

1-1-2008

## **Busy doing nothing: researching the phenomenon of quiet time in outdoor experiential learning**

Garry Hoban

*University of Wollongong, garry\_hoban@uow.edu.au*

Valerie Nicholls

*University of Wollongong, ven56@uow.edu.au*

Tonia L. Gray

*University of Wollongong, toniag@uow.edu.au*

Follow this and additional works at: <https://ro.uow.edu.au/edupapers>



Part of the [Education Commons](#)

---

### **Recommended Citation**

Hoban, Garry; Nicholls, Valerie; and Gray, Tonia L.: Busy doing nothing: researching the phenomenon of quiet time in outdoor experiential learning 2008, 1-3.  
<https://ro.uow.edu.au/edupapers/689>

# Busy Doing Nothing: Researching The Phenomenon Of Quiet Time In Outdoor Experiential Learning.

Dr Val Nicholls; Dr Tonia Gray; Assoc. Prof. Dr Garry Hoban

*University of Wollongong*

[ven56@uow.edu.au](mailto:ven56@uow.edu.au)

**Abstract.** Grounded in the philosophy and practices of experiential learning, wilderness therapy programming is increasingly regarded as an effective alternative to more traditional forms of therapy for people identified as 'at risk' or 'vulnerable'. Typically, within the context of remote and natural environments, wilderness therapy utilises adventure activities such as kayaking, caving, abseiling, and bushwalking to promote positive attitudinal and behavioural change. Whilst the authors respect action and challenge as critical elements in the experiential learning cycle, this paper will examine the antithesis: Quiet Time in wilderness therapy.

This paper presents findings from a qualitative study using a grounded theory design that provides insight into the phenomenon of *Quiet Time*. *Quiet Time* was identified as one way in which participants in an action oriented program found opportunities to reflect and process their wilderness therapy experience without the guidance of a facilitator. *Quiet Time* was described as 'sense' of solitude defined by four co-occurring subjective and internal conditions: a sense of being alone; focussed attention; a positive mind frame and a personal time perspective. *Quiet Time* included experiences of "being alone together."

The researchers found that participants utilised *Quiet Time* to respond to the natural environment, reflect in a ruminative manner, or to relate to each other in authentic and heartfelt conversation. The outcomes of *Quiet Time* influenced positively on participants' immediate experience and processing of the wilderness therapy program. A number of outcomes extended beyond the duration of the program. For example, some participants took up of a habit of *Quiet Time* as a deliberate self-help and life-enhancing strategy.

The main implication from this research is that the therapeutic potential of challenge-based wilderness therapy programs can be enhanced by promoting opportunities for participant to initiate *Quiet Time* through the adoption of an unhurried and process oriented approach to the wilderness adventure.

## 1. INTRODUCTION

Grounded in the philosophy and practices of experiential learning wilderness therapy programming is increasingly regarded as an effective alternative to more traditional forms of therapy for people identified as 'at risk' or 'vulnerable' [1]. Typically, wilderness therapy utilises the topography of remote and natural environments for action and adventure in pursuit of positive attitudinal and behavioural change. Thus, mountain tops, rivers, caves, bush, desert and cliff tops present multiple opportunities for personal growth and change through the experience of challenge, mastery and natural consequences [1]. However, despite substantial evidence to support the use of such wilderness and adventure experiences to promote attitudinal and behavioural change, much remains unknown about the process of change and the experiences of participants [2].

This paper reports on a doctoral research project initially motivated by an interest in participants' experience of relaxed inactivity and 'stillness' within an action oriented wilderness therapy program. In the first of four exploratory interviews, an interviewee responded to an inquiry about "what was happening for you in those times when nothing particular was going on?" with a detailed description of two instances of what she described as *Quiet Time*. It became clear in subsequent interviews that other respondents identified with the use of the phrase. When asked about their experience of *Quiet Time*, participants talked spontaneously about incidents of reflection and/or solitude, resting, absorption in nature and gentle conversations around the campfire. From that point the research inquired about *Quiet Time* rather than 'stillness' and welcomed participants response to, or spontaneous use of, the phrase as marking an event that fell within the parameters of the investigation. Accordingly, the study was guided by the question: What is the phenomenon of

*Quiet Time* from the participants' point of view and how do they use this phenomenon in an action-oriented wilderness therapy program?

