

Citation:

Jones, M. V, Gidlow, C. J., Hurst, G., Masterson, D., Smith, G., Ellis, N., Clark-Carter, D., Tarvainen, M. P., Braithwaite, E. C. and Nieuwenhuijsen, M. (2021). Psycho-physiological responses of repeated exposure to natural and urban environments. *Landscape and Urban Planning*, 209, 104061. <https://doi.org/https://doi.org/10.1016/j.landurbplan.2021.104061>

1

2 **Abstract**

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

14

15 Keywords: nature; stress; heart-rate variability; restoration

16

17 **1. Introduction**

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

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

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

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

45

46 **2. Methods**

47 *2.1 Participants*

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

56 *2.2 Design*

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

66 *2.3 Procedure*

67 Following online screening, eligible participants attended the University at either 12:00
68 or 14:00, and refrained from consuming caffeine or food for 60 minutes prior. Arrival time was

69 consistent for each participant over all data collection days. Following baseline measures at
70 time 1 (T1) (mood, cognitive function, salivary cortisol), participants were transported to the
71 environment (10-15 minute drive and all social interactions were kept to a minimum, with no
72 researcher generated social interaction, although questions from the participant were responded
73 to if they arose) and completed a 30-minute walk, accompanied by a researcher, along a pre-
74 designated route, at a self-directed pace. During the walk, participants reported their Rate of
75 Perceived Exertion (RPE) at five-minute intervals, with no other social interaction. Mood,
76 cognitive function, restorative experience, and salivary cortisol were collected at the end of the
77 walk (T2). Participants were transported back to the University and completed further measures
78 of mood, cognitive function, and salivary cortisol (T3). This procedure was conducted on visit
79 Days 1, 2 and 3. On Day 4, participants completed T1 measures only. Participants completed
80 all data collection within a 14-day period, with Days 3 and 4 consecutive. Days taken to
81 complete the study ranged from 4 to 12 (mean=7.59, SD=3.11). Environment visits were only
82 conducted in temperate conditions and were re-arranged in the event of rain/inclement weather
83 conditions. Despite our best efforts there was some precipitation on the visit days. Out of the
84 123 visit days some light/intermittent rain did occur on 20 of the days (10 green, 10 urban).
85 The temperature was broadly similar across the three days for both groups, with a mean range
86 between 15.53°C and 18.54°C. Although there were significant differences in temperature on
87 Day 1 ($t(39) = 2.495, p = .017$) between the green ($M = 18.46, SD = 1.61$) and urban ($M = 15.88,$
88 $SD = 4.70$) conditions and on Day 3 ($t(39) = 2.809, p = .008$) between the green ($M = 18.54, SD$
89 $= 2.02$) and urban ($M = 15.53, SD = 4.69$) conditions. All study procedures were approved by
90 the (blinded) University Faculty Ethics Committee.

91 *2.4 Measures*

92 *Baseline profiling.* Participants self-reported: socio-demographics (age, gender,
93 ethnicity, education and employment status); health (Ware, Kosinski, & Keller, 1996);

94 childhood experiences of natural environments (frequency of visits: ‘Not at all’=0 to
95 ‘Frequently’=10); and nature-relatedness (Nisbet, Zelenski, & Murphy, 2009).

96 *Mood.* We used the Brunel Mood Scale (Terry, Lane, & Fogarty, 2003) a validated,
97 abbreviated version of the Profile of Moods States (POMS), with good internal consistency
98 (Cronbach’s alpha=.66-.89). The Total Mood Disturbance (TMD) index was the dependent
99 variable.

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

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

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

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

113 *2.5 Statistical analysis*

114 Demographic and health-related data were analysed to ensure baseline comparability
115 between groups using between-subjects t-tests for mood ($t(37)=-.478, p=.635$), cognitive
116 function ($t(38)=1.11, p=.272$), nature relatedness ($t(38)=0.94, p=.926$), childhood experiences
117 ($t(38)=.919, p=.364$) and cortisol, ($t(38)=0.14, p=.890$). Cortisol concentration was natural-log
118 transformed for parametric analysis. While there were no significant baseline differences, the
119 mean difference did indicate baseline imbalance for mood and cognitive functioning (based on

120 Ohly et al. (2016), therefore, we included the baseline measure (Day 1 T1) as a covariate in all
121 analyses of mood and cognitive function.

