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# Social Cohesion: Current Issues and Countermeasures

– Part IV Social Problems and Social Cohesion



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Social Cohesion :  
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- Part IV Social Problems and Social Cohesion

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# I

## Research Background and Purpose







## Research Background << and Purpose

This report is an outcome of the Korea Institute for Health and Social Affairs (KIHASA)'s Social Cohesion Policy Assessment Program (SCPAP). KIHASA's purpose in conducting this assessment project was to identify future policy implications for social cohesion in Korea. An annual survey was conducted to establish a basis to that end. Its past projects include the Survey on the Perceptions of Social Cohesion and Happiness (2014), the Survey on Social Mobility and Social Cohesion in 2015, and the Survey on Social Cohesion and Public Perceptions in 2016.

The 2015 and 2016 research revealed that social insecurity (particularly financial insecurity and deprivation) underlay Koreans' poor rating of social cohesion, and that systematic understanding and comprehensive policy alternatives were needed to counter this phenomenon. Yeo and Jung et al. (2015, p. 181) pointed to social anxiety that arises when people have not succeeded in light of social expectations, while Jung et al. (2016, p. 153) identified the growing social anxiety over the absence of a public income security system capable of offsetting shortages of personal savings and post-retirement provisions as the main source of the pervasive social insecurity and distrust in Korea, which is obstructing progress toward social cohesion. Jung et al. (2016, p. 183), in particular, stressed the need to identify the reasons that have led Koreans to feel much more

insecure than their objective conditions would warrant.

In the project conducted to assess social cohesion policy measures in 2017, we sought to identify the correlations between factors in reality, on the one hand, and the acute and chronic sense of insecurity, distrust, and dissatisfaction that Koreans experience, on the other. Assuming that both psychological and social-institutional factors underlie the pervasive insecurity, distrust, and dissatisfaction in Korean society, we aimed to analyze the interactions and correlations among the related problems. The Survey on Social Problems and Social Cohesion in 2017 thus interviewed 3,839 men and women across Korea using a structured questionnaire. The questionnaire mainly featured questions designed to assess survey participants' psychosocial states, levels of trust, and perceptions of fairness and conflicts. It also included a list of questions, used in previous annual surveys, designed to measure Koreans' perceptions of social cohesion.

In this report, we discuss the main characteristics of the survey answers and the findings of our analysis based upon such answers. Chapter II provides a summary of the survey structure and answers. Chapter III discusses our findings regarding the correlations between traumatic experiences and mental health, between material deprivation and mental health, between conflicts and mental health, and between social insecurity and perceptions of social cohesion. Finally, Chapter IV discusses policy implications with the aim of strengthening social cohesion in Korea.

# II

## Survey on Social Problems and Social Cohesion: Overview



# II

## Survey on Social Problems << and Social Cohesion: Overview

The 2017 survey on social cohesion took an approach based upon social pathology to understand and explain social cohesion. The intensification of social problems in Korea is indicative of the deterioration of social cohesion. The survey questionnaire was thus designed, in part, to measure the seriousness of social problems. On the other hand, it was also structured to gauge the possible influence of individuals' psychosocial insecurity and perceptions of conflicts on the cognitive aspects of social cohesion. Accordingly, the questionnaire included questions designed to rate individuals' psychosocial states and perceptions of trust and conflict.

(Table 1) Modules and Questions of the 2017 Survey

Module	Questions	
Psychosocial states	Depression	
	Suicidal ideation	Frequency and causes of suicidal ideation
	Negative life experiences	Frequency of experiences, most-negative life experiences, and when such experiences occurred
	Smoking	Current status and frequency of smoking
	Drinking	Frequency of drinking and risky drinking
	Gambling	Experiences with gambling and with high-cost and extended gambling activities
	Stress	
	Anomie	
	Self-resilience	

Module	Questions	
	Social support	
	Risk perception	Risks related to natural disasters, health, lifecycle events, social conduct, financial means, politics and foreign relations, and environment
Perceptions of trust and conflicts	Fairness	Of distribution and processes
	Legal services	Experiences with needing legal services, whether legal services were sought, difficulty receiving legal services, and reasons
	Causes of social problems	
	Experiences with quarrels or conflicts	With family members and individuals outside the family

Specifically, the questionnaire was designed to assess correlations between social problems and social cohesion in the following way. First, the questionnaire contained questions intended to rate insecurity at both the personal and social levels. Individuals were assessed in terms of their experiences with gambling and other forms of aberrant behavior, anomie, insecurity, and stress response. Aberrant behavior includes both passive forms (e.g., gambling, drinking, and self-isolation) and active forms of behavior. To measure individuals' sense of social insecurity, the Korean General Social Survey (KGSS)'s questionnaire on the perceptions of security and risks in Korean society was used. Second, individuals' perceptions of social institutions were measured using questions from various social surveys conducted both inside and outside Korea, including the Korean Welfare Panel Surveys (KoWePS). The KGSS

questions on the fairness of distribution and processes were again used. Third, individuals' perceptions of social cohesion were gauged using a questionnaire previously developed for the SCPAP.

The main purpose of this year's survey was to collect the data necessary to carry out an empirical analysis of the correlations between social problems and social cohesion in Korea. Men and women aged 19 to 75 across the country were interviewed by trained interviewers using a structured questionnaire. The household member who has the fastest date of birth in each target household was asked to answer the questions. The principle was to collect answers from eight households in each of the 500 unit areas nationwide, which included the 400 census tracts selected from the list for the 2015 census tracts distributed by the National Statistical Office and another 100 unit areas selected in newly developed apartment areas. The sample for the 2017 survey was allocated in proportion to the square root of the number of census tracts.

(Table 2) Survey Overview

	Description
Target population	Men and women aged from 19 to 75 across Korea
Sample	Men and women born after May 31, 1941, and before May 31, 1998, across Korea * Non-nationals were excluded (but naturalized citizens with Korean nationality were included).
Sample unit	Fastest birthday member of each household
Sample size	3,839 households (individuals) in 500 census tracts across Korea
Sampling	Systematic sampling of eight households in each unit areas
Method	Face-to-face interviews based upon a structured questionnaire
Survey Period	May 31 to August 31, 2017
Agency	Korea Research Inc.



# III

## Main Findings

1. Traumatic Experiences and Mental Health
2. Material Deprivation and Mental Health
3. Socioeconomic Contexts of Conflicts and  
Mental Health and Effects on Social Cohesion
4. Social anxiety and Social Cohesion



## 1. Traumatic Experiences and Mental Health

The series of events has experienced by Korean society over the past few years have added psychosocial and emotional impacts to Koreans. Society members have trauma experiences ranging from personal problems such as child abuse, domestic violence and loss of loved ones, and structural problems such as layoffs due to restructuring.

**Box 1. The major concepts of 2017 survey and their operational definitions are as follows:**

1. Negative life experiences: Roughly speaking, these are experiences of losses, such as the death of loved ones or loss of dignity and physical security due to violence and abuse. The survey categorized these experiences into 11 groups: (1) loss of loved ones (due to death, miscarriage, disappearance, etc.); (2) victimization by violence (physical, emotional, verbal, or sexual); (3) isolation and bullying by others; (4) one's own physical and/or mental insecurities; (5) physical and/or mental insecurities of loved ones; (6) losses caused by natural disasters; (7) losses caused by accidents (car accident, fire, etc.); (8) divorce or separation of oneself or one's family members; (9) financial insecurity; (10) failures or difficulties in academic, career, or job-seeking; and (11) abusing experience at childhood.
2. Depression: To supplement the conventional practice of having survey participants assess their own state of depression on a 11-point scale (0 indicating not depressed at all and 10 indicating very depressed), the Center for Epidemiological Studies-Depression (CES-D) scale, consisting of 11 questions about depression, was added. The CES-D scale, designed by the U.S. National Institute of Mental Health (Radloff, 1977) to assess the prevalence of depression in a given population, requires individuals to assess their own psychological attitudes and behaviors over the previous week by agreeing or disagreeing with 11 statements. These statements are: (1) I did not feel like eating; my appetite was poor; (2) I felt I was just as

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good as other people; (3) I was depressed; (4) I felt that everything I did was an effort; (5) My sleep was restless; (6) I felt lonely; (7) I enjoyed life; (8) People were unfriendly; (9) I felt sad; (10) I felt that people disliked me; and (11) I could not get “going.”

3. Suicidal ideation: Individuals were asked a single question, “Have you had thoughts of wanting to die during the past year?”
4. Self-resilience: Self-resilience was measured using the Eco Resilience Scale, developed by Block and Kremen (1996) and translated and localized by Yu and Shim (2002). The scale asks individuals to agree or disagree with 14 statements according to a four-point scale (one indicating disagree strongly and 4 indicating agree strongly). The statements include: (1) I am generous with my friends and peers; (2) I quickly get over and recover from being startled; (3) I enjoy dealing with new and unusual situations; and (4) I usually succeed in making a favorable impression on people.

Of the surveyed individuals, 5.5 percent had had negative life experiences over the year preceding the survey. On average, the surveyed individuals had had 1.1 negative life experiences in their lifetime. As for the questions on depression and suicidal ideation, 14.8 percent of the respondents answered that they had been feeling down, and 6.3 percent had entertained suicidal ideation over the previous year. The average self-resilience score was 2.67 out of 4.0.

(Table 3) Depression and Suicidal Ideation

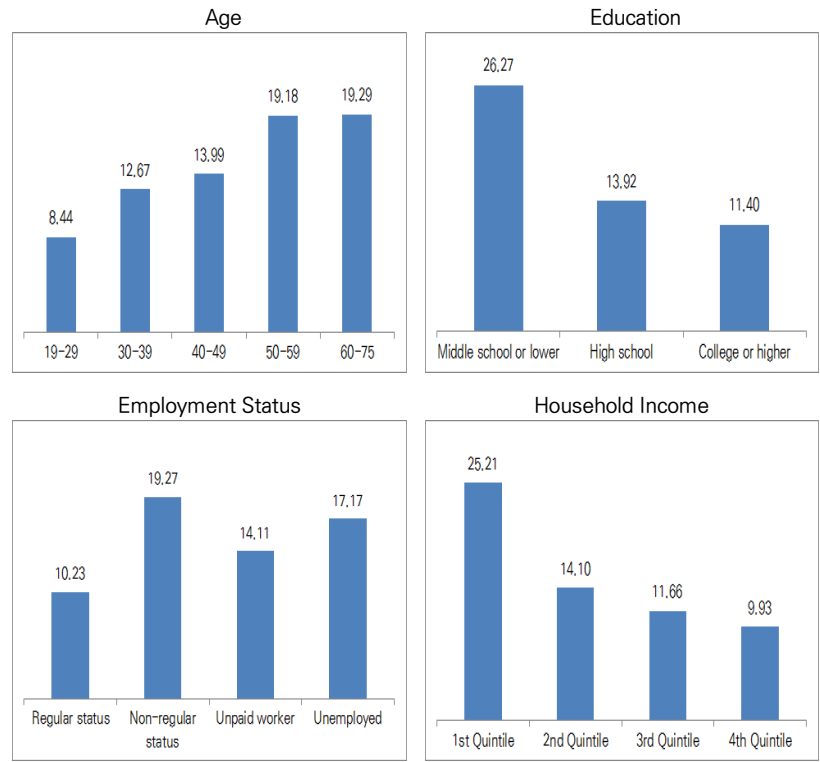
Type		N	Weighted %
Total		3,839	100.00
Negative life experiences over the previous year	Yes	203	5.51
	No	3,614	94.49
Depression	Yes	555	14.79
	No	3,284	85.21
Suicidal ideation	Yes	226	6.34
	No	3,613	93.66
		Mean	S.E.
Frequency of negative life experiences in lifetime		1.10	0.03
Self-resilience score		2.67	0.01

Source: KIHASA (2017).

