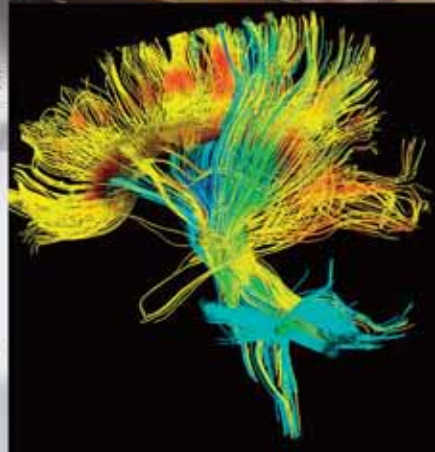




Weaving for Recovery

A HANDBOOK OF BASKETMAKING FOR WORKING WITH PATIENTS WITH ACQUIRED BRAIN INJURY

Developed in the Stroke Recovery & Rehabilitation Medicine Unit at Raigmore Hospital, Inverness, working with the Woven Communities Project



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See www.wovencommunities.org

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The team

Dr Tim Palmer, basketmaker and pathologist, whose initiative and ability to make a lateral leap of faith led to this project starting. He has written and lectured on the use of basketmaking in rehabilitation to fellow basketmakers in the UK.

Monique Bervoets, occupational therapist and basketmaker, with 15 years experience of working with children and young adults with special needs and/or autism in an 'Activity Centre' in the Netherlands. She collaborated with Tim at the beginning of the project and wrote the first draft of this handbook.

Dr Stephanie Bunn, University of St. Andrews, led the 'Woven Communities Project' which stimulated Tim to approach the Stroke Unit at Raigmore Hospital, Inverness. She has provided the anthropological approach to this project, documented some of the sessions and obtained funding.

Dr Ashish Macaden, Consultant in Rehabilitation and Stroke Medicine at Raigmore Hospital, who believed strongly in our work, helped us find our feet on the ward and always gave very constructive feed-back.

Introduction

This handbook is a practical resource for volunteers using basket-making with patients with acquired brain injury or stroke. The authors are four basketmakers and/or health or educational professionals who have expertise in either occupational therapy, stroke recovery or craft and learning. We have been trialling this work at the Stroke Recovery Unit at Raigmore Hospital for the past 2-3 years and the following ideas and exercises are the results of our efforts.

We have found that the basketry tasks developed have produced real benefits in some patients and we would like to share our experiences with you. We can make no promises, but we hope you find this handbook useful. It is intended for both volunteers and professionals, and does not presume any basketmaking background, previous experience in teaching, or medical knowledge.

The handbook covers some basic basket-making skills, how to give instructions during sessions, along with practical 'recipes' for baskets which aim to produce benefits for patients with acquired brain injury or stroke. For those volunteers who may have no experience with patients in a hospital ward, a comprehensive induction or introduction to the ward or rehabilitation unit will be required before beginning to work with patients.

The handbook has the following sections and appendices:

- Introduction to acquired brain injury and why basketmaking can help.
- Working on the ward.
- How to instruct patients during basket making sessions.
- Which baskets have potential benefits for which skills.
- Useful tools and props for challenges.
- Basket 'recipes'.
- Appendix A—What is Brain Injury?
- Appendix B—Reflections: Monique Bervoets.

It is difficult to cover everything. Revisions and more tips are welcome by emailing Dr Stephanie Bunn: sjb20@st-andrews.ac.uk

Disclaimer

Given the vulnerable situation of people in a hospital environment, volunteers should not record personal or clinical details about patients. Although every task described has been trialled at Raigmore Hospital, each situation is different, so you and the ward staff must ensure that the patient is not put in a vulnerable or risky situation whilst working with you.

Part 1

What is acquired brain injury and why does basketmaking help?

An acquired brain injury is an event that damages a person's brain so that it does not function as before. This may mean that the patient's previous way of living is no longer possible. There can be a range of possible causes:

- **Stroke**—an event that cuts off the blood supply to part of the brain, often due to a localised blockage to a blood vessel.
- **Trauma**—an injury to the brain that causes damage, often through bleeding and/or through stretching and breaking nerve fibres.
- **Substance abuse and other toxic damage**—damage to brain cells due to poisons (alcohol/drugs/fumes etc), possibly combined with lack of oxygen.
- **Functional**—there is no apparent brain or nerve damage, but the patient has disabilities that mimic the effects of physical damage.

The damage can be to a specific part of the brain (focal), such as the right or left side, or it may affect the whole brain (global). As a result specific movements, or senses, (seeing, hearing etc.), or more complex processes such as thinking, memory, or learning new things may be impaired.

How does this affect people?

The brain is divided into different regions, all of which have different roles. The brain's surface and inner connections work together in a coordinated way. One commonly known feature of the brain is that injury on the left side of the brain may affect the right side of the body, and vice versa. Damage to the brain can also affect emotional and social interactions, language, planning and thinking, smell and taste, vision, hearing, speech and sensations, or memory together with sophisticated states of mind such as insight and sense of self and skills such as problem-solving. Damage may also affect the complex connections between the areas of the brain which help people make sense of the world and decide what to do, so brain injury can have a quite devastating impact.

However, the brain is also very much an outcome of each person's experience, so it is not simply a 'biological blue-print' which once damaged cannot recover in some way. Although dead neurons cannot be replaced, neural connections can change, and learning a skill can effect that change, a characteristic known as neuro-plasticity. London cab drivers, for example, have very differently developed brains from London bus drivers because cab drivers always have to be flexible about combinations

of directions they drive in, whereas bus drivers travel fixed routes, which results in very different development of their brains.* Similarly, while the degree of recovery achieved through hospital care will depend very much on the type of injury, there are some activities which can help with the development of new neural pathways, and repeated practice will reinforce this. (Please see appendix A for more detailed information on brain function.)

Why can basketmaking help?

The real answer to this is that we do not know all the reasons why basketmaking helps some people with acquired brain injury. However, it does seem to help in some cases and there are a range of possible contributory reasons.

Meaningful occupation. Basketmaking gives patients something meaningful to do. This was certainly a reason given by doctors in the past when basketry and other crafts were taught to injured and shell-shocked soldiers. Today baskets are not such a necessity of life as they were, but our patients still cite reasons which include: ‘It is good to get out of the ward’; ‘It gives me something to do with my hands’; ‘It’s a social occasion’; and even ‘It stops the boredom’, all of which are valid reasons when someone is in hospital for a long period.

It produces a tangible artefact. People like doing something with their time which gives them a concrete outcome. There is a sense of accomplishment in producing something through one’s own efforts and handwork. Our patients are usually very pleased with the fruits of their labours, and often want to keep their baskets or give them to friends and loved ones.

It helps concentration. Basketry, like other crafts, has sometimes been described as a kind of meditation. It demands a mix of concentration and patience. It also has a strong rhythmic quality and the materials are sensuous, woody, and flexible. Like other crafts such as knitting and sewing, basketmaking’s capacity for total absorption means it has been increasingly recognized as means of calming the mind and focusing attention in a way that is rather like meditation. It does this through encouraging focus on the task at hand. This can help to reduce stress, be uplifting, and generally improve mental health.