122 *Effects of environment.* We calculated an average value for each variable at each time-
123 point over three visit days (e.g., an average score for cortisol at T1 was calculated from the
124 three individual scores of cortisol at T1 on visit days 1-3). For mood, cognitive function and
125 cortisol we conducted 2x3 mixed ANOVAs with the between-subjects factor environment
126 (urban/natural) and the within-subjects factor time (T1/T2/T3). Follow-up analysis for
127 significant findings utilised paired contrasts. Restorative experience was assessed using a 2x3
128 mixed ANOVA with the between-subjects factor environment (urban/natural) and the within-
129 subjects factor day (Day 1/2/3).

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

135 *Assessing enduring effects.* A one-way between-participants ANCOVA was conducted
136 to compare post-exposure (D4,T1) mood, cognitive function and salivary cortisol: between-
137 subjects factor was environment (urban/natural) and within-subjects factor was day (Day
138 1/2/3).

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

143 2. Results

144 3.1 Demographic Characteristics

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

148 3.2 Effects of environment

149 **Table 1** presents average group values for mood, cognitive function, and cortisol at T1,
150 T2, T3, and mean restorative experience (T2 only). There were significant group differences
151 for restorative experience ($F_{(1,37)}=16.68$, $p<.001$, $\eta^2=.21$); participants in the natural
152 environment reported higher restorative experience than the urban environment. There were no
153 main effects of environment, nor time by environment interactions, on mood, cognitive
154 function or salivary cortisol. There was an effect of time on mood ($F_{(1,46,40.94)}=22.77$ $p<.001$,
155 $\eta^2=.15$), resulting from improvements in mood from T1 to T2 ($t_{(32)}=3.58$, $p=.001$) and from T1
156 to T3 ($t_{(35)}=-3.16$, $p=.003$). There was also a main effect of time on salivary cortisol
157 ($F_{(1,36,48.86)}=61.08$, $p<.001$, $\eta^2=.23$), underpinned by reductions from: T1 to T2 ($t_{(39)}=7.98$
158 $p<.001$); T1 to T3 ($t_{(37)}=8.64$, $p<.001$); and T2 to T3, ($t_{(38)}=4.47$, $p<.001$).

159 3.3 Changes during visit days.

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

165 3.4 Assessing enduring effects.

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

169 3. Discussion

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

181 Consistent with existing literature (Beil & Hanes, 2013; Bodin & Hartig, 2003; Gidlow
182 et al., 2016), participants reported greater restorative experience after visiting the natural
183 environment, however, attention restoration did not manifest as improved cognitive function,
184 as previously reported (Bodin & Hartig, 2003; Gidlow et al., 2016), and determined by ART.
185 A 30-minute walk may be insufficient to induce such effects, as others have observed
186 improvements in cognitive function after 50 minutes in a natural environment (Berman,
187 Jonides, & Kaplan, 2008; Hartig, Evans, Jamner, Davis, & Gärling, 2003), and changes in
188 neurological activity after 90 minutes (Bratman, Hamilton, Hahn, Daily, & Gross, 2015). Our
189 study was concerned with the potential instorative effects in individuals who did not have their
190 stress levels increased prior to engagement with nature. That is, we approached this from a
191 public health perspective that engagement with natural environments may have wider public
192 health benefits than facilitating recovery from induced stress, and may support a reduction in
193 the general stress experienced by individuals. In contrast to SRT, we did not find superior
194 effects of the natural environment on mood and salivary cortisol. Previous studies also report

195 no difference in effects of walking in natural and urban environments on mood (Gidlow et al.,
196 2016; Johansson, Hartig, & Staats, 2011; Kinnafick & Thøgersen-Ntoumani, 2014), suggesting
197 that walking confers mental health benefits regardless of location. In studies that have
198 demonstrated a positive effect of walking in natural environments on mood (Hartig et al., 2003;
199 Lee et al., 2011; Tsunetsugu et al., 2013), effects may be driven by negative responses to
200 control urban environments (Gidlow et al., 2016). Reductions in salivary cortisol were
201 observed in both environments, and likely reflect the diurnal decline in cortisol release. A lack
202 of environment effects on salivary cortisol have been reported elsewhere (Beil & Hanes, 2013;
203 Gidlow et al., 2016; Lee et al., 2011). No effects persisted over a 24-hour period, consistent
204 with existing work (Shanahan et al., 2016), suggesting that regular nature exposure is required
205 to maintain health benefits, though the ‘dose’ of nature required remains unclear. Future
206 research, with larger samples may also wish to consider how key demographic factors (e.g.,
207 nature relatedness, childhood experiences of nature), as well as in situ changes (e.g., cognitive
208 restoration) may relate to changes in cortisol change both in relation to single, and repeated
209 exposures to nature (c.f. Sumner & Goodenough, 2020).

