Walk of Life

An independent evaluation of the first edition of a grassroots nature-based walking initiative

Natuurvoormensen
Omgevingspsychologisch onderzoek

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RESILIENCE THROUGH NATURE-BASED THERAPIES

Colophon

This report was written as an independent evaluation of the first edition of Walk of Life, a grassroots walking initiative in the Netherlands that brought together participants, coaches, and therapists in nature-based walking groups during the autumn of 2024. Further information about the initiative and follow-up editions is available via www.walkoflife.nl

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Date and version

Version 1.1. May 2026

Citation

Suggestion for report citation: Van den Berg, A.E. (2026). *Walk of Life: An independent evaluation of the first edition of a grassroots nature-based walking initiative.* Apeldoorn, Natuurvoormensen Omgevingspsychologisch Onderzoek.

The support of the European Commission, the University of Twente, and Uppsala University in relation to the broader research context of this publication does not constitute an endorsement of its contents. The views and interpretations expressed in this report are solely those of the author, and the aforementioned institutions cannot be held responsible for any use that may be made of the information contained herein.

Summary (English)

Walk of Life started in the Netherlands as a grassroots walking initiative in which participants are supported by coaches and therapists who offer their services free of charge. The initiative targeted individuals who have fallen outside, or lost trust in, formal mental healthcare. What makes Walk of Life unusual is the depth of emotional honesty, vulnerability, and mutual recognition that participants experience, even though the initiative has no therapeutic frame and no diagnostic categories. This report presents the results of an evaluation of the first edition of Walk of Life in 2024 using cross-sectional and repeated-measures data across three time points (baseline N = 111, post-event N = 84, and five-month follow-up N = 27), combined with qualitative reflections. Participants reported short-term improvements across validated indicators, while longer-term experiences were less pronounced over time. These findings illustrate how people may seek and create informal forms of support outside formal healthcare settings, and how low-threshold, community-based initiatives can complement existing mental health services.

Samenvatting (Nederlands)

Walk of Life begon als een wandelinitiatief waarbij deelnemers werden ondersteund door coaches en therapeuten die hun begeleiding kosteloos aanboden. Het initiatief richt zich op mensen die buiten de reguliere geestelijke gezondheidszorg vallen of het vertrouwen daarin hebben verloren. Wat Walk of Life bijzonder maakt, is de mate van emotionele openheid, kwetsbaarheid en onderlinge herkenning die deelnemers ervaren, ondanks het ontbreken van een therapeutisch kader en diagnostische categorieën. Dit rapport presenteert de resultaten van een evaluatie van de eerste editie van Walk of Life in 2024, gebaseerd op data verzameld op drie meetmomenten (baseline N = 111, post-event N = 84 en vijf maanden follow-up N = 27), aangevuld met kwalitatieve reflecties. Deelnemers rapporteerden op korte termijn verbeteringen op meerdere gevalideerde indicatoren, terwijl effecten op langere termijn minder duidelijk aanwezig waren. De bevindingen laten zien hoe mensen informele vormen van ondersteuning buiten formele zorgstructuren kunnen zoeken en creëren, en hoe laagdrempelige burgerinitiatieven een aanvullende rol kunnen spelen binnen de reguliere mentale gezondheidszorg.

Background

Mental health challenges are widespread, not only in developing countries but also in countries with well-established healthcare systems (Thomas et al., 2021). Many people struggle long before seeking help, because waiting lists are overwhelming, because shame or stigma makes disclosure difficult, or because they feel their problems are not "severe enough" to qualify for treatment. This leaves a sizeable group of people navigating symptoms, distress, and confusion largely on their own. For some, this means living with intrusive thoughts or hearing inner voices without understanding whether this is unusual or dangerous; for others, it means carrying a persistent sense of not coping while having nowhere to turn. Together, these experiences contribute to a substantial treatment gap in mental healthcare (Kohn et al., 2004), and delays in receiving support that are associated with worse outcomes (Ghio et al., 2014). In response, grassroots initiatives are emerging that offer alternative forms of support grounded in nature interaction, physical exercise, and/or community support, which are all easily accessible low barrier interventions to improve mental health.

Emergent healing systems offer a broader perspective for interpreting initiatives such as Walk of Life. The term refers to forms of psychological support that arise through complex interactions between individuals, social groups, and environments, rather than through predefined therapeutic structures (Cilliers, 2002; Sturmberg & Paul, 2026). From this perspective, low-threshold, community-based initiatives may create conditions in which well-being emerges through collective dynamics, embodied interaction, and environmental affordances (Heft, 2001).

The Benefits of Walking

Walking is a low-cost, accessible, and inclusive form of physical activity that is suitable for nearly everyone, regardless of age or fitness level (Lee & Buchner, 2008). As a moderate-intensity aerobic activity, walking meets international public health guidelines and has been associated with a broad range of health benefits, including improved cardiovascular function, reduced risk of chronic disease, lower all-cause mortality, and enhanced mental health (WHO, 2024). While all types of walking can be beneficial, research suggests that its impact on health and well-being can be enhanced when three conditions are met: it takes place in a group, in

a natural environment, and with some form of guidance (Ghio et al., 2014). These factors, discussed in more detail below, strengthen motivation and adherence, while adding social, sensory, and reflective dimensions that deepen the experience.