People we have worked with have said that it is ‘good for concentration’, and that it is ‘relaxing’. It enables them to forget daily issues by focusing on the making.

Its movements may help to produce physiological changes. Experts we have worked with who advocate crafts such as basketry as aids to recovery also argue for basketry’s physiological benefits. The repetition, rhythm, and focus of attention can help muscle recovery and promote new neural pathways to become established in the brain. In particular, their view is that activities which require switching attention

from left to right and back again, and where one hand helps the other, especially when both do different tasks, help to integrate activity in the brain and stimulate formation of new neural pathways.

We had thought, when we began this work, that basketmaking's main potential might be to encourage upper limb function in patients whose strokes have affected one side of the brain. In some cases this has been so. However, we have also found that basketry can provide important cognitive and behavioural changes. For example, it helps people to understand new situations and tasks, to recognize mistakes, to solve problems and to make decisions. Some patients whose injuries seem to have demotivated them, or reduced their capacity for insight or social engagement have responded to basketry's socially cooperative spirit, and have begun to come out of themselves after basketry sessions, re-engaged with the world, and begun their pathway to independence. It is difficult to pin-point why this happens, but we hope you will also find some important, unanticipated benefits for the patients you work with. Our patients have commented that it is good practice for hands and fingers, that it helps eyesight and the coordination of vision with movement, and that it requires effort thus stretching oneself.

✠ Maguire, E.A., Woollett, K. & Spiers, H.J. (2006) London Taxi Drivers and Bus Drivers. A structural MRI and neurological analysis. *Hippocampus*, **16**: 1091-1101.

Part 2

Working on the ward

PREPARATION IN ADVANCE

When working or volunteering in a hospital there are a lot of basic instructions and forms of etiquette to follow. Most of these are about protecting the patients' health and privacy. Others are about ensuring hospital routine is adhered to. Please be aware of these. Before you start, we would anticipate that you have arranged an induction meeting with the consultant or professional who is overseeing you in order to discuss what your and their expectations are. This will help you to know who is who, and what the different staff roles are in the unit where you are working.

We would also anticipate that the member of staff in charge of the ward linked to your volunteer work has made the selection of patients for you to work with before your visit and has gained permissions from those patients. In a hospital situation, in our experience, it makes sense for each volunteer to work with no more than two patients, and to work with them regularly to see a result. We have seen good responses in just three or four weeks, but a longer period allows for development. You will need a dedicated space to work in where you will not be disturbed for two hours. There should ideally be two tables in the room, one for each patient. You need to know where the nearest water source is in case you want to fill sprays.

ON THE DAY

On arriving at the ward, ask the doctor or therapists for the latest news about the people you will be working with. You should read the instructions above the bed about the patient. Make sure you know how the patient should be moved. For example, whether they can walk, need accompanying by a nurse, a wheel chair, and so on. It is advisable to know how the patient is most comfortable working when seated. For example, are they happiest sitting in wheel chair or in a chair at the table? Do they need a pillow under their arm, a brace, hearing aids? etc. Make sure they have their spectacles with them.

We have found that two hours is as long as patients can manage, but at the same time it stretches them. They sometimes like to pause after an hour or so and simply chat for a while before resuming. This is all part of the experience.

Please be aware of Health & Safety issues and ensure your patients are also aware of these. This may not always be easy. You will be working with sharp tools and whippy tensile materials, so people need to know to be careful. You also need to give them tools that will not put them at risk.

Part 3

Teaching patients to make a basket

There are many different learning styles and it can sometimes be a challenge to convey basketry techniques to a learner in a way that they can easily understand. This is compounded by the impact an acquired brain injury may have had on a patient's comprehension, and by the effect of the injury on their vision and dexterity. However, the best thing is just to get started. Some of the techniques we use include:

→ **Verbal.** It is important to put the action into words to aid comprehension of what patients are doing. Try to find the right words for the patient. Repetition of the words helps to reinforce the action. We have developed 'mantras'—sayings which sum up the sequence of movements required such as 'in front of one behind one' whilst weaving, for example. When patients get stuck, they can then repeat these mantras to remind them of the move and embed the process in their mind. Recognizing and resolving errors is an important indicator of a patient's progress. Patients may lose their place or forget what to do next. You will need to use prompts at key moments if people keep making the same errors.

→ **By example: demonstration.** Many people learn well by observation, and indeed this was the predominant way by which hand skills were traditionally taught. Patients may be operating more effectively through vision than by understanding speech. They may simply like to watch a skilled person working. As they get better, they may want to learn more, and will observe more carefully with greater attention to detail.

→ **Break the action down into manageable steps.** Avoid too much information at once. People can build up skills. What may seem to you to be one action may need breaking down into smaller stages that patients can manage. They can gradually build these up and perform them as one movement. But it takes time.

→ **Use of visual aids.** These are helpful if a patient struggles to understand verbal explanations, to remember or understand left from right, to work in alternate directions, or to turn corners. In such cases, support their learning with visual aids. For example, a piece of card with an arrow drawn on it can help the patient recognise the direction of work. Other visual cues include numbers written on the rods to help them count. We have also found the use of contrasting colours (eg white and black) to be helpful for a patient to see the patterns of weaving. Basketmaking involves pattern recognition and visual clues that emphasise the pattern are helpful. Recognizing when the pattern breaks down is important since recognizing mistakes and correcting them is integral to daily life. See also **Part 5** for additional aids.

→ **Instruct the instructor.** Ask the patient to 'teach' the instructor and tell you what they have learnt, which will reinforce the learning process.

→ **Reflect the questions.** If a patient frequently says ‘What next?’ reflect this back and ask them, ‘What do you think you do next?’. This helps them to go back over things and think the process through.

Good advice to give patients which may help them to solve a problem.

- Trust your instinct.
- If something doesn’t look right check your work. If you are not sure what is wrong ask for help.
- The mistake can be sorted out together or left if it is not a problem.

It is important that patients are reassured that making mistakes can be an essential stage in their learning. Explain that they learn most by making mistakes and working out what has gone wrong.

Where to sit as instructor

→ Next to the patient. This is the usual position if a patient is learning by observation as their view will be almost identical to what they will see when working by themselves.

→ Opposite the patient. Your intense focus on the patient’s work (and nodding ‘yes’ when they are working correctly) can help build their confidence and their own concentration.

At the same time be aware that working elsewhere in the room may give the patient space and help them get on with their own work without having to ‘perform’ for the tutor. Often leaving one patient to get on with their task, whilst looking after the other means that they will make more progress on their own, not least in terms of their self-confidence, than when with a tutor. You have to have a sixth sense for when they are in need of help.

Taking photographs of patients should only be done with their signed permission and the consent of the ward. The hospital will have protocols for informed consent for photographs which should be followed so ask the staff for further guidance. Photographs should never include identifiable features of the patients. These may include tattoos, hospital wristbands, or jewellery. Hands should only be included if they are relevant to the purpose of the image. However, as patients are vulnerable and in NHS care, it is unlikely that you will be allowed to take their photos. It is therefore probably best to put your phone away.

