한국학교·지역보건교육학회지 제 19권 1호 (2018. 4) pp. 127~144
The Journal of Korean Society for School & Community Health Education, Vol. 19 Iss. 1 (April, 2018)

주관적 건강에 대한 치료적 지원의 적용과 장소애착의 매개효과 검증

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Application of Therapeutic Support on Subjective Well-being, and the Mediating Role of Place Attachment

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ABSTRACT

배경 및 목적: 이 연구의 목적은 OECD "더 나은 삶의 지수 2015"에서 34개 국가 중 29위로 평가된 한국인의 주관적 건강(subjective well-being)과 치료적 지지(therapeutic support) 관계에서 장소애착(place attachment)의 매개 효과를 탐색하였다.

방법: 비확률 표본추출 방법을 사용하여 서울 시민들 중 헬스클럽 이용자를 대상으로 설문지 조사를 실시하였으며, 구조방정식 모형분석을 통해 가설을 검증하였다.

결과: 분석 결과 치료적 감독(therapeutic oversight)만이 주관적 건강에 직접적인 영향을 미치는 것으로 확인되었다(B = .281, $p < .05$). 장소애착의 매개효과를 통해서 검증한 결과 치료적 감독 뿐만 아니라 치료적 증언(therapeutic testimonial)에 대해서도 유의하게 검증되었다(치료적 감독 간접 효과 = .155, $p < .05$, 치료적 증언 간접 효과 = .175, $p < .05$).

결론: 연구결과 주관적 건강에 영향을 미치는 것으로 장소애착의 매개효과가 큰 것으로 나타났다. 따라서 서로를 돌보며 회원들 간의 업적을 축하 할 수 있는 장소를 기반으로 한 건강 프로그램을 실행한다면 사회 구성원들의 주관적 건강 향상에 도움이 될 것으로 사료된다.

Keywords: community members, place attachment, subjective well-being (SWB),

* This work was supported by Korea University Grant [grant number K1605511, 2016].
Receipt : 30th Mar 2018, Modification : 04th Apr 2018, Adopt : 30th Apr 2018
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therapeutic support

Ⅰ. INTRODUCTION

As reported in OECD Better Life Index 2015, South Korea (hereafter Korea) stood at 29th out of 34 OECD countries on the category of subjective well-being (hereafter SWB). Whereas the nation has achieved remarkable economic growth, ranking the world's 12th largest economy by 2016 (OECD, 2015; 2016). This statistic evidence explains that most Koreans are not happy with their lives since SWB represents the life satisfaction of and the emotional response to one's life (Diener, 2009). Identifying the predictors of SWB has been centered as one of the main subjects of health research in Western (Lucas & Gohm, 2000). However, it is an area where the studies tend to focus on people in needs such as unhealthy elderly or vulnerable youth in Korea (임주영 과 전귀연, 2004; Joo & Chong, 2009).

As found by Diener and colleagues, positive social determinants of SWB include social support and the association between emotional support such as exchanging cares and sharing life experiences, and SWB is evidenced (Seligman, 2002; Barrera, Sandler, & Ramsay, 1981; Diener). Koreans tend to inhere dual personality when it comes to social life and presenting a dual attitude such as caring for others who are within the community and yet sensitive to the reputations among the community members (조긍호, 1997; Hofstede, 2011). Thus, emotional support can be more complicated in Korea. Besides, SWB is associated with one's environment, and the role of places is linked to physical and psychological well-being (Scopelliti & Vittoria Giuliani, 2004; Manzo, 2003; Harris, Pedersen, Stacey, McClearn, & Nesselroade, 1992). For instance, places of activities such as leisure, recreation, and exercise provide not only the opportunity to become physically healthy but also of building social interactions (Rosenbaum, 2006; Argyle, 2001). Indeed, people would develop a strong bond to a place if they experience warmth and comfort generated by the members. In other words, emotional support from the community of an activity place can make the site more unique which in turn contribute to improving SWB. Hence, belonging to a place of activity can be a resolution to people who suffer from lacking social support.

As aforementioned, there's a lack of studies on SWB and its association with emotional support and the role of places in Korea. Therefore, to further understand the associations among the three components (i.e., SWB, emotional support, and place), this study aimed to explore the types of therapeutic support as emotional support that is associated with SWB, particularly among the people between twenties and forties who are involved in physical activities. Additionally, the analyses expanded to discover the mediating role of places of activity.

