**What Malcolm Gladwell Learned Talking to Strangers**

By Lauren Paige Kennedy

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Talking to strangers is something author, journalist, and podcaster Malcolm Gladwell does all the time.

His job is to ask questions -- lots of them -- to people he's never met before. Gladwell's brand, after all, is built upon interviewing scientific minds and mining academic data, then spinning research into best-selling gold. His popular and acclaimed books include *The Tipping Point*,*Blink*,*Outliers*,*What the Dog Saw*, and *David & Goliath*.

In 2005's *Blink*, Gladwell largely argued that the unthinking, unconscious mind makes snap judgments that can provide us with fairly accurate insight to help us read situations and assess danger levels. He also presents the downside of leaping to conclusions, such as racial and gender discrimination.

In many ways, his latest effort, *Talking to Strangers: What We Should Know About the People We Don't Know*, is that book's logical follow-up. What happens, he asks, once the rational mind kicks in and applies its own internal presumptions to evaluate an unknown person? Can we accurately judge a stranger by what we think we already know?

The answer is "no," according the research he cites in his book.

"I'm particularly interested in the ideas of the brilliant [psychologist](https://www.webmd.com/mental-health/guide-to-psychiatry-and-counseling) Timothy R. Levine," Gladwell says. Levine is a distinguished professor and chair at the department of communication studies at the University of Alabama at Birmingham. His research is called the Truth Default Theory (TDT) and reveals how "our operating assumption is that the people we are dealing with are honest."

Repeated studies by Levine show how humans do much better than average at guessing when people are being truthful -- and much, much worse when attempting to identify liars.

Gladwell explains why.

"We're programmed to take people at face value because it's incredibly useful if you're trying to construct a civil society that functions," he says. "It leaves us at risk of occasionally being schemed, yet that risk is small and worth taking. It means on occasion someone like Bernie Madoff comes along and takes advantage of us."

Think about how things might work -- or wouldn't work -- otherwise. "How many people did you have to trust to make this interview possible?" Gladwell asks. "You had to trust my assistant was who she said she was, that I was sufficiently interested that I'd call you, and that I'm sufficiently organized to call you on time. I could go down the list. You've never met me, yet you decided to take all my claims at face value. And it worked out."

This, he says, is the human default to truth. And the whole world operates on it.

In addition, facial cues and [body language](https://www.webmd.com/sex-relationships/ss/slideshow-body-language), which most of us think of as transparent clues into a person's character and state of mind, are not universal -- not across eras and not across contemporary cultures. According to multiple studies and expert anthropologists Gladwell cites, one tribe's [smile](https://www.webmd.com/beauty/rm-quiz-better-smile) is another's grimace. One group's look of anger is another's sad face.

And that is precisely why even cops, judges, and CIA agents often overlook con artists and spies in their midst and sometimes misread innocence for guilt. "You cannot make sense of a stranger in a hurry," Gladwell says, no matter how tempting it is to do.

**Doctors and Patients**

Nowhere is assessing a stranger more personally important than in a doctor's exam room, Gladwell believes.

Yet, according to a 2016 study published by the *Annals of Internal Medicine*, doctors spent just 27% of their total office time on direct clinical face time with patients and a whopping 49.2% of their time on electronic health records (EHR) and desk work. When in the exam room itself, they spent just over half of their time directly engaging with patients, with 37% devoted to EHR and desk work. And a 2013 study of medical residents -- doctors in training -- revealed they spent only 12% of their total time examining and talking with patients.

To compound matters, in the U.S., it's not uncommon for doctors to be asked to see patients in 15-minute intervals.

"Doctors consistently complain how they are given less and less time with their patients," Gladwell says. "One conclusion you can take from my book is that they are 100% right to make that complaint. In the interest of efficiency, we're creating grave problems. You cannot ask a doctor to make sense of a stranger in 10 minutes. The danger when you speed things up is that people start relying on strategies to make sense of the stranger that are inaccurate or misleading."

David B. Agus, MD, a professor of medicine and engineering at the University of Southern California Keck School of Medicine and Viterbi School of Engineering, agrees. He thinks a balance must be struck between the innovations of big data, which are transforming the speed of patient care and rates of accurate diagnoses, and the time doctors must spend on EHR.

