



## **Transcript for “*The Last Human Job: Part 2*”**

Dr.Navaria: [00:00:00] Reach Out and Read where books build better brains. This is the Reach Out and Read podcast. I'm your host doctor Dipesh Navaria, a practicing pediatrician with degrees in public health and children's librarianship. I'm a clinical professor of human development and family studies at the School of Human Ecology, and a professor of pediatrics at the School of Medicine and Public Health, both at the University of Wisconsin in Madison. At Reach Out and Read, we dream of a world in which every child is read to every day. Our show explores how children and families flourish and thrive through a combination of individual well-being, confident parents, supportive communities, strong public health, and good policy. Join us here for thought provoking conversations on these issues with expert guests, authors, and leaders in the field of early childhood health and literacy. Research shows that reading physical books together brings the strongest benefits to children. That's why we're happy to have Boise Paper, a responsible paper manufacturer, as the founding sponsor of this podcast. Through their paper with Purpose Promise, Boise Paper looks for ways to make a difference in local communities. Thank you to Boise Paper for investing in our Reach Out and Read community. Welcome to part two of our conversation with Allison Pugh. Allison is a research professor of sociology at Johns Hopkins University. Her writing has appeared in leading publications such as The New Yorker, The New York Times, and The New Republic. Her most recent book is *The Last Human Job The Work of Connecting in a Disconnected World*. In part one, we talked about what connective labor means and how it operates within the social and systemic architecture of our lives. In this episode, we're going to apply these concepts to our work at Reach Out and Read. Learn how physicians, practitioners, and caregivers can think about all these ideas in their everyday interactions with children. So welcome back, Allison.

Allison Pugh: [00:01:58] Thank you. Thanks for having me.

Dr.Navaria: [00:02:00] So you talked a lot in this book about how people in what are traditionally called the the service professions, or maybe a bit more kindly, the helping professions have at their center this, this concept of connective labor, broadly speaking. Where do you see is happening to these fields just as time and technology and all marches on?

Allison Pugh: [00:02:25] Yeah. So many of these fields are experiencing the exact same trends. It's kind of remarkable. Basically, what's happening is the same industrial logic that shaped and transformed manufacturing and moved into service work that wasn't kind of deeply emotional or connective has moved into this, you might say, the final frontier. This work of, you know, kind of caring labor or helping professions so that they are being asked to control costs, to standardize their interactions. So to use more scripting to count a lot of what's happening, count, count their services and provide data for, you know, the data analytics team or trend. It's like kind of regimes of commodification and assessment and management are kind of taking over and taking taking priority as opposed to the interaction between the worker and their client or patient or student. Now, that all sounds really terrible, or it does to me anyway. But but I want to say that it started or it comes part of part of the impetus for it comes from, I think, a laudatory space, like a, like a good there's a good reason, which is we want standards of performance in, you know, work working with kids in for teachers and, you know, maybe for therapists and for, you know, we want this very personal work has certainly seen uneven performance sometimes provincial or parochial concerns and sometimes even today, getting a good teacher or therapist is, you know, more likely if you're affluent or if you're lucky. And that's a problem. That's a social problem that I think everybody would agree is we want to address. So the question of how to scale up this labor, how to kind of extract better performance more regularly from everybody. Those are good questions that come from a good place. And the trouble is, I don't agree with the wide, wide scale application of the industrial model, which has been our our collective solution to that problem. Our answer to that question, partly because I think, you know, as kind of late modern capitalism, we have one hammer and everything looks like a nail.

Dr.Navaria: [00:05:36] Indeed, indeed. Yeah, I yeah, it's it's interesting that you say that because like quality improvement methodology, which came out of automotive manufacturing and has become so ingrained in healthcare. Now it's a requirement for us to maintain our board certification is that we have to perform and prove that we did it. There's nothing inherently wrong with a systematized process to say, how can we do things better? But I think the question is to what end are we doing this? If we're doing this to kind of shove more people through the system without adding resources, well, that's that's a problem. If we're doing this because we're saying, hey, we have better ways to approach X or Y, and we want to help diffuse those innovations for the betterment of people's health and well-being and all those sorts of things. That's different. But sadly, the latter is not always happening, and it's more about the efficiency mindset than it is about true improvement. I think in many ways.