Group Walking

Group walking initiatives have been promoted as a particularly effective and socially reinforcing way to encourage regular physical activity. A systematic review and meta-analysis (Hanson & Jones, 2015) synthesized 42 studies and found that group walking led to statistically significant improvements in physical outcomes: reduced systolic and diastolic blood pressure, lower resting heart rate, decreased body fat and BMI, improved aerobic fitness ($VO_{2\ max}$). Importantly, depression scores improved across studies, and adherence to group walking programs was high with minimal risk of adverse effects. The social dimension of walking together, through mechanisms like peer support, motivation, and shared experience, likely contributes to these positive outcomes (Morris et al., 2019). Walking together can also help overcome safety concerns and social barriers that may otherwise constrain the outdoor activities of women and sexual minorities (Bornioli & Subiza-Pérez, 2023).

Nature Walks

In parallel, growing evidence suggests that walking in green or natural environments provides additional psychological benefits beyond those that are associated with walking in a group. A meta-analysis (Grassini, 2022) reviewed studies examining the effects of nature walks on symptoms of anxiety and depression. Across pre–post comparisons and randomized controlled trials, nature walks were associated with small to moderate improvements in both outcomes. Nature walks showed to be better than control conditions, such as urban walks, or passive exposure to nature without physical activity. The analysis also suggested that forested (provided not too dense) or semi-natural environments may offer greater mental health benefits than more urbanized green spaces. These findings are consistent with research on natural settings as restorative environments, which emphasize the capacity of unthreatening natural settings to reduce mental fatigue, restore attention, and promote emotional regulation (Gatersleben & Andrews, 2013; Roe & Aspinall, 2011; Van den Berg et al., 2014).

Guided Walks

The presence of guidance from a professional or trained volunteer appears to further strengthen the benefits of walking interventions. Although many people walk independently, structured programs that include a coach or facilitator tend to yield higher adherence and deeper engagement, especially among vulnerable or hesitant participants. A large-scale evaluation of the Walking for Health program in the UK– a program to support and maintain a physical active lifestyle - found that guided nature-based group walks led to significant reductions in depression and perceived stress (Marselle et al., 2014). The program consisted of regularly scheduled walks led by volunteers along pre-planned routes, emphasizing consistency, safety, and low-threshold access. The authors noted that these findings could not be explained by increased social support alone, suggesting that the combination of guidance, natural setting, and group context was critical to the observed benefits.

A similar pattern emerged in the Dutch Green Physiotherapy pilot, where the presence of a physiotherapist created a sense of commitment and safety that participants explicitly valued (Van den Berg, 2017). The scheduled, guided sessions functioned as a "gentle push"; a form of accountability that helped people overcome inertia or doubts about their own abilities. Taken together, findings suggest that supportive guidance can function as a motivational anchor, helping individuals not only to start walking, but to stay with it long enough to experience meaningful change.

About Walk of Life

The first edition of Walk of Life started on October 10th 2024, coinciding with World Mental Health Day. The program began with a four-day walking series on four consecutive mornings (Thursday through Sunday). Each group walked short distances (5–10 kilometers) in nearby natural areas, with walking speed and distance adapted to participants' needs and abilities. The program combined physical activity with opportunities for conversation, reflection, and shared experiences. During the walks, participants engaged in group-based exercises aimed at supporting self-awareness, confidence, emotional expression, meaning-making, self-reliance, and resilience. The objective was not to provide clinical treatment, but to create a safe and supportive environment in which participants could feel acknowledged and exchange experiences and coping strategies. The four

consecutive days were deliberately chosen to allow participants time away from daily routines and responsibilities and to create continuity within the groups.

The four-day walking series concluded with an optional closing event, where walking groups were welcomed and invited to share experiences both on and off stage. The event also included live music performances and informal social activities. Continuation of the walking groups beyond the initial four-day program was encouraged by the Walk of Life organization as a way of supporting ongoing social contact and peer support.

From an organizational perspective, Walk of Life was is coordinated by a network of volunteers and professionals and is supported through donations and sponsorships. Public figures have endorsed the initiative, contributing to public visibility and broader awareness.

The Present Study

The present study evaluates the first edition of Walk of Life in 2024 as a descriptive, mixed-methods evaluation of a real-world initiative. The evaluation focused on participants' mental well-being, positive and negative affect, resilience, and connection to nature and others. Using a combination of cross-sectional, longitudinal, and qualitative data, the study aimed to provide insight into what such an initiative can mean for a heterogeneous population in need of mental support. Given the exploratory and open recruitment design, it was not intended to test predefined hypotheses.