"Doctors spend the majority of their time entering data while staring at a computer," says Agus, author of *The Lucky Years: How to Thrive in the Brave New World of Health*. "A doctor needs to look at how patients are holding their bodies, how they're [breathing](https://www.webmd.com/lung/how-we-breathe). It's very hard to do that when there's a computer monitor between a doctor and patient. If you're a patient, you want to trust what your doctor is saying and understand he or she cares about you. Then you'll be compliant and follow what they ask you to do. When you're missing that interaction, trust goes down, compliance goes down. That's a serious problem."

Gladwell certainly isn't against digital innovations, especially if they yield results. But he reminds us there is more to [health care](https://www.webmd.com/health-insurance/default.htm) than diagnoses. "An overwhelming reason we go to doctors is for reassurance and consolation," he says. "We have enormous psychological needs. We go to have our illnesses treated, yes, but we need to have more respect for the human role of the doctor, where it's most valuable. Maybe we should help doctors rely more effectively on data to free them up to more successfully understand the patient. It's not an either-or question. It's a matter of deciding where the machine does best and where the human does best -- perfecting both sides of the equation."

**Run for It**

Gladwell cares about his own health, too, and he also stares at a computer most days, meeting endless deadlines. To decompress, he hits the road.

"I'm a big runner," he says. "I [exercise](https://www.webmd.com/fitness-exercise/default.htm) a lot. I've been injured with [tendinitis](https://www.webmd.com/fitness-exercise/arthritis-tendinitis), a recurring problem with my knees, but I'm battling it and coming back." Tendinitis is [inflammation](https://www.webmd.com/arthritis/about-inflammation) of the tendons, the fibrous cords that attach muscle to [bone](https://www.webmd.com/osteoporosis/features/building-stronger-bones).

It's a common problem for runners, says sports medicine and running expert Lewis G. Maharam, MD, who adds that the best treatment for Gladwell and others who have tendinitis is to remember the acronym MICE.

"It stands for *moving* as soon as you are able to, but only after *ice, compression,* and *elevation,"*says Maharam. For shinsplints, another common runners' complaint, he suggests [stretching](https://www.webmd.com/fitness-exercise/features/how-to-stretch) the [calf](https://www.webmd.com/fitness-exercise/picture-of-the-calf-muscle) muscles really well before running, something that Gladwell admits he often fails to do, and to consider using orthotic arch support, if you need it, inside running shoes.

"I usually do an hour and change each day, 5 or 6 days a week," Gladwell, 55, says of his running routine. Although he lives in New York, he tries to run on soft surfaces like jogging trails as much as he can. "It comes with being old!" he says. "I run after work in the late afternoon. No one's bothering me. I'm not distracted. It's the most peaceful period of my day."

Gladwell signs up for the occasional 5K race, running in these events maybe four or five times each year, when his knees are up for it. Does he ever consider doing a marathon? "I'm a middle-distance runner," he says. "My body would break down. I don't think I could handle the training."

Maharam, who brands himself "The Running Doc," believes with the right approach -- and a doctor's blessing -- most everyone can gradually build endurance and go the distance.

**Healthy Pursuits**

Gladwell shows a healthy interest in a wide range of topics, many of them grounded in psychological, social, and health-based knowledge. From his popular *New Yorker* articles that report on the safety of decriminalizing [marijuana](https://www.webmd.com/mental-health/addiction/marijuana-use-and-its-effects) -- "I'm a cautious advocate of legalization, but we just don't know enough yet, and that alarms me" -- to his breakdown of how cancer drugs get approved, he educates his readers while entertaining them. As to what sparks his pursuit of any given story, he'll only say, "I try to keep an open mind and follow my curiosity."

Such inquisitiveness led Gladwell to the launch his podcast "Revisionist History*,"* now in its fourth season, which "reinterprets something from the past: an event, a person, an idea. Something overlooked. Something misunderstood," says Gladwell. What he's most excited about right now, he says, are the three new episodes he's devoted to "how to think like a Jesuit."

OK, bait taken. How, exactly, does one think like a Jesuit? "Guess you'll have to listen," he says. Classic Gladwell: Set an intellectual trap. Pursue the answers in a surprising way. Then wait as fellow curiosity seekers follow his lead -- and inevitably get hooked.