Allison Pugh: [00:06:48] I mean, I agree, and it's, it's really rather than a binary, it's probably more of a continuum. By which I mean it's not. No standardization and all standardization. Right, right. In terms of like, what's the goal? But I would say that after having written this

book, I've come away with the idea. First of all, I'm very suspicious of, in particular AI and automation in this space. But also, I want us to remember why remember the kind of put the relationship front and center. And if something improves that, then it's worth doing. And if it does not, then it is actually not worth doing. Like like that. The relationship is what matters more than how many widgets you can get out of out of these people. And, and yeah. So different people would disagree about that? But that's what I that's the that's the space I've come to after all this research.

Dr.Navaria: [00:07:59] Well, you know, it makes me think. And you covered this in the book as well about performance measures around connection. Right. And the whole mess that is patient satisfaction scores, which, I don't know, I think many patients don't put a whole lot of stock in them. And I don't think practitioners put a whole lot of stock in them, but there's a lot of effort that goes into those being.

Allison Pugh: [00:08:25] It's become.

Dr.Navaria: [00:08:26] Collective.

Allison Pugh: [00:08:27] That we all do.

Dr.Navaria: [00:08:28] Yeah. And then you get a number and get asked why you're not meeting this impossibly high benchmark. And so on. But it occurs to me that those questions, to a certain extent, when they feel cold and impersonal. Right. And they don't actually reflect the wording of the questions. I think administrators would break out in hives if we suggested a question like, how well did you connect with the person you saw? Because they would say, well, what does that really mean?

Allison Pugh: [00:09:03] Great question.

Dr.Navaria: [00:09:03] Yeah. And then I would.

Allison Pugh: [00:09:05] Want.

Dr.Navaria: [00:09:05] Them to them and say and say, this is what you need to do. So what do you see happening to the the people who are allegedly being served right in, in health care, the patients and families and in education, the, the children and and their families and so on. When, when this connect, when this industrialization happens more and more.

Allison Pugh: [00:09:29] Right. I mean, I think it does a grave disservice. And I, I actually think it's causing a lot of social problems. I think, you know, people are increasingly feeling kind of

unseen. And I actually coined the term the A depersonalization crisis. I think that's what that's what being unseen on a kind of broad, collective level has produced. I think, you know, people talk about the loneliness crisis, but I actually think that that's not entirely the problem. There's a lot of research showing that there's a lot of disagreement about loneliness in social science research. Some people disagree. Scholars disagree about how many confidants people have today as opposed to 20 years ago. Or, you know, and I've seen actually the most recent data from Covid. The Covid era showing that people were able to keep ties to close friends and to family. But the the ties that kind of fragmented to Fragmented to some degree were more kind of acquaintances. I would say civic life, people in civic life. And yeah, so the point is, is that loneliness, it's not clear. But I do think it is clear that people are increasingly feeling unseen and they're expressing that frustration. Pockets of pockets of the population are expressing that frustration at the voting booth. Politicians really are in the business of enacting a kind of see, the seeing of pockets of the population, and they respond to that. And so I actually think being seen matters much more than just individually. It has kind of broad social impact. It is how we either create or fragment our social collective. And so the depersonalization crisis has enormous implications for our communities and our democracy.

Dr.Navaria: [00:11:59] Mhm. How much do you think this whole problem of of scripting. Right. Comes into this because you also talk in the book about inauthentic interactions. Right. Almost like the forced, you know, this this a joke out there somewhere about like, you know, a calling a funeral home. And the person picks up the phone and says something like, we're really sorry for your loss. Can you please hold? It's just like, yikes. Heard that. Yeah. I mean, I don't know that it's actually real, but. Right. That someone's reading off a script because it's what they're supposed to do. And yet there is a role for scripting as as well. So tell us more about that.