The effects of sociodemographic characteristics on depression were as follows. Sex did not make any statistically significant difference. On the other hand, age ( $\chi^2=50.63$ ,  $p<.001$ ), separation, divorce or widowhood ( $\chi^2=219.76$ ,  $p<.001$ ), lack of education ( $\chi^2=77.09$ ,  $p<.001$ ), insecure occupational status or unemployment ( $\chi^2=33.32$ ,  $p<.001$ ), low household income ( $\chi^2=100.16$ ,  $p<.001$ ), and average, poor, or very poor states of health (subjectively assessed) ( $\chi^2=249.91$ ,  $p<.001$ ) did have statistically significant effects. Having negative life experiences over the previous year also bore some correlation to depression ( $\chi^2=58.57$ ,  $p<.001$ ). Depressed individuals had a greater frequency of negative life experiences ( $t=11.52$ ,  $p<.001$ ) and less self-resilience ( $t=-9.59$ ,  $p<.001$ ) than non-depressed individuals.

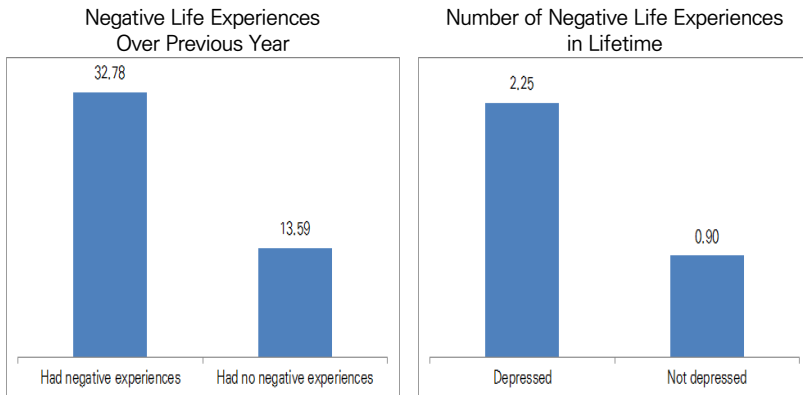
[Figure 1] Depressions by Sociodemographic Factors

(Unit: Percentage)



Source: KIHASA (2017).

[Figure 2] Depression by Negative Life Experiences

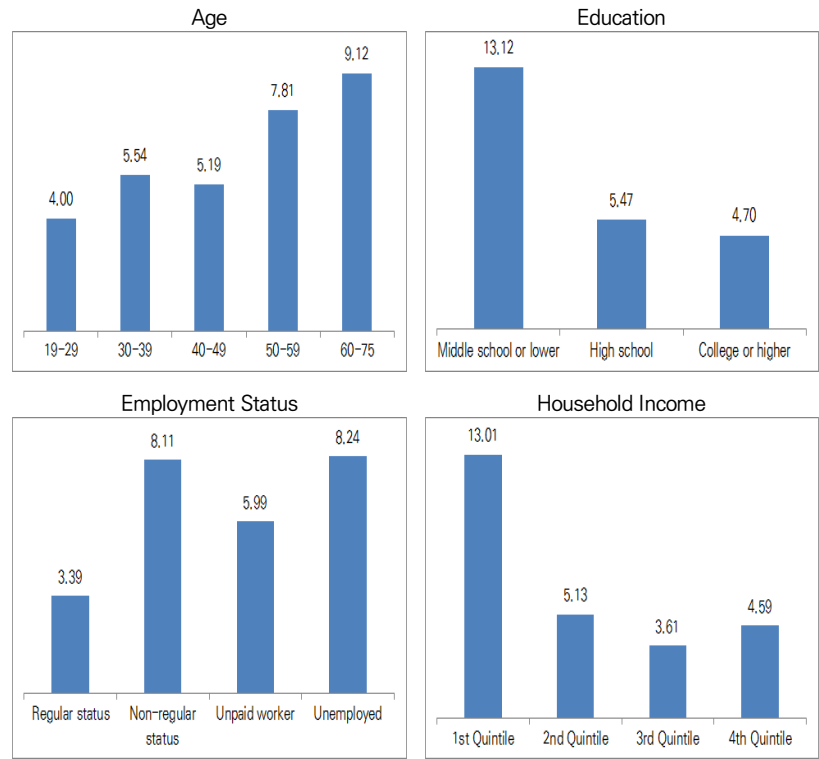


Source: KIHASA (2017).

Of the surveyed individuals, 6.34 percent answered that they had entertained Suicidal ideation over the previous year. Sex, again, failed to show any significant difference in Suicidal ideation. As with depression, however, age ( $\chi^2=21.90$ ,  $p<.001$ ), separation, divorce or widowhood ( $\chi^2=83.52$ ,  $p<.001$ ), education period ( $\chi^2=55.03$ ,  $p<.001$ ), insecure employment status or unemployment ( $\chi^2=27.69$ ,  $p<.001$ ), low household income ( $\chi^2=83.11$ ,  $p<.001$ ), and average, poor, or very poor states of health (subjectively assessed) ( $\chi^2=189.00$ ,  $p<.001$ ) made significant difference in suicidal ideation over the previous year.

[Figure 3] Suicidal ideation by Sociodemographic Factors

(Unit: Percentage)

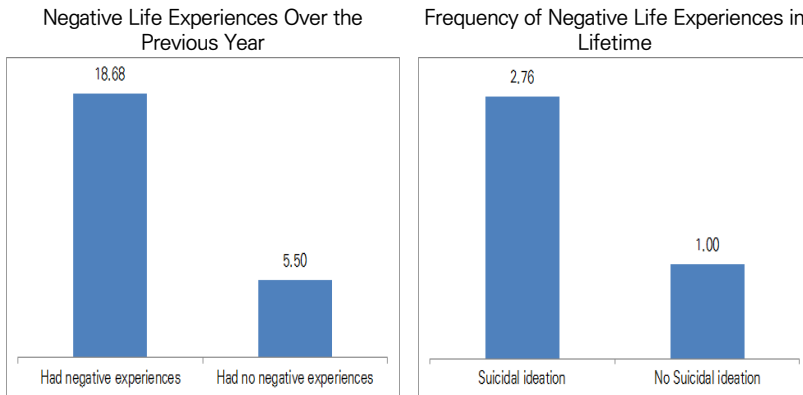


Source: KIHASA (2017).

Having negative life experiences in the previous year ( $\chi^2=58.97$ ,  $p<.001$ ) also raised the frequency of suicidal ideation. Those who had entertained suicidal ideation over the previous year were more likely than others to have experienced negative life events in the previous year ( $t=9.34$ ,  $p<.001$ ) and to be less self-resilient ( $t=-7.00$ ,  $p<.001$ ).



[Figure 4] Suicidal Ideation by Negative Life Experiences



Source: KIHASA (2017).

Policy interventions can be made to prevent traumatic experiences from having negative influences on mental health, particularly depression and suicidal ideation, in two ways: by providing early support for traumatized individuals and improving individuals' self-resilience in general. In this analysis, we sought to discover how the frequency and recency of negative (traumatizing) life experiences affect mental health in adults, and how individuals' self-resilience can mitigate the correlation between these experiences and poor mental health.

Our analysis, which had depression as the dependent variable and controlled for sociodemographic factors, revealed that experiences of negative life events over the previous year, frequency of negative life experiences throughout one's lifetime, and self-resilience all have statistically significant effects on depression. However, the interaction term between self-resil-

ience and negative life experiences over the previous year did not emerge as statistically significant. Our analysis of suicidal ideation as the dependent variable, and for which sociodemographic factors were controlled, also showed negative life experiences over the previous year, the frequency of such experiences throughout one's lifetime, and self-resilience all bore statistically significant effects. The interaction term between self-resilience and negative life experiences over the previous year were also found to be statistically significant.

(Table 4) Hierarchical Logistic Regression Analysis on Depression

Depression		Model 1		Model 2		Model 3		Model 4	
		OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Sex (ref = female)	Male	1.07	0.87	1.32	0.98	1.22	0.99	1.23	0.99
	30 to 39	2.36	1.57	3.57	2.08	1.35	1.87	1.21	2.88
	40 to 49	2.50	1.63	3.84	2.22	1.41	3.49	2.00	3.15
	50 to 59	2.58	1.64	4.06	2.61	1.63	4.18	2.25	3.39
	60 to 75	1.22	0.73	2.02	1.32	0.78	2.24	1.20	0.71
Marital status (ref = married)	Separated/divorced/widowed	3.71	2.84	4.85	2.86	2.16	3.79	2.80	2.11
	Never married	2.10	1.52	2.90	1.91	1.36	2.69	1.92	1.36
Education (ref = college or higher)	Middle school or lower	1.24	0.87	1.77	1.25	0.86	1.81	1.13	0.78
	High school	0.95	0.74	1.20	1.00	0.78	1.29	0.96	0.75
Employment status (ref = regular status)	Non-regular status	1.27	0.92	1.77	1.03	0.73	1.45	1.06	0.76
	Unpaid worker	1.10	0.81	1.48	1.05	0.77	1.44	1.06	0.77
Household income (ref = 4th Quintile)	Unemployed	1.54	1.15	2.05	1.28	0.95	1.73	1.24	0.92
	1st Quintile	1.58	1.16	2.16	1.76	1.28	2.43	1.54	1.11
	2nd Quintile	1.17	0.87	1.56	1.26	0.93	1.69	1.16	0.86
	3rd Quintile	1.21	0.90	1.63	1.27	0.94	1.73	1.18	0.86
Self-assessed health (ref = average/poor/very poor)	Good/very good	0.32	0.26	0.39	0.42	0.33	0.53	0.45	0.36
Negative life experience in past year (ref = no)	Yes				2.17	1.54	3.06	2.10	1.48
Frequency of negative life experiences in lifetime					1.33	1.26	1.40	1.32	1.25
Self-resilience								0.36	0.27
Negative life experience in past year * self-resilience								0.82	0.51
Likelihood Ratio(df)		390.55(16)		521.28(18)		568.42(19)		569.11(20)	
$\Delta$ chi-square(df)		-		130.73(2)***		47.14(1)***		0.69(1)	

Note: \*p < .05, \*\*p < .01, and \*\*\*p < .001.  
Source: KIHASA (2017).