Part 4

Which basket has potential benefit for which skill?

Every patient will be different and will need to work on particular problems. These will range from coordination, motor skills, memory, pattern recognition, to use of patience, problem solving, and so on. The therapeutic effect of basketmaking works at many levels. Repetition of the movements means that the same muscles and neural pathways are being stimulated many times during a session. The need to use both hands encourages right-left coordination and may act in an analogous way to mirror therapy, although it is also equally important for learning that the two hands are used to do different things. Even weak or poorly functioning upper limbs can be used to some degree as a weight to hold down the work and involve the whole body. Some techniques are particularly helpful to build up particular skills. Here are some examples. For detailed instructions refer to Part 6.

Platter or tension tray

We often start with this because it involves a simple left-right alternating action and is a good way to build up basic skills. Each sequence of movements uses a new weaver. The same sequence of movements is repeated until the tray is completed. This activity can be useful for:

Practising or relearning left and right hand coordination.

Remembering the **sequence and manner** of adding weavers.

Developing fine movements of the hands when manipulating willow rods

Recognising and anticipating alternating patterns.

It can be repeated in various permutations, eg with top handle or with ties.



Square work

This requires similar skills to the tension tray, with the added challenge of turning the willow around the end stake at each side to change the direction of weave. The ability to do this is an important indicator of capacity and hand-to-eye coordination and can be useful for:

- Recognition of direction and how to change it.

- Recognising 'in-out-in pattern' of English randing.

- When and how to start a new weaver.

If an upper limb is totally paralysed and cannot be used even as a weight, square work has considerable potential as it can be made with one hand and will encourage dexterity in the functioning hand.

Possible variations of square work

- A trivet for hot pans.

- Bird feeder (a trivet with simple handle).

- Tray with or without handle.

- Willow boat. *Photo below.*



Round work

This will be the first 'conventional basket' a patient is likely to make. It involves weaving in one direction only, and requires turning the basket around in order to access the sides. Round work is useful for patients with significant difficulty in one hand/upper limb. The use of turntables, non-slip mats and weights allows a patient with one working hand to make the basket. The non-functioning hand can be used as a weight to hold down the weave.

This activity can be useful for:

- Recognising** weaving patterns.

- Turning** the basket as well as weaving.

The use of each finger in a different space will **encourage mobility** in the hand and stimulate the return of neuromuscular activity.

Use of more sophisticated edging and finishing techniques such as 3-rod-wale, which involves **counting**.



Part 5

Useful tools and props

Patients and volunteers need to balance structure and improvisation in this work. While basketmaking can provide an important simple system for people to follow, each patient's needs and difficulties may vary. The volunteer must be responsive and adaptable to help them. The patient is also learning to adapt and be flexible within a system, which is important for them too. We have developed various props and techniques to solve some common problems.

PATIENT CANNOT HOLD THE BASKET WORK STABLE

Jigs such as that designed for a willow boat. See photo: recipes for square work
Clamps to hold the work still. See recipes for square work.

Non-slip mats under the basket, especially in combination with weights.

A sand bag or similar to weigh the work down.

Adapt other heavy (but not sharp) objects, such as a plastic bottle full of water.

Use **masking tape** to hold a rod down if it springs up, or to mark where to stop.

WHICH WAY TO WEAVE, TO THE LEFT OR TO THE RIGHT?

A **sign with an arrow** pointing in the direction of weave.

Number the uprights by writing on them or marking with tape.

PATTERN IS NOT CLEAR

Use **different coloured** cane or willow to make the pattern more obvious.

Invent a 'mantra' together, a few words which the patient understands: 'In front of one, behind one', 'take no prisoners', 'in and out', 'away and towards', 'no overtaking' etc.

Break the pattern down into stages.

DIFFICULTY HOLDING OR GRIPPING FINE MATERIAL

If the cane is too fine, use **willow or thicker cane** for a bigger basket.

The thick 'uprights' of square work or a willow boat can be spaced further apart.

PATIENT CANNOT SEE WELL

Use **different colours** of cane or willow.

Use a **different thickness** of cane or willow.

Alter the scale of work.

Point to the right gap if the problem persists. It may be that perspective, when making curved square work, makes the stakes appear closer together, and therefore more difficult to see the gaps.

NB Some patients have 'visual neglect' as a result of the stroke, meaning that they may not appreciate that which they apparently do not see, or they cannot hold in their 'mind's eye' what they have seen if something gets in the way, such as a finger for example.

Part 6

Recipes

Platter or Tension Tray

Start by making a willow circle with a diameter between 20–25 cm.

You will need three willow rods, 6ft or 7ft long, weaving around in one direction. Hold the butt of rod 1 in your left hand. Carefully make a 25cm diameter circle from the butt, using about a third of the rod. Hold this tight and using the tip, twine the rest of the rod around your circle, twisting it in one direction to hold the circle firm until the tip runs out.



Start the second rod approximately a third of the way around the hoop from the first butt, working in the same direction. Follow the path of the first rod as you wrap around the hoop. Lay in the third rod like the second, starting two thirds of the way round the hoop. Tape the tips if they unravel. Trim the butts and tips, taking care not to cut back too far in case they unravel.



Weaving the platter/tension tray

Choose two pairs of thick rods for the cross-sticks, long enough to reach across the hoop with about 10cm overlap at each end. Lay these across the circle vertically. *Photo right.*

The weaving uses 5ft long willow rods and goes horizontally. Take a rod, tuck its butt end under the hoop and let the rod rest on the first pair of cross-sticks. Then weave it underneath the second pair of sticks, and leave the tip sticking out on top of the hoop. Hold this rod



and the cross-sticks in place with one hand and tuck the butt of the second rod under the opposite side to where the first rod started. Let it rest on the first pair of cross sticks, and then tuck under the second pair so that the tip sticks out on the top of the hoop. *Photo top right.*



The structure is now self-supporting, with everything kept in place by the tension in the weavers.

Keep inserting weavers, always inserting the butt under the hoop first, starting alternately on the left and right side. The half furthest away from you should be filled in first. Using alternating buff and white weavers can help patients to remember to alternate the weave.



Photo middle right.

During weaving, periodically press the woven willow together with your whole hand and align the thick sticks in the right position during weaving. This ensures a neat, tight weave.



Photo bottom right.

When one half of the tray is filled in, turn the tray around to complete the other half. If using alternating colours, turning your work will mean the colour cues are reversed, so that what was going to the right now has to go to the left in order to maintain the pattern. This poses an additional challenge for the patient.

Note: When working with a patient it is often easier to fill in the half of the tray furthest from them first. This way they can fix the tray with their weak hand or arm, and use their chest or abdomen to help keep the tray steady, whilst at the same time reach forward to tuck the weaver under the cross stick.

It is helpful to trim the tips roughly at intervals so that the work does not get too unwieldy.