Allison Pugh: [00:12:41] Right. So the role that I found for scripting was about performance, keeping performances, you know, addressing kind of uneven performance. So people who are new to a job or or who just need a little guidance for whatever reason. Yeah. Scripts help them. Very busy doctors that use a particular. There's a script that they use to remind themselves to kind of inject a little more empathy into the patient interaction with the patient. So scripts are necessary under extraordinary time constraints and under uneven preparation and training of people. So scripts can help in those in that regard. But but they are, I think, kind of radically overused because they are a tool of this kind of industrial model that's put in place by kind of can we call them well-meaning managers who are who are trying to save time and make people more efficient. I spoke to, for instance, a woman who worked as an intake counselor at a VA hospital, and she just she hated the script that she had. She had she was charged with admitting former, you know, admitting veterans. She was a mental health counselor.

Allison Pugh: [00:14:13] So admitting veterans who were kind of trying to be seen for mental health issues. And she had a script, she had, you know, a questionnaire. It was 18 questions. She was supposed to get this done by in 15 minutes. And she told me about just how much of a violation it felt of the connection that she was trying to forge with the people that she was seeing. She described one man who came who, like, never was going to see a therapist and was very shut down. And then when she went through the questionnaire, he stopped answering entirely because it got to a point that he thought was too invasive and she had no connection with him. So she said she threw the she put the questionnaire away and then just spent, you know, I think it was 45 minutes, you know, kind of just trying to connect to him and elicit some link that would help him get the services that he needed. But the script itself felt like such a violation of her professional commitment and her professional ethos.

Dr.Navaria: [00:15:24] So yeah, I've seen these situations where you're a script or a checklist or the questions on the template, and, you know, we now have this in more of them. But I remember once I had a resident, you know, a physician in training that was I was supervising in clinic and he came out of a well visit room, said, oh, everything's great, no issues, etc. I said, okay, nothing at all. He goes nope, nope, nothing. I said, okay, did you happen to notice the address on their chart? And he goes, nope. I said, okay, let me pull it up. Do you know where that is? He says, nope. I said, that's a homeless shelter.

Allison Pugh: [00:16:02] Hmm.

Dr.Navaria: [00:16:03] And he had completely missed the fact that this family was homeless. Now we have better questions. Now that might help catch that. But, you know, he had gone to this whole thing, and the family's just going along with it, and it's like, okay. But by the way, this family doesn't have stable housing, and that's really what you should have spent your time on and not asking him about, you know, whether he can peddle a tricycle. Right. That's the least of their concerns at that moment.

Allison Pugh: [00:16:29] Right, right, right. Wow.

Dr.Navaria: [00:16:31] So yeah, you talk a lot about also the attention economy. You have this great quote. If we continue to prioritize efficiency over of a relationship. We create a new kind of haves and have nots, those divided by access to other people's attention. And I actually first learned about your book because of a New York Times column written by Jessica Grose. And the headline just grabbed me. Human interaction has become a luxury. Good. And it was like, whoa, that's a scary concept. And I want to know more. And that's what, you know, led us to this conversation today.

Allison Pugh: [00:17:17] Mhm.

Dr.Navaria: [00:17:18] What are there ways that you can see us kind of saying how do we how do we right. That inequity. Because you're right. We don't want there to be a have and have not in ideally.

Allison Pugh: [00:17:33] Yeah. I consider this a great risk and really important. So thank you for bringing it up. Part. Partly it's because the way I in particular is sold to us. It's sold as better than nothing. So the poor, you know, low income students who can't in Mississippi, who can't find teachers in their town, you know, they're learning via chat bot or webinar. And there was there's some recent media coverage that suggested that they could consult, wait to consult a teacher who is in the next town. So my point is that just what you said, there's enormous inequity, but that inequity is right now, In terms of access to good connective labor by a human being. And the trouble is, may I say, it's we live in the United States, which has a, you know, kind of technophilia at its core. So we like.

