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### Memory Quilt or Pillow

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# Memory Quilt or Pillow

Source: Theresa Fraser

**Theme:** Feelings Expression

**Recommended Age Range:** Six and Up

**Treatment Modality:** Individual

(Note: Allow at least five sessions with the client, then one session for the client to share the quilt or pillow with his/her current caregiver.)

## Goals

- Gather information about the client's interests, feelings, and needs
- Increase open communication
- Allow the client to discuss positive experiences shared with significant caregivers
- Encourage the client to identify and verbally express the loss of significant past relationships with natural family members or with foster families
- Help the client to identify goals for current or future relationships

## Materials

- Photographs – these can come from the child, other adults, or the practitioner. If there are no photographs available, the practitioner may need to research aspects of the child's life by going "online" and, for example, getting pictures of the hospital where the client was born or of an elementary school she/he attended; finding a cultural symbol that represents the client's heritage or symbol of a town that the client has lived in (if there are available sessions, this research can be completed with the client)
- Pieces of clothing that belong to the client and/or to special people in the client's life that will be cut into swatches
- Iron-on transfer paper or photocopy transfer paper that is available at specialty craft stores and office supply stores
- Iron and ironing board
- Sewing machine
- Single flat sheet that has been pre-washed
- White broadcloth that can be used to heat-press photocopies of the gathered photographs as well as to "square up" the clothing pieces into the correct shape of the flat sheet
- Single quilt batting
- Thread for sewing the material swatches together and then quilt thread or wool to attach the three layers of material
- Sewing needles with an eye big enough to accommodate thread or wool
- Sewing scissors
- Camera to take pictures of the work as it is completed from session to session for the client's memory book and the clinical file

## Advance Preparation

Contact special people in the client's life to request her/his old clothing for the memory quilt. If the client does not have photos of identified individuals, ask other significant adults in the client's life, such as a Child Protection Worker, to gather photographs.

Explain the purpose of the activity to the client's current caregivers. It is likely that the client will be reminded of past relationships and or experiences and may need additional support from the caregivers if a session's content causes an emotion or memory to be triggered.

Note: It is extremely important to have an accurate social history of the client. For example, it would not be therapeutic to include the photograph of a past perpetrator on the client's quilt or pillow.

## Description

The client makes a list of important and positive relationships that she/he has experienced. These can be both current and past relationships.

Once the clothing is gathered (see advance preparation), the client decides which part of the jeans, for example, she/he would like to include in the quilt or pillow. Cut these pieces of clothing into swatches.

Photocopy the photographs onto the iron-on paper. Photos can be enlarged if the client does not have many to work with. The practitioner could also give the client a disposable camera that she/he can use to take pictures of special places and people in her/his current life.

Using the iron, press the iron-on paper with the photographs onto the white broadcloth.

Sew clothing swatches together, trying to use the single sheet as the template.

When the pieces have created the top layer, flip the layer over to face the good side of the single flat sheet. Then place the quilt batting underneath both of these layers. Attach all three layers by sewing pins with the sharp points facing outwards. Place the material on the sewing machine, start at the edge of a long side and sew all three layers together, stopping at the bottom of the quilt. Sew all three edges again so the three layers are held together with two rows of thread. Remove the pins.

Turn the layers inside out so the batting is the middle of the quilt "sandwich" and the clothing layer and flat sheet layer are the top and the bottom. Then fold the edges of the unsewn layer inward and pin the last opening closed with sewing pins.

Sew this end of the quilt closed.

Then with wool or quilting thread at different parts of the quilt, place thread from the top layer down to the bottom layer and then up again. Cut thread/wool and then tie in a knot, cut more thread/wool and tie in a knot. Repeat this action at least six inches in another direction.

Listening to the client during each session is important in order to ascertain how to process the activity with the client once the quilt is completed. The client may verbalize unresolved life/relationship themes that become the roadmap for the processing part of this treatment intervention. Some questions that may be valuable in order to assist the client to connect the activities with feelings activated and experiences revisited include:

- When you close your eyes and feel or smell the quilt, what comes to mind?
- If \_\_\_\_\_ was here to see your creation, how would you introduce it to him/her?
- What was the most happy, sad, or angry experience that you thought about while we made this quilt?
- Were you reminded of any experience that you haven't thought of for a while?
- Has this activity made you want to begin any other projects or tasks?

## **Discussion**

This activity is not only time consuming but it can also trigger memories for the client. That is why gathering an accurate social history and involving other members of the client's treatment team are important. In this way, the client will receive necessary support between activity sessions.

I have successfully completed this therapeutic process with three clients. It provided one of my adolescent clients with the opportunity to process the positive relationships that he had created in a group-home setting, which he was leaving. The quilt became his termination activity. In addition, he created a second quilt for the group-home staff and wrote some of his own poetry onto the quilt pieces that expressed how he felt about the difference they had made in his life.

In another instance, the group-home staff was struggling with a pre-teen who did not want to wear newly purchased clothing that actually fit him. He could not let go of his now too-small wardrobe, and my suspicion was validated (when it became apparent while making his quilt) that this was because of the memories he had attached to the clothing given to him by previous caregivers. As we began to make the quilt, he began to discuss both the positive and negative past memories and experiences attached to the clothing, memories that included caregiver rejection.

He then was able to use the finished product as a way to symbolize his resiliency and his ability to look at how previous experiences had helped him to become the person he was today.

During our sessions, he was triggered by the clothing items themselves, but he also began to be aware of his reaction to these sensory triggers. For example, one T-shirt smelled like an old foster parent, another sweatshirt made him feel safe when he touched it repetitively. This new awareness helped him to develop a self-care plan when feeling anxious in stressful situations. At these times, he could “wrap” himself in the quilt and feel the love he had once received from others.

For clients who have experienced rejection and abuse, the quilt can become a way to process past successes and losses. However, since this activity may trigger strong emotions or memories, it is helpful to provide “grounding” and/or predictable activities for each session, such as non-directive play time or playing a specific game each week.

### **About The Author**

Theresa Fraser, C.C.W., B.A., has worked in the mental health field for the last 25 years and currently utilizes the play therapy process with children, teens and families. She has a diploma in General Social Work, Certificate in Child Abuse Prevention, and she is a Trauma and Loss Clinical Specialist. She has also completed the Canadian Association for Child and Play Therapy Certificate Program and has received extensive training in Sandtray/Worldplay. She teaches part time in the Child and Youth Worker program at Humber College. She and her husband Kevin have fostered over 200 children/adolescents.

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