Method

Data Collection

Data from both coaches and coachees (i.e., participants receiving coaching) were collected through online surveys at three time points: T1 (baseline, prior to the four-day walking event), T2 (post-event), and T3 (five-month follow-up). All coachees and coaches listed in the organization's registry were invited to complete the surveys through the online platform Qualtrics. Participation was entirely voluntary, unpaid and not a condition for taking part in Walk of Life. The initiative was explicitly positioned as a non-clinical, supportive initiative; coaches do not provide therapy, and coachees with more severe needs are encouraged to seek or are referred to

appropriate professional care. For the present report, we present only on the data of the coachees, hereafter referred to as participants.

Ethical approval for the study was obtained from the University of Twente Human Research Ethics Committee (App. No. 240690). When starting a survey, the participants also gave signed permission to use their answers for research purposes and evaluation, and provided the first two letters of their first and last name resulting in a 4-letter combination which made it possible to compare the different surveys without giving away their identity.

Description of the Program

The 2024 editions of the Walk of Life program consisted of a guided, non-clinical group walking experience in natural environments, typically involving regular walks of 5–10 km in groups of up to ten participants. Each walk was combined with structured reflective and experiential exercises, alternating between action and reflection. Exercises draw on a mix of approaches, including mindfulness-based practices (e.g., guided attention to breathing and sensory experience), cognitive and behavioral reflection (e.g., identifying coping styles or patterns of thought), and group-based processes (e.g., sharing experiences, peer feedback, and collaborative problem-solving). For example, participants may engage in a "check-in" exercise at the start of the day, reflecting on their physical, emotional, and mental state, followed by a guided walk focusing on sensory awareness, and later participate in reflective dialogues or paired exercises on themes such as self-compassion, personal goals, or social support.

Coaches were prepared through online briefings and provided with an inspiration guide containing background information, suggested exercises, and guidance on group facilitation and basic safety procedures. This guide served as a flexible resource rather than a fixed protocol. Given the voluntary nature of the initiative and the diverse professional backgrounds of coaches, no strict adherence to specific techniques was required. Instead, coaches were encouraged to draw on the guide as needed and to adapt their approach to the group, with an emphasis on supportive guidance rather than formal therapeutic intervention.

Participants and Analytical Approach

Figure 1 gives an overview of the participant flow. It shows that the composition of participants varied considerably across the three survey waves (T1, T2, and T3), with only a small subset completing all waves. This heterogeneity limits the reliability of longitudinal comparisons. To do justice to the richness of the data, we first present cross-sectional snapshots of participants' experiences at each wave. These descriptive analyses combine participant characteristics, quantitative indicators, and open-ended reflections, providing an initial overview of how the program was experienced**.**

Following the snapshots of the three waves, we introduce a set of validated quantitative mental health measures used to assess changes from baseline (T1) to post-event (T2) to five-months follow-up (T3). These provide an indication of participants' short-term experiences of the four-day walking event, as well as more sustained patterns over time.

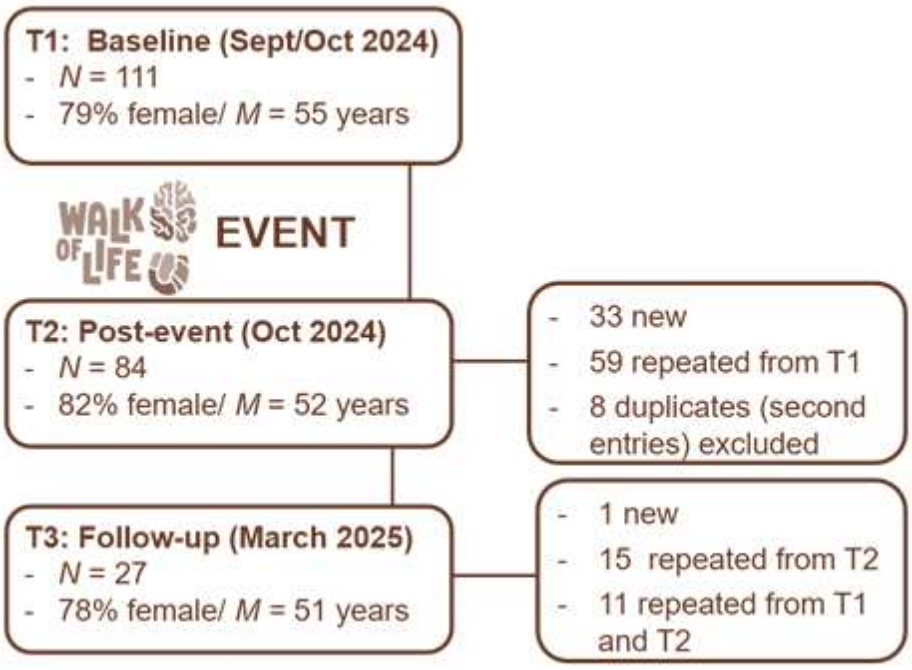

Figure 1. Diagram for the flow of participants through different phases of the study.