Dr.Navaria: [00:18:43] To eat our way out of this.

Allison Pugh: [00:18:45] Yeah, exactly. We like to solve problems with technology. So. And this is a problem. So the better than nothing argument I heard again and again from engineers, I would say well-meaning engineers who are trying to, you know, create. I talked to one who's creating an AI couples counselor, an AI palliative care consultant, an AI, you know, like all these AI things that he wasn't thinking that those A.I. agents would serve wealthy people. He was thinking they would serve people who are not served now. So there is a strong motivation on the part of some engineers to create like that. That's, you know, how they go to bed at night is they think they're not thinking, I'm putting therapists out of a job. They're thinking, I'm giving AI to people who don't have access or availability now, and so it's a better than nothing argument. The thing I would say to them is that you should never kind of consign to other people what you would not accept for yourself. Sure. And by kind of saying that this is better than nothing, you are actually codifying existing inequalities rather than addressing them. And really, we need to take like five steps back and be like, why are these inequalities. We need to address those. And and to kind of face the tough political problem before we leap to the technological solution, which is difficult for us.

Dr.Navaria: [00:20:26] This also makes me think that we need to require that all computer science and engineering majors definitely need to take at least a few sociology, psychology, human development, and family studies classes. So yes.

Allison Pugh: [00:20:39] Totally agree. Yeah.

Dr.Navaria: [00:20:41] So I want to close with thinking just for a few minutes about Reach Out and Read, because Reach Out and Read is a voluntary program like clinics elect to do it, and it is something that's key about it is connecting with families. And a lot of the feedback we hear from, from practitioners, from clinicians, is that this is why they went into health care, right, is to connect with families and make a difference. Do you have any thoughts about the role? Reach Out and Read plays in these interactions that you've talked about that are so fraught? And are there ways we could take it even further in really centering and honoring connected labor?

Allison Pugh: [00:21:20] Yeah, I just love this program. And yeah, I think it's inspired. I do think it's relevant to connect with labor. The first question I have is actually, do you know how the clinicians decide which books to give to the patients. The reason why I ask is because that is a kind of seeing, right?

Dr.Navaria: [00:21:46] Right.

Allison Pugh: [00:21:47] And so if you can give them give a child a book that is a kind of actually a kind of good match because they like this or that. That's a, that's a moment of seeing that could really touch them.

Dr.Navaria: [00:22:00] So the decision is made by the clinics. We there's no such thing as a magic. These are the magic. 15 Reach Out and Read books that must be done nationwide. Because we do believe that the clinics know their patients best. Mhm. A book that someone uses in suburban Chicago may be very different from a book that is being offered at a tribal health clinic. Mhm. There's all sorts of things around culture and language and depictions and representation that matter. So we actually leave it up to them. Now there is reality around what's affordable and budgets and things like that. But we let them make those decisions.

Allison Pugh: [00:22:41] Mhm. That's great. That's that's a good first step. Glad to hear that. Yeah I do think that the moment of giving a book to a child is a moment of seeing. And it's also what's lovely about it is it's such a mind expander. So that it helps a child have a kind of. Moment of feeling someone's empathy and perhaps developing empathy for others. There's been actually I've read great research talking about the impact of reading that on on empathy and its capacity to expand empathic connection. So I think that it both works as a form of seeing. So it's like a variant of connective labor and also kind of planting the seeds of that child's connection and connective labor in the future. So yeah, I am a big fan.

Dr.Navaria: [00:23:42] Thank you. And I think also that Reach Out and Read people think about the early literacy piece. But as we frequently talk about on this podcast, there's the early relational health piece. And I, I would also as as I was reading your book, I kept thinking

about how are we helping parents who may not have models for this in their environment in some cases? Think about the importance of the connective labor they're doing with their child from the first days of their lives, through those so important early years and beyond. Right? Connective labor, as you pointed out, is a life course thing. And how are we helping them recognize that and honor it and also value their competence to do it? Well, because I think that's one of the deep anxieties of parenting is that I'm connecting with my kid. Wrong.