1. Subjective well-being

SWB pertains to an individual's subjective evaluations of his/her life across multi-dimensional levels such as individual, societal,

and national. According to Diener et al. (2002), SWB comprises two types of components: cognitive and affective evaluations about one's happiness. Cognitive assessment reveals the level of one's life satisfaction, and affective assessment is based on both positive and negative emotional responses to life (Deiner, Lucas, & Oishi, 2002). A high level of SWB represents a combination of high level of life satisfaction, the presence of positive affect, and the relative absence of negative affect. Individuals' environmental factors, including socioeconomic and health status influence SWB, which, in turn, has a substantial impact on individuals' socioeconomic capacity and longevity (Lyubomirsky, Sheldon, & Schkade, 2005; Diener, Suh, Smith, & Shao, 1995). Despite the large volume of SWB research based on Diener's definition, the empirical findings are limited by the reliance on Western investigations, and the necessity for cross-cultural research has been called (Lucas & Gohm, 2000). Indeed, a different approach to measuring SWB would lead to different outcomes, as culture is one of the critical factors shaping the conditions and processes of achieving SWB (Noll, 2004). For instance, it will be valuable to find out whether the determinants of SWB in Western bring the same consequences to Asians or whether different determinants of SWB should be considered. Additionally, a multitude of social interactions is linked to SWB level, which is not independent of individual and cultural backgrounds (Brcena-Martn, Corts-Aguilar, & Moro-Egido, 2016; Diener, Diener, & Diener, 1995). Thus, different societal influences on individuals and groups need to be considered while investigating the predictors of SWB. A number of studies claimed that active social participation and social support are part of the predictors of SWB and happiness (Siedlecki, Salthouse, Oishi, & Jeswani, 2014; Thomas, 2009; Diener & Seligman, 2002). Moreover, SWB can be achieved or be enhanced through social support by reflecting cultures and circumstances of individuals (Siedlecki et al., 2014). Hence, it is essential to identify the types of support appreciated by the receivers.

2. The influence of emotional and therapeutic support

Social support theory explains how the nature of human relationships influences one's beliefs and behaviors and enhances psychological well-being of individuals and communities (Gallant, 2013; House, 1981). In particular, emotional support from the community is a powerful aid for SWB. According to House's definition, emotional support involves sharing life experiences by giving empathy, love, trust, and care for each other (Argyle, 2001; House, 1981). Also, emotional support plays a protective role against loneliness or distress and enhances psychological well-being to the extent of constructing a social identity. Indeed, individuals are keen to develop social belonging and connectedness through the course of life (Williams & Galliher, 2006; Baumeister & Leary, 1995; Gentry & Goodwin, 1995). Also, interpersonal expectancy brings positive impacts on health-promoting behaviors, which, in turn, can increase the levels of well-being and

satisfaction (Pender & Pender, 1980). For instance, members' interaction among the members of leisure center or fitness classes has been identified as a strong motivator for success in achieving recommended levels of physical activity, which has been shown to improve emotional status in the short term, and to promote SWB in the long run (Giles-Corti & Donovan, 2002; Argyle, 2001). In the same way, Moisio and Beruchashvili (2010) found in their empirical study in the U.S. that individuals mental, physical, and emotional well-being can be achieved when people in a similar situation develop a fellowship and provide therapeutic support for each other. Through the findings, a conceptual model of well-being was generated which represents the role of therapeutic support and shows how the support among community members can assist to overcome the problems and to improve well-being (Moisio & Beruchashvili, 2010). For decades, the US system and culture have been dominant in Korea, and many Koreans endorse American style regardless of the double-sided view toward the United States. For instance, many health club systems and the users in Korea follow the patterns and trends of Americans (김진웅, 2008). Hence, it will be meaningful to apply the ground theory from Moisio and Beruchashvili (2010) and identify its relevance to SWB of Koreans.