Cross-sectional Snapshots per Wave

Wave 1 (baseline)

At baseline (T1), a total of 111 participants (79% female) completed the survey. More than half of the participants (58%) had completed higher professional or university education. In terms of employment status, just over one third (36%) reported being in paid work, either as employees or self-employed. A substantial proportion (31%) indicated being permanently out of work due to illness or disability. An additional 13% were retired, while a smaller group (4%) was unemployed and actively seeking work. The remaining 17% selected the option "other," which included various formal, informal or volunteer activities. Nearly half of the participants (49%) reported having a steady partner. Among those without a partner, 17% were single and actively looking, 22% were single and not looking, and 12% were widowed. These figures suggest that a substantial portion of the sample may have had limited access to financial resources and/or emotional or practical support from a partner.

Participants were asked to describe their motivations for joining Walk of Life in their own words. Responses were analyzed thematically using an inductive approach. Of the 111 respondents, nearly all provided a meaningful answer, resulting in a wide range of personal stories and reasons. Given this relatively large number of open-ended responses, AI was used as a starting point for keyword extraction and frequency tagging. Outputs were subsequently reviewed by the researchers who also made final decisions on thematic categories through iterative reading. Three central themes emerged.

First, many participants reported being in a transitional or vulnerable phase of life, such as grief, burnout, chronic stress, or mental health struggles, often combined with limited access to formal care. Several explicitly mentioned *being caught in between*, lacking support but not qualifying for specialist treatment. Second, there was a strong wish for connection: with others, with oneself, and with nature. Keywords such as *companionship*, *support*, *shared experience*, and *inspiration* occurred frequently. Third, the program's informal and low-barrier character was seen as essential. Participants valued the absence of bureaucracy or diagnostics, and described the initiative as a refreshing alternative to conventional care,

sometimes even as a *last resort* or *only option* available to them. One participant summed up her motivation in a single powerful sentence: *I move too little and worry too much.*

Participants were also asked to assess their general wellbeing with a self-developed slider from 0-10, with the question: "*If you had to assign a grade to how well you are currently feeling, what grade would that be?*" The mean grade was 5.20, just above the midpoint of the scale. The highest score reported was 8, and no one selected 9 or 10. Nearly a third (30%) gave a 4 or lower. These figures indicate a generally low level of subjective wellbeing at entry, underscoring the psychological vulnerability of the group and the relevance of low-threshold interventions like Walk of Life.

Wave 2 (post-event)

At post-event (T2), a total of 92 survey responses were collected, with eight duplicates, which were removed. Of these 84 unique responses, 51 participants indicated they had completed the baseline survey, while 33 were new. Due to a routing error in the survey, only 47 participants completed all repeated measures. The full T2 sample again included a high proportion of female participants (82%) with a similar but somewhat younger age (Mean age = 52, range 21–80). Available data suggest that the sample was also comparable in terms of educational background and relationship status. About half of the participants (49%) took part in all four mornings of the walking program, with just over a quarter participating three times and one quarter joining twice or less, and three participants who had not yet started walking.

Asked to grade their general wellbeing on the scale from 0-10, participants' average rating was 6.02. This represents a modest increase in average self-reported well-being from 5.20 at baseline It should, however, be interpreted with caution because of the different composition of the samples.

At T2, participants were also asked two open-ended questions: "What went well for you?" and "What went less well?" All 84 participants responded. Frequently mentioned terms, as graphically illustrated in Figure 2, included connection, nature, support, calm, gratitude, warmth, trust, and sharing. This indicates that the program was experienced as emotionally meaningful, socially engaging, and nature-

connected. Participants often praised the warm and safe atmosphere, the quality of the coaching, and the opportunity to share experiences without judgment. The act of walking in nature and the structure of four consecutive days were also valued, offering space for reflection, rhythm, and emotional grounding. For many, the experience contributed to renewed self-confidence and a sense of being part of something meaningful.

Figure 2. Wordle representation of the most frequent key words entered by participants at post-event to reflect their positive experience with Walk of Life. The font sizes reflect the relative frequency of the words.

Responses to the second question, concerning aspects that went less well, were more diverse. Of the 84 responses, nine were neutral or non-substantive (e.g., "nothing"), leaving 75 participants who shared concrete suggestions for improvement. The most frequently mentioned issue was the intensity of the program: four emotionally engaging mornings in a row felt overwhelming for some. Others noted that the arrival of new participants after the first day disrupted the group dynamic, or that conversations were sometimes dominated by a few outspoken individuals. Some participants expressed a desire for more depth in the coaching, or more structure in the reflective exercises. A few remarked that the sessions felt too loosely organized, or that the pace made it difficult to process and integrate experiences between days. Together, these reflections highlight several

areas for refinement, particularly with regard to managing group continuity, balancing emotional intensity, and providing clearer guidance and structure.