(Table 5) Hierarchical Logistic Regression Analysis on Suicidal Ideation

Suicidal Ideation		Model 1		Model 2		Model 3		Model 4	
		OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Sex(ref = female)  Age (ref = 19 to 29 years old)	Male	1.05	0.78	1.42	0.89	0.65	1.21	0.89	1.21
	30 to 39	1.68	0.93	3.02	1.33	0.71	2.47	1.16	0.62
	40 to 49	1.39	0.75	2.58	1.18	0.61	2.27	1.04	0.54
	50 to 59	1.36	0.71	2.61	1.40	0.71	2.76	1.16	0.58
Marital status (ref = married)  Education (ref = college or higher)	60 to 75	0.67	0.33	1.38	0.75	0.35	1.60	0.68	0.32
	Separated/divorced/widowed	2.36	1.64	3.39	1.64	1.11	2.41	1.59	1.08
	Never married	1.73	1.09	2.74	1.41	0.86	2.31	1.37	0.83
	Middle school or lower	1.24	0.76	2.04	1.20	0.72	2.00	1.09	0.65
Employment status (ref = regular status)	High school	0.83	0.58	1.19	0.86	0.60	1.25	0.83	0.58
	Non-regular status	1.45	0.88	2.38	1.16	0.70	1.94	1.19	0.71
	Unpaid worker	1.40	0.88	2.24	1.31	0.81	2.12	1.33	0.82
	Unemployed	1.93	1.24	3.01	1.52	0.96	2.41	1.45	0.92
Household income (ref = 4th Quintile)	1st Quintile	1.49	0.97	2.29	1.70	1.10	2.64	1.49	0.95
	2nd Quintile	0.83	0.54	1.28	0.89	0.57	1.38	0.83	0.53
	3rd Quintile	0.78	0.49	1.24	0.79	0.49	1.28	0.74	0.45
	Good/very good	0.21	0.15	0.29	0.30	0.21	0.42	0.32	0.23
Self-assessed health (ref = average/poor/very poor) Negative life experience in past year (ref = no)	Yes				2.45	1.60	3.74	2.34	1.53
	Frequency of negative life experiences in lifetime				1.36	1.27	1.45	1.35	1.26
	Self-resilience							0.39	0.26
	Negative life experience in past year * self-resilience							1.93	1.15
Likelihood Ratio(df)		237.00(16)		332.87(18)		353.52(19)		359.43(20)	
	$\Delta$ chi-square(df)	-		95.87(2)***		20.65(1)***		5.91(1)*	

Note: \*p < .05, \*\*p < .01, and \*\*\*p < .001.  
Source: KIHASA (2017).

Our analysis confirmed the inverse and significant correlation between traumatic experiences and mental health. The more traumatized individual life experiences, the more he or she tends to be depressed and contemplate suicide. Our analysis thus suggests the need for early policy intervention for people who have endured traumatizing experiences. However, early intervention is hindered in some cases by the non-visible nature of trauma symptoms, so it is important to establish a system that enables early intervention according to a well-defined protocol. Even in cases where there are clear and visible symptoms of trauma, early intervention can be difficult when the traumatized individuals refuse to receive mental treatment and related support out of fear of social stigma. It is thus important to also devise measures to minimize the stigma associated with mental patients. These measures would first and foremost involve raising public awareness of trauma treatment through education and campaigns. Self-resilience is another important factor of individuals' mental health. Policy intervention programs designed to enhance individuals' self-resilience in general are thus also needed.

## **2. Material Deprivation and Mental Health**

When a society is undergoing rapid transformation and coping with the accompanying turmoil, including pervasive in-

equality and poverty, it is extremely difficult to achieve social cohesion. Individuals who are chronically deprived, impoverished, discriminated against, and alienated on a daily basis are naturally much more dissatisfied with the current state of society than those who are not. We therefore need to explore how different forms of material deprivation affect mental health, particularly depression and suicidal ideation, and determine the policy implications thereof. We should also examine whether intervention is needed, not only with respect to material factors but also through the provision of stronger social support, with the aim of improving individuals' mental health and social cohesion.

**Box 2. Below are the operational definitions of research concepts in this area.**

1. Total deprivation: An individual is given one point for each of the deprivations—standard of living, housing, medical, and preparation for the future—he or she is experiencing and two points for experiencing economic deprivation. The maximum number of points an individual can earn in this way is 28 ( $16+6*2$ ). An individual's total deprivation score is thus the individual's total number of points divided by 28 and multiplied by 100. An individual who experiences all of these forms of deprivation would thus have a total deprivation score of 100.
2. Deprivation by area: The area-specific score in relative deprivations. Individuals can also be compared to one another in terms of their relative level of deprivation by scoring their experiences of deprivation in each area relative to one another's from 0 to 100.
3. Social support: The social support individuals were receiving was measured by combining the scores they gave to two questions: "How much social support do you think you are receiving?" and "How many people are there in your life in whom you can confide?" Individuals were asked to answer these questions by giving scores from zero to 10. The combined sum of these two scores was then divided by 20 and multiplied by 100.

## ※ Areas and Measures of Deprivation

In my family, we		
Relative deprivation	Standard of living	(1) We eat meat, poultry, and/or fish at least once a week on average.
		(2) We eat fresh fruits at least once a week on average.
		(3) We eat non-essential foods (tea, coffee, snacks, ice cream, beverages, etc.) from time to time.
		(4) We each have at least two items of clothing, such as coats, jackets, parkas, fur coats, or leather jackets, that we can wear on very cold days.
		(5) We each have proper summer and winter attire that we can wear on special occasions, such as attending a wedding.
	Housing and living conditions	(6) We live in a well-heated home.
		(7) We have enough rooms for the size and age makeup of our family.
		(8) We live within a 10-minute walk from a bus stop or subway station.
		(9) We live in a proper building above ground, not under the ground or on the rooftop of a building.
		(10) We have a bathroom equipped with a flush toilet and shower facilities with running hot water.
	Medicine and health	(11) We have been receiving, or can receive, regular care while inflicted with an illness or injury that will take three months or longer to heal.
		(12) We can go to the dentist for treatment for tooth pain.
		(13) We can purchase over-the-counter (OTC) and prescription medications.
	Preparations for the future	(14) We are saving/investing in case of an emergency that would require extra spending.
		(15) We are investing in public/private old-age pension plans.
		(16) We have private insurances (medical, life, etc.) in addition to social security insurances.
In our family,		
Absolute deprivation	Economic deprivation	(1) We have reduced the portions of our meals or skipped meals.
		(2) We have failed to pay public dues and utility bills on time.
		(3) We have experienced utility service (electricity, telephone, water, etc.) disconnections for failing to pay our bills on time.
		(4) We have failed to heat our home in the winter.
		(5) We forewent seeking medical care and treatment when needed.
		(6) We failed to pay rent on time and/or have been forced to move elsewhere as a result.

In general, the total deprivation scores increased with age. The elderly’ average score, at 8.6 points, was 2.5 times greater than young people’s, at 3.5. Deprivation experiences were most acute in the area of preparations for the future (17.4), followed by standard of living (3.8), medicine and health (2.9), and housing (2.3). In all areas, elderly people over 65 were more deprived than young or middle-aged people, reflecting the high poverty rate among the elderly in Korea.

〈Table 6〉 Age and Deprivation

(Unit: points)

Type of deprivation	19 to 34	35 to 64	65+	Overall
Total deprivation	3.5	4.3	8.6	4.6
Standard of living	2.7	3.7	6.6	3.8
Housing	1.6	2.5	3.3	2.3
Medicine and health	2.0	3.0	4.1	2.9
Preparations for the future	15.1	14.3	39.3	17.4

Note: The maximum deprivation score is 100.  
Source: KIHASA (2017).

Table 7 shows, in more detail, the patterns of deprivation for different age groups. In particular, elderly people over 65 are two or three times more likely than the all-age average to be deprived in terms of the basic standard of living. Specifically, 15.5 percent of the elderly fail to eat meat, poultry, and/or fish at least once a week, and another 10.8 percent fail to eat fruits once a week. Elderly poverty, in other words, has very specific outcomes, such as malnutrition, among the elderly. However, middle-aged people aged 35 to 64 experienced failures to pay bills on time (3.86 percent) and utility service disconnections



due to such failures (1.98 percent) with greater frequency than the elderly. This is likely because the elderly, accustomed to income poverty, tend to manage their spending tightly in light of their limited budgets, while people aged 35 to 64 tend to incur large bills and debts in association with necessary spending on the education of their children and housing costs. The financial insecurity of these younger households thus seems to increase the risks of failing to pay bills on time and experiencing disruptions in utility services as a result.

(Table 7) Deprivation Patterns by Age and Area

(Unit: percentage)

Type		Indicator	Overall	Age		
				Under 35	35 to 64	65+
Relative deprivation	Standard of living	Eat meat, poultry, and/or fish once a week	5.95	2.54	5.71	15.46
		Eat fruits once a week	5.21	3.62	4.86	10.80
		Eat non-essential foods	2.29	0.40	2.03	8.17
		Own at least two pieces of winter clothing	3.30	1.16	3.35	8.21
		Own proper attire for each season	7.48	6.31	7.04	12.53
	Housing and living conditions	Adequate heating	1.46	0.85	1.51	2.70
		Adequate rooms	3.62	2.93	4.20	2.31
		Public transportation within 10 minutes of home	2.65	1.30	3.05	3.81
		Live in a proper building above ground (neither underground nor on building rooftop)	3.45	2.92	3.70	3.40
		Bathroom with a flush toilet and hot water	1.10	0.29	1.38	1.67
	Medicine and health	Regular care for chronic illness or injury	5.75	5.62	6.08	4.36
		Dental care	3.18	1.52	3.21	7.05
		OTC/prescription medications	1.08	0.56	1.20	1.75
	Future preparations	Savings for emergencies	19.54	14.13	17.75	41.74
		Old-age pension savings/investments	20.03	19.71	16.18	40.45
		Private insurances	12.73	11.39	8.89	35.63

Type		Indicator	Overall	Age		
				Under 35	35 to 64	65+
Absolute deprivation	Standard of living	Skipping/reducing meals	3.29	3.51	2.95	4.49
		Failure to pay bills	3.57	3.14	3.86	3.09
		Experience with utility service disconnections	1.66	1.21	1.98	1.13
	Housing and living conditions	Inability to heat home in winter	3.07	1.78	2.89	7.11
		Forced to move elsewhere due to inability to pay rent	1.22	1.14	1.31	0.96
	Medicine and health	Inability to seek hospital care	2.15	1.07	2.35	3.71

Source: KIHASA (2017).

Housing is another area in which the elderly are much more deprived than other age groups. Of the elderly, 7.1 percent did not heat their homes even in winter because of their inability to pay the heating costs. This figure is 230 percent of the overall average. The elderly are also more deprived than other age groups in terms of access to public transportation and quality housing (e.g., having bathrooms equipped with flush toilets and running hot water). However, slightly more middle-aged people than people of other age groups had inadequate numbers of rooms, did not live in proper buildings above the ground, and were forced to move elsewhere due to failure to pay rent. This may reflect the fact that, while the elderly' earnings are relatively small, they have accumulated enough assets, chiefly in the form of the homes in which they live, to enjoy relatively greater stability in living conditions than other age groups. The middle-aged, on the other hand, have children for whom they struggle to secure enough rooms and spend large sums of money on family housing and the education of their children, which

increases their risks of making late payments.