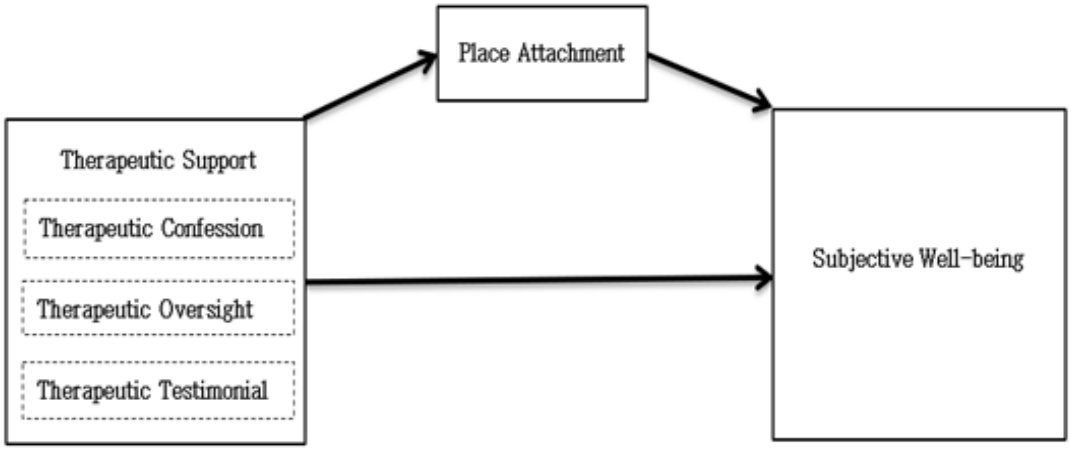
3. The role of place attachment

The study of place attachment has been developed by diverse disciplines including architecture and landscape, environmental structures, and community identity and symbolic placement at the theoretical and empirical levels (Hidalgo & HernNdez, 2001; Low, 1992). The standard definition of the many concepts is that place attachment refers to a special feeling or an emotional bond between people and specific places. The meaning reflects the role of attachments in helping the development of identity, relationships, and sense of community (Hidalgo & HernNdez, 2001). In addition, place attachment connotes not only functional attachment but also the emotional attachment. Functional attachment is related to physical characteristics such as features and conditions of a place that support goals or activities of the visitors. While emotional attachment refers to symbolic meanings that influence cultural and social interactions between individuals (Williams & Vaske, 2003). More importantly, the value of a particular place increases when it provides social interactions and supportive atmosphere that satisfies the emotional needs of individuals (Stokols & Shumaker, 1981). Likewise, the emotional bond between a person and a place or a setting has been found to increase the level of well-being with the therapeutic benefits such as reduced stress and enhanced positive feelings (Scannell & Gifford, 2017; Scopelliti & Vittoria Giuliani, 2004; Manzo, 2003). It is because unique environmental settings can offer an escape and relaxation from daily lives, which in turn enrich individuals' quality of life (Kyle, Mowen, & Tarrant, 2004). These physical and psychological benefits contribute to making positive experiences and a

social bond that is correlated with the value of place attachment (Scannell & Gifford, 2010; Williams, Patterson, Roggenbuck, & Watson, 1992). In other words, care and support provided by a community that is formed based on a particular place make people attach to the place which in turn improve the well-being of the individuals.

In the present study, three dimensions of therapeutic support - therapeutic confession, therapeutic oversight, and therapeutic testimonial were adopted to measure their associations with SWB of Koreans (Moisio & Beruchashvili, 2010). Besides, the role of place attachment on the relationship between therapeutic support and SWB was examined (see Figure 1).

Figure 1. Hypothesized conceptual model



Ⅱ. METHODS

1. Sampling and data collection

The study sample was drawn from health club users for evaluating therapeutic group support and the role of a place in relation to enhancing SWB. Participants were 332 Koreans aged 20 - 49 years old who exercised in health clubs across the capital Seoul. Nonprobability purposive sampling was utilized, and a self-administered survey was conducted. The sample was randomly selected by using a research association 'T' that has a large pool of panels from across Korea that helped to minimize selection bias and maximize the representativeness of the sample population. The researcher generated questionnaires, and the data was collected through online and mobile platforms provided by the research association for the target population living in Seoul and currently using health clubs. The participants were notified about the purpose of the study, and that anonymity and confidentiality

was maintained. Also, they were provided informed consent before the participation. Each participant was given reciprocate discount coupons for a broad range of brands for completing the survey.