Finishing

Make sure that there are an even number of weavers, giving the same number of tips or butts on each side. Trim the butts, turning the tray over and cutting the butts with sharp secateurs at an angle so that they sit flat on the table top and do not stick out beyond the hoop. The tips can be cut off at a length to suit the maker. *Photo right.*



Variations

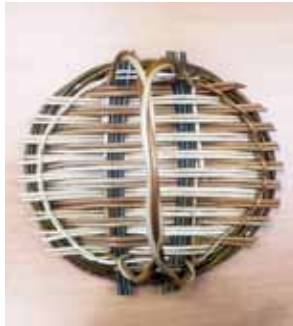
Leave the tips on the cross sticks (or insert new rods alongside the cross sticks) and use these to form a handle.

Photo right & below left.

Weave with pairs of weavers crossing the base sticks. *Photo far right.*

Tie the long ends of the cross sticks to form handles. *Photo below right.*

Weave one half in one colour and the other half in another.



More advanced variations

PAIRING ROUND THE CIRCLE

Before being cut off, the tips can be tied down by pairing. Start this by adding additional thin 3ft or 4ft rods, tucking the butts under each set of cross-sticks, inside the hoop. Then pair so that the weave lies just inside the hoop until you reach the other side. It helps to lift the tip up a little when weaving underneath it, before setting the tip back down in the right place and crossing the next weaver over. Tuck the tips neatly into the weave alongside the cross-sticks.

Photos right.

MAKING THE TRAY INTO A BASKET

Leaving the tips of the weavers untrimmed, turn the tray over so that the tips are underneath and then turn these up so that the tips form stakes, having first trimmed the butts of the weavers. These stakes can then be used for a round basket, using waling to separate the stakes and hold them upright.

Photo below left & the finished basket below right.



Square work

Square work is weaving from side to side, often across a frame. One of the simplest examples of square work is the fish.

Making a fish

This is a good project to assess the ability of the patient quickly or when there is only a short time available. The frame for the fish can be made in advance.

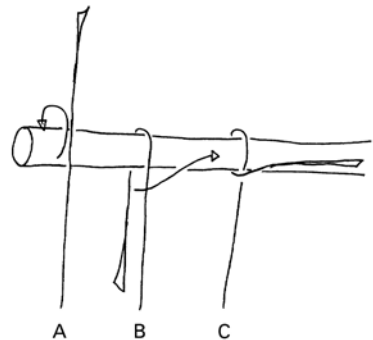
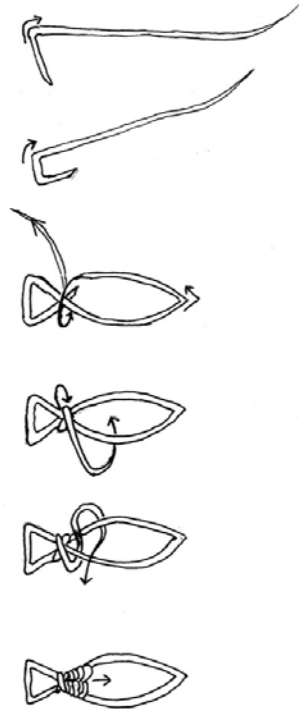
(See *diagram right*) Once complete, hold the frame steady in front of the patient with the tail towards them. Begin by inserting the butt end of a 3 foot thin weaver on the left side behind the fish frame at the wide point of the tail and hold the butt in place while you weave the first two strokes in, out and round the frame to secure it. The patient can now start the sequence of the weave with the mantra: 'around-the-right-side, through-the-middle, around-the-left-side and through-the-middle.' Ends can be cut off later. Once the tail is finished begin filling in the body from the nose starting with the tip of a weaver in the point of the nose.

Alternative, clear frame shapes, such as a Christmas tree, can be substituted. See list of useful books for instruction p35.

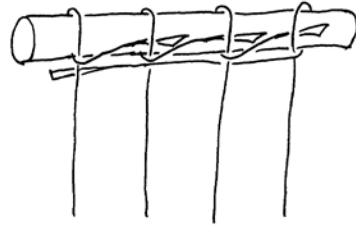
Making a square frame

Here the patient can practise the sequence of weaving on a square frame without the need of a clamp. You will probably need to hold the frame steady while the patient is weaving. Numbering the stakes 1-4 can be helpful.

It is best to start by making the outline frame in advance. Take two thick sticks approx. 5mm diameter and 15–20cm



long together with four thinner rods (approx. 5mm diameter at the butt end). Lay the butt of the first thin rod at the left end of one thick stick, leaving about 7cm projecting above the thick rod. (See *diagram A left below*.) Wrap the butt tightly round the thick rod and bring the butt to the left of the tip. (*B in diagram*). Take the butt end tightly over the tip and lay it on to the thick stick (*C in diagram*) This attaches the thinner rod to the thick stick.



Take the second thinner rod and lay it on the thick stick on top of the butt of the first one and on top of the butt of the first one, trapping it against the thick rod. Repeat the wrapping round the thick stick as described previously. Continue to add thinner rods in the same way until the penultimate rod is attached.

To attach the final rod, trap the butt as before, but bring the butt to the right of the stick instead of the left after wrapping it around the thick stick. Take it tightly over the tip and secure it by weaving it under/over/under until it runs out.

See *diagram above*.

Take the second thick stick and repeat the entire sequence with the thin ends of the rods to create a frame.

Weaving the frame

Begin by inserting the butt end of a thin weaver behind the first stake on the left. (*No. 1 in the photo*). Then weave in front of stake 2, behind stake 3 and in front of stake 4. Wrap the weaver around the fourth stake bringing it to the front between the third and fourth stakes. Continue weaving back to the left. The mantra can be: 'behind 1, in front of 2, behind 3, in front of 4', followed by 'around 4, in front of 3, behind 2, in front of 1', and continuing 'around number 1, in front of 2 etc. as before.

Photo right.



Making a willow boat

This is a popular technique with many variations. Making a jig that can be clamped to a table to hold the boat steady as it is woven very useful. Alternatively, the tutor can hold the weaving steady whilst the patient weaves, using card formers to maintain the shape.

Photo below & right.



Using a clamp (screw block)

Most square work is done with a screw block or clamps. This holds the work steady and frees up the hands. All baskets made in a screw block are started in the same way.

Making a jig or screw block

A screw block is made from two pieces of wood at least 30×30mm and long enough to be clamped at either end with space for the weaving in between. The two pieces of wood act as the jaws of a large vice, which are held tight together either by integral screws or by clamps. This holds the stakes in position and the screw block can then be fixed to a table, allowing the patient to work with both hands, or just use their good hand. Foam padding can be stuck onto one side of one piece to cushion the willow uprights, allowing for some variation in thickness.



Starting square work in a screw block.

Clamp six or eight thick willow rods with diameter of 7–10mm and length of 20–30cm between the jaws of the screw block. It is important to have an even number of base sticks. The distance between these base sticks can be varied to help the weaver but 2.5–3cm is usual. Patients often find a wider spacing easier, depending on their eyesight and how well they can use their fingers. The end sticks can be doubled up to make it more rigid.

The base sticks can be clamped either at one end, so that the whole length sticks up, or at their midpoint, so that half projects below the screw block. The latter is more secure, and the work will have to be turned round halfway to weave the other half. Make sure the patient can still sit comfortably at the table, checking that there is enough space for their legs.