While the elderly are relatively more deprived in terms of medical care in general, young people and the middle-aged are slightly more deprived in terms of regular care for chronic illnesses or injuries than the elderly. Caution is needed in interpreting this result, however, as there are major differences in both the frequency and severity of chronic conditions suffered by the elderly, on the one hand, and by younger age groups, on the other. The elderly are also acutely deprived in terms of preparations for the future, such as emergency savings, pensions, and private insurances (nearly 40 percent), which reflects how the chronic and pervasive poverty among the elderly makes it impossible for them to save for the future. Nevertheless, over 10 percent of young and middle-aged individuals, too, fail to prepare adequately for the future, suggesting the need for policy programs that offer security against various living- and life-cycle-related risks.

The overall average score for social support was 59.3 percent. Whereas young people under the age of 35 gave the highest social support score, at 63.7, the elderly gave the lowest score of 53.4. The high level of deprivation and low level of social support characterizing the elderly' living conditions indicate the severity of the social exclusion experienced by the elderly. Table 8 shows that the average scores of the two components of social support are quite similar. The two components indeed bore a strong correlation to each other, at 0.52. In other words,

those who believe that they have a sufficient amount of social support tend to have many people in whom they feel they can confide. Those who think they do not have enough social support feel as though there are few people in whom they can confide.

(Table 8) Social Support Scores by Age and Correlation between Each Item

Component of social support	Overall	Under 35	35 to 64	65+	F-value (prob > F)	Corr.
How much social support do you think you receive?	5.94	6.33	5.87	5.36	47.1 (0.00)	0.52
How many people are there in your life in whom you can confide?	5.92	6.40	5.81	5.31	56.3 (0.00)	

Source: KIHASA (2017).

The levels of deprivation indeed emerged as significant variables explaining the severity of depression, with all other factors controlled (and with their explanatory power rising from 14 percent to 21.3 percent). The more social support one thinks one has and the more people there are in whom one thinks one can confide, the less likely one is to be depressed. The interaction term between deprivation and social support, however, was found to have no influence on the explanatory power of the models and no statistical significance on its own. This suggests that social support has little power to mitigate the negative influence that deprivation has on depression. However, social support does have at least some weak interaction with depression in the case of the elderly. In other words, increasing the social support available for deprived the elderly could help them better cope with depression.

(Table 9) Effect of Deprivation on Depression and the Moderating Effect of Social Support

		m1 b/se	m2 b/se	m3 b/se	m4 b/se
Sex (female = 0)		-0.574* (0.276)	-0.820** (0.264)	-1.047*** (0.260)	-1.049*** (0.260)
Age group (under 35 = 0)	35 to 64	2.458*** (0.356)	1.913*** (0.342)	1.382*** (0.337)	1.377*** (0.338)
	65+	1.146* (0.553)	0.535 (0.530)	0.071 (0.520)	0.067 (0.520)
Marital status (without spouse = 0)		-3.062*** (0.317)	-2.195*** (0.307)	-1.931*** (0.301)	-1.928*** (0.301)
Education (middle school or lower = 0)	High school	-1.754*** (0.443)	-1.016* (0.425)	-0.745 (0.417)	-0.744 (0.417)
	College+	-1.447** (0.470)	-0.764 (0.451)	-0.251 (0.444)	-0.258 (0.445)
Employment status (regular=0)	Non-regular	1.370** (0.436)	0.626 (0.419)	0.318 (0.411)	0.318 (0.411)
	Unpaid	0.337 (0.380)	0.133 (0.364)	0.074 (0.356)	0.079 (0.357)
	Unemployed	4.772*** (0.753)	3.403*** (0.724)	2.916*** (0.711)	2.906*** (0.711)
	Inactive	0.711 (0.371)	0.033 (0.357)	-0.007 (0.349)	-0.003 (0.350)
Trouble with daily activities due to medical conditions (none = 0)	Some trouble	5.620*** (0.469)	3.904*** (0.458)	3.457*** (0.450)	3.451*** (0.450)
	Much trouble	10.612*** (0.855)	8.267*** (0.827)	7.555*** (0.812)	7.532*** (0.814)
Total deprivation score			0.266*** (0.014)	0.221*** (0.014)	0.217*** (0.017)
Social support				-0.098*** (0.008)	-0.097*** (0.008)
Interaction term					0.000 (0.001)
Constant		8.167*** (0.579)	6.927*** (0.558)	13.070*** (0.731)	13.049*** (0.733)
N		3.839	3.839	3.839	3.839
r <sup>2</sup>		0.140	0.213	0.245	0.245

Note: \* p &lt; 0.05, \*\* p &lt; 0.01, and \*\*\* p &lt; 0.001.

Source: KIHASA (2017).

Deprivation has an especially strong effect on the likelihood of having suicidal ideation. This is especially the case for the

middle-aged and unemployed. Here, social support is shown to be an important factor capable of reducing the chances of having suicidal ideation.

(Table 10) Effect of Deprivation on Suicidal Ideation and the Moderating Effect of Social Support

		m1 b/se	m2 b/se	m3 b/se	m4 b/se
Sex (female = 0)		-0.134 (0.180)	-0.285 (0.188)	-0.427* (0.187)	-0.421* (0.186)
Age group (under 35 = 0)	35 to 64	0.536* (0.255)	0.235 (0.252)	-0.032 (0.253)	-0.027 (0.252)
	65+	0.350 (0.347)	0.091 (0.316)	-0.165 (0.322)	-0.150 (0.318)
Marital status (without spouse = 0)		-0.769*** (0.192)	-0.454* (0.194)	-0.314 (0.198)	-0.318 (0.194)
Education (middle school or lower = 0)	High school	-0.452* (0.230)	-0.267 (0.240)	-0.142 (0.256)	-0.140 (0.251)
	College+	-0.343 (0.277)	-0.208 (0.262)	-0.054 (0.276)	-0.041 (0.271)
Employment status (regular=0)	Non-regular	0.523 (0.308)	0.253 (0.316)	0.057 (0.333)	0.052 (0.328)
	Unpaid	0.355 (0.300)	0.322 (0.286)	0.316 (0.287)	0.300 (0.285)
	Unemployed	1.029** (0.361)	0.528 (0.415)	0.241 (0.430)	0.258 (0.421)
	Inactive	0.441 (0.267)	0.139 (0.276)	0.095 (0.282)	0.072 (0.280)
Trouble with daily activities due to medical conditions (none = 0)	Some trouble	1.294*** (0.204)	0.904*** (0.212)	0.759*** (0.228)	0.754*** (0.223)
	Much trouble	1.652*** (0.284)	1.174** (0.364)	0.880* (0.348)	0.886* (0.346)
Total deprivation score			0.060*** (0.006)	0.046*** (0.007)	0.054*** (0.009)
Social support				-0.037*** (0.007)	-0.041*** (0.007)
Interaction term					0.000 0.000
Constant		-2.902*** (0.380)	-3.139*** (0.375)	-0.888 (0.535)	-0.729 (0.528)
N		3,839	3,839	3,839	3,839
chi2		144	207	239	244

Note: \*  $p < 0.05$ , \*\*  $p < 0.01$ , and \*\*\*  $p < 0.001$ .

Source: KIHASA (2017).

Among young people under 35 years of age, the higher the level of deprivation in terms of standard of living, the higher the level of depression. Being unemployed is another major risk factor contributing to depression, compared to having a regular job. Depression among the middle-aged is strongly correlated to deprivation in terms of standard of living, housing, and preparation for the future. While health problems is a statistically significant factor contributing to depression, there is little statistical correlation between medical deprivation and depression. In old age, deprivation in terms of standard of living, housing, and medical care are significant factors. Social support is confirmed as a factor exerting a strong moderating effect on depression in all age groups.

Whereas standard of living deprivation exerts significant effects on depression, but not on suicidal ideation, housing deprivation exerts a statistically significant effect particularly on suicidal ideation among the middle-aged. Social support, again, emerges as a significant factor moderating suicidal ideation in all age groups. Relationship problems (33.4 percent) is the largest source of suicidal ideation for young people; financial difficulties (39.1 percent), for the middle-aged; and health problems (43.4 percent), for the elderly.

(Table 11) Effect of Types of Deprivation on Depression

		Overall b/se	Under 35 b/se	35 to 64 b/se	65+ b/se
Sex (female = 0)		-1.031*** (0.260)	-0.462 (0.449)	-0.971** (0.372)	0.086 (0.722)
Age group (under 35 = 0)	35 to 64	1.387*** (0.338)			
	65+	0.099 (0.522)			
Marital status (without spouse = 0)		-1.957*** (0.302)	-0.710 (0.524)	-2.431*** (0.437)	-3.813*** (0.772)
Education (middle school or lower = 0)	High school	-0.785 (0.418)	1.466 (2.896)	-0.294 (0.518)	-0.695 (0.810)
	College+	-0.298 (0.446)	2.969 (2.881)	-0.604 (0.549)	-1.643 (1.124)
Employment status (regular=0)	Non-regular	0.335 (0.411)	0.941 (0.725)	0.023 (0.541)	-1.438 (2.013)
	Unpaid	0.083 (0.357)	1.111 (1.000)	0.011 (0.421)	-2.592 (1.921)
	Unemployed	2.902*** (0.713)	5.160*** (1.004)	1.090 (1.141)	-2.036 (2.580)
	Inactive	0.041 (0.352)	-0.054 (0.566)	0.568 (0.507)	-1.653 (1.879)
Trouble with daily activities due to medical conditions (none = 0)	Some trouble	3.459*** (0.451)	8.404*** (1.567)	2.301*** (0.578)	4.378*** (0.778)
	Much trouble	7.531*** (0.815)	-2.283 (2.942)	7.580*** (1.084)	8.208*** (1.312)
Standard of living deprivation		0.104*** (0.015)	0.123*** (0.037)	0.101*** (0.020)	0.082** (0.030)
Housing deprivation		0.081*** (0.020)	-0.012 (0.048)	0.087*** (0.026)	0.140** (0.044)
Medical deprivation		0.020 (0.015)	0.062 (0.033)	-0.012 (0.020)	0.070* (0.028)
Preparation for the future deprivation		0.020*** (0.005)	-0.005 (0.008)	0.040*** (0.007)	0.007 (0.009)
Social support		-0.098*** (0.008)	-0.106*** (0.014)	-0.094*** (0.010)	-0.047* (0.021)
Constant		13.143*** (0.739)	10.298*** (3.017)	14.460*** (0.938)	13.225*** (2.333)
N		3,839	1,007	2,269	563
r <sup>2</sup>		0.246	0.186	0.255	0.389

Note: \* p &lt; 0.05, \*\* p &lt; 0.01, and \*\*\* p &lt; 0.001.

Source: KIHASA (2017).