2. Measurement of constructs

1) Subjective well-being (SWB)

SWB defined as a combination of affect (i.e., positive and negative affect) and life satisfaction was used to measure the outcome (Diener, 2009). The Positive and Negative Affect Schedule (PANAS) was adopted to assess affect, and the Satisfaction with Life Scale (SWLS) was used to evaluate the life satisfaction. The PANAS is composed of 20 items in total; the ten positive affect items include excitement, strength, and pride while the ten negative affect items include distress, fear, and nervousness (Watson, Clark, & Tellegen, 1988). Participants in the study were asked to rate items on a 7-point Likert scale based on what they had experienced in the prior week. The SWLS is a person's general judgment of life satisfaction, assessed using five items with a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree) (Diener, Emmons, Larsen, & Griffin, 1985). The following is a sample item: "In most ways, my life is close to my ideal."

2) Therapeutic support

The operational definition of therapeutic support originated from the spiritual-therapeutic model of well-being (Moisio & Beruchashvili, 2010). The concept of the ground theory connotes three components therapeutic confession, therapeutic oversight, and therapeutic testimonial based on which three subscales were developed with a different number of items. All three measures of therapeutic support employed a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Firstly, the therapeutic confession was assessed using seven items measuring the participants' health status and failures related to diet, lifestyle, and regular exercise. A sample question is "Exercising with other members of the health club helps me to move on once I've shared my problems, such as laziness." Secondly, the therapeutic oversight scale comprised nine items measuring the participants' compliance with the system of surveillance among the health club members to monitor one's quest for well-being. A sample question is "Having other members, and the trainers are watching over me and overseeing my performance helps me to maintain my health condition." Lastly, the therapeutic testimonial was assessed using nine questions measuring the participants' transformative experiences through celebration over members' successes in following health programs. A sample question is "The recognition of my body figure, and health condition by other members makes me realize that I have worked hard and have succeeded."

3) Place attachment

Place attachment was assessed using a scale adapted from a tool that evaluates personal context over a place that denotes a symbolic connection to a place through which a person

can develop self-identity and feelings of belonging to a community (Williams & Vaske, 2003). Sample statements for place attachment include “Receiving encouragement from the people at my health club is more important to me than having it in any other place, and My health club is very special to me.” Participants were asked to rate the items on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree).

3. Data analysis

Structural equation modeling (SEM) was used in AMOS 18.0 to examine the determinants of SWB with a two-step approach. The first step was an examination of the hypothesized model using confirmatory factor analysis (CFA). The current study employed strict evaluation points and eliminated anything under 0.5. As a result, 12 items were excluded from the total 25 measurement items for the dependent variable (i.e., SWB); ten items were excluded from the total 25 measurement items for the independent variable (i.e., therapeutic support); and two items were removed from the total six measurement items for the mediator variable (i.e., place attachment). The second step was a structural model approach to examine the relationships among the latent variables using SEM and to test the indirect effect using a Sobel test. Additionally, model fit based on the root mean square error of approximation (RMSEA), normed-fit index (NFI), and comparative fit index (CFI) was assessed.

Ⅲ. Results and Discussion

1. Results

1) Respondent characteristics

Table 1 presents general characteristics of the 332 respondents, and their basic characteristics were categorized by gender, age, education, and occupation. There were 165 (49.70%) male and 167 (50.30%) female participants. With regard to age, 19.90% were 20 to 29 years old, 37.70% were 30 to 39 years old, and 42.50% were 40 to 49 years old. Further, 5.10% of the participants were high school graduates, 72.00% had a college or university degree, and 22.90% held a postgraduate degree. Regarding occupation, 9.00% were students, 7.80% were homemakers, 64.20% were employed, and 18.90% had a professional or other occupation. Regarding reflections of the respondents on therapeutic confession, therapeutic oversight, and therapeutic testimonial 12.65% disagreed and 44.88% agreed; 12.65% disagreed and 54.82% agreed; 14.76% disagreed and 53.31% agreed, and the rest percentages were neither agreed or disagreed respectively. Regarding attitudes toward place attachment, 12,95% disagreed, 52.4% agreed, and the rest percentages were neither agreed or disagreed. Regarding subjective well-being, most of the respondents reported as good (5.72%) or bad (60.53%), and 33.73% were as neutral.

