

# THE INFLUENCE OF "WHY": A QUICK REFERENCE FOR CLINICIANS

Understanding When "Why" Builds Trust and When It Triggers Defensiveness

By Annette Tonkin, Clinical Communication & Behaviour Change Explorer



# INTRODUCTION - THE POWER AND PERIL OF "WHY"

You ask a simple question: "Why haven't you been doing your exercises?"

Your patient's shoulders tense. Their eyes drop. The energy in the room shifts.

"I've been busy," they mutter, and you both know the conversation just became harder.

"why" is one of the most powerful word in clinical communication—and the most dangerous.

Used poorly, "why" feels accusatory. It demands justification. It makes patients feel judged, forcing them into defensive mode where they're more concerned with protecting themselves than engaging with you.

Used wisely, "why" reveals values, uncovers motivation, and creates the foundation for genuine behaviour change.

The difference isn't always in the words themselves. It's in the intention behind them.

When you ask "why" seeking to understand someone's values and what matters to them, you build connection. When you ask "why" seeking to understand why they failed to meet your expectations, you build walls.

## In this guide, you'll learn:

- When "why" questions foster trust and engagement
- Which "why" questions trigger defensiveness (and why)
- Practical alternatives that invite exploration instead of defense
- Real clinical scenarios showing the difference in action
- Quick reference tools for making better questioning choices in the moment

Because the truth is: asking "why" isn't the problem. Asking the wrong "why" is.



# WHEN TO USE "WHY" EFFECTIVELY

## Forward WHY: Exploring Values and Possibilities

"Why" questions are most effective when they invite patients to reflect on what matters to them—not to justify what they haven't done.

The key is making sure your "why" feels supportive rather than accusatory, forward-focused rather than backward-focused.

### **The Golden Rule:**

Use "why" to explore values, motivations, and future possibilities—never to interrogate past failures.

### Effective Examples:

These "why" questions foster trust and uncover motivation:

- "Why might you decide to try this treatment?"
- "Why might you like to ....?"
- "Why is this goal important to you?"
- "Why would you like to get back to running?"
- "Why could regular exercise work for you at this stage of your life?"

### What Makes These Work:

Notice the pattern? These questions:

- Use tentative language ("might," "could") that removes pressure
- Focus on potential benefits, not past behaviour
- Invite reflection without demanding justification
- Assume positive intent and capability
- Look forward toward possibility, not backward toward failure

## The Clinical Impact:

When you ask, "Why is being able to play with your grandchildren important to you?" you're inviting someone to connect their treatment to their deepest values.

They might say: "Because I don't want to be the grandfather who just sits in a chair. I want to be active with them, make memories."

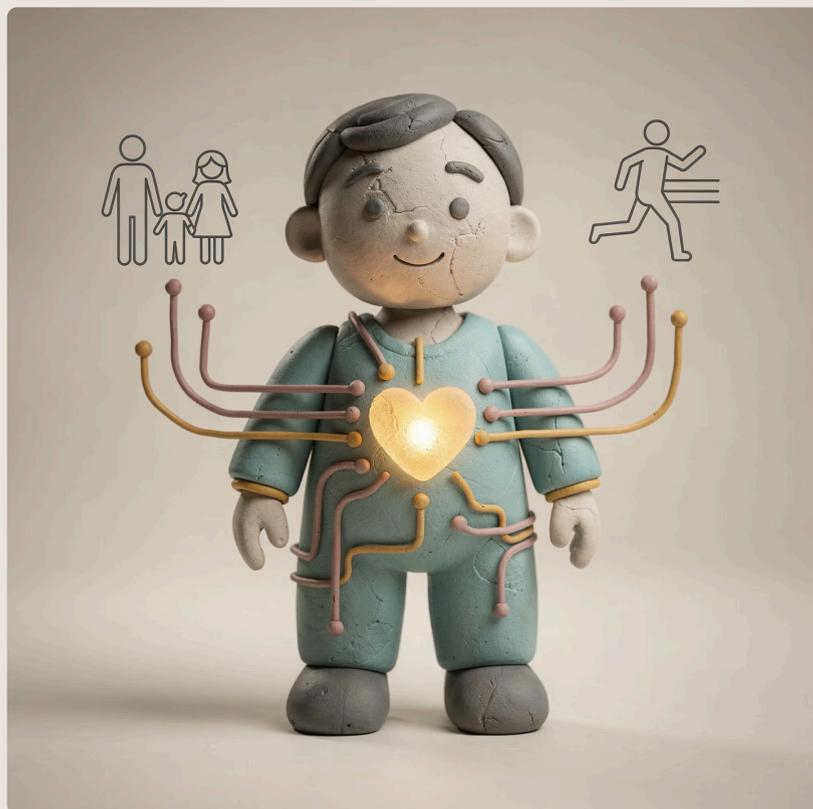
That's intrinsic motivation. That's sustainable. That's what drives adherence when willpower runs out.