Weaving

The weaving is done with one weaver at a time, in front of one, behind one, back to the front. This is called **randing**.

Weavers should never be thicker than the base stakes. Thin weavers are best for initial projects, as thicker weavers can be challenging for patients with poor strength or mobility. Always start weaving with the butt end. When joining in a new weaver, start with the butt, placing it on top of the tip, resting against a stake. Keep the joins on the same side. (This will later be the back).

Do not start a new weaver just when you are about to turn round the side stakes as it is then difficult to get a neat, tight turn round the stakes. In order to keep the weave level, you may have to beat it down with a rapping iron or stick. You may also wish to take two turns around the side stakes, especially when the weaver is getting thinner.



Finishing off

The two ends usually need some finishing off to stop the weave from coming off the stakes once they are trimmed. This is usually achieved by putting on a row of pairing as follows:

Select a weaver that will go three times across the piece.

Bend it round the left side stake at a point one third of the way from the butt and wrap it twice round the side stake.

With the butt coming out between the side stake and the next stake, take the tip over the butt, round the back of the next stake and out to the front.

†Now take the butt (which will be lying to the left of the tip), in front of the stake it is resting against, behind the stake to the right and then to the front again. The tip is now lying to the left of the butt. Take the tip, weave it to the back over the butt and bring it to the front again. The butt now lies to the left of the tip.††

Continue, repeating stages from † to †† until you reach the right side, where you will have the two weavers coming out of adjacent spaces next to the side stake.

Take the weaver on the left, weave it to the back, round the side stake once and then take it to the back between the side stake and the next stake. Thread it underneath the weaver coming out of the space.

Finally, take the other weaver once round the side stake on top of the first weaver, bring it to the front, weave it in front of the stake and tuck it away to the back under the weave.

The finished result should look like a two-strand rope.

The base sticks can now be safely trimmed off. As an additional safeguard, willow staples made from thickish pieces of willow can be made and pushed into the weave from the end, further securing the weave.

A square basket

Set in your stakes—8 is a good number. Start with a row of pairing as described above and continue weaving with the tip. When this first weaver is woven out, put in two weavers that will form the uprights for the sides. Start with the butt on one side stake and weave across using randing, leaving the tip projecting from the side of the base. Add a second weaver, starting at the opposite side, and weave in the same way.



Note. The dark weaver at the bottom left of the photo will become an upright.

Continue randing until the next weavers for uprights need to be inserted. The uprights are spread evenly over the base, about 2.5–3cm apart. The uprights are usually thicker than the weavers but no thicker than the base sticks.

Finish with another pair of weavers for uprights and a final row of pairing. Once the base is finished, take it out of the screw block and insert uprights into the ends of the base, one per base stick. All the uprights should be of similar thickness where they join the base. There will be two uprights close together at each corner, one on the end and the other on the side.

When all the uprights are in position fold them up and tie them together with string or use a hoop to keep them upright. The basket can be finished by putting a wale on first, then a suitable side weaving if required, another wale, and a (trac) border. Details of the wale and of borders can be found in the next section.

Variations on square bases

A TRUG OR GATHERING BASKET.

Make a square base and insert two or four long (5ft) weavers when half the base has been woven. Leave the tips of the long weavers projecting out as if they were uprights. Complete the base and finish off the ends. Then bend the base in a curve (over your thigh is a good size) and use the long weavers to make a handle. Weave a square base, with or without weavers for a handle (as above). Bend into a curve and tie it across to keep the curve in place. Leave the side stakes untrimmed, but trim all the others. Insert weavers for uprights into the



*Top: side stakes bent up with stakes at one end
Middle: the finished tray
Bottom: a trug or gathering basket*



weave at one end and bend them up. Insert a thin butt alongside one of the middle uprights and weave it backwards and forwards across the end, first between just the two middle uprights, then between the middle four uprights. Use a straightforward randing weave, as in the base. *Photo right.*

Eventually, the weave will reach the level of the sides of the basket. The uprights are then turned down into a simple border, winding them round the side stakes in order to hold everything together (there is no really neat way of doing this). Stakes can be inserted at the four corners of a flat or curved base and then bound together to form a hanging loop. The piece can then be used as a bird feeder, as seen in the photo below.



Round work

'Round work' refers to baskets woven 'in the round' with a base, woven sides, and a finishing border. They can be round or oval in shape. We usually begin teaching this task with cane rather than willow because it is easier to manipulate and use a ready-made round base. Bases can be woven from cane or willow or made from wood/MDF, drilled to take the stakes. Plywood bases work fine, but need a weight and possibly an anti-slip mat to keep them in place during weaving. The base shown in the photos is held in place with a heavy sandbag (a ledge on the table prevented the use of a clamp). The sand bag was home-made using strong fabric and clean builders' sand. You can buy similar bags at sculpture tools suppliers.

The base

Start with the wooden round base. This can be home-made from wood or MDF and sawn to shape. Alternatively, inexpensive ready-made bases from plywood or mdf can be bought in specialist basketry shops or online. Different sizes and shapes are available, with pre-drilled holes. The distance between holes can vary. With a drilled wooden base, the stakes are threaded through the base and then fixed in place underneath with a simple 'in front of one, behind one' weave. *Photos right.*

The canes for the uprights, bought as 3mm cane, expand slightly after soaking so the holes in the wooden base need to be slightly larger (3.5mm). Each hole can be enlarged with a bodkin or a drill. It takes some strength to push the uprights through the holes. Leave 5–8cm of the uprights sticking out underneath the base as these will be used to weave the trac border. The trac border holds the base to the upright stakes.

An odd number of upright stakes are needed so that the weaving can go behind, and then in front of alternate stakes. An even number of uprights would mean going in front or behind the same stake in each round which does not work. The only interruption to the weaving is when new strands are joined in.

Top: A patient with a strong hand inserting stakes into a plywood base. Bottom: The detail of the trac border securing the stakes to the base.



A right-handed person usually weaves to the right. If this applies to you, with the underneath of the base uppermost, start on the side nearest to you and bend any upright to the right, weaving in front of the next one, behind one and leave inside. Repeat with the next upright to the right of the first. Continue this sequence all round the basket. The last upright has to be threaded into position, using a bodkin to make space. It is then cut short. Be careful not to cut this too short, in case the upright slips out. Other trac borders are possible, but this is the simplest and will be perfect in most cases.



Above: The maker was left-handed so the trac border was bent to the left.



Photo left shows an example of a home-made wooden base, made with a hole in the centre which fits over a pin in the centre of a turntable. The pin holds the basket in place when it is rotated on the turntable whilst weaving. This is very useful for patients who can only use one hand. The hole is plugged when the basket is completed. Photo right shows the finished piece.

Calculating the length of stakes

The length of the stakes needs to be the intended height of the basket plus enough for the trac border underneath (5–8 cm), plus enough for the border at the top (allow 10–12cm for a simple border). Thus, 30cm stakes will be enough for a basket about 10–15cm high. If you use willow instead of cane, you will need to have longer willow stakes than cane ones by around 15–20cm because willow gets narrower towards the tip.