Table 1. Sample Characteristics

(N=332)

	Frequency	Percentage
Gender		
Male	165	49.70
Female	167	50.30
Age		
20-29	66	19.90
30-39	125	37.70
40-49	141	42.50
Education level		
High School to associate	17	5.10
College or University Degree	239	72.00
Postgraduate to associate	76	22.90
Occupation		
Student	30	9.00
Housewife	26	7.80
Employee	213	64.20
Profession	50	15.00
Etc.	13	3.90
Therapeutic Confession		
Strongly disagree	4	1.20
Moderately disagree	6	1.81
Disagree	32	9.64
Neither agree or disagree	141	42.47
Agree	119	35.85
Moderately agree	27	8.13
Strongly agree	3	0.90
Therapeutic Oversight		
Strongly disagree	2	0.60
Moderately disagree	11	3.31
Disagree	29	8.74
Neither agree or disagreed	108	32.53
Agree	132	39.76
Moderately agree	47	14.16
Strongly agree	3	0.90
Therapeutic Testimonial		
Strongly disagree	4	1.20
Moderately disagree	7	2.11
Disagree	38	11.45

	Frequency	Percentage
Neither agree or disagree	106	31.93
Agree	126	37.95
Moderately agree	47	14.16
Strongly agree	4	1.20
Place Attachment		
Strongly disagree	2	0.60
Moderately disagree	5	1.51
Disagree	36	10.84
Neither agree or disagree	115	34.64
Agree	118	35.54
Moderately agree	51	15.36
Strongly agree	5	1.50
Subjective Well-being		
Strongly disagree	1	0.30
Moderately disagree	1	0.30
Disagree	17	5.12
Neither agree or disagree	112	33.73
Agree	145	43.67
Moderately agree	53	15.96
Strongly agree	3	0.90

2) Testing the measurement model

It was evident that several indicators were moderately skewed and had mild kurtosis, although none of the individual scores was considered extreme. Thus, the validity of the measurement model was tested using AMOS, and the results indicated reasonable fits of the initially hypothesized model to the data, χ^2 (730) = 2490.550, RMSEA = 0.085, NFI = 0.794, CFI = 0.845 for the step one, and χ^2 (593) = 1641.079, RMSEA = 0.063, NFI = 0.865, CFI = 0.918 for the step two. For the construct validity of the variables, convergent and discriminant validity of the tools were tested and all factor loadings were substantial and statistically significant as shown in Table 2. The average variances extracted (AVEs) for all constructs were higher than 0.50; hence, the findings provided evidence for optimal convergent validity among the constructs (Fornell & Larcker, 1981). Moreover, the factor loadings of all constructs were measured for a total power of the data. The current study employed a strict estimate point and eliminated anything under 0.5. Based on the correlation, and following Fornell and Larcker's (1981) procedure, the square root of inter-construct correlations and AVE were compared to assess discriminant validity. The values ranged between .0001 and .8. The highest square root (.842) was smaller than each correlation, indicating sufficient discriminant validity.

Table 2. Construct and Measure Assessment

Construct, Items	AVE	CR	Standardized Loading
Therapeutic Confession	.56	.91	
* It's reassuring to talk with others and realize that they have similar problems to mine.			.562
* It's comforting to have understanding and encouragement from others when I discuss my laziness.			.709
* It's helping me that I confess my problems honestly.			.739
* I can put my problems behind and work out hard once I talk to others about my laziness.			.787
Therapeutic Oversight	.66	.92	
* I try to make improvements for myself and prove it to others.			.707
* It is motivating me that others are watching my health condition.			.713
* I work out harder because I can't hide my failure from others.			.719
* The presence of others helps me to control my laziness.			.633
* Surveillance by others helps me to maintain my health condition.			.621
* The omnipresence of others helps me to abstain from unhealthy lifestyle habits even if I am not in the health club.			.551
Therapeutic Testimonial	.718	.91	
* Others' recognition makes me realize that I work out hard.			.686
* I feel more appreciative of my success when I share it with others.			.728
* I feel that I am a very special person when I talk about my improvement with others.			.574
* I feel that I become a hero when I share my recipe for success with others.			.672
* I think that others look up at me, and they may tell my success story to their family or friends.			.566
Place Attachment	.75	.89	
* My health club is very special to me.			.587
* I am very attached to my health club.			.735
* The members from my health are the best for sharing my problems.			.728
* Receiving encouragement from the people at my health club is more important to me than having it in any other place.			.616
Subject well-being	.58	.95	
* I have been feeling excited in the past week.			.607
* I have been feeling strong in the past week.			.581

