journal of Early Childhood Education*. 34(2): 323-346.
- Jang, Yeon Jib. 2000. Feminist Psychotherapy. *Korean J Women Health*. 1: 13-29.
- Ju, Jae Sun and Sung Ik Kim. 2007 *Women's Statistical Yearbook*. Seoul: Korean Women's Development Institute.
- Jung, Myung-Hee and Jeung Im Kim. 2005. Original Article A Study on the Relationship among Prenatal Emotional Status, Preparation for Delivery, Postpartum Social Support and Postpartum Blues. *Korean J Women Health Nurs*. 11(1): 38-45.
- Kang, Kee Jung and Su Sun Park. 2007. Analysis on Research Trend of Dual-Earner Parents. *Journal of Parent Education*. 4(2): 123-143.
- Kang, Seung Koo. 2016. Impacts of Family · Work Conflict upon Job Satisfaction & Comparisons between Enneagram Personality Types and Job Categories in Moderation Effect of Resilience. Ph.D. Dissertation. Seoul Venture University.
- Kessler, R. C., K. A. McGonagle, S. Zhao, C. B. Nelson, M. Hughes, S. Eshleman, H. Wittchen, and K. S. Kendler. 1994. Lifetime and 12-Month Prevalence of DSM-III-R Psychiatric Disorders in the United States. *Archives of General Psychiatry*. 51: 8-19.
- Kim, Chang Yoon and Bum Seok Jeong. 2000. Understanding and Treatment of Premenstrual Dysphoric Disorder. *The Korean Journal of Psychopharmacology*. 11: 14-21.
- Kim, Jeong Hee. 2008. Relationship among Sexual Knowledge, Frequency, Satisfaction, Marital Intimacy and Levels of Depression in Stroke Survivors and Their Spouses. *Journal of Korean Academy of Nursing*. 38: 483-491.
- Kim, Ji In and Young Soon Byeon. 2013. A Study on the Factors Affecting Resilience in Patients with Colon Cancer. *Asian Oncology Nursing*. 13(4): 256-264.
- Kim, Jin Yeong. 2009. Age and Depression in Korean Adults. *Health And Social Science*. 26: 87-113.
- Kim, Kyung Mi and Hae Young Yang. 2005. Development of Gender Schema and Its Differentiation: Multifactorial Perspective. *The Korean Journal of Developmental Psychology*. 18(3): 1-20.
- Kim, Na Mee. 2016. The Influence of Psychological Well-being on Spiritual Well-being: Mediating Effects of Resilience and Social Support. *International Journal of Contents*. 16(2): 673-685.
- Kim, Seon Yeong, Na Yeong Jeong, and Bora Yeon, et. al. 2011. The Effect of Interpersonal Sensitivity/Resilience on Depression and Anxiety in Firefighters. *Anxiety and Mood*. 7(2): 107-112.
- Kim, Yeong Soon. 2004. Trade Unions, Neo-corporatism, and Gender Equality in the Labor Market: The Swedish Experience. *Korean Political Science Review*. 38(2): 399-420.
- Koo, Min Jun. 2016. The Relationship between Stress and Smartphone Addiction of Adults: Focused on the Effects of Mindfulness and Resilience. Master's Thesis. The Catholic University of Korea.
- Kwak, So Young and Young Soon Byeon. 2013. Factors Influencing Resilience of Patients with Hematologic Malignancy. *Korean J Adult Nursing*. 25(1): 95-104.
- Kwon, Jung Hae, et. al. 2010. *Coping with Trauma*. Seoul: Hakjisa.
- Kwon, Jung Hae. 1997. A Test of A Vulnerability-Stress Model of Postpartum Depression. *Korean Journal of Clinical Psychology*. 16(2): 55-66.
- Lee, Hee Rhak. 2017. The Effects of Optimism, Resilience and Meaning in Life on Positive Mental Health of Adult. Master's Thesis. Hankuk University of Foreign Studies.
- Lee, Kyung Mi. 2015. The Relation of Resilience and Early Childhood Teachers' Communication Ability. Master's Thesis. The Catholic University of Korea.