(Table 12) Effect of Types of Deprivation on Suicidal Ideation

		Overall b/se	Under 35 b/se	35 to 64 b/se	65+ b/se
Sex (female = 0)		-0.391* (0.189)	-1.116** (0.393)	-0.336 (0.261)	0.390 (0.415)
Age group (under 35 = 0)	35 to 64	-0.030 (0.259)			
	65+	-0.163 (0.326)			
Marital status (without spouse = 0)		-0.345 (0.199)	-0.535 (0.542)	-0.488 (0.257)	-0.196 (0.485)
Education (middle school or lower = 0)	High school	-0.207 (0.258)	-0.829 (1.044)	-0.194 (0.310)	-0.206 (0.524)
	College+	-0.118 (0.278)	-0.402 (0.975)	-0.237 (0.329)	-1.151 (0.733)
Employment status (regular=0)	Non-regular	0.090 (0.337)	0.683 (0.712)	0.074 (0.386)	-1.799 (1.117)
	Unpaid	0.321 (0.287)	0.643 (0.731)	0.217 (0.333)	-0.096 (0.849)
	Unemployed	0.246 (0.442)	0.236 (0.757)	0.363 (0.630)	-1.346 (1.100)
	Inactive	0.179 (0.287)	0.221 (0.638)	0.195 (0.367)	-0.384 (0.785)
Trouble with daily activities due to medical conditions (none = 0)	Some trouble	0.796*** (0.230)	0.584 (1.110)	0.668* (0.307)	1.262*** (0.427)
	Much trouble	0.965** (0.347)	0.000 (.)	1.156* (0.477)	0.740 (0.596)
Standard of living deprivation		0.017 (0.009)	0.029 (0.022)	0.015 (0.012)	0.018 (0.014)
Housing deprivation		0.035*** (0.010)	0.017 (0.027)	0.044*** (0.013)	0.026 (0.015)
Medical deprivation		-0.003 (0.007)	-0.017 (0.020)	-0.008 (0.010)	0.015 (0.011)
Preparation for the future deprivation		0.002 (0.003)	0.003 (0.006)	0.002 (0.004)	0.000 (0.005)
Social support		-0.038*** (0.007)	-0.055** (0.020)	-0.027** (0.009)	-0.063*** (0.013)
Constant		-0.777 (0.548)	0.786 (1.468)	-1.200 (0.620)	0.198 (0.995)
N		3,839	999	2,269	563
r2			236	139	81

Note: \*  $p < 0.05$ , \*\*  $p < 0.01$ , and \*\*\*  $p < 0.001$ .

Source: KIHASA (2017).

These findings imply the following policy needs. First, note the prevalence of depression and suicidal ideation among the elderly. This issue requires the development of a comprehensive welfare strategy that strives to ensure the security of every aspect of the elderly's lives, including income, health, and services. Second, both material deprivation and social support are proven to bear strong correlations to depression and suicidal ideation. People's mental health can be improved and social cohesion strengthened only when policy efforts are made to eliminate hidden poverty, increase public healthcare coverage, and provide quality welfare services that can lighten the burden of caregiving on families. Third, age has a significant impact in terms of depression and suicidal ideation experienced by individuals. Therefore, the effectiveness and efficiency of related policy programs can be maximized by adopting different strategies and approaches for different age groups. As mental health exerts far-reaching effects on social cohesion, going beyond personal factors, multifaceted national and social efforts tailored to different age groups and areas of deprivation should be made to strengthen the mental health of Koreans.

### **3. Socioeconomic Contexts of Conflicts and Mental Health and Effects on Social Cohesion**

If it is true that the mental health of Koreans is poor, we need to determine the contextual factors contributing to such poverty. We need to go deeper than the immediate causes to find, so to speak, “the causes of causes” behind the various symptoms of social pathology and conflict, including the soaring suicide rate, rampant rise in the number of lawsuits, and growing number of instances in which force and violence are deployed to quell, rather than resolve, social conflicts. Perceptions of social conflicts form one part of such social context behind the poverty of Koreans’ mental health.

Of the surveyed individuals, 8.5 percent rated the status of social conflicts in Korea in general as very serious; 71.8 percent, as serious; 17.5 percent, as not so serious; and 0.8 percent, as not serious at all. When asked to score social conflicts in general in Korea on a four-point scale (with zero indicating not serious at all and four indicating very serious), Koreans gave an average score of 2.89. The types of social conflicts perceived most acutely included the ideological divide between progressives and conservatives (40.8 percent), the conflict between regular and irregular workers (29.5 percent), and the disputes between management and workers (25.3 percent). Although these conflicts are in the same order as those of the previous

year’s survey, the perceived acuity of the divide between progressives and conservatives jumped from 33.6 percent to 40.8 percent.

(Table 13) Perceptions of Social Conflicts

(Units: percentage, points)

Types of conflicts	Very serious	Serious	Not so serious	Not serious at all	Undecided	Total	Score (0 to 4)
Social conflicts overall	8.5	71.8	17.5	0.8	1.4	100.0	2.89
Poor vs. rich	17.8	62.0	17.4	0.8	2.1	100.0	2.99
Management vs. workers	25.3	56.4	15.9	0.9	1.4	100.0	3.08
Homeowners vs. renters	11.4	41.3	37.7	5.5	4.1	100.0	2.61
Regular workers vs. irregular workers	29.5	52.4	13.9	1.8	2.4	100.0	3.12
Elderly vs. young people	13.4	44.7	34.8	5.4	1.7	100.0	2.67
Progressive vs. conservative	40.8	44.4	12.5	1.0	1.3	100.0	3.27
Regional	15.8	41.3	33.0	7.3	2.6	100.0	2.67
Cultural/ethnic	7.0	42.9	39.5	6.0	4.7	100.0	2.53
Development vs. environmental protection	10.3	52.6	28.8	3.5	4.7	100.0	2.73

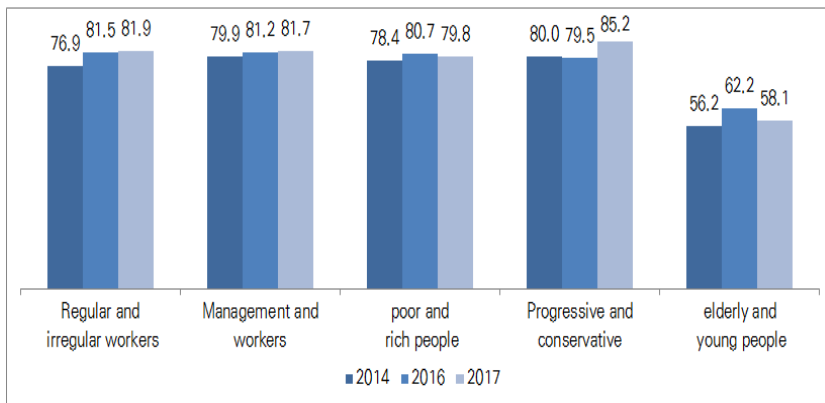
Source: KIHASA (2017).

The perceived seriousness of conflicts between regular workers and irregular workers and between management and workers has been rising steadily year by year, while conflicts between the poor and rich and between the elderly and the young had been increasing until last year but dropped this year. The perceived seriousness of the progressive-conservative divide has been following a pattern different from that of the others by rising significantly (by 5.7 percentage points) from last year

to this year, reflecting the series of dramatic political events in the country that culminated in an early presidential election.

[Figure 5] Perceived Seriousness of Social Conflicts in 2014, 2016, and 2017

(Unit: percentage)



Sources: KIHASA (2017); Haeshik Jung et al. (2016), A Study of Social Cohesion: Korean's Perceived Social Cohesion; and Migon Kim et al. (2014), The Status of Social Cohesion and Policy Recommendations: Focused on Cohesion and Happiness.

In general, men perceive social conflicts more acutely than women. By age, the middle-aged were the most acutely aware of these conflicts, followed by the young and elderly, in descending order. The more education one has, the more acutely one perceives social conflicts in Korea, with the college-educated perceiving social conflicts most acutely, and those with middle-school education or lower perceiving them least acutely. There does not appear to be a linear correlation between income and the perceived seriousness of social conflicts (with those in the second quintile perceiving conflicts most acutely,

followed by those in the fifth, third, first, and fourth quintiles). A comparison of the first two quintiles' average to that of the last two quintiles, however, suggests that people in lower income quintiles tended to perceive social conflicts as more serious. If we divide households by the poverty line (50 percent of the median disposable income), however, the non-poor were more acutely aware of social conflicts in Korea than the poor. In other words, the poor (people in the lowest income quintile) are relatively less aware of social conflicts. The unemployed perceive social conflicts more acutely than others, and this acuity was especially prominent among those who had been out of work for 12 months or longer. Furthermore, those who had been involuntarily unemployed, due to layoffs or dismissals, over the past five years perceived social conflicts in Korea more acutely than others who had not had such experiences. Full-time regular workers and workers in temporary or day-labor jobs saw social conflicts in Korea as less serious than others.

(Table 14) Sociodemographic Factors and Perceptions of Social Conflicts

(Unit: points)

Factor		Social Conflicts	Factor		Social Conflicts	Factor		Social Conflicts
Sex	Male	2.92	Income quintiles	1st Quintile	2.88	Employment status	Full-time	2.88
	Female	2.87		2nd Quintile	2.93		Temporary /day	2.88
Age	Young	2.87		3rd Quintile	2.9		Self-employed /unpaid	2.9
	Middle-aged	2.91		4th Quintile	2.85		Unemployed	2.92
	Elderly	2.83		5th Quintile	2.92		Long unemployed	3.01
Education	Middle school	2.86	50% of median income	non-poor	2.9	Involuntarily unemployed	Inactive	2.9
	High school	2.89		Poor	2.87		Yes	3
	College	2.91					No	2.89

Source: KIHASA (2017).

As for the causes of conflicts, the largest proportion of surveyed individuals—19.0 percent—identified ideological/political differences, followed by intergenerational differences (10.9 percent), cultural differences (7.3 percent), educational differences (5.7 percent), and regional differences (4.5 percent), as the main causes of the conflicts they had experienced in their personal lives. As with the perceptions of social conflicts (identifying the progressive-conservative divide as the most serious), political and ideological differences were again the most dominant cause of personal conflicts.

(Table 15) Causes of Personal Experiences with Conflicts

(Unit: percentage)

Cause	Experienced	Did not experience
Political differences	19.0	81.0
Cultural differences	7.3	92.8
Regional differences	4.5	95.5
Intergenerational differences	10.9	89.2
Educational differences	5.7	94.3

Source: KIHASA (2017).

Table 16 lists the percentages of different demographic groups with experiences of different types of conflicts. Overall, men experienced more conflicts of all types than women, especially the political kind. Men also experienced more conflicts due to regional and educational differences than women. Young people experienced more conflicts caused by regional, intergenerational, and educational differences than other age groups. Conflicts caused by political and cultural differences were more prevalent among the middle-aged than other age groups, and seniors experienced relatively fewer conflicts than younger people. In general, the number and types of conflicts one experiences increase in relation to education. Thus, individuals with college education or higher experienced more conflicts due to political differences than other groups with less education.

It would not be unreasonable to assume that individuals' experiences with conflicts likely reflect the socioeconomic vulnerabilities or risks they face. Therefore, we also examined the



prevalent causes of conflicts individuals experienced by their income level and poverty ranking. The higher one's income quintile, the more likely one is to experience conflicts in general. The middle-income group, i.e., the third quintile, however, was the least likely to experience conflicts of any causes. The same can be said of our analysis based on the poverty line. The non-poor, in other words, experienced conflicts of all causes far more often than the poor. Political differences were the predominant cause of conflicts experienced by the poor, followed by intergenerational differences, educational differences, regional differences, and cultural differences, in descending order. While political differences were the predominant cause of conflicts experienced by the non-poor as well, the non-poor were more likely than the poor to have experienced conflicts due to cultural differences (ranked third), while regional differences were the least common cause of the conflicts they experienced.

