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1 **Abstract**

2           The ‘dose’ of nature required for health benefits, and whether repeat visits to the same  
3 environment consistently confer health benefits, is unclear. We sought to provide proof of  
4 concept for testing this. Data were collected on repeated visits to either a natural or pleasant  
5 urban environment from 41 adults on three days, and at one follow-up assessment. Participants  
6 completed baseline profiling, then attended; three repeated visits to either an urban ( $n=17$ ) or  
7 natural ( $n=24$ ) environment; and a 24-hour post-exposure final session. In each environment,  
8 participants undertook a 30-minute walk at a self-directed pace. Measures included mood,  
9 cognitive function, restorative experience and salivary cortisol. Walking in both environments  
10 conferred benefits for mood, with additional improvements in restorative experience observed  
11 from visiting the natural environment. There was no change in response to visits to the natural  
12 environment over time, suggesting benefits may be consistently realized.

13

14 **Keywords:** nature; stress; heart-rate variability; restoration

15

## 16        **1. Introduction**

17            Nature exposure is consistently associated with better health (Mygind et al., 2019;  
18 Twohig-Bennett & Jones, 2018). Understanding this effect is particularly important as 54% of  
19 the world's population reside in urban areas; a number projected to reach 66% by 2050  
20 (Nations, 2014). An increasing majority of people, therefore, have diminishing opportunities  
21 to engage with nature, with potentially detrimental health consequences. Accordingly, the  
22 'dose' of nature required for health benefits is of interest (Shanahan et al., 2016; Shanahan,  
23 Fuller, Bush, Lin, & Gaston, 2015), which is, the quality, frequency and intensity of nature  
24 exposure required for health improvement. At least 30 minutes in a natural environment is  
25 associated with lower depression and blood pressure (Shanahan et al., 2016), and increased  
26 frequency of nature exposure is associated with greater social cohesion and physical activity  
27 (Shanahan et al., 2016). Improvements in self-esteem and mood have also been observed after  
28 just five minutes of exercise in a natural environment (Barton & Pretty, 2010).

29            Stress Reduction Theory (SRT) suggests that nature exposure reduces stress via psycho-  
30 physiological pathways that promote stress recovery, and diminish arousal and negative  
31 thoughts (Ulrich, 1983; Ulrich et al., 1991), and Attention Restoration Theory (ART) suggests  
32 effects are via restoration from directed attention fatigue, enabling effective cognitive  
33 performance (Kaplan & Kaplan, 1989). There is consistent support for both theories in  
34 laboratory settings, however evidence for effects on salivary cortisol, the main stress hormone,  
35 in field studies are limited and inconsistent (Bowler, Buyung-Ali, Knight, & Pullin, 2010). It  
36 is also unclear whether psycho-physiological responses to repeated visits to the same  
37 environment may be consistent, increase or diminish over time. This is important as repeated  
38 visits to easily-accessible natural environments are common, but existing research mainly  
39 concerns responses to novel environments.

40            We therefore addressed the following research questions: A) Does walking in a natural  
41 environment lead to better psycho-physiological outcomes than a pleasant urban environment?

- 42 B) Do effects of walking repeatedly in the same environment change over time? C) Do any
- 43 effects persist to the following day?

## 44        2. Methods

### 45        2.1 Participants

46            Participants were forty-one adults (24 male, 17 female), who lived, worked or studied  
47 in (blinded), a medium-sized UK city ( $M_{\text{age}}=36.55$ ,  $SD=14.54$ ). 77.5% were White British and  
48 the majority were students (27.5%), in full-time work (22.5%), or part-time work (20%).  
49 Inclusion criteria were: aged  $\geq 18$  years; self-reported health of at least fair; not pregnant; no  
50 chronic medical conditions; not taking medication that could influence cortisol (Granger,  
51 Hibel, Fortunato, & Kapelewski, 2009); non-smokers; and able to undertake 30 minutes of  
52 walking. Participants were recruited via local media, University campus advertisements, and  
53 mail to residents within 1 kilometer of campus.

