

The sounds of silence

In conversation, nonverbal cues can be just as revealing as what's actually said. They're just harder to hear

BY DR. PIERRE MORNELL

IMON AND GARFUNKEL HAD A HIT IN THE 1960S WITH THEIR song "The Sound of Silence." And the lyrics—which include the phrase "People talking without speaking, people hearing without listening"—are as true today as they were then. Your job as a manager is to learn to hear not only what people are saying but also what they may not be saying in a conversation. So the next time you encounter someone's silence during an interview or a meeting, don't interrupt unless the person is

clearly anxious or having a hard time responding.

Indeed, failing to pay close attention to the message that's being communicated during the silent portions of a conversation can sometimes be detrimental. Here's an example:

As a second-year psychiatric resident I received a call from the head nurse at the University of California Hospital. Her staff members were at their wit's end with one of their patients and as a result were refusing to respond to her call light. The patient, Mrs. Whitney, had been operated on for a duodenal ulcer. On her first postoperative day, Friday, she hadn't complained, and the staff had hardly noticed her. The head nurse was off duty over the weekend, but on Monday morning she returned to work and discovered that the model patient with an ulcer had become a monstrous pain in the ass.

On Saturday, Mrs. Whitney's call light went

on and stayed on. She fired off her demands like machine-gun bullets: she needed pain shots, extra pillows, more blankets; the room was too hot, then it was too cold. The nurses spent 80% of their time answering Mrs. Whitney's call light even though they had 30 or 40 other patients on their watch. By Sunday, orderlies, nurses, and interns were exhausted. By Monday, when the case was referred to me, the staff members were reluctant to answer the call light at all.

In reviewing the case, I noted that on Friday the patient had done well and asked for nothing, so she had little contact with the staff. Over the weekend, nurses had entered Mrs. Whitney's room dozens of times but *only* when her call light went on. As Mrs. Whitney continued to make demands out of all proportion to her physical condition, it seemed safe to assume that she was asking for more than pillows and blankets. But what did she really want?

To find out, I suggested a minor shift in tactics, and within 48 hours the crisis had ended.

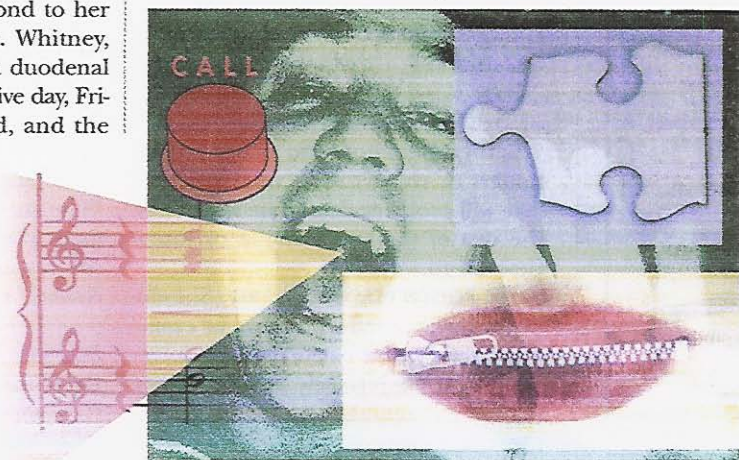
I told the staff to give Mrs. Whitney more attention—but only when her call light was off. At those times a nurse would enter the room and visit for a few minutes. The staff adhered to that routine throughout the day. However, when the call light was on, the nurses were to answer it *very slowly*.

Over the next day, Mrs. Whitney talked more and demanded less. After 48 hours, her call light went on for the last time. Having been given a chance to tell her story, she finally relaxed, and so did the staff.

It turned out that the woman was terrified. She had a family history of cancer and was convinced that her abdominal pain was a symptom of a malignancy. But she was a "good patient" and didn't want to bother her physician, so she hadn't discussed her fear with him.

The day after her operation, she had meant to talk with her doctor, but

he was rushed and abrupt while doing his rounds, so she figured she'd speak to one of the nurses. But since she wasn't complaining, the only time the nursing staff entered her room was to take her temperature, administer medication, or check on her stitches, and all of those visits were brief and business-like, affording Mrs.



Whitney little opportunity to chat.

By the next day, her anxiety had turned to panic. Finding the call button, she soon became locked into a vicious cycle of self-defeating behavior with the staff. The more attention she demanded, the less inclined the nurses were to give it. That's when I was called in for a consultation.

Though workplace behavior may not be as desperate or demanding as Mrs. Whitney's, her story has several lessons that are relevant to any situation. In spite of our training to look at body language and listen to a person's speech, we are rarely told to pay close attention to the hesitations and pauses that accompany a conversation. That ability—to hear silence—is a major asset, especially when you're trying to get an accurate read on people.

Silence may mean an assortment of things, but here are four possibilities that you should always consider:

THE PERSON IS THINKING. This is probably the most common reason for conversational silence. It is a natural, positive, thoughtful response to a question. In some cases, silence is the best answer. People's silence may also be analogous to a flashing yellow light at an intersection—pay attention to what comes next. They've stopped talking because they are trying to decide how to frame their answer and present the significant, or perhaps controversial, information it contains. A good interviewer should be very interested in what somebody says after a hesitation, pause, or silence.

THE PERSON IS AT A CROSSROADS. He or she can't decide which way to turn. Should an answer be long or short, diplomatic or blunt, serious or funny, poetic or plainspoken? There's a choice about how to respond to most questions. For instance, do you say, "That's the dumbest question I've ever heard," or "I'm glad you asked"? Whether you choose to belittle questioners or respect them, the path you take will probably determine which way the rest of the conversation or interview will go.

THE PERSON PERCEIVES A TRAP. Should he or she lie or tell the truth? For example, I always ask a person in a job interview, "Will there be any surprises when the company checks your background?" It's a clear and concise question, and it

allows someone to say, "Yes, I was fired from my last job, and here's why," or, "I had trouble with my boss on the last job."

I recall one instance in which the fellow I was interviewing was silent for a long time after I asked that question. Then he said, "It depends on what your definition of *surprises* is." Of course, I didn't buy his answer. It doesn't take a psychiatrist to figure out that the man was hiding something, but what? All I knew was that he was being evasive, and I didn't trust the fellow. I suggested we pass on him. After the interview, the company pulled up the public record and discovered he had had three drunken-driving arrests in the past five years. The company hired him anyway, and he turned out to be an unmitigated disaster.

THE PERSON IS ANXIOUS OR BLOCKING. Silence can allow you to open a window or close a door. If a person is increasingly nervous and falls silent, you can remain silent as well, which almost always shuts the door. But you can open a window by asking, "What are you thinking?" That sometimes prods people into giving a candid answer. You can also help people break their silence with a few thoughtful interruptions such as "Let's get back to my original question. I was asking you about...."

However you choose to respond to a person's silence, the most important thing to remember is this: Developing a talent for "reading" people requires paying close attention when the call light is off, as well as when it's on. Just as nurses are trained to respond to hospital call lights, we are trained to listen to someone's speech, language, and verbal cues. But listening to people's words or watching their mannerisms is not enough. We also need to listen to the gaps, pauses, and hesitations that accompany (and surround) their speech. Sometimes the real message is buried in the silence.

As pianist Artur Schnabel once said, "The notes I handle no better than many pianists. But the pauses between the notes...ah, that's where the art resides." ■

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