Weaving the sides—the cane and the weave

The weaving cane should be thinner than the stake cane by at least 0.5mm. Randing can be used to start weaving a cane basket with a wooden base. Randing is the basic ‘in and out’ weaving with one rod at a time. It is not suitable for starting the sides of a basket with a woven base. There are various ‘mantras’, for example, ‘in front of one, behind one, back to the front’, which help the maker to understand the principle. Cane comes in long lengths, so make sure that it is not so long that it gets tangled or is difficult to use. Cut the cane for randing into lengths of at least one round if necessary, but longer is possible if the patient is able to manage. Observe the patient and do what is best in the situation.

Very fine cane (1mm diameter) can also be used for the randing, but this can be too thin for people with big hands and/or who have difficulty with fine movements in their fingers. It can also take a long time to build up the sides of the basket, which may be frustrating. However, for some people who like fine work, it can be satisfying to use this fine cane which will improve dexterity.

Joining in new weavers

The simplest way to join in new weavers with cane is to leave the old end on the inside, resting against a stake, and put the new one on top of the old end so that it comes from the inside to the outside, and continue the pattern of the weave. Leave about 2cm of cane on the inside to be trimmed off later.

Finishing off

When the sides are nearly at their full height (allowing enough stake to turn down for the border), it is usual, but not essential, to finish off the weave with a band of ‘waling’. This is made from three or more pieces of cane or willow, woven in sequence to produce a rope-like effect. This strengthens the weave and holds the stakes firmly, making the border neater.

Making a wale

A wale uses three rods. Start by placing the tips of three fine willow rods or three pieces of cane on top of the weave between the uprights in any three consecutive spaces. Take the furthest rod on the left, weave it to the right in front of two uprights and behind one, bringing it to the outside. A good mantra for this is ‘take the rod on the left in front of two, behind one, and out to the front again.’ Then use

the leftmost rod of the three in the same way, followed by the third of the three rods. Continue using each rod in turn, weaving according to the mantra until the butts of the three rods are reached, or, if you are using cane, until the first runs out. Keep checking that the rods are coming out of three consecutive spaces.

Photo top right.



Join in the butts of three new similar rods. This is called 'a butt-to-butt join' or connection. The old butt is pulled to the left and another butt is pushed beside it, with 3cm of the new end being left in the inside. All three rods must be joined in consecutive spaces. Weave these new rods in exactly the same way as the original ones, continuing until the tips are reached (or when the first cane runs out) These tips are left on the outside and the wale is complete. The waling should always finish with tips, as they taper and give a smooth weave.

Photo middle right.



Use the rapping iron to close down the weaving and make sure it is level.

If patients have never woven a wale before or are experiencing difficulties with the pattern, you can try the wale with three rods in three different colours.

Photo bottom right.



A wale may also be used to break up the randing. It can help with getting the uprights in the required position. Some patients get confused by the change in weaving pattern, but others enjoy this challenge and often it is surprising how they overcome it by adjusting their concentration, focus and body posture. *Photo top right.*



Keeping the basket in shape

It is very easy for the basket to get narrower and narrower as it gets taller because the natural tendency is for the weave to pull the stakes in towards the centre. The stakes have to be held out, or at least held straight upright, every time the cane is woven round the outside of a stake. Weaving round the inside of a stake and bringing the cane to the outside again is an opportunity to keep the shape coming out. The photo middle right shows a basket that is well controlled, with a nice 'flare', whereas the photo bottom right shows a basket where the maker did not manage to stop the sides leaning in but didn't mind this at all!



Holding the work steady

It is necessary to hold the basket steady as the sides are woven, and also to move it round every so often so that the patient is working on the side nearest to them. This can be achieved by the use of anti-slip mats and weights, or by the use of a turntable (like a lazy susan) clamped to the work surface if need be.

The weights can be improvised from many things, including kitchen weights, ankle weights used for physio exercises, water bottles, sand bags, sculpture mallets and round river stones.

Even weaving

The basket should be turned frequently so that the patient is always working on the side nearest them. They may need encouragement or reminding to do this, and also help if they only have one usable hand.

Frequent beating down of the weave (with a rapping iron or small hammer) keeps the weaving tight and encourages even weaving. Many patients enjoy doing this. Rapping the weave down so that it is level is particularly important after putting on a top wale, before turning down the border.

It is helpful to encourage the patient to use the fingers of the non-weaving hand to help keep the weaving just completed in place. This involves putting the fingers through between the stakes on top of the weaving and letting the weight of the hand keep the weaver from lifting up as the next bit of weaving is done. This can be good exercise for the weaker hand. Patients with good hand function should be encouraged to use the non-weaving (usually the left) hand to hold the weaver against the stake that it is going around whilst making sure the stake is in the correct position. *Photos right.*



Borders

Borders are needed to stop the weaving of the sides unravelling. There are two basic types, **trac** and **rod** ('normal') borders. Both can be used for baskets made of cane or willow, but as cane is not as stiff as willow, borders in cane need to weave in and out more than borders in willow. Trac borders are simpler, as only one stake is used at a time. Rod borders (*right*) are a little more complicated, but follow a repeating pattern that, once understood, is easily applied. See p33 for how to work this.



Trac borders

There are several patterns of trac border. The simplest one is most suitable for willow baskets. The system is as follows:

Willow basket

First place a piece of willow of the same thickness as the stakes to the right of any stake. Fold down this stake to the right over the new piece of willow to create a bend or kink in the stake so that there is a small gap between the kink and top of the side weave.



Weave the bent stake behind the next one to the right and bring to the front. Repeat with the next upright to the right, bending it down over the piece of willow passing behind it. Work all around until only one upright is left, using the mantra 'behind one and back to the front'.

Fold the last remaining upright and thread it into position under the stake you first turned down, using a bodkin to make space if necessary. You should be left with one piece of willow coming out horizontally in each space. Be careful when cutting the ends of the woven-in uprights of the border. Always make sure each one lies against a stake, and cannot slip out.

Cane basket

The easiest trac border is one with the mantra 'in front of one, behind one and back to the front'.

Photos right.

Repeat the mantra with the next upright to the right and work all round. You will need to turn the first stake down over two thicknesses of cane and the second down over the piece of stake already turned down with another on top of it, giving two thicknesses in all.

The third upright can be turned down over the two stakes already laid down.

The last two uprights must be threaded into position in the border, following the same pattern (in front, behind and back



to the front) as the rest of the border, using a bodkin to make space. A heavy object in the basket and an anti-slip mat will help to stabilise it.

Finishing borders off

Once a border is finished, all the stakes will be coming out of the basket sideways and need to be trimmed off. They should be cut so that they rest on a stake and will not 'ping' through to and allow the border to start to unravel. This is not so much of a problem with rod borders or trac borders with several 'ins and outs' but, with a simple 'behind one, back to the front' border, it will unravel. The cuts should be slanted so that the border feels smooth when a finger is passed over it, and not snag clothing. The photographs show a partially completed border, with the horizontal stakes clearly shown. *Photo top right.* The border should be finished and trimmed off. The green circle shows a badly trimmed end as it has been cut too short and is in danger of 'pinging' through. *Photo bottom right.*



TECHNIQUES FOR MORE EXPERIENCED PATIENTS

Bases for round work

In addition to wooden bases it is possible to use the platter/tension tray as a base for a round basket (see p17).

