



A Nurse First | Season 4, Episode 2

The wind phone

[Allison Young]: I was an East Asian Studies major prior to going into nursing school. Between semesters in university, I took care of a very medically complex boy and became very interested in the care of him—everything that went into it.

It was just a random answering a nanny ad on a website. And so my parents, I told them, “I really think I want to get out of East Asian Studies and go to nursing.” And they said, “We don't really believe you. You have to be a nurse tech for a few months before we'll agree to pay for you to go to nursing school.” And so I was a nurse tech. I loved it at a nursing long-term care facility. And then they agreed to it.

For a while, it felt like I had thrown away like three and a half years of my life because I had spent all that time studying Japanese, studying North Korean history. It was just a very odd situation that I would go to something so different.

All through nursing school, we went to individual specialties for our clinicals. And I kept thinking, well, maybe something will be interesting to me. Maybe I'll really latch onto something. And I got to the last semester of nursing school and hadn't had any specialty appeal to me at all. And so I was starting to absolutely panic that I was going to get out of nursing school and not have something that was just going to mean something deep to me. My very last clinical rotation was in oncology. And I had the most amazing preceptor of my life. She really encouraged me and really got me deeply interested in oncology. And so the only thing that I wanted to do coming out of nursing school was oncology. I knew that that was an absolute definite.

[Welcome to A Nurse First. This is Allison Young, telling her own A Nurse First story.]

[Allison Young]: Upon graduation from nursing school, I went directly into cancer research 13 years ago. I applied for a job as an infusion nurse with our local oncology practice, and they did a personality test on me and placed me in the drug development unit, which did only phase one research. It was very odd to be placed in a job that I hadn't applied for. I had done a lot of research in the humanities prior, but I was not expecting it to cross over to anything nursing.

I did that for eight and a half years, and now I do phase two, three research at a different facility. I had wanted for a number of years to get a master's degree in public health, but didn't know exactly what I wanted to focus in. And then I was like, “Is there a master's degree in public health that focuses on death?” Because that was very interesting to me as I dealt with my patients. And I kind of wanted to see what quantitatively went behind death and dying.

So I just Googled it and thanatology came up. Thanatology, it is dedicated to the study of death, the process of dying, and then the bereavement, whether that be living bereavement or bereavement after a death. It also covers things like intangible grief, anything around living grief.

[One day, all of her interests collided. Her background in Eastern studies, the role she played translating Japanese news bulletins after the 2011 tsunami, and her doctoral study in thanatology, when she happened upon an article online about Otsuki, Japan, a local gardener, and an old British phone booth.]

[Allison Young]: There's a website that tracks just the most random things across the world. Just not the normal things that you would see like museums and normal statues and that kind of stuff when you go to a specific country, a specific area. They choose interesting things around the globe.

One of the things that they featured was the wind telephone. I saw that Otsuchi was mentioned, and I was like, "Oh, this is interesting." Because right after the tsunami happened, I spent time translating things for my friends as notifications came through from the Japanese government about what had occurred and what had happened in specific places. And I had some friends who were in Japan at the time, and that was another reason why I was really deeply interested, was because I had people who were directly affected as well. I had such a hard time with the tsunami, even though I wasn't physically there, just translating, because a lot of the translations I was doing was the people confirmed dead. And so it really stuck with me that I had that many translations that I had done with just hard numbers, that that was a lot of people. Otsuchi was actually one of the worst hit towns in Japan. I think one in five people ended up dying there.

So when I saw that something was in Otsuchi, I started looking into it more after that. The first wind telephone, which is in Otsuchi, Japan, was created by a gardener named Sasaki Itaru. And he actually made it before the tsunami. He had gotten from an old pachinko parlor, a British phone booth, and he took it and put it in his garden initially because he was wanting a place where he could mourn his favorite cousin who had died of gastric cancer in 2010. And he put a telephone in there to have conversations with his cousin because he said that if he wasn't able to talk to him in a living fashion, that he wanted his words carried on the wind to wherever his cousin was.

If the tsunami had not happened, the wind telephone would just be a phone box sitting in Sasaki Itaru's backyard and no one paying attention to it. But people had heard about this phone booth that he had put together, and they went ahead and started just coming to his house. And so as people were visiting, he realized that he needed to make this kind of a set thing, that he needed to push it farther away from his house and make it accessible to more people.