Allison Pugh: [00:24:34] Mhm.

Dr.Navaria: [00:24:34] I'm someone else is going to do this better than I. Or maybe this video will do a better job of it than.

Allison Pugh: [00:24:40] I.

Dr.Navaria: [00:24:40] Am. Right? That fear that I'm not good enough to do this is a, I think, a core deep anxiety around parenting that I hope we're getting at it some in some way.

Allison Pugh: [00:24:51] Mhm. Yeah. It's so interesting. The experience of physicians, primary care physicians, especially pediatricians, but also teachers, especially early childhood teachers. You're not just interacting with the child. You're also kind of really it's a triangle. And you're really helping the you're interacting with the parent and you're also helping or modeling for the parent to interact with the child. And that's so powerful. I feel like I learned so many parenting lessons from my daughter's, you know, my children's preschool teachers. Like, they taught me how to parent.

Dr.Navaria: [00:25:32] Yeah. Yeah. I mean, there's a book called The Family is the Patient, which makes exactly that point, and I was just giving a lecture yesterday on, well, visits to our physician assistant students. And I said, remember, there's always two questions being asked in every pediatric encounter, whether they're verbalized or not. One, how's my child doing? And number two, how am I doing as a parent?

Allison Pugh: [00:25:55] Yeah, absolutely.

Dr.Navaria: [00:25:56] Yeah. Allison, thank you so much. This again, this book is really just such a remarkable synthesis of so many different things. And thank you for writing it and giving us this opportunity to have this conversation and share this work with the world.

Allison Pugh: [00:26:14] Well, thank you so much for the time to talk about it. I've really enjoyed your your questions and your kind of deep engagement. It's there's something so powerful for any author to hear that from a from a deeply engaged reader. Thanks again.



Dr.Navaria: [00:26:33] Welcome to today's 33rd page or something extra. For you, our listeners, I hope you enjoyed this two-part conversation that we had with Allison Pugh about her book, The Last Human Job. I have to tell you, reading this book was really something that connected so many pieces of experience and thinking and conversations that I personally have had just in my career, and also in doing this podcast this term, that she uses connective labor and thinking about what happens when it's going well, but also when things aren't going so well, I think really gets at the heart of so much that's in our helping professions about how we interact with patients and families, about what it is that Reach Out and Read, and other interventions like it bring to the encounter and how they really help connective labour occur more smoothly, almost like a how to or a lubricant that makes it easier to do that job of connection that I think, at the end of the day, really is why so many of us go into the helping professions. It puts a framework onto all these thoughts and ideas and motivations and desires that we have, but it also helps us think about how do we talk about these breakdowns, about these disconnects and places where connective labor is not happening or is impeded? I hope you enjoyed that conversation today and in the last episode, and I hope that it helps you perhaps have an easier time with making connective labor work better for you and for those around you that you work with and that you serve.

Dr.Navaria: [00:28:19] And that's today's 33rd page. You've been listening to the Reach Out and Read podcast. Reach Out and Read is a nonprofit organization that is the authoritative national voice for the positive effects of reading daily and supports coaches and celebrates engaging in those language rich activities with young children. We're continually inspired by stories that encourage language literacy and early relational health. Visit us at [ReachOutandRead.org](http://ReachOutandRead.org) to find out more. And don't forget to subscribe to our show wherever you listen to your podcasts. If you like what you hear, please leave us a review. Your feedback helps grow our podcast community and tells others that this podcast is worth listening to. Our show is a production of Reach Out and Read. Our producer is Jill Ruby. Lori Brooks is our national senior director of external Affairs. Thank you to our founding sponsor, Boise Paper, for making a difference in local communities like ours. I'm your host, Doctor Dipesh Navaria. I look forward to spending time with you soon. And remember, books build better brains.