Finally, in the second survey, respondents were asked to describe an experience that was most impressive. Although too numerous and personal to fully reproduce here, many of the responses to this prompt were deeply moving. Below, we highlight a few examples that illustrate some recurring patterns:

REALIZING YOU ARE NOT ALONE: *"The day I was mentally absent, I received so much support from the group and the coach. They kept checking in to see if I was okay. It felt so safe, and I realized I was not alone and that age does not matter (I was by far the youngest). Despite all the difficult and beautiful experiences, we also laughed a lot and became a close-knit group."*

EXPERIENCING NATURE AS HEALING: *"Experiencing nature. Two beautiful rainbows. Making a heart out of pinecones and branches."*

SHARING SOMETHING DEEPLY PERSONAL: *"I have issues related to my father, who suffered from severe PTSD from WWII. It ruined my childhood. On the last day, we passed a fallen oak tree. That oak symbolized, for me, the letting go of those issues. It was a healing experience."*

FEELING LOVED: *"They celebrated my birthday. With symbols from nature. They described how they saw me, and what they wished for me. It was so moving and beautiful. I felt loved".*

FACING EMOTIONAL EMPTINESS: *"We had to name things that make us happy. That was very confronting for me, because I could not name anything."*

Wave 3 (5-month follow-up)

At 5-month follow-up (T3), a total of 27 survey responses were collected (78% female, mean age 51 years, range 22-68). Compared to T1 and T2, the age range is smaller and thus some older participants had dropped out. Of the T3 sample, 11 indicated they had filled in both the baseline (T1) and post-event (T2) surveys, 15 had filled in the T2 survey and one was new. Asked to grade their general wellbeing from 0-10, participants gave an average score of 5.48 (*SD* = 1.76), which marks a decrease from the post-event score of 6.02 but still a slight improvement from the baseline average of 5.20.

Participants were asked whether they were still engaged in the Walk of Life initiative. Of the 27 respondents, 7 (26%) indicated that, after five months, they were still walking with both their coach and fellow group members, 1 (4%) continued individually with their coach, and 3 (11%) walked with one or more group members but without a coach. Another 8 respondents (30%) had walked once or twice after the four-day walking event but were no longer active, and 8 (30%) reported no further engagement after the event. The most frequently reported reasons for discontinuing included: *My group had stopped* (25%) and *I no longer felt the need* (15%). A few participants also mentioned disappointment with the group dynamic. While these findings suggest a decline in active participation over time, it is important to note that only a subset of the original cohort responded to the T3 survey. It is therefore plausible that some participants continued walking together but did not complete the follow-up questionnaire.

Considering independent walking, at the time of the T3 follow-up, most participants were still walking outdoors independently. Nearly half (48%) reported going for a walk three times a week or more, with an additional 19% walking twice a week and 26% once a week. Only two participants walked less frequently. These findings suggest that for many, the program may have helped establish or reinforce a sustainable walking routine. In addition, 93% said they would recommend the program to others and 85% expressed a willingness to consider participating in the next edition of Walk of life.

Changes over Time

As shown in Figure 1, samples varied considerably across the three waves of measurement, limiting the possibilities for individual tracking over time. A subset of 51 participants fully or partially completed the T1 and T2 waves, and a smaller subset of 11 participants completed all three waves. Below we give an overview of the established and validated mental health measures that were used repeatedly across the waves followed by the results of these within-subjects analyses.

Measures

Apart from the open-ended and more qualitative questions, as reported in the snapshots, each survey wave included five standardized scales for measuring positive and negative feelings, resilience, social connectedness, and nature

connection. Responses to these questions give an impression of changes over time. In addition, at post-event, participants filled in a list of 17 changes at post-event (Wave 2).

1. Positive feelings were measured with 5 items (scale 0 = never to 5 = all of the time) from the WHO-5 Wellbeing Index (Topp et al., 2015). Question: *Over the past two weeks, how often have you experienced the positive feelings listed below.* Sample items *I have felt cheerful and in good spirits* and *I woke up feeling fresh and rested*.

2. Negative feelings were measured with 5 items (scale 0 = never to 5 = all of the time), with 4 items derived from the Patient Health Questionnaire for Depression and Anxiety (PHQ–4) (Kroenke et al., 2009) and one extra item about feeling lonely. Question: *Over the past two weeks, how often have you experienced the less positive feelings listed below.* Sample items *I felt nervous, anxious, or on edge* and *I felt lonely or alone.*

3. Resilience was measured with 6 items (scale 0 = disagree to 3 = fully agree) from the State-Trait Assessment of Resilience Scale (STARS) (Lock et al., 2020). Question: *To what extent describe the following five statements how you feel at this moment.* Sample items: *At the moment I can cope with any difficulties I might face in my life* and *At the moment I feel that life's ups and downs are too much to deal with* (reverse coded).

4. Social Connection was measured with 4 items (scale 0 = disagree to 3 = fully agree) from the Brief Sense of Community Scale (BSCS) (Weinstein et al., 2015). Question: *To what extent describe the following five statements how you feel at this moment.* Sample items *I care about other people in my neighborhood* and *I would help my neighbors if they required 1 hour of my time.*

5. Nature Connectedness was measured with the Inclusion of Nature in Self Scale (Kleespies et al., 2021; Schultz et al., 2004), a visual test with circles representing you and nature that overlap to different degrees, with range 1 = not connected (no overlap) to 7 = fully connected (full overlap.)