## 2. METHODOLOGY

A grounded theory design [3] was chosen as a methodology to guide the collection, analysis and interpretation of data. Sixteen male and two female participants from four Mountain Challenge wilderness therapy programs scheduled between February 2002 and February 2005 participated in the study. All but one of the participants came to the Mountain Challenge as part of ongoing therapy for drug and/or alcohol addiction. Data were collected in the form of interviews, photographs, journals, field notes and standard program documentation. An analytical framework using inductive and deductive categories was selected to analyse the data.

## 3. RESEARCH FINDINGS

The research findings identified the phenomenon of *Quiet Time* as a 'sense' of solitude that, contrary to understandings of solitude as an objective and external condition, was defined by participants in terms of four co-occurring subjective and internal conditions. These characteristics were 1) a sense of being alone, 2) a positive frame of mind, 3) a personal time perspective, and 4) focused attention. Participants did not define experiences characterised by three, or less, of the features as *Quiet Time*. For example, prior to entering the Rehabilitation centre Pete had "a lot" of time alone and "heaps of reflective time." However, he did not regard them experiences as *Quiet Time* because "it was all negative self-talk." Similarly, within the wilderness therapy program Mick retreated from the group to distance himself from Sally whom he found irritating. Despite his relative solitude, and focused attention, Mick did not include this experience of sitting alone, immersed in accusatory thinking patterns as an example of *Quiet Time*.

As a 'sense' of solitude *Quiet Time* was identified as a predominately spontaneous and informal experience, initiated most frequently by participants. Typically, participants instigated their *Quiet Time* by disengaging from the social context of the group, as Andy did when he allowed himself to fall to the back of the walking line or, as Charlie explained, "even with a group of five when you're sitting on top of a mountain you only had to move five metres away and you had your own bit of space...you'd think a bit better and not even see the other person".

In this study participants utilised the opportunity for *Quiet Time* to respond to the bush environment, to reflect in a ruminative manner on their adventure experience and domestic circumstances or to relate to each other in an authentic manner about the experience and impact of addiction. For example, Gus deliberately got out of his tent one night in order to spend time alone simply focussing on his surroundings and the embers of the fire. He utilised the opportunity for *Quiet Time* responding to nature as a chance to "just sit, just sit, and stop thinking." On another occasion Gus moved away from the group to spend time reflecting on unresolved custodial issues: "Yes I went down on the rocks just in front of the hut there and just looked out over Hobart. I tried to put the thoughts of what I'm going through with my kids and their mother out of my head but in fact that's what I ended up basically thinking about. I, and didn't come up with any answers, not any answers at all, but it was clear thinking and after coming away from there I knew inside myself basically where I stood, which is basically the same place that I knew I was but I felt at ease with it, if that makes sense" (Gus). This extract exemplifies the ponderous and ruminative style of thinking characteristic of reflective *Quiet Time*.

That the concept of *Quiet Time* might extend to conversational situations was an unexpected finding. Andy was the first interviewee to articulate the potential for intimate conversational exchange to be regarded as *Quiet Time*. He said "The *Quiet Times* are very unique... some of them are with a friend when you're just having a chat and you get onto a certain topic when you can both help each other out and still that is a *Quiet Time* between two people or three people, it doesn't really matter because just by talking to someone they could be saying something you might really struggle with, and, talking about it with someone you get more peace of mind out of it, get more understanding, and it gives you more, you're not just talking about shit, you're talking about things that are heartfelt and things you've done in the past that's not happening now."

The duration of *Quiet Time* ranged between a few minutes and one hour. Timeframes were impacted upon by the ways in which individuals utilised their solitude. For example, as long as Andy was able to maintain a 'here and now' focus he enjoyed his *Quiet Time* spent responding and reflecting. However when his thoughts project forwards to his return to the rehabilitation centre he loses his positive frame of mind and his experience of a "sense of being alone" is no longer appreciated as a *Quiet Time*.