Construct, Items	AVE	CR	Standardized Loading
* I have been feeling my fear is decreased in the past week.			.633
* I have been feeling proud in the past week.			.635
* I have been feeling my shame is decreased in the past week.			.634
* I have been feeling my nervousness is decreased in the past week.			.543
* I have been feeling determined in the past week.			.625
* I have been feeling active in the past week.			.532
* In most ways, my life is close to my ideal.			.574
* The conditions of my life are excellent.			.552
* I am satisfied with my life.			.554
* So far, I have gotten the important things I want in my life.			.629
* If I could live my life over, I would change almost nothing.			.613

Note. AVE = Average Variance Extracted.. CR = Composite Reliability.

3) Testing the structural model

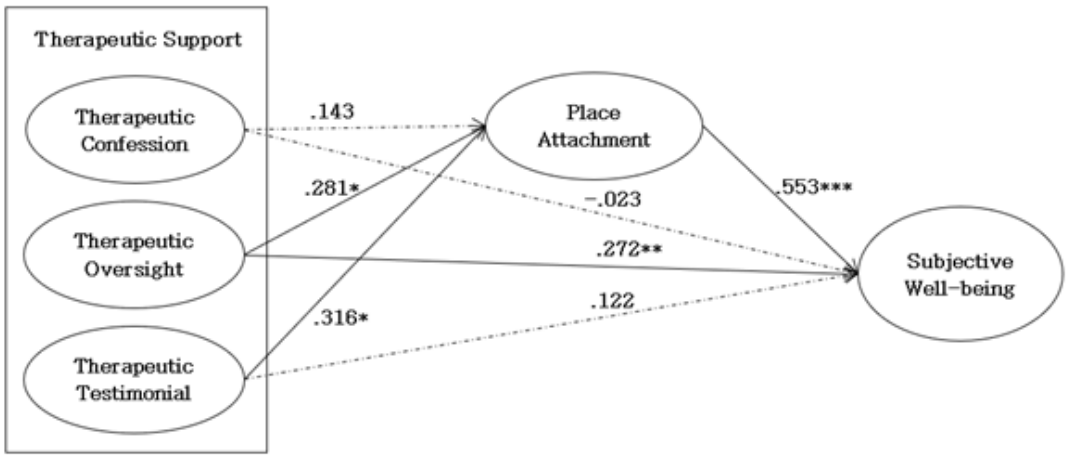
The current research investigated the effects of the three variables of therapeutic support on SWB and examined whether these effects would be mediated by place attachment. The proposed mediated structural model was examined using SEM analysis after controlling for potential confounders, including gender, age differences, education level, and frequency of use. As illustrated in Table 3 and Figure 2, the results of the direct effects showed that therapeutic confession did not predict place attachment whereas therapeutic oversight (B = .281, $p < .05$) and therapeutic testimonial (B = .316, $p < .05$) did so significantly. As expected, place attachment positively and significantly influenced SWB (B = .553, $p < .001$). Additionally, among the three dimensions of therapeutic support, only therapeutic oversight was a significant predictor of SWB (B = .272, $p < .01$).

Table 3. Structural Model Analysis

	B	SE	β	t Value
Therapeutic Confession → Place Attachment	.177	0.104	0.143	1.698
Therapeutic Oversight → Place Attachment	.222	0.102	0.281	2.166*
Therapeutic Testimonial → Place Attachment	.281	0.121	0.316	2.325*
Place Attachment → Subjective Well-being	.499	0.065	0.553	7.634***
Therapeutic Confession → Subjective Well-being	-.026	0.071	-0.023	-.367
Therapeutic Oversight → Subjective Well-being	.194	0.072	0.272	2.706**
Therapeutic Testimonial → Subjective Well-being	.098	0.084	0.122	1.164