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

218 **4. Conclusion**

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

5. References

- Barton, J., & Pretty, J. (2010). What is the Best Dose of Nature and Green Exercise for Improving Mental Health? A Multi-Study Analysis. *Environmental Science & Technology*, 44(10), 3947-3955. doi:10.1021/es903183r
- Barton, J., & Rogerson, M. (2017). The importance of greenspace for mental health. *BJPsych international*, 14(4), 79-81. doi:10.1192/s2056474000002051
- Beil, K., & Hanes, D. (2013). The influence of urban natural and built environments on physiological and psychological measures of stress--a pilot study. *Int J Environ Res Public Health*, 10(4), 1250-1267. doi:10.3390/ijerph10041250
- Berman, M. G., Jonides, J., & Kaplan, S. (2008). The Cognitive Benefits of Interacting With Nature. *Psychological Science*, 19(12), 1207-1212. doi:10.1111/j.1467-9280.2008.02225.x
- Bodin, M., & Hartig, T. (2003). Does the outdoor environment matter for psychological restoration gained through running? *Psychology of Sport and Exercise*, 4(2), 141-153. doi:[https://doi.org/10.1016/S1469-0292\(01\)00038-3](https://doi.org/10.1016/S1469-0292(01)00038-3)
- Bowler, D. E., Buyung-Ali, L. M., Knight, T. M., & Pullin, A. S. (2010). A systematic review of evidence for the added benefits to health of exposure to natural environments. *BMC Public Health*, 10(1), 456. doi:10.1186/1471-2458-10-456
- Bratman, G. N., Hamilton, J. P., Hahn, K. S., Daily, G. C., & Gross, J. J. (2015). Nature experience reduces rumination and subgenual prefrontal cortex activation. *Proc Natl Acad Sci U S A*, 112(28), 8567-8572. doi:10.1073/pnas.1510459112
- Dickerson, S. S., & Kemeny, M. E. (2004). Acute stressors and cortisol responses: a theoretical integration and synthesis of laboratory research. *Psychol Bull*, 130(3), 355-391. doi:10.1037/0033-2909.130.3.355
- Gidlow, C. J., Jones, M. V., Hurst, G., Masterson, D., Clark-Carter, D., Tarvainen, M. P., . . . Nieuwenhuijsen, M. (2016). Where to put your best foot forward: Psycho-physiological responses to walking in natural and urban environments. *Journal of Environmental Psychology*, 45, 22-29. doi:<https://doi.org/10.1016/j.jenvp.2015.11.003>
- Granger, D. A., Hibel, L. C., Fortunato, C. K., & Kapelewski, C. H. (2009). Medication effects on salivary cortisol: Tactics and strategy to minimize impact in behavioral and developmental science. *Psychoneuroendocrinology*, 34(10), 1437-1448. doi:10.1016/j.psyneuen.2009.06.017
- Hartig, T., Evans, G. W., Jamner, L. D., Davis, D. S., & Gärling, T. (2003). Tracking restoration in natural and urban field settings. *Journal of Environmental Psychology*, 23(2), 109-123. doi:[https://doi.org/10.1016/S0272-4944\(02\)00109-3](https://doi.org/10.1016/S0272-4944(02)00109-3)
- Johansson, M., Hartig, T., & Staats, H. (2011). Psychological Benefits of Walking: Moderation by Company and Outdoor Environment. *Applied Psychology: Health and Well-Being*, 3, 261-280. doi:10.1111/j.1758-0854.2011.01051.x
- Kaplan, R., & Kaplan, S. (1989). *The experience of nature: A psychological perspective*. New York, NY, US: Cambridge University Press.
- Kinnafick, F.-E., & Thøgersen-Ntoumani, C. (2014). The effect of the physical environment and levels of activity on affective states. *Journal of Environmental Psychology*, 38, 241-251. doi:<https://doi.org/10.1016/j.jenvp.2014.02.007>
- Korpela, K. M., Ylén, M., Tyrväinen, L., & Silvennoinen, H. (2008). Determinants of restorative experiences in everyday favorite places. *Health Place*, 14(4), 636-652. doi:10.1016/j.healthplace.2007.10.008
- Lee, J., Park, B. J., Tsunetsugu, Y., Ohira, T., Kagawa, T., & Miyazaki, Y. (2011). Effect of forest bathing on physiological and psychological responses in young Japanese male