As for the correlation between employment status and conflicts, the unemployed, again, experienced conflicts most often. Individuals who had been out of work for a long time (12 months or longer), in particular, experienced conflicts of all causes (except cultural differences) most commonly. Also, individuals who had involuntarily left their jobs, due to layoffs, dismissals, etc., in the past five years also experienced more conflicts in general than individuals who had not. While politi-

cal differences were, again, the most common cause of conflicts in the case of the unemployed, it was only slightly more so than the other causes of conflicts. Compared to full-time (regular) workers, who enjoy (relatively speaking) the highest level of employment security, the unemployed experienced conflicts more often due to intergenerational differences (8.4 percentage points more), cultural differences (5.3 percentage points more), regional differences (4.3 percentage points more), and educational differences (3.9 percentage points more) than political differences (2.3 percentage points more). Those who had been out of work for a long time also experienced conflicts most often due to political differences (25.2 percent), but only slightly more so than conflicts caused by intergenerational differences (24.5 percent).

(Table 16) Sociodemographic Factors and Causes of Conflicts

(Unit: percentage)

Variable		Political differences	Cultural differences	Regional differences	Inter-generational differences	Educational differences
Sex	Male	22.5	7.4	5.9	11.6	6.5
	Female	15.3	7	2.9	10.1	4.7
Age	Young	17.8	6.3	4.9	11.6	6.9
	Middle-aged	20	8.3	4.3	11.2	5.6
	Elderly	16.6	3.9	3.8	6.9	2.4
Education	Middle school or lower	11	3.7	3.1	6.8	2.8
	High school	17.8	6.2	3.9	10	6
	College or higher	23.3	9.6	5.5	13.2	6.2
Income quintiles	1st Quintile	13.5	4	3.3	7.4	3.1
	2nd Quintile	17.7	7.5	4.5	9.9	6.7
	3rd Quintile	15.2	6.9	4.7	9	5
	4th Quintile	22.2	8.5	4	13	5.2
	5th Quintile	27.8	9.7	6.1	15.5	8.8
Poverty (below 50% of median income)	Non-poor	20.1	7.8	4.7	11.6	5.9
	Poor	10.5	2.2	2.3	4.8	3
Employment status	Full-time	20.7	7.5	4.6	9.9	6.2
	Temporary/day	19.7	7.8	4.7	13.8	7.6
	Self-employed/unpaid family business	20.2	6.4	5	10	5.2
	Unemployed	23	12.8	8.9	18.3	10.1
	Unemployed long	25.2	12.4	11.3	24.5	14.6
	Inactive	15.9	6.7	3.3	10.5	4
Involuntarily unemployed	Yes	29.5	14.4	9.5	19.3	10.7
	No	18.2	6.7	4.1	10.2	5.2

Source: KIHASA (2017).

To determine the effects of socioeconomic vulnerabilities on the perception of social conflicts and personal experiences with conflicts, we performed a simple linear regression analysis, the results of which are listed in Table 17. Our analysis confirms the statistically significant effect that material depri-

vation exerts upon the perception of social conflicts. However, experiences with involuntary unemployment, education, age, and total household income fail to explain such perception.

With the total score for conflicts of various causes experienced by individuals as the dependent variable, material deprivation, experiences with involuntary unemployment, sex, education (college education or higher), and total household income emerged as variables with sufficient explanatory power. The statistically significant factors of family conflicts include material deprivation, experiences with involuntary unemployment, sex, education, and age (middle-aged). Material deprivation, experiences with involuntary unemployment, and total household income were also significant factors of conflicts with different groups of people. A comparison of the three models used in our analysis confirms the significantly greater power of socioeconomic vulnerabilities to explain individuals' experiences with family conflicts. The greater the extent of material deprivation (representing the poverty of the household), the greater the likelihood of experiencing family conflicts. The same can be said of involuntary unemployment. Men, however, experience fewer family conflicts than women. The likelihood of experiencing family conflicts also increases with education and is greater in the middle-aged than among young people.

(Table 17) Effects of Socioeconomic Vulnerabilities on Perceptions and Experiences of Conflicts

Variable		Perception of social conflicts	Experience of conflicts of different causes	Experience of family conflicts	Experience of conflicts with different groups
Material deprivation		0.043***	0.118***	0.258***	0.076***
Experience with involuntary unemployment (none = 0)		0.091*	0.414***	0.640***	0.384***
Male (female = 0)		0.040*	0.091**	-0.151***	0.004
Education (middle school or lower = 0)	High school	0.029	0.099	0.162*	0.027
	College or higher	0.044	0.218***	0.282***	0.062
Age (young = 0)	Middle-aged	0.039	0.059	0.286***	0.041
	Elderly	-0.004	0.098	0.005	0.010
Log (total income)		0.012	0.128***	0.075	0.073***
Constant		2.784***	0.027***	0.214***	0.084***
N		3,751	3,801	3,801	3,801
R2		0.009	0.036	0.068	0.032

Note: \*  $p < 0.05$ , \*\*  $p < 0.01$ , and \*\*\*  $p < 0.001$ .

Source: KIHASA (2017).

**Box 3. Below are the operational definitions of the main concepts used in this section.**

*\*See Box 1 for the operational definitions of depression and self-resilience.*

1. Stress: Stress refers to a range of physical and psychological responses to stimuli. High levels of stress are correlated to not only psychological and mental difficulties, such as depression and anxiety disorder, but also deterioration of physical health. Cohen et al. developed the Perceived Stress Scale (PSS) to measure the levels of stress individuals are under (Cohen, Kamarck, and Mermelstein, 1983). The scale gauges how a participating individual perceives the stress he or she has experienced over the month preceding his or her participation in the test. As responses to stimuli differ greatly from individual to individual, the PSS is an effective tool for gauging stress as experienced subjectively rather than for taking objective measurements of stress (Lee et al., 2012). In this study, we used Cohen et al.'s PSS, with a few statements slightly modified to facilitate the answers of the surveyed individuals. Participants were asked to rate their agreement or disagreement with 10 statements on a five-point scale. These statements included: "I have been upset because of something that happened unexpectedly"; "I have felt that I was unable to control the important things in my life"; "I have felt nervous and 'stressed'"; "I have succeeded in taking care of bothersome and irritating things"; "I have effectively managed important changes in daily life"; "I have felt confident about my ability to handle my personal problems"; "I have felt

that things were going my way”; “I have felt that I had control over everything that mattered to me”; “I have been angered because of things outside my control”; and “I have felt that difficulties were piling up so high that I could not overcome them.”

2. Perception of social cohesion: Surveyed individuals were asked to rate their agreement with the statement “Progress is being made toward social cohesion in Korea” on an 11-point scale, with zero indicating “not progressing at all” to 10 indicating “progressing very well.”

Table 18 lists the findings of our simple linear regression analysis on the socioeconomic contexts of mental health in Korea. Of the three indicators of mental health, depression was most susceptible to socioeconomic contexts, followed by stress and self-resilience, in descending order. Material deprivation and experiences with involuntary unemployment failed to show any significant explanatory power in relation to self-resilience, while sociodemographic factors, such as education and age, did. Income, in particular, had quite a strong and positive explanatory power. Material deprivation and experiences with involuntary unemployment were found to have significant and positive explanatory power in relation to stress, while education was inversely correlated to stress. With age also significantly and inversely correlated to stress, we were able to conclude that young people, in general, were under greater stress than older people. Material deprivation and experiences with involuntary unemployment also had significant and positive explanatory power in relation to depression. The regression coefficients of these two variables were larger with respect to de-

pression than stress, suggesting that socioeconomic contexts explained depression better than stress. Education and total household income also emerged as variables that significantly reduced depression.

〈Table 18〉 Effects of Socioeconomic Vulnerabilities on Mental Health

Variable		Self-resilience	Stress	Depression
Material deprivation		0.043	0.531***	1.189***
Experience with involuntary unemployment (none = 0)		-0.348	1.191***	2.304***
Male (female = 0)		0.713***	-0.274*	-0.346*
Education (middle school or lower = 0)	High school	0.956***	-0.518**	-0.944***
	College or higher	1.573***	-0.855***	-1.101***
Age (young = 0)	Middle-aged	-1.043***	0.048	0.399*
	Elderly	-0.584	-0.608**	-0.231
Log (total income)		1.438***	-0.726***	-1.385***
Constant		34.898	19.389***	5.948***
N		3,801	3,801	3,801
R <sup>2</sup>		0.085	0.051	0.110

Note: \*  $p < 0.05$ , \*\*  $p < 0.01$ , and \*\*\*  $p < 0.001$ .

Source: KIHASA (2017).

The results of our analysis under Model 1, as listed in Table 19, show the socioeconomic contexts underlying people's perceptions of social cohesion. Material deprivation and experiences with involuntary unemployment exerted significant and negative effects on perceptions of social cohesion. In general, men were more skeptical than women regarding social cohesion. Education, age, and total household income, however, were not significant variables. For our analysis under Models 2, 3, and 4,

experiences with family conflicts and the indicators of mental health were added to the existing regression equation. Model 2 showed that experiences with family conflicts and self-resilience held significant negative and positive effects, respectively, in relation to perceptions of social cohesion. The more often one experiences conflicts in one's family, the more skeptical one becomes about social cohesion. Also, the more resilient one is, the more optimistic one is about social cohesion. Material deprivation and experiences with involuntary unemployment still held significant negative correlations under these models, although their statistical significance decreased somewhat.

Material deprivation and experiences with involuntary unemployment, as representative indicators of individuals' socioeconomic contexts, showed gradually decreasing statistical significance and explanatory power (measured by the sizes of the regression coefficients) as the models of analysis progressed. This phenomenon indicates that the negative effects of these socioeconomic contexts on individuals' perceptions of social cohesion are moderated by the effects of experiences with family conflicts and mental health. In other words, material deprivation and experiences with involuntary unemployment adversely affect individuals' mental health and increase their exposure to family conflicts, ultimately raising their skepticism of or pessimism about social cohesion.



(Table 19) Effects of Experiences with Conflicts and Mental Health on Perceptions of Social Cohesion

Variable		Model 1	Model 2	Model 3	Model 4
Experience with family conflicts			-0.110***	-0.098***	-0.103***
Self-resilience			0.028***		
Stress				-0.044***	
Depression					-0.013*
Material deprivation		-0.151***	-0.124**	-0.103*	-0.109*
Experience with involuntary unemployment (none = 0)		-0.339**	-0.259*	-0.224	-0.243*
Male (female = 0)		-0.191***	-0.228***	-0.218***	-0.211***
Education (middle school or lower = 0)	High school	-0.037	-0.046	-0.043	-0.032
	College or higher	0.027	0.014	0.017	0.042
Age (young = 0)	Middle-aged	-0.117	-0.056	-0.087	-0.082
	Elderly	0.084	0.101	0.058	0.082
Log (total income)		0.073	0.041	0.049	0.063
Constant		4.670***	3.714***	5.542***	4.768***
N		3,801	3,801	3,801	3,801
R <sup>2</sup>		0.012	0.024	0.026	0.020

Note: \*  $p < 0.05$ , \*\*  $p < 0.01$ , and \*\*\*  $p < 0.001$ .

Source: KIHASA (2017).