6. Self-evaluated changes at post-event (Wave 2) were measured with a list of 17 possible changes they may have experienced and were asked to check the ones they had experienced during their participation in Walk of Life. Additional options to

add other experiences and to indicate no positive experiences were also included. This checklist was based on previous research by the research team on the effects of Walk-and-Talk coaching and was carefully designed with the help of the walk-and-talk coaches (Van den Berg & Beute, 2021).

Short-term changes from Wave 1 to Wave 2

Table 1 shows changes in self-reported positive and negative feelings, resilience, social connection and nature connectedness between baseline (T1) and the four-day walking event (T2), for the 51 participants who completed both surveys. Compared to baseline, mean scores were higher at post-event for positive feelings, resilience and social connection, while mean scores for negative feelings were lower. The score for nature connectedness showed a small but insignificant increase.

Measure	*N*	T1 (baseline)	T2 (post-event)	Difference score	[95% CI]
Positive feelings (0-5)	47	1.49 (0.95)	2.30 (1.04)	0.81***	[0.52, 1.10]
Negative feelings (0-5)	47	2.47 (1.17)	1.51 (1.13)	-0.97***	[-1.33, -0.60]
Resilience (0-3)	47	0.98 (0.60)	1.25 (0.64)	0.27**	[0.11, 0.43]
Social connection (0-3)	47	1.21 (0.56)	1.88 (0.63)	0.68***	[0.34, 1.01]
Nature connectedness (1-7)	51	4.73 (1.39)	4.82 (1.34)	0.22	[-0.89, 0.52]

Table 1. Mean scores (*SD*) at baseline and post-event for repeated measures from baseline to post-event, with Difference Scores with 95% Confidence Intervals.

Figure 3 shows the frequencies of reported changes among the 51 participants who completed both the baseline and post-event surveys. The most commonly reported changes were "more plans to go into nature more often" (55%), "more awareness of the present moment" (41%), and "more gentleness and acceptance" (41%). These responses suggest that participants experienced increased reflection and reconnection with both nature and the self. In addition, about one-third or more of the participants reported improvements in motivation, self-confidence, physical activity, and energy levels. Smaller proportions mentioned positive changes in mood, sleep, and social relationships.

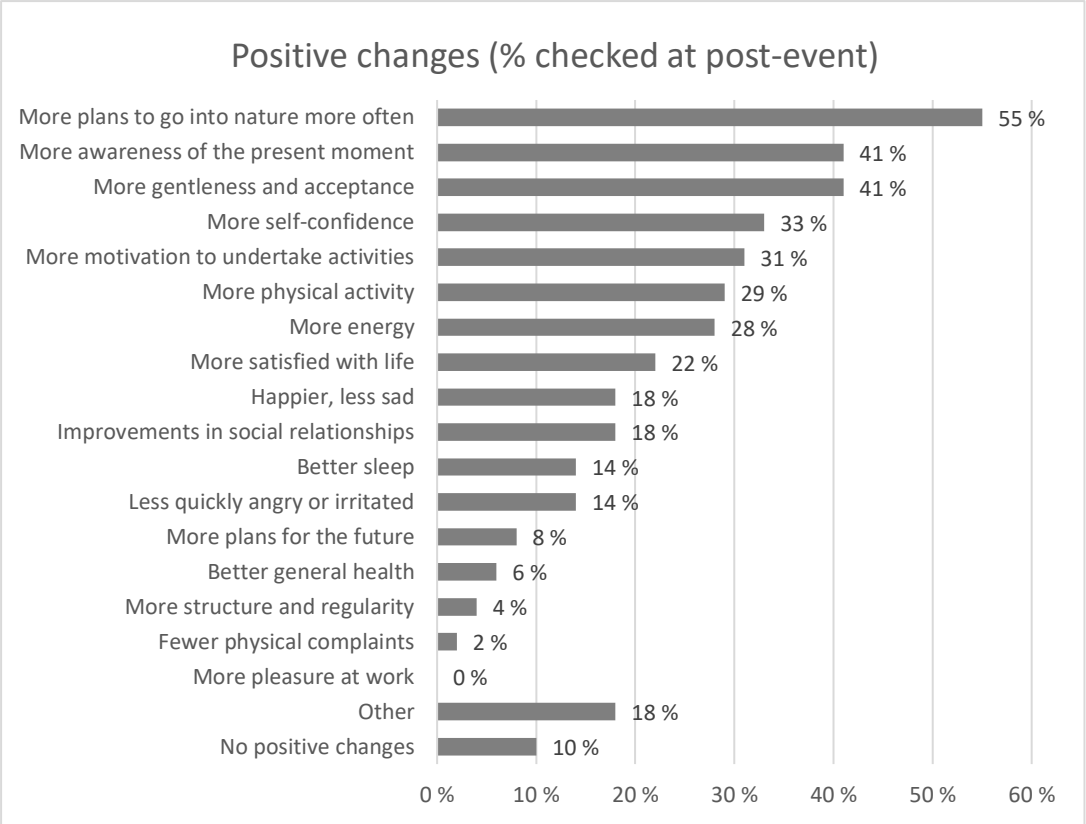

Figure 3. Percentages of participants (*N* = 51) reporting each type of positive change at post-event. Participants could check multiple responses and optionally describe additional changes in an open field.