Using "why" to explore motivations leads to valuable insights and helps patients feel heard and understood.

## Critical Prerequisites:

Before diving into any "why" question, make sure:

1. **Rapport is strong** - Without trust, even supportive "why" can feel threatening
2. **Your tone is genuinely curious** - If you sound skeptical, the words don't matter
3. **You allow processing time** - Pause after asking and give them space to think



# "WHY" QUESTIONS TO AVOID

## Backward WHY: Seeking Justification and Blame

Certain "why" questions—even when well-intentioned—easily create tension and resistance.

These are questions that sound like you're asking the patient to defend themselves, justify their choices, or explain their failures.

Even if you don't mean it that way, that's how it lands.

### Questions That Trigger Defensiveness:

- "Why haven't you followed through on your exercises?"
- "Why didn't you attend your Pilates class?"
- "Why don't you create a schedule and stick to it?"
- "Why have you given up on your treatment plan?"
- "Why can't you make time for this?"
- "Why aren't you taking this seriously?"

### What Makes These Harmful:

These questions:

- Focus on what the patient didn't do (backward-focused)
- Imply failure or inadequacy
- Sound like accusations disguised as questions
- Force the patient to defend themselves
- Shut down honest conversation
- Waste emotional energy that could be used for actual problem-solving

### The Patient's Internal Response:

When you ask, "Why haven't you been doing your exercises?" here's what your patient hears:

"You're disappointed in me. You think I'm lazy or don't care. I need to come up with an excuse that sounds legitimate enough to get you off my back."

They're not thinking about solutions. They're thinking about self-protection.

And now you've lost them.

## The Trap of Good Intentions:

Most clinicians ask these questions because they genuinely want to understand the barriers. The problem is, the phrasing puts patients on trial rather than inviting collaboration.

Your intention was curiosity. Their experience was judgment.

### Remember:

If your "why" question could be answered with "because I'm a failure," it's the wrong question.

# ALTERNATIVES TO JUDGMENTAL "WHY"

## Reframing Questions to Invite Exploration

To reduce defensiveness, use open-ended questions that invite exploration without placing blame.

The goal is to shift from interrogation to collaboration—from "justify yourself" to "help me understand."

### Practical Reframes:

**Instead of:** "Why haven't you been doing your exercises?"

**Try:** "What benefit do you think you might gain from doing your exercises?"

**Or:** "What's been getting in the way of doing them?"

**Or:** "What would need to be different for exercises to fit into your week?"

---

**Instead of:** "Why can't you attend your appointments on time?"

**Try:** "What time and day would work best for your appointments in the future?"

**Or:** "What makes it challenging to get here at the scheduled time?"

**Or:** "How could we set up appointments in a way that fits your life better?"

---

**Instead of:** "Why don't you create a schedule and stick to it?"

**Try:** "What kind of routine do you think might actually work for you?"

**Or:** "What's worked for you in the past when you've tried to build a new habit?"

---

**Instead of:** "Why have you given up on your treatment plan?"

**Try:** "What's changed since we first talked about this plan?"

**Or:** "It sounds like something isn't working. What's your sense of what's getting in the way?"

## The Pattern to Notice:

These alternative questions:

- Assume the patient has good reasons (not excuses)
- Invite problem-solving rather than justification
- Use "what" or "how" instead of "why"
- Focus on understanding, not judging
- Keep the patient mentally moving into the future (solutions) rather than stuck in the past (failures)

These questions foster productive conversation without making the client feel judged.