A striking characteristic of participants' experience of "being alone" in the recent past is that opportunity for solitude has been avoided or, at best, endured. However, during this outdoor experiential program participants were found to be motivated towards *Quiet Time* for at least the following reasons: 1) to savour their experience, 2) to process their experience, 3) as a coping strategy, 4) to engage in self-expression, 5) to elicit feedback or 6) to gain perspective on a problem or issue. The data indicated that sometimes participants' motivation for *Quiet Time* was driven primarily by a desire to comply with the facilitator. For example, whilst Gus welcomed a facilitator initiated *Quiet Time* as an opportunity to stop and think about his children and his role as a father, Andy, on a different occasion was less inclined to stop, he was "ready to keep on going." Nonetheless, Andy chose to comply with the request by becoming silent and turning his attention to the view. Although Andy's participation had beneficial personal outcomes the example demonstrates the especially conditional nature of facilitator initiated *Quiet Time*. At best a facilitator may encourage participants to comply with external conditions conducive to *Quiet Time*.

In describing the potential for an unenthusiastic participant to mask their lack of motivation for facilitator initiated *Quiet Time* by "saying, stuff them, I don't care, I'll just sit over here and make it look like I'm smiling and having a good time," Dean identifies one of a number of intervening conditions found to impact upon the incidence of *Quiet Time* and the ways in which participants utilise their *Quiet Time*. The intervening conditions in this study included: 1) individual participant needs, strengths and limitations, 2) environmental factors, 3) facilitator styles, and 4) levels of group development. For example, participants and facilitators varied in their preference for initiating *Quiet Time*. For some participants, facilitator initiated *Quiet Time* was the only *Quiet Time* they acknowledged. Others, like Gus frequently took time for reflective *Quiet Time*. Mick consistently instigated *Quiet Time* as an opportunity to respond to nature. Pete and Sally enjoyed writing in their journal. Dave preferred not to. Summits and panoramic views were particularly conducive to *Quiet Time* spent attuning to nature and reflecting. Campfires and the campsite were particularly conducive to *Quiet Time* spent relating to others. Participants varied in their fitness levels. If the topography induced physical exhaustion and anxiety, a positive frame of mind was compromised and the likelihood of *Quiet Time* diminished. Facilitator styles conducive to an unhurried and process-oriented impacted positively on the

conditions antecedent to *Quiet Time*. *Quiet Time* spent relating in heartfelt conversation was dependent on the group having attained high levels of trust and security.

A number of identifiable outcomes arose as a result of *Quiet Time* spent reflecting, responding to nature or relating to others. Whilst some of these outcomes were discernable at the time of *Quiet Time*, others reverberated in participants' lives on return to the rehabilitation centre. Immediate outcomes included a sense of euphoria or 'natural high, a sense of self-worth, intuitive insight, relaxation, peace, 'a mind rest', anxiety reduction, mental clarity and the development of empathy. For some participants the benefits of *Quiet Time* extended beyond the length of the Mountain Challenge program. For example, Dean regarded a new found confidence in his ability to focus his attention as a useful "tool against the dark forces." From his experience of reflective *Quiet Time* Gus took strength from learning, 'not how to' express his emotions but that "it's alright to." A number of participants developed the habit of *Quiet Time* as a deliberate self-help and life enhancing strategy. For all, the 'mateship' that grew, at least in part, from shared *Quiet Time* spent relating with honesty and empathy provided an ongoing source of support.

## CONCLUSION

The main implication from this research is that the therapeutic potential of challenge-based wilderness therapy programs can be enhanced by promoting opportunities for participants to initiate *Quiet Time* through the adoption of an unhurried and process oriented approach to the wilderness adventure.

## REFERENCES

1. Gass, M. (Ed), (1993). *Adventure therapy: Therapeutic applications of adventure programming*. Dubuque, Iowa: Kendall/Hunt.
2. Mulvay, E., Arthur, M., & Repucci, N. (1993). "The prevention and treatment of juvenile delinquency: A review of the research". *Clinical Psychology Review*, 13, 133-167.
3. Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks: Sage Publications.