Besides the predefined items, a substantial number of participants (23%) used the open field to describe other changes they had experienced. Several responses echoed or nuanced the existing categories, while others highlighted more idiosyncratic experiences. Recurring themes included increased clarity about future steps (*I realized what my next step is*), feeling seen and not alone *(Good to know I am not the only one struggling*) and emotional release (*I processed and let go of something*). These personal accounts underline the diversity of experiences and suggest that some responses to the program may be highly individualized.

Changes from Baseline to Post-event to 5-month follow-up

A subset of 11 participants completed repeated measures from baseline to post-event to follow-up. Their scores over time are represented in Figure 4. Compared to the larger group of participants who completed only the first two waves, this smaller subgroup started out with lower scores across all four domains. This suggests that the subgroup represents a more vulnerable segment of the participant

population, with more serious health issues at the point of first engagement with the initiative.

At the five-month follow-up, mean scores were higher than at baseline for positive and negative feelings, resilience, and social connection. The most consistent pattern was observed in social connection, which rose from below the midpoint at baseline to well above midpoint post-event, and remained elevated at follow-up. Nature connectedness scores initially increased, but returned to baseline at follow-up. Nature connectedness was already relatively high at the start of the program, and remained well above the midpoint through-out. These results should be interpreted with caution due to the very small sample size.

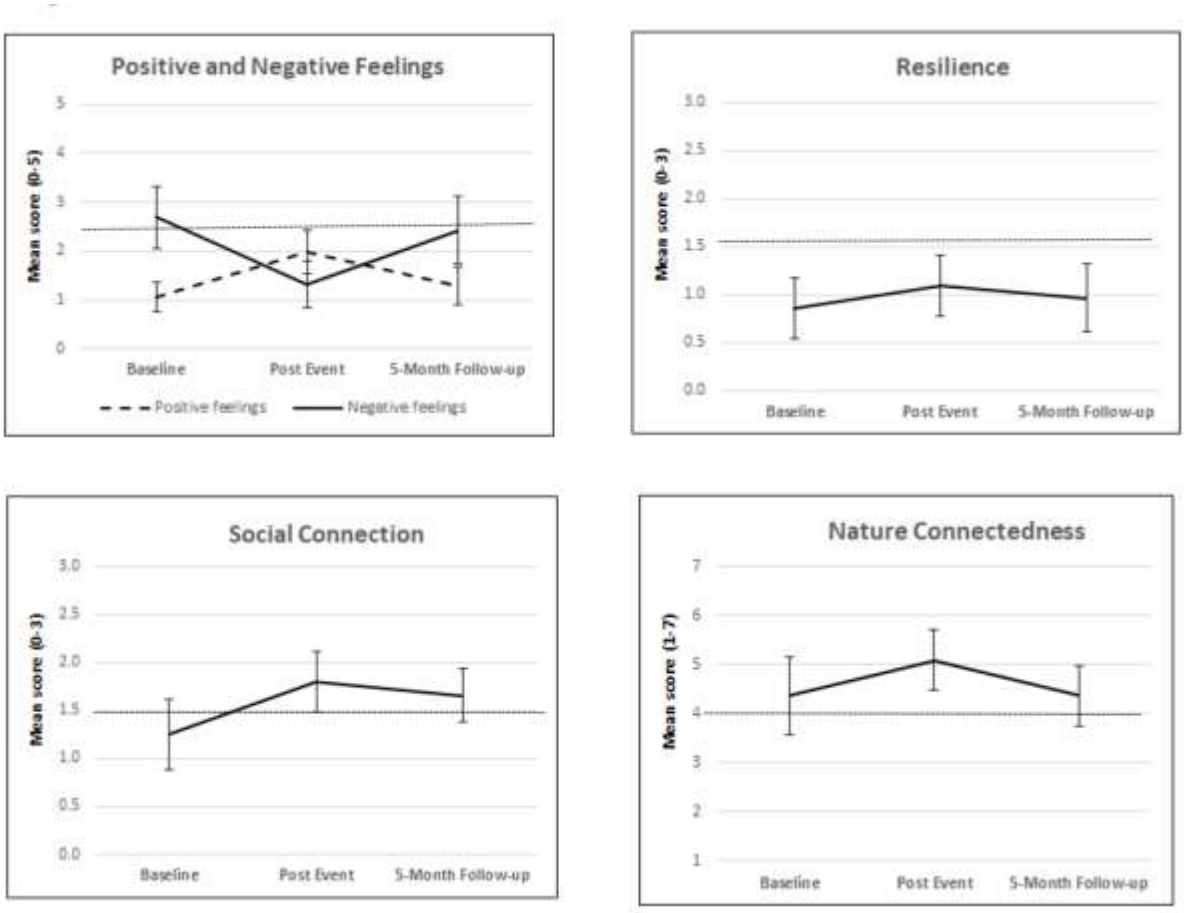

Figure 4. Changes over time in repeated measures of general mental well-being, positive and negative feelings, social connection, resilience, and nature connectedness for the subgroup of participants (*N* = 11) who completed all three survey waves (T1 = baseline, T2 = post-event, T3 = five-month follow-up). The dashed lines mark the midpoint of each scale.