- subjects. *Public Health*, 125(2), 93-100.
doi:<https://doi.org/10.1016/j.puhe.2010.09.005>
- Maas, J., Verheij, R. A., de Vries, S., Spreeuwenberg, P., Schellevis, F. G., & Groenewegen, P. P. (2009). Morbidity is related to a green living environment. *Journal of Epidemiology and Community Health*, 63(12), 967-973. doi:10.1136/jech.2008.079038
- Mitchell, R., & Popham, F. (2007). Greenspace, urbanity and health: relationships in England. *Journal of Epidemiology and Community Health*, 61(8), 681-683. doi:10.1136/jech.2006.053553
- Mygind, L., Kjeldsted, E., Hartmeyer, R., Mygind, E., Stevenson, M. P., Quintana, D. S., & Bentsen, P. (2019). Effects of Public Green Space on Acute Psychophysiological Stress Response: A Systematic Review and Meta-Analysis of the Experimental and Quasi-Experimental Evidence. *Environment and Behavior*, 0(0), 0013916519873376. doi:10.1177/0013916519873376
- Nations, U. (2014). *Trends in urbanization*.
- Nisbet, E. K., Zelenski, J. M., & Murphy, S. A. (2009). The Nature Relatedness Scale: Linking Individuals' Connection With Nature to Environmental Concern and Behavior. *Environment and Behavior*, 41(5), 715-740. doi:10.1177/0013916508318748
- Ohly, H., White, M. P., Wheeler, B. W., Bethel, A., Ukoumunne, O. C., Nikolaou, V., & Garside, R. (2016). Attention Restoration Theory: A systematic review of the attention restoration potential of exposure to natural environments. *Journal of Toxicology and Environmental Health, Part B*, 19(7), 305-343. doi:10.1080/10937404.2016.1196155
- Shanahan, D., Bush, R., Gaston, K., Lin, B., Dean, J., Barber, E., & Fuller, R. (2016). Health Benefits from Nature Experiences Depend on Dose. *Scientific Reports*, 6(1), 28551. doi:10.1038/srep28551
- Shanahan, D., Fuller, R., Bush, R., Lin, B., & Gaston, J. (2015). The Health Benefits of Urban Nature: How Much Do We Need? *BioScience*, 65(5), 476-485. doi:10.1093/biosci/biv032
- Terry, P. C., Lane, A. M., & Fogarty, G. J. (2003). Construct validity of the Profile of Mood States — Adolescents for use with adults. *Psychology of Sport and Exercise*, 4(2), 125-139. doi:[https://doi.org/10.1016/S1469-0292\(01\)00035-8](https://doi.org/10.1016/S1469-0292(01)00035-8)
- Tsunetsugu, Y., Lee, J., Park, B.-J., Tyrväinen, L., Kagawa, T., & Miyazaki, Y. (2013). Physiological and psychological effects of viewing urban forest landscapes assessed by multiple measurements. *Landscape and Urban Planning*, 113, 90-93. doi:<https://doi.org/10.1016/j.landurbplan.2013.01.014>
- Twohig-Bennett, C., & Jones, A. (2018). The health benefits of the great outdoors: A systematic review and meta-analysis of greenspace exposure and health outcomes. *Environmental Research*, 166, 628-637. doi:<https://doi.org/10.1016/j.envres.2018.06.030>
- Ulrich, R. S. (1983). Aesthetic and Affective Response to Natural Environment. In I. Altman & J. F. Wohlwill (Eds.), *Behavior and the Natural Environment* (pp. 85-125). Boston, MA: Springer US.
- Ulrich, R. S., Simons, R. F., Losito, B. D., Fiorito, E., Miles, M. A., & Zelson, M. (1991). Stress recovery during exposure to natural and urban environments. *Journal of Environmental Psychology*, 11(3), 201-230. doi:[https://doi.org/10.1016/S0272-4944\(05\)80184-7](https://doi.org/10.1016/S0272-4944(05)80184-7)
- Wambach, D., Lamar, M., Swenson, R., Penney, D. L., Kaplan, E., & Libon, D. J. (2011). Digit Span. In J. S. Kreutzer, J. DeLuca, & B. Caplan (Eds.), *Encyclopedia of Clinical Neuropsychology* (pp. 844-849). New York, NY: Springer New York.

Ware, J., Kosinski, M. M., & Keller, S. (1996). A 12-Item Short-Form Health Survey: Construction of Scales and Preliminary Tests of Reliability and Validity. *Medical care*, 34, 220-233. doi:10.2307/3766749

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)