**'Talking' Points**

The top five takeaways from Gladwell's latest tome, *Talking to Strangers*:

**Even the experts get it wrong -- much of the time.**Gladwell says most of us are wired for gullibility -- we believe just about everything other people say, even with multiple red flags flying. Why? How could humanity survive, and society hum along, otherwise? This allows the few of us who do deceive a better chance of getting away with it, according to the author.

**Facial cues are not accurate signposts.**Research shows that facial cues do not provide transparent, accurate insight. So why do we study them in job interviews, doctors' offices, and criminal courts to try to assess a stranger? Gladwell says we shouldn't -- unless we study how a specific person does specific expressions over time. Only then can we guess what any one expression might mean -- for that person alone.

**Human behavior often "couples" with context.**This means specific circumstances, environments, and/or opportunities can trigger certain outcomes. Examples of this include crime and [suicide](https://www.webmd.com/depression/guide/depression-recognizing-signs-of-suicide) rates. According to Gladwell, the vast majority of criminal activity happens in concentrated urban areas within a few city blocks, year after year, called "hot spots." And, suicide among women in England peaked at an all-time high in 1960 during the era when dangerous "town gas" was being used in most English homes to fuel ovens -- the method poet Sylvia Plath used to take her own life in London in 1962. By 1977, town gas was switched out for much safer natural gas; suicide rates dropped dramatically.

**Torture doesn't yield reliable results.**Even when understanding a stranger is urgent and might save countless lives -- say, when interrogating a terrorist about a future attack -- multiple studies show how physically forcing a confession does not produce accurate information.

**We will never know the whole truth.**"We need to accept that the search to understand a stranger has real limits," Gladwell writes. "The right way to talk to strangers is with caution and humility."

**Run for Your Health**

Put one [foot](https://www.webmd.com/pain-management/picture-of-the-feet) in front of the other well into middle age -- and beyond.

Back in his high school days, Gladwell ran on his Ontario-based track team -- and was a 1,500-meter phenom. These days, at 55, he runs regularly -- not for glory but for good health.

Maharam offers tips to keep pace with an aging body and stay in the race well into middle age and beyond.

**Before you lace up:**"When you're young, you put on your running shoes and go," Maharam says. "To stay pain-free as you get older, you need to do more stretching beforehand, every day. Make sure your ligaments and tendons are warmed up before you run. You need to break a sweat. Take a brisk walk, do some jumping jacks, or even start a light jog. Then run."

**Cross-training is key.**Building strength may protect runners from injury, Maharam says. "People lose [calcium](https://www.webmd.com/food-recipes/ss/slideshow-gourmet-calcium) as their bones get older and can become osteoporotic." Weight-bearing exercises, including circuit training or free weights, can help protect bones. Core-strengthening [exercise](https://www.webmd.com/fitness-exercise/ss/slideshow-7-most-effective-exercises) like [Pilates](https://www.webmd.com/fitness-exercise/features/the-benefits-of-pilates) is also good. "The more, the better," Maharam says of extra exercise.

**Never ignore pain.**"If you experience [pain](https://www.webmd.com/pain-management/default.htm), and you can't maintain your regular form, stop running and see a doctor," Maharam says. "You know better than anyone what your form should feel like." Common injuries include [ankle](https://www.webmd.com/pain-management/picture-of-the-ankle) sprains, muscle pulls and tears, and shinsplints.

**Explore treatment options.**Stress [fractures](https://www.webmd.com/a-to-z-guides/understanding-fractures-basic-information), meniscal tears, tendinitis, hamstring strains, [joint pain](https://www.webmd.com/pain-management/guide/joint-pain) -- these setbacks can put a hold on your jogging habit. To treat them, your doctor may advise a change in your running schedule, or even complete rest, to let you heal and to ease your inflammation. You may also need to look for errors in your training, such as not stretching well enough before you run. Serious aches and pains may require [physical therapy](https://www.webmd.com/pain-management/what-is-physical-therapy), orthopedic procedures, or, in some cases, surgery.

**You are not too old.**It's never too late to start training (if your doctor gives you the green light, Maharam says). He suggests running three or four times each week, even if you can last just a few minutes in the beginning. "Aim to increase your distance by about 10% each time you run," he suggests. Soon you'll be logging -- and jogging -- miles.