### 54        2.2 Design

55            In this between-subjects, longitudinal study, one group of participants walked in the  
56 same natural environment (country park within city) three times over three days ( $n=24$ ), and a  
57 comparison group walked in a pleasant urban environment (quiet residential street) ( $n=17$ ).  
58 Both locations were used in (blinded), which details criteria for environment selection.  
59 Environment was allocated as follows: participants 1-13 were randomly allocated. Because of  
60 concerns around recruitment speed, participants 14-30 were allocated to the natural  
61 environment to ensure a sufficient sample to explore effects of repeated exposure to a natural  
62 environment. The final 11 participants were allocated to the urban environment. Data was  
63 collected between June and October 2014.

### 64        2.3 Procedure

65            Following online screening, eligible participants attended the University at either 12:00  
66 or 14:00, and refrained from consuming caffeine or food for 60 minutes prior. Arrival time was  
67 consistent for each participant over all data collection days. Following baseline measures at  
68 time 1 (T1) (mood, cognitive function, salivary cortisol), participants were transported to the  
69 environment (10-15 minute drive and all social interactions were kept to a minimum, with no

70 researcher generated social interaction, although questions from the participant were responded  
71 to if they arose) and completed a 30-minute walk, accompanied by a researcher, along a pre-  
72 designated route, at a self-directed pace. During the walk, participants reported their Rate of  
73 Perceived Exertion (RPE) at five-minute intervals, with no other social interaction. Mood,  
74 cognitive function, restorative experience, and salivary cortisol were collected at the end of the  
75 walk (T2). Participants were transported back to the University and completed further measures  
76 of mood, cognitive function, and salivary cortisol (T3). This procedure was conducted on visit  
77 Days 1, 2 and 3. On Day 4, participants completed T1 measures only. Participants completed  
78 all data collection within a 14-day period, with Days 3 and 4 consecutive. Days taken to  
79 complete the study ranged from 4 to 12 (mean=7.59, SD=3.11). Environment visits were only  
80 conducted in temperate conditions and were re-arranged in the event of rain/inclement weather  
81 conditions. Despite our best efforts there was some precipitation on the visit days. Out of the  
82 123 visit days some light/intermittent rain did occur on 20 of the days (10 green, 10 urban).  
83 The temperature was broadly similar across the three days for both groups, with a mean range  
84 between 15.53°C and 18.54°C. Although there were significant differences in temperature on  
85 Day 1 ( $t(39)= 2.495, p=.017$ ) between the green ( $M=18.46, SD=1.61$ ) and urban ( $M = 15.88,$   
86  $SD = 4.70$ ) conditions and on Day 3 ( $t(39)= 2.809, p=.008$ ) between the green ( $M=18.54, SD$   
87  $= 2.02$ ) and urban ( $M = 15.53, SD = 4.69$ ) conditions. All study procedures were approved by  
88 the (blinded) University Faculty Ethics Committee.

#### 89 *2.4 Measures*

90 *Baseline profiling.* Participants self-reported: socio-demographics (age, gender,  
91 ethnicity, education and employment status); health (Ware, Kosinski, & Keller, 1996);  
92 childhood experiences of natural environments (frequency of visits: ‘Not at all’=0 to  
93 ‘Frequently’=10); and nature-relatedness (Nisbet, Zelenski, & Murphy, 2009).

94 *Mood.* We used the Brunel Mood Scale (Terry, Lane, & Fogarty, 2003) a validated,  
95 abbreviated version of the Profile of Moods States (POMS), with good internal consistency

96 (Cronbach's alpha=.66-.89). The Total Mood Disturbance (TMD) index was the dependent  
97 variable.

98 *Cognitive performance.* The Backward Digit Span (BDS) task was used to measure  
99 working memory (Wambach et al., 2011).