They also have the client mentally moving into the future to create workable solutions rather than defending past choices.

# REAL CLINICAL SCENARIOS

## Seeing the Difference in Action

Let's look at how the same clinical situation unfolds with different questioning approaches.

### Scenario 1: The Missed Exercises

#### The Situation:

Sarah, 45, recovering from rotator cuff surgery, returns for her follow-up. You prescribed daily exercises. She's done them inconsistently—maybe 3 times in two weeks.

## APPROACH A: Judgmental "Why"

**You:** "Why haven't you been doing your exercises? We agreed on how important they are."

**Sarah:** "I've been really busy with work."

**You:** "But this is your recovery. Why isn't that a priority?"

**Sarah:** (defensive) "It is a priority. I just... there's a lot going on."

**You:** "Well, if you want to get better, you need to make time."

*Internal monologue (Sarah):* This physio thinks I don't care. They don't understand my life. I'll just tell them what they want to hear and get out of here.

**Result:** Sarah feels judged, shuts down, and is less likely to be honest with you in future appointments. Adherence doesn't improve because the real barriers were never discussed.

## APPROACH B: Values-Based "Why" + Reframed Questions

**You:** "I notice you've done the exercises a few times, but not as often as we'd hoped. What's been getting in the way?"

**Sarah:** "Honestly? By the time I get home from work, I'm exhausted. And mornings are chaos getting the kids ready."

**You:** "That makes sense. It sounds like timing is the issue, not motivation. Why is regaining full shoulder function important to you?"

**Sarah:** "I want to be able to lift things without pain. And I really miss being able to play tennis."

**You:** "Tennis—that's important to you?"

**Sarah:** "Yeah, it's how I de-stress. I haven't played in months and I really feel it."

**You:** "So getting back to tennis would give you both physical activity and your stress outlet back. That's valuable. What time of day do you actually have five minutes of calm?"

**Sarah:** "Maybe lunchtime at work? I usually eat at my desk anyway."

**You:** "What if we ran a two-week experiment—just doing one set of exercises during your lunch break? Not perfect, but better than nothing. Would that work?"

**Sarah:** "Yeah, I could actually do that."

**Result:** Sarah feels heard and understood. You've identified the real barrier (timing, not motivation), connected treatment to her values (tennis = stress relief), and designed a workable solution together. Adherence improves because the system fits her life.

# SCENARIO 2: THE LATE APPOINTMENTS

## The Situation:

James has been 15-20 minutes late to his last three appointments, which is disrupting your schedule.

### APPROACH A: Judgmental "Why"

**You:** "Why can't you get here on time? This is the third appointment you've been late for."

**James:** "Sorry, traffic was bad."

**You:** "Why don't you just leave earlier?"

**James:** (defensive) "I try. It's not always that simple."

**Result:** James feels attacked, you're frustrated, and the problem isn't solved.

### APPROACH B: Collaborative Problem-Solving

**You:** "I've noticed you've been running late the last few times. What's making it hard to get here for 2 PM?"

**James:** "I'm coming straight from work and the traffic from my office is unpredictable."

**You:** "That sounds frustrating. What time would work better for you—maybe later in the day, or a different day entirely?"

**James:** "If I could do 5:30 or 6 PM, I'd be here on time every time."

**You:** "Let's make that work. I've got a 5:30 slot open on Thursdays. Does that solve it?"

**James:** "Absolutely. Thanks for understanding."

**Result:** Problem solved. James feels respected, you protect your schedule, and adherence improves.



# BEST PRACTICES FOR "WHY" QUESTIONS

## Wielding "Why" With Care

Here are the essential principles for using "why" effectively in your clinical practice:

01

---

### Treat "WHY" Like a Hot Plate

Only touch it if you have a very good reason. Ask yourself: "Am I about to explore this patient's values, or am I about to make them defend themselves?"

If the honest answer is the latter, choose a different question.