*$p < .05$, **$p < .01$, ***$p < .001$

Figure 2. Final Structural Model



*p < .05, **p < .01, ***p < .001

Furthermore, the effect sizes of the direct, indirect, and total effects were analyzed to examine whether place attachment was a significant mediator in the relationships among therapeutic confession, therapeutic oversight, therapeutic testimonial, and SWB. The proposed model implies a process whereby therapeutic support influences SWB. Therefore, analysis of the indirect effects assesses the presence of this process. It was empirically demonstrated that therapeutic confession has a low effect size (indirect effect = .079, total effect = .056) on SWB via place attachment. The effect sizes of therapeutic oversight (indirect effect = .155, total effect = .427*) and therapeutic testimonial (indirect effect = .175, total effect = .297*) on SWB through place attachment were statistically high (see Table 4).

Table 4. Standardized Direct, Indirect, and Total effect

Variable	Direct effect	Indirect effect	Total effect
Therapeutic Confession → Place Attachment	0.143	0	0.143
Therapeutic Oversight → Place Attachment	0.281	0	0.281*
Therapeutic Testimonial → Place Attachment	0.316	0	0.316***
Place Attachment → Subjective Well-being	0.553	0	0.553***
Therapeutic Confession → Subjective Well-being	-0.023	0.079	0.056
Therapeutic Oversight → Subjective Well-being	0.272	0.155	0.427*
Therapeutic Testimonial → Subjective Well-being	0.122	0.175	0.297*

*p < .05, **p < .01, ***p < .001

Additionally, as the research model proposed that therapeutic support is associated with SWB via place attachment, the Sobel test was employed to verify the indirect effect of this model. The Sobel test is useful to point out whether a mediator variable significantly carries the influence of an independent variable to a dependent variable and whether the indirect effect of the independent variable on the dependent variable through mediator variable is significant (Preacher & Leonardelli, 2001). Therapeutic confession did not show an indirect effect on SWB; however, this mediation effect on SWB was evident in therapeutic oversight (statistic index = 2.094, $p < .05$) and therapeutic testimonial (statistic index = 2.223, $p < .05$) through place attachment (see Table 5).

Table 5. Sobel Test (Estimated Indirect Effect)

Mediate Effect	Statistic index	Std. Error	p-value
Therapeutic Confession → Place Attachment → Subjective Well-being	1.661	0.053	.097
Therapeutic Oversight → Place Attachment → Subjective Well-being	2.094**	0.052	.036*
Therapeutic Testimonial → Place Attachmen → Subjective Well-being	2.223***	0.063	.026*

*$p < .05$, ** $p < .01$, *** $p < .001$

2. Discussion

This empirical study investigated the association between therapeutic support and SWB and the mediating role of place attachment. The proposed assumptions were based on the theories of SWB (Diener, 2009), the spiritual-therapeutic model of well-being (Moisio & Beruchashvili, 2010), and the concept of place attachment (Rosenbaum, 2006; Williams & Vaske, 2003). The main findings supported parts of the study assumptions that certain kinds of therapeutic support have an impact on SWB, and place attachment has a mediation effect on the relationship between therapeutic support and SWB.

1) Direct effect of therapeutic support on place attachment

Two variables of therapeutic support, namely therapeutic oversight, and therapeutic testimonial had a direct positive effect on place attachment, whereas therapeutic confession did not. Notably, the therapeutic testimonial was a stronger predictor of place attachment than was the therapeutic oversight. These findings suggest that people appreciate others' consideration, which works as an encouragement to achieve goals and to adhere to the health club that the members visit. Moreover, people develop a stronger feeling towards a place when other members recognize their continuous improvements or when they fulfill exercise requirements. On the contrary, people would not

feel comfortable in disclosing their failure to others and may not like the place as much if other members knew their problem. An interpretation of this finding would be that the nature of Asia and Korea culture, in which relationships are built under the strong influence of a hierarchical structure. Thus, people tend to be careful when admitting their mistakes or inadequacy (Hofstede, 2011; Jo & Doorenbos, 2009; 박영신 과 김의철, 2006). For example, Koreans would feel embarrassed when their negligence for maintaining good health is revealed to social networks (구본칠, 2004). Therefore, facilitating the mechanisms of therapeutic oversight and therapeutic testimonial among health club members would bring a positive effect on attachment to the health club and the practice of regular exercise, especially for people who live in a collectivist community.