The implications of our analysis can be summarized as follows. The first is about perceptions and experiences of conflicts. Economic and ideological causes of conflicts are rising rapidly. Men, the middle-aged, and the well-educated perceive the increase in conflicts across society more acutely than other groups. While low-income groups take social conflicts more seriously than high-income groups do, there was a dearth of awareness of social conflicts among the lowest-income households. In terms of the effect of employment status, the

unemployed perceive social conflicts most acutely. Political differences are the predominant cause of conflicts individuals experience in their personal lives, followed by intergenerational and cultural differences. Men, the middle-aged, and the college-educated are more likely than others to have experienced conflicts of these causes. Poverty and unemployment are also socioeconomic factors that increase individuals' risk of experiencing these conflicts.

Second, there are implications for the socioeconomic contexts underlying conflicts and individuals' mental health. Socioeconomic vulnerabilities, such as material deprivation and experiences with involuntary unemployment, contribute to the acuity of the perceptions and experiences of conflicts. These socioeconomic vulnerabilities also lead to greater stress and depression. The less-educated and young people are generally more prone to poor mental health. Family conflicts, stress, and depression are factors that also adversely affect one's perception of social cohesion, while strong self-resilience improves one's perception of it. Material deprivation and experiences with involuntary unemployment also influence perceptions of social cohesion via experiences with conflicts and poor mental health.

What policy implications can be derived from these conclusions? First, problems of social pathology, such as the frequency of conflicts and mental health, are not entirely attribut-

able to individuals or their families and should be properly understood in terms of their underlying socioeconomic contexts. Second, a wide range of policy measures should be considered to tackle the problem of socioeconomic polarization, with more effective systems or procedures for managing conflicts that emerge at the social level. Third, structural policy measures, such as those for the redistribution of income, are needed to help solve serious family conflicts. These measures include reinforcing public responsibility for the care of children. Fourth, policy measures should be devised to improve mental health, particularly in light of the adverse effects that social factors such as poverty and unemployment have on it.

#### **4. Social Anxiety and Social Cohesion**

We need to examine whether Koreans are excessively anxious and to what extent Koreans' social anxiety obstructs social cohesion. This involves identifying the root causes the underlying pervasive anxiety in Korea. The perception of social risks, i.e., social anxiety, is a complex outcome that reflects the states of both the personal and social resources at individuals' disposal. If a group of individuals is excessively nervous and insecure about possible social risks beyond measures warranted by the reality, that group may have very limited resources available to its individual members and/or may harbor high

levels of distrust in the institutional and systemic assistance made available by their political community. Judgments of whether social systems and institutions are functioning well are thus involved in the correlation between anxiety and social cohesion.

**Box 4. Below are the operational definitions of the main concepts in this section.**

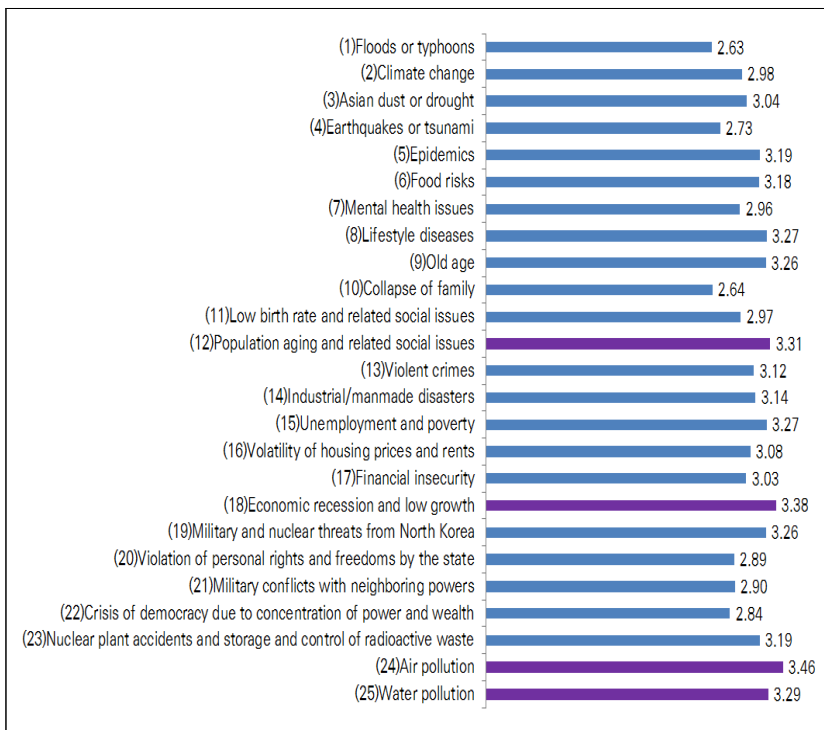
1. Perception of social risks: Statements designed to gauge individuals' sense of anxiety about risks in seven major areas—natural disasters, health, lifecycle, social activity, finance, politics and foreign relations, and the natural environment—were used, along with the statements from the Korea General Social Survey (KGSS) of 2014, to assess individuals' sense of anxiety. Individuals were asked to rate their agreement, on a five-point scale (one indicating “very worried” and five indicating “not worried at all”), with statements on the possible realization of 25 specific risks across these seven areas.
2. Distributive fairness: Individuals were asked to rate the fairness of the rewards for competency, skills, effort, education, career experience, etc. in Korean society in general on a five-point scale, with one indicating “very fair” and five indicating “very unfair.”
3. Procedural fairness: Individuals were asked to rate the fairness of the decision-making processes in Korea in general on a five-point scale, with one indicating “strongly agree” and five indicating “strongly disagree.” Specifically, individuals were asked to rate procedural fairness in light of the following six statements: (1) “The processes do not reflect the opinions of stakeholders who have interests in the decisions that are to be made”; (2) “The processes do not collect sufficient amounts of information necessary for decision-making”; (3) “The processes are open to the biases and emotions of decision-makers”; (4) “The processes are open to external pressure and pressures from relationships (blood, regional, educational, etc.)”; (5) “The processes prioritize the interests of certain groups over those of others”; and (6) “The processes do not consider the difficulties of the underprivileged.”

The main social risks about which Koreans were most worried included air pollution (including fine particulate matter), economic recession and low growth, population aging and re-

lated social issues, water pollution, and the nuclear and military threats posed by North Korea. The level of anxiety over environmental problems, such as air and water pollution, has risen significantly from the previous years' surveys. The noticeable increases in fine particulate matter and rising controversy over the possible causes of air pollution since the beginning of 2017 appear to have influenced public perception in this regard.

[Figure 6] Koreans' Anxiety Level by Type of Risk

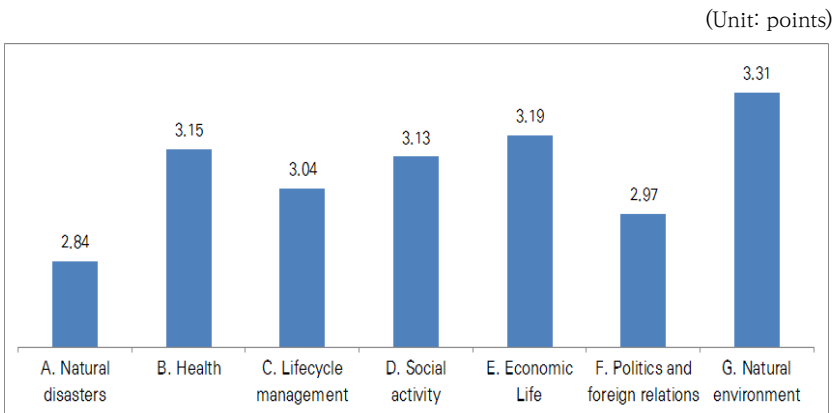
(Unit: points)



Source: KIHASA (2017).

Fear of environmental risks received the highest anxiety score, at 3.31 points on average, followed by fear of financial insecurity (3.19), worries about health (3.15), and worries about social activity (3.13). Anxiety about lifecycle management (3.04), politics and foreign relations (2.97), and natural disasters (2.84) was relatively low. This shows that Koreans view environmental problems as exerting more immediate impacts upon their lives than the risks of natural disasters.

[Figure 7] Anxiety Level by Risk Area



Source: KIHASA (2017).

Table 20 summarizes the findings of our analysis on the effects exerted by sociodemographic factors on different areas of anxiety. Household income was shown to have a significant effect on perceptions of social risks, involving lifecycle management and finance. As for other areas of anxiety, sex and age emerged as significant factors. Women, in general, tended to

have higher levels of anxiety than men. Worries about natural disasters, health, and lifecycle management increased with age, while the reverse was the case with respect to worries over social risks (crimes, industrial/manmade disasters, etc.). The higher the education level, the greater the anxiety about environmental problems.

(Table 20) Factors of Perceptions of Risks

Area	A. Natural disasters	B. Health	C. Lifecycle management	D. Social activity	E. Economic life	F. Politics and foreign relations	G. Natural environment
Sex	0.119*** (0.029)	0.121*** (0.028)	0.075** (0.026)	0.227*** (0.031)	0.029 (0.028)	0.034 (0.027)	0.167*** (0.028)
Age	0.026* (0.012)	0.047*** (0.011)	0.076*** (0.011)	-0.039** (0.013)	-0.036** (0.012)	0.017 (0.011)	0.003 (0.012)
Education	-0.025 (0.024)	-0.003 (0.023)	0.008 (0.022)	0.013 (0.026)	0.019 (0.024)	-0.003 (0.022)	0.056* (0.024)
Household income	-0.007 (0.010)	-0.016 (0.009)	-0.017* (0.009)	-0.016 (0.010)	-0.041*** (0.009)	-0.008 (0.009)	-0.016 (0.009)
Constant	2.667*** (0.094)	2.891*** (0.089)	2.745*** (0.084)	2.933*** (0.100)	3.357*** (0.092)	2.907*** (0.085)	2.984*** (0.091)
N	3,835	3,835	3,835	3,835	3,835	3,835	3,835
Adj. R-sq	0.007	0.013	0.022	0.016	0.006	0.001	0.009

Note: \*  $p < 0.05$ , \*\*  $p < 0.01$ , and \*\*\*  $p < 0.001$ .

Source: KIHASA (2017).

Table 21 summarizes the findings of our analysis on effects of social anxiety on the perceptions of social cohesion.<sup>1)</sup> The greater the perceived risks, the less favorable the perception of social cohesion. In general, women viewed Korean society as

1) For the operational definitions of the perceptions of social cohesion, see Box 3.

more cohesive than men did. Irregular workers were significantly more skeptical about social cohesion in Korea than regular workers. However, employment status lost its statistical significance when the subjectively assessed income levels were added as a variable. While perceived risks of lifecycle management generally skewed individuals toward negative perceptions of social cohesion, such risks, too, lost their statistical significance when perceived economic life risks were added as a variable.

