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# *Building a Caring Client Relationship and Creating a Quilt*

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## *A Parallel and Metaphorical Process*

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*The process of designing a quilt became a metaphor of developing a caring relationship for a nursing student as she came to understand caring theory and its application to practice. A clinical experience combined with reflective journaling and aesthetic expression in the form of a quilt gave the student a way of understanding and concretizing a relationship. With quilts representing comfort, warmth, and expression, the student saw a parallel with the nursing profession with its essence in caring. Houses are the main visual element in the quilt because house or home is important to the human spirit and was a key issue in this caring relationship. The 10 houses illustrate Jean Watson's carative factors and the role Watson's theoretical perspective played in the caring relationship. The human-like figures, the caring spirits, represent the nursing profession, and the colored squares symbolize the energy of caring.*

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**Exasperating, liberating, fulfilling**—creating the quilt, “The House of the Caring Spirits” (see Figure 1) was just like developing a caring relationship with my client, E. M. There was no plan—just an evolution and at times a revolution as self-doubt and intuition intertwined in my novitiate being.

The process of creating this quilt was much like the caring relationship I established with E. M. There was a time of dreaming about my first clinical experience and wondering what the relationship would be like. Who would I meet at the clinical site? What will this place be



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**Figure 1:** The House of the Caring Spirits.

NOTE: The figure is an art quilt revealing the caring spirit of nursing in the context of the theories of Jean Watson, R.N., Ph.D., and representing a caring relationship with E. M., an 89-year-old client with Alzheimer's disease.

like? Will it smell? Who will be there? I had similar apprehension about creating this quilt. I was determined that it would be created from my lived experience not from a predetermined pattern. Stepping into the unknown of my art caused as much anxiety as meeting my first client.

The starting point was finding a client. I was sent to an adult day care center to form a caring relationship with a client, any client. Prospective clients were not prescreened and prepared for the nursing student visit. My predisposition was to find a woman who might want to quilt or work on a craft. In my mind, this seemed like a "safe" way to form a caring relationship. This was also an element of "doing," as Watson (1994) described. As instructed by our professor,

we were not to be taking pulses and blood pressures but to be present and experience “being and knowing” (Watson, 1994).

When I arrived at the center and endeavored to be present and open, a different plan emerged. I met E. M., an 89-year-old man with advanced Alzheimer’s disease. I quickly realized relationship building was going to have its challenges and that quilting together would not be an option as I had imagined. Despite his Alzheimer’s disease and limited ability to communicate, E. M. became a part of my life history. He was one of my first “teachers” as a nursing student, and I learned that even a client with advanced Alzheimer’s disease can participate in a caring relationship.

E. M. taught me patience and gave me a reality check. I learned it was important to be fully present with your client and answer questions, even if they are the same questions. Our conversations had a distinct pattern—two sentences repeated over and over, much like a traditional quilt with its similar block patterns sewn together in a repeat fashion. From the beginning, my conversations with E. M. centered on how and when he would get home. I spent many days repeating, “E. M., the blue van will take you home at 3 o’clock. Mrs. M. is at home, and she will be waiting for you.”

When I sat with E.M., I felt myself relax into the chair. My heart rate slowed and my breathing calmed as I entered the phenomenological field of our mutual humanness. E. M. could only give me glimpses of his life. E.M. parceled out tiny pieces of information about his childhood on a Midwestern farm that I would have to stitch together myself. Watson (1994) referred to embracing the mystery in a caring relationship. Spending time with this Alzheimer’s patient exemplified the concept when the day-to-day information changed and there was no “history” as a foundation to the relationship. My goal was to be present and open to my client. I began to use the same approach for my aesthetic project.

In my quilt room, I asked similar questions as I did when I first met E. M. What art do I need to communicate? What will it (the quilt-caring relationship) look like? I also experienced self-doubt—what makes you think you can do this (make a quilt and form a caring relationship)? Infinite aesthetic possibilities existed in the stack of fabrics looming on the shelf. Once again, I needed to overcome the same fear and inertia I had when I first met E. M. Pushing through the fear, I turned my quilting room into a jumble of color as I pulled out fabrics and evaluated their worthiness in representing an important relationship in my life.

Meeting after meeting, E. M. talked of home. During the semester, I visited E. M. in three different "homes." We first met at the adult day care center, his day home. While here, he constantly requested to go to his home where his wife was. When his wife was hospitalized and unable to care for him in the evening, E. M. was sent to a nursing home where our visits continued. Finally, he was allowed to go back to his home when his wife recovered and caregivers were present. Through journaling and sketching, I came to the realization that the visual element of home or house would need to be a prevalent theme in my quilt just as it had been during my visits with E. M.