A round base can be woven from willow or cane (look online for instructions). This stage is not often made with patients. Although the start of the base would be difficult, once the stakes are opened out it is possible for patients to continue the weave. Bases are usually woven with a pairing weave, but if there are an odd number of base sticks it is perfectly possible to use a simple 'in front of one, behind one' weave. The base sticks of a woven base can be continued up the side of the basket as the stakes, or they can be cut off and new stakes added, pushing one in (butt end first if using willow) either side of a base stick.

Finger grips or raised handles

The top wale with dyed grey and pink cane has been woven on top of a temporarily inserted cork to form the raised handle. The cork (or other object with desired height) can be taken out after weaving or when the basket has dried.

Photo right.

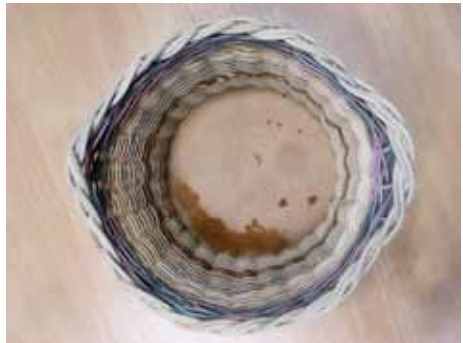
Plan ahead and make sure the butt-to-butt joint is not near the raised handle.



Rod borders

This is a very strong border and the most usual border used in basket-making. It can be a challenge to weave, especially threading the last uprights through the first folded down uprights, but it follows a pattern that, once understood, is easy to adapt to produce a variety of borders.

The essence of the border is that the upright stakes are bent down behind one or more stakes to their right and then brought out to the front. Once the required number of stakes are bent down, the stakes lying down are woven so that they pass behind one stake to come out the next empty space. The next upright is then bent down to join this just-woven stake. The sequence of taking a horizontal stake, weaving it and then bending down an upright stake to join it is repeated all the way round the basket.



The simplest pattern is a 'three rod, behind one' border. *Photo middle right.*

A 'four rod behind two' border is shown in the bottom photo.

Patients can help with a part of the sequence of a rod border weaving (e.g. 'in front of two behind one' or 'bend the last man standing down, next to the last woven rod') Some patients like a challenge and rise to the task ahead.

The recipe for a rod border can be found in any good basketry book or online.

Preparation of Materials

This section covers cane and willow basketry, how to obtain materials and how to prepare them. This advice is to help complete beginners get started. Most additional information can be found in good basketry books and online. The Basketmakers' Association and Scottish Basketmakers' Circle websites are very helpful, and are good organisations to join.

Cane baskets

Look for pre-drilled plywood bases online.

Look for centre cane or cane for basketry online.

Check the size of holes in the bases and order different cane for uprights and weavers accordingly.

To prepare cane follow the advice from the supplier and always try things out beforehand.

Fine cane can be sprayed with tap water and kept in a plastic bag for ten minutes after which it will be ready to use. I have soaked 3mm cane for ten minutes in tap water and kept it overnight in a plastic bag to be used the next morning. Before making a border soak it again or spray well.

Willow

Search for willow for basketmaking online.

Check prices on different sites as they can vary, as does P&P.

Order willow well in advance, sometimes months ahead. Sometimes it is difficult to get certain lengths, especially 3ft buff (boiled and stripped willow) and 3ft white (stripped willow).

The best time to order is November for buff and brown willow as the new harvest is ready in winter. White willow is usually prepared in early spring and is usually in high demand.

'Brown' willow is cropped willow with the bark on. This can be of any colour and is dried without any further treatment. It can take several days to prepare. Steamed willow with the bark still on is a lovely rich brown. It is sometimes available from Musgrove Willows. There are not many suppliers who offer it. It soaks more quickly than 'brown' willow.

All willow has to be soaked and mellowed before use. Soaking has to be done in a soaking bag (available from Musgroves) or bath/soaking tank. Soaking times vary greatly and can take several days—up to ten days for some varieties. White and buff willow take the least time, usually just overnight. Ask your supplier for advice. Allow time to learn this by asking and observing basketmakers and practise yourself.

'Mellowing' means the soaked willow, once removed from the bath and drained, is kept for minimum of five hours wrapped in a damp blanket before use. Willow with the bark on need not be wrapped but can be stored in a cool, wind free space before use. For transporting buff and white willow, which dry out quickly, use plastic bags or a tarpaulin.

Tools

Useful basketmakers tools include Japanese side-cutters or secateurs, a bodkin, a rapping iron, weights and a sprayer.

Household tools can substitute for these, as follows:

Bodkin: screw driver, bradawl, or other tool with a point.

Rapping iron: a wooden stick, small hammer or heavy monkey or pipe wrench.

Japanese red side cutters: sharp garden secateurs.

Heavy weight: a bottle of water, home-made sand bag (or order sand bags at sculpture tools suppliers, builder's sand at building supplier).

Sprayer: plant sprayers are available at a garden centre.

Useful web addresses

The Basketmakers' Association www.basketmakersassociation.org.uk

Scottish Basketmakers' Circle www.scottishbasketmakerscircle.org

Musgrove Willows www.musgrovewillows.co.uk

Coates Willows www.englishwillowbaskets.co.uk

The Canestore www.canestore.co.uk

Fred Aldous www.fredaldous.co.uk

Specialist Crafts www.specialistcrafts.co.uk

Useful books

Bégot, Sylvie, *Basketweaving for Beginners*

Butcher, Mary, *Willow Work*

Hammond, Jo, *Willow Basketry and Sculpture*

Ridgeon, Jonathan, *Willow Craft—10 Simple Projects*

Ridgeon, Jonathan, *Willow Craft—10 Bird Feeder Projects*

Vaughan, Susie, *Handmade Baskets*

Appendix A

What is acquired brain injury?

This section expands the brief introduction to the types of acquired brain injury in Part 1. It explains how the brain is organised, how damage happens and what the consequences of that damage may be.

ORGANISATION OF THE BRAIN

There are several ways of dividing up the brain. The simplest division is into white matter and grey matter (cortex). The white matter consists mainly of the ‘wiring’ or connections, whereas the grey matter processes information such as thinking, problem solving, decision-making etc. The white matter connects the grey matter to other areas of grey matter, and to the sensory organs and muscles.

The grey matter, mostly on the surface of the brain, is organised into specialised areas so lesions in particular parts of the brain will affect specific cortical functions. Similarly, the white matter connections are organised so that particular areas contain specific bits of wiring (‘tracts’), disruption of which will have distinctive effects.

The brain is also divided into regions which have different functions. The major regions are the fore brain, mid brain and hind brain. The hind brain is probably the oldest portion, and the forebrain the youngest.

