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When is a question just a question? by Drs. Juli and Rolland Fellows

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How many times have you heard someone respond in an angry tone and then the other person (maybe you) says (with a bit of hurt or frustration in their voice), “But I just asked a simple question.” This kind of miscommunication is common. Person 1 believes he or she asked a question for information and Person 2 hears it as an attack, an instance of prying or something else offensive. How does this happen and what can be done about it?

There are five different types of questions in the System for Analyzing Verbal Interaction®. These are righteous questions (square 1), leading questions (square 3), narrow and broad questions (square 5) and inner person questions (square 7). (Definitions of each of these types of questions are included in the box at the end of this article.) Often the only difference between these five types of questions is voice tone. For example, “What were you thinking?” with a neutral tone of voice is square 5 – a broad question. “What were you THINKING?!” with a hostile or self-righteous tone is square 1 – righteous question. Because we may only be aware of our conscious intentions and unaware of our true voice tone, we may not hear the difference between the two.

Such subtle changes in tone can often elicit strong reactions. For example, I was unaware that often when I asked my husband a question such as “Will you help me with the yard?” the pitch of my voice went up slightly. His response to that subtle change was to react as if he were being called to the principal’s office! When he pointed it out to me, I was at first defensive, and then realized that I felt awkward asking for help, as if he was going to say “no” and I would have to persuade him to help. That unspoken negative prediction on my part changed my tone of voice to a kind of whine to which he responded negatively.

The question “Can we talk?” when asked by a woman to a man is one that often elicits an tense response – perhaps because there is a subtle voice tone change in the question that indicates anxiety or a predicted negative response. In both these cases, rather than using a question, it is likely to be more effective to simply say what you want. That is, rather than “*Would you help me with the yard?*” to say “*I’d like to get the yard mowed today and I’d like your help.*”

When we get a response we didn’t expect to what we thought was “a simple question”, one way to deal with it non-defensively is to ask the other person to tell you what they heard. “*You seem offended. Can you tell me what you heard?*” The trick, then, is to listen to their response and honestly ask yourself if there is any truth in it. Were you a little impatient or angry or frustrated? Sometimes these emotions creep into our voice before we’re even aware of feeling them. Slow down and take a few seconds to do an honest appraisal of yourself before you respond. After that, if you sincerely believe you were misunderstood, you can clarify your intentions by saying something like “*I’m sorry you heard that. I honestly wanted to learn more about how you see the situation (or whatever your goal was).*” Then be silent and listen.

Yellow light “neutral” behaviors can also create a red light alert. Asking a long series of narrow questions (4 or more in a row) may trigger a defensive reaction, particularly if those questions

are asked “rapid fire”. For example. *“Did you take your medicine this morning? Did you take the 3 red pills? Had you eaten breakfast? Did you feel any dizziness? How about getting any exercise this morning?”* The recipient of this kind of questioning may feel more like an object than like a person or can feel “put down” or accused. Since repeated questions are a routine part of a clinical exam, how can we help our patients feel cared for and reduce their defensiveness? One way is to ask a smaller number of broad questions. This may also produce more useful information for you – information about topics you might not have thought to ask. For example, *“Mrs. Amaro, what do you remember about taking your medicine this morning?”* Another way is to announce your goal or intention before you begin the questions. *“Mrs. Amaro, I want to know more about your diabetes, so we can see if your medicine is working right. I’m going to ask you a bunch of yes and no questions. Is that OK with you? At the end I’m going to stop and see if you have anything else to tell me about it.”*

So the next time you’re tempted to say “But I just asked a simple question” pay attention to your tone, your role and the context. Because the differences between questions can be subtle, the feedback from trusted friends may help us do a “reality check”.

Square 1	Righteous Question	Statements that sound like questions but telegraph indignation or outrage in the form of a question.
Square 3	Leading Question	An opinion in question form. Implicitly seeks agreement rather than information.
Square 5	Narrow Question	Direct, specific questions for facts or questions which solicit a yes/no or either/or answer.
Square 5	Broad Question	Questions which invite others’ ideas, opinions, value judgements, etc.
Square 7	Inner Person Question	Broad or narrow questions asking about personally meaningful issues – generally involves some feeling of taking a risk.