100 *Restorative experience.* We used an abbreviated version of the Restoration Outcome  
101 Scale (Korpela, Ylén, Tyrväinen, & Silvennoinen, 2008), which shows good internal  
102 consistency (Cronbach's alpha=.92), and test-retest reliability ( $r=.60$ ).

103 *Salivary Cortisol.* Cortisol is a glucocorticoid stress hormone. Physical and  
104 psychological stressors promote cortisol secretion via the activation of the HPA-axis  
105 (Dickerson & Kemeny, 2004). Saliva samples were collected using synthetic swabs placed  
106 beneath the participant's tongue for two minutes. Samples were stored at  $-80^{\circ}\text{C}$  until analysis  
107 (Salimetrics Ltd. High Sensitivity Salivary Cortisol Enzyme Immunoassay Kit).

108 We also collected Heart Rate Variability data. However, these data are not reported  
109 here given the variability in the data we observed from taking measurements in the field with  
110 active participants. The data are available on request from the corresponding author.

## 111 *2.5 Statistical analysis*

112 Demographic and health-related data were analysed to ensure baseline comparability  
113 between groups using between-subjects t-tests for mood ( $t(37)=-.478$ ,  $p=.635$ ), cognitive  
114 function ( $t(38)=1.11$ ,  $p=.272$ ), nature relatedness ( $t(38)=0.94$ ,  $p=.926$ ), childhood experiences  
115 ( $t(38)=.919$ ,  $p=.364$ ) and cortisol, ( $t(38)=0.14$ ,  $p=.890$ ). Cortisol concentration was natural-log  
116 transformed for parametric analysis. While there were no significant baseline differences, the  
117 mean difference did indicate baseline imbalance for mood and cognitive functioning (based on  
118 Ohly et al. (2016), therefore, we included the baseline measure (Day 1 T1) as a covariate in all  
119 analyses of mood and cognitive function.

120 *Effects of environment.* We calculated an average value for each variable at each time-  
121 point over three visit days (e.g., an average score for cortisol at T1 was calculated from the

122 three individual scores of cortisol at T1 on visit days 1-3). For mood, cognitive function and  
123 cortisol we conducted 2x3 mixed ANOVAs with the between-subjects factor environment  
124 (urban/natural) and the within-subjects factor time (T1/T2/T3). Follow-up analysis for  
125 significant findings utilised paired contrasts. Restorative experience was assessed using a 2x3  
126 mixed ANOVA with the between-subjects factor environment (urban/natural) and the within-  
127 subjects factor day (Day 1/2/3).

128 *Changes during visit days.* The dependent variable was within-day changes (calculated  
129 as T1-T2). Mood, cognitive functioning and cortisol data were analysed using factorial mixed  
130 2x3 ANOVAs with the between-subjects factor environment (urban/natural) and the within-  
131 subjects factor day (Day 1/2/3). Follow-up analysis for significant findings utilised paired  
132 contrasts.

133 *Assessing enduring effects.* A one-way between-participants ANCOVA was conducted  
134 to compare post-exposure (D4,T1) mood, cognitive function and salivary cortisol: between-  
135 subjects factor was environment (urban/natural) and within-subjects factor was day (Day  
136 1/2/3).

137 We conducted multiple statistical tests, therefore bonferroni corrections were applied.  
138 We considered significant results when  $p < 0.006$  ( $0.05/8$  statistical tests). Missing data were  
139 excluded from pairwise analysis, which explains differing degrees of freedom. Means reported  
140 in Tables include all available data.



141 **3. Results**

142 *3.1 Demographic Characteristics*

143 There were no group differences in any measured demographic characteristics, nature  
144 relatedness, childhood experiences of nature, health-related variables, or days taken to  
145 complete the data collection.