Hindbrain

This consists of the **cerebellum**, **pons** and **medulla**. The pons and medulla contain the areas that regulate bodily functions, such as breathing, heart rate and blood pressure. The cerebellum is involved in coordination and controlling movement, and is divided into right and left sides. The right lobe relates to the right side of the body and the left to the left side.

Midbrain

This contains areas that control balance, the muscles that move the eyes and face, and the pathways for hearing and for feeling in the face and tongue.

Forebrain

The forebrain is divided into right and left sides (hemispheres), each with four lobes, frontal, temporal, parietal and occipital. The two sides are connected but each relates to the opposite side of the body (right hemisphere to left side of body and vice versa). The **frontal lobes** deal with emotional and social interactions; the **temporal lobes** with hearing, taste, and speech; the **occipital lobes** process vision, and the **parietal lobes** are the areas where sensations are processed and movements initiated.

There are complex connections between the areas, so they all interact both within and between hemispheres to make sense of the world and decide what to do. All

signals originating in the forebrain that go to the rest of the body pass along tracts through the midbrain, pons and medulla to reach the spinal cord. They can therefore be interrupted at any point. Certain areas, especially those deep in the hemispheres, are especially important as not only do a lot of tracts pass through but they seem to be vulnerable to damage.

What causes brain damage

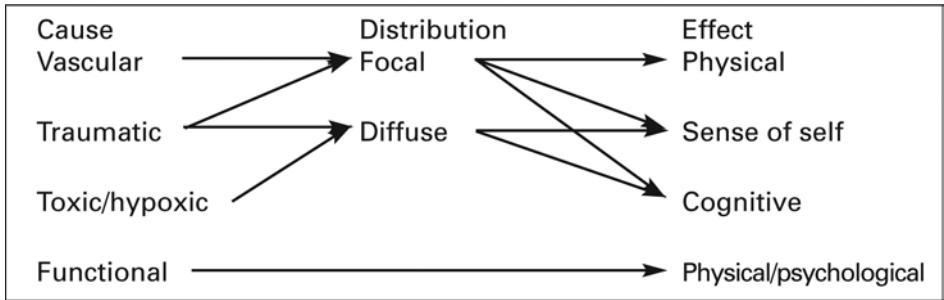
Nerves are fragile and susceptible to lack of oxygen. Once dead, they cannot be replaced. However, other nerve cells can change to take on the functions of the dead cells, a process known as plasticity.

The most obvious cause of lack of oxygen is blockage of the blood vessels by blood clot. This may form in the brain—cerebral thrombosis—or travel there from another site such as the heart, in which case it is termed a cerebral embolism. Alternatively, a blood vessel may rupture—cerebral haemorrhage, which not only cuts off the blood supply to part of the brain but also damages the brain around the burst vessel. There are circumstances when the brain is deprived of oxygen even though the blood vessels have not been blocked or damaged. If the blood pressure falls too low, or there is not enough oxygen in the blood, the nerve cells will be deprived of oxygen and die. This may be due to a heart attack, to taking drugs, or to bleeding following major trauma. Rarely, there is bleeding around the brain that squashes it so that blood can no longer flow through it, or part of it. Some substances, for example alcohol and recreational drugs, can disrupt the chemistry of the cells (metabolism) so that it appears that they are starved of oxygen and die.

Effects of damage

Certain parts of the brain are more susceptible to damage than others. Different parts of the brain do different things, so that whilst local damage may produce specific symptoms, the same symptoms may be the result of global damage because context is important.

The control of brain activity is complex and incompletely understood. In some circumstances, nerves and regions of the brain appear not to function, suggesting physical damage but without any evidence of damage. It has been suggested that it is probably the activity of other nerve cells which prevent normal activity. An example of this is 'shell shock', where servicemen became paralysed or unable to speak following severe emotional trauma. Nowadays shell shock is included in post traumatic stress disorder which is a particular example of so-called functional neurological disorder (FND), that may follow physical illness or have psychological causes, and have physical, emotional and behavioural manifestations.



Physical effects are categorised as expressive/motor defects (patient knows what to do but physically unable) or receptive/sensory (doesn't know what to do, but could physically do it).

The effects on thought processes, known as cognitive defects, are more subtle and include poor concentration, difficulty in understanding what to do, in recognising and analysing situations, and in making decisions.

Basketmaking helps the recovery from physical disability by presenting tasks that encourage the use of the affected part, and by the repetitive nature of the movements in basketmaking. It encourages recovery of cognitive ability in the following ways:

Problem	Solution	Mechanism
Poor concentration	Need to focus on the task in hand	Sustained attention to detail
Difficulty understanding what to do	Understanding the task	Pattern recognition Recognition of left and right Cooperation between hands
Difficulty in recognising situations	Recognising mistakes	Departure from the pattern
Difficulty in analysing situations	Sorting out mistakes	What went wrong
Difficulty in making decisions	Making decisions	What to do to get it right Starting a new weaver Getting back on track

Sense of self.

The ability to perform a task that has never been encountered before is important in the re-establishment of self-esteem and competence. The ability to make something that is of use and value is important in demonstrating to the patient that they are not entirely useless; they are different, but still have value.

Appendix B

Reflections—Monique Bervoets

In the Netherlands I have worked for 15 years with children and young adults with special needs and/or autism in an 'Activity Centre' where daily programmes were designed and set up to their specific needs and interests. Our team believed strongly that anybody, whatever their disabilities or complex needs, would benefit from being active, so programmes, from swimming to music, from learning work and life skills to experiencing pleasure, were designed to suit specific needs and interests.

I made my first basket in 2002 when I came to live in the Scottish Highlands, and I have taught basketmaking locally since 2009. Growing willow, making and selling baskets, and later teaching has been an uplifting and important experience in my life: learning new skills, discovering a passion for creating useful and beautiful objects from natural materials with my own hands and heart. It is a joy to pass these skills on, adjusting my teaching so that everybody can enjoy learning to work with natural materials to make practical baskets.

Offering basketmaking sessions in Raigmore Hospital to patients who have acquired brain injury gave me the opportunity, as part of this qualitative research, to dive deeper into the benefits of basketmaking for these patients. It has been a very valued experience for me. And I hope this handbook can inspire and also give some practical support to others who make baskets in a similar setting.

A quote from one of my reports of the sessions, trying to write down what happens during the basketmaking with two or three patients in the hospital and why it was such special experience:

'We are a few random persons coming together to make baskets: the patients who are vulnerable because of their handicaps, which are new in their lives, and I just happen to be there to guide them along basket making. There is not much in common with us. We meet and something happens: they try and start basket making, not knowing what to expect, but they work and weave and come across some challenges and they show where they need help, sometimes physical, sometimes a guiding word, an explanation, or stimulation.

It must feel quite difficult being exposed, maybe they don't realise that, because we work/make something practical. Do they feel vulnerable? They don't come across as such, now I think about it—

In the meeting something grows, confidence maybe. We are getting to know each other and ourselves, and we are sharing that and we are open to what the moment brings; it has to do with being seen and being known.

It is touching. It touches me.'