I reflected on the caring theory that I had learned. Had I practiced caring? How would I know? As I got to know E. M., he became important to me and I knew what Watson's (1994) theory was addressing. Now, I understood Watson's reference,

It is art when the nurse, having experienced or realized the feelings of another, is able to detect and sense those feelings and in turn is able to express them in such a way that the other person is able to experience them more fully and release the feelings he or she has been longing to release. (as cited in Cohen, 1991, p. 904)

My relationship with E. M. had moved past nursing as "doing" (Watson, 1994) to nursing as being.

As I fully internalized my role in the caring relationship, I was able to make visual representations and fabric assignments for what I experienced and learned. I decided to show Watson's (1994) 10 carative factors as whimsical houses, each with unique features. The houses were then overlaid on a larger house that represented the larger domain of the nursing profession—a safe haven for relationships to occur. Watson's carative factors include the following:

1. Formation of a humanistic-altruistic value system
2. Instillation of faith and hope
3. Cultivation of sensitivity to self and others
4. Development of helping-trust relationships
5. Expression of positive and negative feelings
6. Creative problem-solving, caring process
7. Promotion of transpersonal teaching and learning
8. Supportive, protective, and/or corrective mental, physical, social, and spiritual environment
9. Assistance with human needs
10. Allowance for existential-phenomenological-spiritual forces

Through our many meetings, I found that I called on many of Watson's (1994) carative factors. From running errands for his wife to connecting them to the social services of a local church, my being present with my client took on many different meanings and forms. Our caring relationship was coming together as Watson had described. Simultaneously, as I was practicing doing, being, and knowing my client, I was in a similar phase with my art and the quilt. I spent time researching ideas and concepts, used trial and error to see what images might work, and considered different quilting techniques and processes.

As I gathered scraps of ideas for the quilt, many possibilities began to emerge. I decided to limit the use of quilting tools just as I left behind my "tools" of nursing (stethoscope, blood pressure cuff, and thermometer) during our visits. For the quilt, I chose to simply use scissors and tear the fabric, creating frayed edges and loose threads. I came to see these imperfections as a metaphor of my caring relationship with E. M. The pile of torn fabric strips of varying sizes reminded me of the many moments of awkward and repetitious conversation I shared with E. M. Yet, word by word, we created a connection and a mutual purpose—just as each piece of torn fabric (just a scrap by itself) would have a place in the quilt.

Rather than use a single piece of background fabric, I decided to try weaving the fabric strips. Weaving fabric would be a new technique for me, as was establishing a nurse-client caring relationship. The technique looked simple, as did dealing with E. M.'s issues. The implementation, however, was complicated; I had to figure out the individual steps and how I would handle the whole. The pile of fabric strips reminded me of each issue my client faced: transportation, safety in the home, meal preparation, his wife's recovery from surgery, and a temperamental stepson. I looked at E. M.'s situations and searched for creative solutions just as I was trying to solve my weaving dilemma.

Eventually, the weaving became familiar and comforting like my visits with E. M. It seemed the ideal metaphor of the nurse and client caring relationship—a warp and weft (weaving terms for the fibers running lengthwise, warp, and crosswise, weft) slowly coming together to create a whole. I loved the texture of the woven fabric, each piece with a raw edge and needing ironing to bond it into a new cloth. Piece by piece, the caring efforts or carative factors were making a difference with E. M. too.

I chose bright colors to emphasize the collective energy of caring. The luminous yellow background shows the phenomenological field of the person coming in contact with the caring spirits (nursing profession). The color choices also represent my preferred colors and the self-discovery of my aesthetic dimension. I chose to work with two complementary pairs of colors: violet and yellow plus green and red. These complementary colors are opposite on the color wheel and, according to color theory, create a higher energy level when paired. Christine Barnes (1997), the author of a quilting book on color, explained that although these colors are opposites on the color wheel, they actually balance each other. The word *complement*, she says, means to complete. This seemed an appropriate choice for this quilt because it was about opposites coming together in a caring relationship. Just as patients and nurses come together and perhaps are opposites (sick or healthy, different cultures, male or female, young or old), their joining together in a phenomenological field creates wholeness (Clayton, 1989).

Even as the semester closed and my academic obligation to do a clinical rotation ended, it was difficult to cut the ties of a true caring relationship. I now have a permanent aesthetic representation of a relationship that occurred during a certain place and time. Many strings still dangle from the quilt, the stitching bobbles in places, it is off square, and some of the colors scream a little too loudly, but it is a quilt I love because it comes from the heart of a caring relationship.

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