Now I think that 25,000 people have come to visit the wind phone since 2011. I just became completely obsessed, just a woman obsessed with wind telephones. And from the moment I saw it, I was like, "Oh, I want one of those so badly." I felt strongly that it would be something that would help my community and people who are grieving around here. Part of me kind of made this wind telephone for both my co-workers and my patients. Like they were the ones that I was thinking of as I put everything together because that's what I really studied was healthcare provider bereavement and then also just have the lived experience of having all of my patients who are grieving.

When I first learned about it, I was like, I don't know where I would put this. And then I realized I was like, we got a lot of front yard. We could, we could put this in the front yard and away from the house so that no one hears anything. That was, privacy is such a huge thing for us with this whole project is just letting people grieve openly, but in a private manner.

I was on the Facebook marketplace constantly trying to find what looked like an acceptable phone booth. Finally, after two years of looking for a phone booth, I found one down in Mississippi. And so my husband and I tossed the kids to my parents for the day. And we drove from Nashville down to right outside of pretty close to Tupelo, Mississippi. It was kind of rough but had really good bones.

It's probably from about the 1940s. It's completely soundproofed. because it has three layers. It has two layers of wood and then a layer of insulation in between those. And then has a, we went ahead and got a fiberglass window in the front. I did everything on the inside, the polishing and the sealing, putting up different shelves, all of that. And then my dad took care of doing paneling on the outside, putting a roof on it.

[Your wind phone has been in operation for almost a year now. Your mission was to help people in your community with grief. But what has this given back to you?]

[Allison Young]: I actually wrote my thesis for my master's on wind telephones. I have an entire photo album of just notes that people have left us. And it's been incredible, the kind of response:

- “This is perfect and beautiful, and you're a gem for doing this.”
- “Thank you so much for doing this. It brought so much comfort to my family.”
- “Depression is so silent but grieves the loudest.”
- “Annoy them, love them, check on them. Don't wait until they're free because that may be too late.”
- “I promise you it is better to have loved them than never loved at all.”

I have just a ton of messages like that from people that are really deep and loving. Every single time I get a note, it's one of the highlights of my day.

I didn't expect for such a positive outcome from the community, such a positive response from them. I expected that it was just going to be something small that was carried by word of mouth. I didn't expect to post on the East Nashville Facebook group and have almost a thousand reactions to it. I just want our community around here and hopefully spreading from there to just move away from Freud's thoughts that you need to privatize grieving and that talking about grief is not going to hurt you, it's actually going to help you.

I just want people to recognize that continuing bonds is a thing, that it's something that has been proven to be very healthy since it was introduced in 1996, and that we just need to encourage that over privatization. You don't have to completely release the memory of your person when you're grieving. that you could continue to have conversations with them. You can continue to have sense of presence events with them in a place like a wind telephone. And that you can just benefit highly from openly discussing your grief and continuing to remember your person.

[Do you feel that the same goes for nurses? Obviously, losing a patient is different from losing a loved one, but it is still an emotionally taxing experience, and one nurses often face time and time again.]

[Allison Young]: You need to discuss death for what it is. Don't try to sugarcoat it. No euphemisms. Recognize that it's going to happen. that you're going to have feelings about it, that you shouldn't hold back those feelings.

There's always been this thing that it's, you know, unprofessional of us to show any kind of emotion when there's a death involved. But I really feel like people need to be able to emote. They need to be able to go up to their charge nurse and say, "I need a moment. I need to step off the unit." "I need to take this time" instead of, "I just need to immediately get back to my work. I can't take a break because of something like this." Because it is something important. It's someone you've been taking care of. It's their family.

And a fair number of times, it's OK to cry with them. I mean, I've cried with a number of one of my, a number of my patients and their families, and they just, they don't see it as a weakness. They don't see it as a negative thing. They see it as you are agreeing with them that this is something that is just painful, that you need to appreciate how hard this is for everyone involved.

And so my biggest thing would just be don't hold it in. Holding it in is what leads to compassion fatigue and burnout. If you're having a hard time, please talk to people. And a lot of times it's going to have to be another nurse. It's not going to be going home and telling your significant other, "Oh, I had a really bad day. Someone died." They're not going to get it like another nurse does.

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