- Lee, So Woo and Kyeong Hee Lee. 2005. Concept Analysis of Resilience. *The Korean Journal of Stress Research*. 13(1): 9-18.
- Lee, Sung Hee. 2002. Effects of Aromatherapy Massage on Depression, Self-esteem, Slimacteric Symptoms in the Middle Aged Women. *Korean Journal of Women Health Nursing*. 8(3): 435-445.
- Lim, Sook Bin, Seon A Kim, and Sung Jae Kim, et. al. 2017. *Psychiatry Nursing*. 7th. ed. Seoul: Soomoonisa.
- Min, Yeon Kyung and Myung Suk Lee. 2013. Low Fertility Policy and Gender Equality Culture. *Korean Journal of Policy Analysis and Evaluation*. 23: 109-138.
- Oh, Sun Young, Sang-choong Roh, and Min U Kang, et. al. 2015. Resilience as a Mediator Linking Transformational Leadership and Person-Centered Organizational Culture to Organizational Effectiveness. *The Korean Journal of Industrial and organizational Psychology*. 28(4): 829-854.
- Pak, Bong Sun and Yeong Hee Kim. 2010. The Influence of Family-of-origin Differentiation on Marital Intimacy: Mediating Effects of Identity and Attitudes toward Children. *Family and Environment Research*. 48(9): 1-11.
- Park, Dong Pill and Ji Yeon Lee. 2016. The Effects of Emotional Labor on Burnout: The Moderating and Mediating Effects of Resilience in Child Care Teachers. *Journal of Future Early Childhood Education*. 23(2): 53-70.
- Park, Hye Eun, Byung Chul Jee, Seung Yup Ku, Chang Suk Suh, Seok Hyun Kim, Young Min Choi, Jung Gu Kim, and Shin Yong Moon. 2005. A Survey on Premenstrual Syndrome. *Obstetrics & Gynecology Science*. 48(2): 401-410.
- Pearlstein, T. B., E. Frank, A. Rivera-Tovar, J. S. Thoft, E. Jacobs, and T. A. Mieczkowski. 1990. Prevalence of Axis I And Axis II Disorders in Women with Late Luteal Phase Dysphoric Disorder. *Journal of Affective Disorders*. 20(2): 129-134.
- Roh, Chi Kyung and Hye Young Hong. 2016. The Mediating Effects of Emotional Clarity, Deliberate Rumination, and Problem-focused Coping in the Link between Resilience and Adversarial Growth. *Korea Journal of Counseling*. 17(6): 1-20.
- Ryu, Soo Min and Tae Yong Yu. 2015. The Effect of Role Stress on Organizational Commitment: The Mediating Effect of Psychological Contract Breach and Moderating Effect of Resilience. *The Korean Journal of Industrial and Organizational Psychology*. 28(4): 723-747.
- Shin, Woo Yeul, Min Kyu Kim, and Ju Hwan Kim. 2009. Developing

- Measures of Resilience for Korean Adolescents and Testing Cross, Convergent and Discriminant Validity. *Studies on Korean Youth*. 20(4): 105-131.
- So, Duk Soon and Yeong Hee Moon. 2011. Factors Affecting Recovery Resilience of University Students in Social Welfare. *Korean Journal of Social Welfare Education*. 16: 48-69.
- Song, Ri Ra and Min Ah Lee. 2012. Gender Role Attitude and Depressive Symptoms: Comparisons across Gender and Age Groups. *Korea Journal of Population Studies*. 35(3): 87-116.
- Supreme Prosecutors' Office. 2016. Analytical Statistics on Crime. 573-598.
- The Korea Institute for Health and Social Affairs. 2008. Survey on Domestic Violence in 2007. *Ministry of Gender Equality*.
- WHO. http://www.who.int/mental_health/management/depression/en/
- Yonkers, K. A. 1997. The Association between Premenstrual Dysphoric Disorder and other Mood Disorders. *The Journal of Clinical Psychiatry*. 58: 19-25.
- Zoellner, T. and A. Maercker. 2006. Posttraumatic Growth in Clinical Psychology: A Critical Review and Introduction of a Two Component Model. *Clinical Psychology Review*. 26: 626-653.

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