146 *3.2 Effects of environment*

147 **Table 1** presents average group values for mood, cognitive function, and cortisol at T1,  
148 T2, T3, and mean restorative experience (T2 only). There were significant group differences  
149 for restorative experience ( $F_{(1,37)}=16.68$ ,  $p<.001$ ,  $\eta^2=.21$ ); participants in the natural  
150 environment reported higher restorative experience than the urban environment. There were no  
151 main effects of environment, nor time by environment interactions, on mood, cognitive  
152 function or salivary cortisol. There was an effect of time on mood ( $F_{(1,46,40.94)}=22.77$   $p<.001$ ,  
153  $\eta^2=.15$ ), resulting from improvements in mood from T1 to T2 ( $t_{(32)}=3.58$ ,  $p=.001$ ) and from T1  
154 to T3 ( $t_{(35)}=-3.16$ ,  $p=.003$ ). There was also a main effect of time on salivary cortisol  
155 ( $F_{(1,36,48.86)}=61.08$ ,  $p<.001$ ,  $\eta^2=.23$ ), underpinned by reductions from: T1 to T2 ( $t_{(39)}=7.98$   
156  $p<.001$ ); T1 to T3 ( $t_{(37)}=8.64$ ,  $p<.001$ ); and T2 to T3, ( $t_{(38)}=4.47$ ,  $p<.001$ ).

157 *3.3 Changes during visit days.*

158 Within-day changes in mood, cognitive function and cortisol from T1-T2 are presented  
159 in **Table 2**. There were no effects of environment, nor day by environment interactions on  
160 mood, cognitive function or salivary cortisol. There was a main effect of Day on mood  
161 ( $F_{(2,58)}=8.41$   $p<.001$ ,  $\eta^2=.10$ ), resulting from an improvement in mood from Day 2 to Day 3  
162 ( $p=.012$ ) in both groups.

163 *3.4 Assessing enduring effects.*

164 Data for mood, cognitive function, and cortisol on Day 4 are displayed in **Table 3**.  
165 Measures of mood, cognitive function and salivary cortisol did not differ between groups on  
166 day 4.

#### 167 4. Discussion

168 The data presented here are the first to compare psycho-physiological responses to  
169 repeated visits to the same natural or pleasant urban environment. There were no consistent  
170 differences between repeated walks in the two environments; both conferred benefits on mood,  
171 with additional improvements in restorative experience in the natural environment. A key  
172 finding is that participants had similar responses to walking in a natural (and urban)  
173 environment over several days. This is important, as people tend to use the same easily  
174 accessible natural environments (e.g., dog walking in the local park). Therefore, benefits of  
175 engaging with the same natural environment may be consistently realized over time, consistent  
176 with epidemiological evidence of associations between neighborhood green space and  
177 improved physical (Maas et al., 2009; Mitchell & Popham, 2007) and mental health (Barton &  
178 Rogerson, 2017).

179 Consistent with existing literature (Beil & Hanes, 2013; Bodin & Hartig, 2003; Gidlow  
180 et al., 2016), participants reported greater restorative experience after visiting the natural  
181 environment, however, attention restoration did not manifest as improved cognitive function,  
182 as previously reported (Bodin & Hartig, 2003; Gidlow et al., 2016), and determined by ART.  
183 A 30-minute walk may be insufficient to induce such effects, as others have observed  
184 improvements in cognitive function after 50 minutes in a natural environment (Berman,  
185 Jonides, & Kaplan, 2008; Hartig, Evans, Jamner, Davis, & Gärling, 2003), and changes in  
186 neurological activity after 90 minutes (Bratman, Hamilton, Hahn, Daily, & Gross, 2015). In  
187 contrast to SRT, we did not find superior effects of the natural environment on mood and  
188 salivary cortisol. Previous studies also report no difference in effects of walking in natural and  
189 urban environments on mood (Gidlow et al., 2016; Johansson, Hartig, & Staats, 2011;  
190 Kinnafick & Thøgersen-Ntoumani, 2014), suggesting that walking confers mental health  
191 benefits regardless of location. In studies that have demonstrated a positive effect of walking  
192 in natural environments on mood (Hartig et al., 2003; Lee et al., 2011; Tsunetsugu et al., 2013),