Discussion

This study examined the experiences of participants in the Walk of Life program, using a combination of standardized measures and qualitative reflections across three waves of data collection. The program was designed for individuals who were seeking support outside conventional mental healthcare pathways. A distinctive feature of the initiative, compared to most walking programs, is the inclusion of an intensive four-day walking sequence, inspired by the Dutch tradition of multi-day walking, cycling and swimming events, and culminating in a festive closing gathering. By combining repeated measures of validated mental health indicators with open-ended responses, the study explores patterns in well-being, resilience, social connectedness, and nature connection across baseline, post-event, and five-month follow-up.

The findings show a consistent pattern of short-term improvement across all measured domains. From baseline to immediately after the event, participants reported significantly higher levels of mental wellbeing, positive feelings, social connection and resilience alongside significantly lower levels of negative feelings. Nature connectedness also tended towards increase, though not significantly. These outcomes align well with existing literature suggesting that group walks in natural settings can offer a powerful combination of physical, social, and emotional benefits (Grassini, 2022; Hanson & Jones, 2015; Marselle et al., 2014).

At five-month follow-up, health indicators in most domains had declined from their post-event peak in October. This may have been related partly to the winter season coming in, which is less inviting for walking outdoors. However, for the small subgroup of 11 participants who completed all three survey waves, the mean scores for four out of five measures, remained above baseline suggesting some part of the initial positive experiences could have lasted. The most robust and sustained improvement was seen in social connection, which rose from below the midpoint at baseline to well above it at follow-up. This suggests that the program may have helped participants build or restore social bonds and a sense of community that continued beyond the event itself.

Nature connectedness followed a somewhat different trajectory, with scores remaining mostly at baseline level. This baseline level was already relatively high,

suggesting that many participants entered the program with an existing affinity for nature. Their decision to join may have reflected a search for emotional grounding through the natural world. This points to a possible self-selection effect, in which individuals who already seek out nature as a coping resource are drawn to such programs.

The observed patterns are likely not attributable to a single factor, but to the interaction of multiple elements within the program. Walking provides a low-threshold form of physical activation, which may support mood regulation and reduce stress and inertia (Kelly et al., 2018). The group setting enables social connection and mutual recognition (Swinson et al., 2020), while the structured exercises create opportunities for reflection, emotional expression and meaning-making (Harries et al., 2025). In addition, the natural environment may contribute to emotional regulation and a sense of psychological safety (Ma et al., 2024). Rather than operating in isolation, these elements appear to reinforce each other, suggesting that the observed patterns may emerge from their combined and context-dependent interaction.

Unlike many programs that depend on temporary funding or professional infrastructure, Walk of Life is entirely volunteer-based and operates independently of formal institutions. This grassroots character may paradoxically offer both strength and vulnerability: it lowers the threshold for access, yet raises questions about long-term continuity and support. An issue that also applies to community gardens and other nature-based programs that rely on volunteers (Egerer et al., 2022)). The modest post-event and follow-up changes in the development of more structural resilience may reflect this broader context, in which continued support and structure are essential to prevent participants from falling back into existing patterns of distress.

The qualitative data add nuance to these findings. Participants described the experience using words like connection, calm, support, healing, and insight. Many shared personal breakthroughs or "magical moments" that offered a sense of meaning or transformation (Van den Berg et al., 2025). These accounts help to understand how even modest statistical changes may still correspond to deeply felt experiences of change. At the same time, several participants reported that the emotional intensity and openness of the group process were overwhelming,

especially over four consecutive days. This underscores the importance of careful facilitation, group stability, and clear framing of expectations in future editions of the program.

Strengths and Limitations

One of the key strengths of the study lies in its ecological validity. The program took place in a real-life context, targeting self-motivated community members as participants without diagnostic criteria or exclusion rules, and thus offers rare insight into grassroots mental health support outside formal care. The use of validated quantitative measures, combined with rich qualitative responses, allows for both statistical and experiential depth. At the same time, the study has limitations. The absence of a control group and the naturalistic design limit the extent to which changes over time can be attributed to the program. In addition, the substantial attrition across waves, resulting in a small follow-up sample, calls for caution in interpreting longer-term patterns and may introduce bias, as participants who remained engaged could differ from those who dropped out. Self-selection may have biased the sample toward individuals who were already motivated or had a pre-existing connection to nature. Future studies may benefit from continued efforts to support retention, for example through shorter surveys, and incentives to complete follow-up questionnaires.

Concluding Comment

Taken together, the findings indicate that Walk of Life provides a meaningful, low-threshold community-based support initiative that offers measurable short-term benefits and signs of longer-term benefits, particularly in the social domain. For individuals who fall between the cracks of formal mental healthcare, such grassroots, volunteer-driven programs may offer an accessible and emotionally resonant form of support. As mental health systems across Europe continue to face structural strain, initiatives like Walk of Life may serve as important complements to formal care.

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