02

---

### Build Rapport First

Without strong rapport, even well-intentioned "why" questions can feel threatening. Establish trust, demonstrate empathy, and show you're on their side before diving into "why."

03

---

### Focus on Values, Not Justifications

Use "why" to explore what matters most to the patient—not to understand why they didn't meet your expectations.

**Good:** "Why is this goal important to you?"

**Bad:** "Why haven't you prioritised this?"

04

---

### Use Tentative Language

Soften "why" questions with words like "might," "could," or "would" to reduce pressure and invite reflection rather than demand answers.

"Why might this be helpful?" feels curious.

"Why isn't this a priority?" feels accusatory.

05

---

### Allow Processing Time

When you ask a "why" question, pause. Let silence do its work. Give the patient time to think and respond without rushing to fill the space.

Deep reflection takes time.

06

---

### Check Your Tone

Your tone and facial expression matter more than the words. If you sound skeptical or frustrated, even perfect phrasing won't help.

Ask yourself: "Do I genuinely want to understand, or am I frustrated and looking for them to justify themselves?"

If it's the latter, take a breath and reframe.

07

---

### Listen for What's Underneath

When patients give surface-level answers ("I've been busy"), resist the urge to challenge. Instead, gently explore: "What's taking up most of your energy right now?"

You're looking for the real barrier, not the polite excuse.

# QUICK REFERENCE TABLE

## "WHY" Questions: Supportive vs. Defensive

Use this table to quickly decide when a "why" question is supportive versus when it might create resistance.

SUPPORTIVE "WHY" (Use These)	DEFENSIVE "WHY" (Avoid These)
Why would [activity/behaviour change] be good for you?	Why haven't you...?
Why might this be important to you?	Why couldn't you...?
Why might you decide to...?	Why aren't you...?
Why might you...?	Why can't you...?
Why would you like to...?	Why wouldn't you...?

### The Pattern:

✓ **Supportive "WHY"** = Forward-focused, explores values and possibilities, tentative language

✗ **Defensive "WHY"** = Backward-focused, seeks justification for failures, accusatory tone

#### 📌 When in Doubt:

If your "why" question could reasonably be answered with "Because I'm a failure," rephrase it.



# KEY TAKEAWAYS

## What Matters Most

### Use "WHY" Sparingly

It's effective for eliciting values, but it's tricky. Only use it when you're confident it will not provoke defensiveness. When in doubt, use "what" or "how" instead.

### Reframe Judgmental "WHY" Questions

Shift focus from blame to exploration. Instead of "Why haven't you...?" ask "What's been getting in the way?" or "What would need to change for this to work?"

### Build Rapport First

Without strong rapport, "why" can feel threatening. Establish trust and psychological safety before asking questions that require vulnerability.

### Focus on Values, Not Justifications

Use "why" to uncover what matters most to your patient—their goals, their motivations, their values. Never use it to make them justify past failures.

### Practice Empathy

Always consider the patient's emotional state before asking "why." If they're already feeling guilty or discouraged, even supportive "why" can land wrong. Read the room.

### Check Your Intention

Before asking any "why" question, ask yourself: "Am I genuinely curious, or am I frustrated and wanting them to explain themselves?" Your intention shows through, no matter your words.

## The Bottom Line

The influence of "why" can be profound, but only if wielded with care.

Knowing when and how to ask "why" creates trust, uncovers motivations, and ultimately leads to better client outcomes.

---

# Transform Your Clinical Communication

## Continue Your Learning

Want to master these communication and behaviour change approaches in your clinical practice?

I offer workshops and coaching on:

- Effective questioning strategies for patient engagement
- Handling resistance and building trust
- Communication skills that improve treatment adherence

[Book a discovery call](#)

Feel free to share this resource with colleagues who want to master the art of using "why" questions.

## Contact Information

Website: [annettetonkin.com](http://annettetonkin.com)

Email: [annette@annettetonkin.com](mailto:annette@annettetonkin.com)

Socials:

Facebook: [Annette Tonkin Explorer](#)

Instagram: [Annette Tonkin](#)

LinkedIn: [Annette Tonkin](#)

**[Transform patient care with evidence-based communication strategies—book a call today.](#)**