193 effects may be driven by negative responses to control urban environments (Gidlow et al.,  
194 2016). Reductions in salivary cortisol were observed in both environments, and likely reflect  
195 the diurnal decline in cortisol release. A lack of environment effects on salivary cortisol have  
196 been reported elsewhere (Beil & Hanes, 2013; Gidlow et al., 2016; Lee et al., 2011). No effects  
197 persisted over a 24-hour period, consistent with existing work (Shanahan et al., 2016),  
198 suggesting that regular nature exposure is required to maintain health benefits, though the  
199 ‘dose’ of nature required remains unclear. Future research, with larger samples may also wish  
200 to consider how key demographic factors (e.g., nature relatedness, childhood experiences of  
201 nature), as well as in situ changes (e.g., cognitive restoration) may relate to changes in cortisol  
202 change both in relation to single, and repeated exposures to nature (Sumner & Goodenough,  
203 2020).

204         Limitations include that the number of exposures was potentially insufficient to detect  
205 small, but cumulative changes over repeated exposures. We focused on immediate psycho-  
206 physiological responses, but not mechanisms that may moderate changes in health, such as  
207 physical activity and social contact (Shanahan et al., 2016). Psycho-physiological stress at T1  
208 was low, resulting in little room for improvement, but perhaps reflective of day-to-day  
209 engagement with nature. Further, we did not note the hours sleep, nor waking time of the  
210 participants and fluctuations in these factors across participants and conditions may have  
211 affected the levels of cortisol.

212       **5. Conclusion**

213           Frequent engagement with pleasant and non-stressful natural (or urban) environments  
214 is associated with psycho-physiological benefits, with additional restorative experience in  
215 natural environments. Repeated visits to the same environment confers consistent benefits,  
216 however the lack of enduring effects (24-hours post-exposure) supports the need for regular  
217 exposure to maintain these benefits.

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## Tables

**Table 1.** Overall Environmental Effects: Average scores of psychological and salivary cortisol variables at T1, T2 and T3

	Green Mean (SD)			Urban Mean (SD)		
	T1	T2	T3	T1	T2	T3
Mood (TMD)	-3.80 (7.64)	-4.85 (6.24)	-3.77 (6.55)	-2.24 (5.88)	-4.96 (4.06)	-4.33 (3.94)
Cognitive Function	7.03 (2.52)	7.07 (2.73)	7.75 (2.86)	6.31 (2.57)	6.46 (2.46)	6.63 (2.31)
Restoration		5.27 (0.62)*			4.17 (1.06)*	
Cortisol (nmol/l)	1.63 (0.56)	1.20 (0.43)	1.03 (0.41)	1.59 (0.41)	1.22 (0.39)	1.13 (0.37)

\*  $p < .006$



**Table 2.** Changes in mood, cognitive function and cortisol from T1 to T2 by environment.

	Green <i>M (SD)</i>			Urban <i>M (SD)</i>		
	Day 1	Day 2	Day 3	Day 1	Day 2	Day 3
Mood (TMD)	2.63 (7.73)	1.26 (4.85)	3.74 (4.07)	3.64 (7.83)	1.14 (3.69)	4.14 (6.92)
Cognitive Function	-0.13 (1.66)	-0.30 (1.43)	0.22 (2.02)	-1.13 (1.54)	0.38 (1.50)	0.56 (1.41)
Cortisol (nmol/l)	0.11 (1.58)	0.08 (1.15)	0.07 (0.08)	0.07 (0.09)	0.06 (0.06)	0.05 (0.07)

**Table 3.** Mood, cognitive functioning and salivary cortisol variables on Day 4 T1 by environment.

	Green <i>M (SD)</i>	Urban <i>M (SD)</i>
Mood (TMD)	-4.04 (6.09)	-3.86 (4.85)
Cognitive Function	7.88 (3.18)	6.89 (2.99)
Cortisol (nmol/l)	1.41 (0.44)	1.50 (0.66)