(Table 21) Factors of Perceptions of Social Cohesion: Social Anxiety

Variable		Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Sex (male = 0)		0.199*** (0.058)	0.197*** (0.058)	0.189** (0.058)	0.184** (0.058)	0.191*** (0.058)	0.188** (0.058)
Age		-0.014 (0.023)	-0.010 (0.023)	-0.010 (0.023)	0.004 (0.024)	0.011 (0.024)	0.002 (0.024)
Education		0.007 (0.046)	-0.002 (0.048)	-0.041 (0.048)	-0.048 (0.048)	-0.043 (0.048)	-0.039 (0.048)
Employment status (regular=0)	Irregular workers	-0.199* (0.093)	-0.190* (0.094)	-0.162 (0.094)	-0.160 (0.094)	-0.153 (0.093)	-0.148 (0.093)
	Unpaid workers	-0.010 (0.082)	-0.012 (0.082)	-0.030 (0.082)	-0.026 (0.082)	-0.018 (0.082)	-0.015 (0.082)
	Unemployed	-0.043 (0.075)	-0.025 (0.076)	-0.049 (0.076)	-0.044 (0.076)	-0.037 (0.076)	-0.035 (0.076)
			0.037 (0.027)	-0.015 (0.029)	-0.016 (0.029)	-0.014 (0.029)	-0.015 (0.029)
Income groups				-0.015 (0.029)	-0.016 (0.029)	-0.014 (0.029)	-0.015 (0.029)
Subjective income level				0.197*** (0.038)	0.197*** (0.038)	0.180*** (0.039)	0.170*** (0.039)
Ideological affiliation					0.077 (0.039)	0.078* (0.039)	0.080* (0.039)
Perceived lifecycle management risk						-0.096** (0.035)	-0.024 (0.045)
Perceived financial risk							-0.104* (0.042)
Constant		4.272*** (0.183)	4.189*** (0.189)	3.951*** (0.194)	3.774*** (0.214)	4.054*** (0.236)	4.207*** (0.244)
N		3,839	3,835	3,835	3,835	3,835	3,835
adj. R-sq		0.003	0.003	0.010	0.011	0.012	0.014

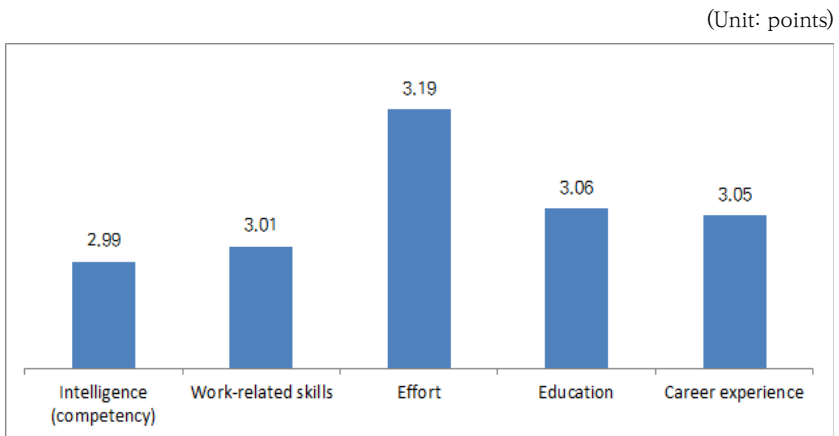
Note: \*  $p < 0.05$ , \*\*  $p < 0.01$ , and \*\*\*  $p < 0.001$ .

Source: KIHASA (2017).



Koreans' perceptions of fairness in their society were also examined in terms of distribution and procedure. Koreans generally perceived distributive justice, in terms of the rewards they received in Korean society, as average. However, they believed the rewards given to them were unfair relative to their effort (3.19) but average relative to their intelligence/competency (2.99), work-related skills (3.01), education (3.06), and career experience (3.05). In other words, Koreans believe that they are not being properly compensated for the hard work they put in. This suggests Koreans may be especially resentful of the successes achieved by the seemingly lazy.

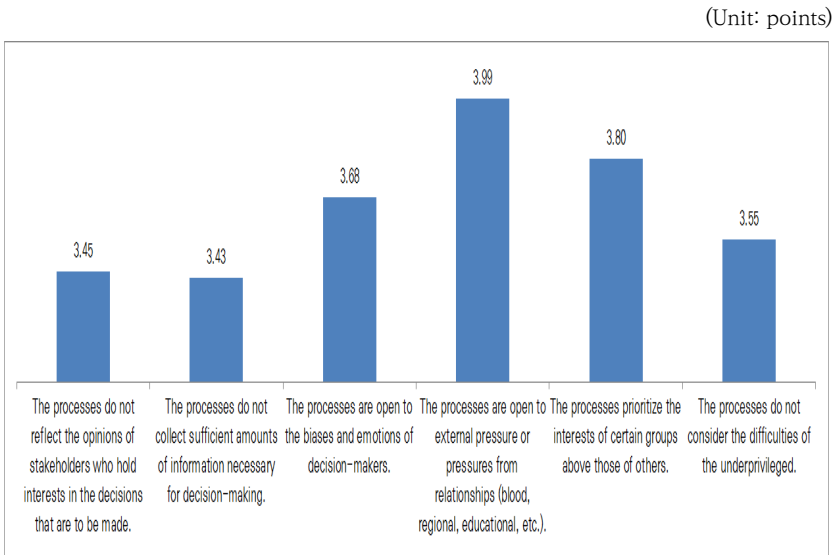
[Figure 8] Perceptions of Distributive Fairness



Note: The higher the score, the greater the perceived unfairness.  
Source: KIHASA (2017).

As for the fairness of decision-making processes in Korean society, Koreans generally think that external pressure or relationships influence decisions (3.99), and that the interests of certain groups are prioritized over those of others (3.80). Koreans, in other words, are generally more skeptical of procedural fairness than distributive fairness. They also tend to think that decision-making processes are open to the biases and emotions of decision-makers (3.68).

[Figure 9] Perceptions of Procedural Fairness



Note: The higher the score, the greater the perceived unfairness.  
Source: KIHASA (2017).

As for corruption in Korean society, Koreans think corruption is more rampant in politics (4.54) than in the economy (4.29). Men, the well-educated, and the conservative tend to think corruption is more prevalent, while the well-earning tend to think it is less so. Table 22 shows the effects of the perceptions of fairness and corruption on the perceptions of social cohesion. We performed a regression analysis with the perceptions of social cohesion as the dependent variable and perceptions of social systems and institutions as the independent variable. Women and individuals whose subjectively assessed income levels were high tended to be optimistic about social cohesion in Korea. The following patterns concerning social systems and institutions were also observed. First, negative perceptions of distributive fairness accompanied negative perceptions of social cohesion. Second, negative perceptions of procedural fairness accompanied negative perceptions of social cohesion. Third, perceptions of corruption were also tied to negative perceptions of social cohesion.

(Table 22) Factors of Perceptions of Social Cohesion: Fairness and Corruption Perceptions

Variable		Model 1	Model 2	Model 3
Sex (male=0)		0.167** (0.058)	0.156** (0.057)	0.154** (0.056)
Age		-0.005 (0.024)	-0.001 (0.023)	-0.000 (0.023)
Education		-0.048 (0.047)	-0.004 (0.047)	0.019 (0.046)
Employment status (regular=0)	Irregular workers	-0.128 (0.093)	-0.119 (0.091)	-0.099 (0.090)
	Unpaid workers	0.009 (0.082)	0.000 (0.080)	0.022 (0.079)
	Unemployed	-0.010 (0.074)	-0.022 (0.073)	0.010 (0.072)
Subjective income level		0.124*** (0.036)	0.108** (0.036)	0.086* (0.035)
Ideological affiliations		0.069 (0.039)	0.076 (0.039)	0.090* (0.038)
Perceived distributive fairness		-0.377*** (0.046)	-0.271*** (0.047)	-0.248*** (0.046)
Perceived procedural fairness 1			-0.266*** (0.052)	-0.206*** (0.052)
Perceived procedural fairness 2			-0.327*** (0.051)	-0.281*** (0.051)
Perceived corruption				-0.602*** (0.062)
N		5.105***	6.888***	8.113***
adj. R-sq		(0.265)	(0.300)	(0.323)

Note: \*  $p < 0.05$ , \*\*  $p < 0.01$ , and \*\*\*  $p < 0.001$ .

Source: KIHASA (2017).

The conclusion of this analysis can be summarized as follows. First, social anxiety over lifecycle and economic life risks reflects the nature of the resources available to individuals. Second, the severity of anxiety exerts negative effects on perceptions of social cohesion even when other factors are controlled. Third, negative perceptions of fairness and corruption fuel pessimism about social cohesion. Negative perceptions of distributive fairness lead to negative perceptions of so-

cial cohesion. Positive perceptions of procedural fairness promote optimism about social cohesion. The more one thinks that Korean society is corrupt, the more pessimistic one is about the state of social cohesion in the country.

Policy measures are needed to change the objective conditions surrounding social cohesion. This includes, first and foremost, narrowing the widening wealth gap and reducing the risks of material deprivation. However, in order for Koreans to rate their society as one that is liveable and highly cohesive, it is crucial to convince them of the functioning of social systems and institutions in addition to providing direct policy intervention with the aim of reducing the causes of anxiety. Policy efforts are needed to improve perceptions, and these most importantly include efforts to enhance fairness.



# IV

## Conclusion





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# IV

## Conclusion <<

This study has its origin in acknowledging the significant disparity between the cognitive components, on the one hand, and the empirical components, on the other, of the pervasive sense of social anxiety that characterizes Koreans and their society today. There is a growing policy need to understand and identify to what extent Koreans are depressed and worried, why they are so, and how they end up in conflict situations.

Assessing individuals' traumatic experiences and material deprivation in relation to the state of their mental health is a key to finding a basis upon which policy intervention can be attempted. Our analysis confirms the need for greater policy support for early intervention in the mitigation of the negative effects of traumatizing experiences and for improving self-resilience and mental health. Our analysis, furthermore, demonstrates the need to expand and strengthen the social security net toward reducing material deprivation and social connections. Our analysis also finds that even personal experiences with conflicts—a key variable of mental health—are tied to socio-economic contexts, although the exact directions in which these contexts exert their effects upon mental health vary widely.

Our analysis extends to determining the extents and effects of Koreans' social anxiety. The scarcity of resources at in-

dividuals' disposal triggers anxiety, which, in turn, increases pessimism about social cohesion. Perceptions of how well-functioning given social systems and institutions are also exert a moderating effect on people's pessimistic perceptions of social cohesion. Koreans, in other words, are skeptical of cohesion in their society not only for material reasons, but also because they doubt that their systems are being operated as intended. Our analysis suggests that, to promote social cohesion, it is critical to ensure the fairness of social systems and institutions. The intensifying social conflicts in Korea today highlight the importance of establishing an effective governance structure capable of resolving such conflicts.

The main purpose of this study is to provide an informative basis for policymaking, not to provide detailed policy advice. Nevertheless, it is worthwhile to point out the major policy implications of our analysis.

First, early intervention to mitigate the negative effects of traumatizing experiences as well as programs for enhancing self-resilience are needed. Second, a comprehensive welfare strategy is needed to improve the quality of life for seniors, encompassing income, health, and service security. Third, policy measures for mental health should be differentiated by age, as the degrees of and factors that influence depression and suicidal ideation differ by age. Fourth, in addition to minimizing socioeconomic polarization and material deprivation, it is also

crucial to convince Korean citizens that the social structure and systems are functioning properly. These policy implications further suggest that more in-depth analyses are needed to explore the specifics of Koreans' perceptions of social conflicts and how they should be resolved.



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