2) Direct effects of place attachment and therapeutic support on SWB

Furthermore, the results proved that place attachment has a direct positive influence on SWB. The finding is consistent with the claim that empathic experiences from certain places would stimulate emotional and cognitive functions of people that bring a positive impact on personal well-being (Rose, 2012). This indicates that intangible aspects play an important role in developing a strong bond to places as much as physical aspects. The present findings also showed that SWB was directly influenced by therapeutic oversight, which was the only aspect of therapeutic support that had a substantial positive effect. The other two variables of therapeutic support did not show this influence. It is important to note that Koreans are conscious of others′ evaluations and are motivated by supportive compliments (박영신 과 김의철, 2006). Thus, these cultural influences reassure better participation in social activities, which, in turn, leads to positive affect and good health (김종우 등, 2013; 강현욱 과 김지태, 2009). This implies that therapeutic oversight is superior to other types of support and culture has impacts on one′s desire for different types of support which in turn influences the status of SWB, particularly for people who belong to collectivist cultures like Koreans (Suh, Diener, Oishi, & Triandis, 1998).

3) Mediation effect of place attachment between therapeutic support and SWB

The study also illustrated that two variables of therapeutic support therapeutic oversight and therapeutic testimonial had a positive effect on SWB through place attachment. In specific, a partial mediation effect was shown between therapeutic oversight and SWB and a complete mediation effect was demonstrated between therapeutic testimonial and SWB through the involvement of place attachment. This suggests that supportive attention from others can enhance individuals′ SWB and supportive observation of others from a place where the individuals attached to can bring positive effect on SWB. The importance of the role of places was empirically tested, and the findings confirmed that individuals' happiness and well-being through the supportive atmosphere

are significantly related to environmental settings and living areas (엄영호와 엄광호, 2017; 김진옥과 김남조, 2015). Moreover, improved SWB can be evidenced when individuals' successes are notified by others in a place they are devoted to but not by celebrating it on their own. This result is emphasized in previous studies that social dimension of place attachment can be more critical than physical aspect for the people who are involved in for the reason of symbolic and belonging relationships that enhance emotional status (Hidalgo & HernNdez, 2001; Low, 1992).

Ⅳ. Conclusion

In summary, this study explored that therapeutic oversight and therapeutic testimonial exert supportive roles and influence on SWB, whereas therapeutic confession does not. Additionally, the proposed model identified that inclusion of place attachment in the relationship between therapeutic support and SWB led to a significant influence. Specifically, only one factor of therapeutic support (i.e., therapeutic oversight) had a direct positive effect on SWB whereas two elements (i.e., therapeutic oversight and therapeutic testimonial) had a positive impact on SWB when mediated by place attachment. These identified therapeutic support types that would positively influence the SWB of South Koreans may be useful for practical interventions not only for Korea but also for other countries in a similar situation and culture. Finding from this study propose implications for health care providers and policy makers. Assuming exercise places that contribute to building a sense of community can induce supportive atmosphere with positive social interaction among the members which in turn improve SWB. Also, health programs should be designed under considerations of constructing places where people would be willing to watch out each other and to celebrate achievements among the members can contribute to improving SWB. For instance, there are many public cultural and physical education centers across Korea where students and residents benefit from various sports programs and shuttle services by affordable enrollment fees. Those centers tend to locate within the local schools that is convenient for the students and their parents to visit. In this setting, the program instructors can be trained to encourage the members to form peer groups such as students by grade and parent by region in which their common issues can be shared based on the community spirits. Hence, the members would develop healthy physical activity habits, and special feelings toward the centers and the members.

There are some limitations to the present study. First, this study was undertaken with respondents who live in the capital of South Korea; hence, its generalizability is limited. Second, the measure of therapeutic support was drawn from the ground theory of the spiritual-therapeutic model of well-being in which the study sample comprised members of the Weight Watchers support group in the US. Thus, some contexts of the constructs may not

correspond to the setting of the current study. However, the validity of each construct and measurement was strictly examined early in the study, and the items that did not satisfy the requirements were excluded from the data analysis. Third, the findings and implications may not be equally applicable to other areas since the study was conducted for the health and wellness sector, and the respondents were health club users. Further studies can be performed with various support groups to broaden the implications.

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