



# BASKETRY

## Then and Now

### BASKETRY AS OCCUPATIONAL THERAPY

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**This research examines the links between the role of basketry and other crafts in the rehabilitation of soldiers and occupational therapy after the First World War.**

Today, basketmaking is often perceived as a clichéd and old-fashioned or outmoded approach to recovery. This may stem, in part, from the use of the derogatory term ‘basket case’ for people who are undergoing rehabilitation. The origins of this term are unclear but come either from the use of basketmaking in the rehabilitation of those injured in war, or from the use of basketwork chairs and spinal carriages for the most seriously injured.

Occupational therapy can be defined as the use of graded activities to assess disability, to aid recovery from physical or mental illness, and to measure progress. The rise of occupational therapy was closely linked to events of the First World War. The vast numbers of soldiers returning from the war with significant injuries, amputations, blindness and shellshock needed physical and psychological healing and rehabilitation, and also work. At the same time, the war effort needed people to make necessary things to keep the economy – and the war – going. Basketmaking, netmaking and other associated skills were in fact essential for many areas of industrial production, in factory work, in agriculture and fishing, and even spying. Many injured soldiers were therefore given basketmaking and associated ‘light’ tasks to do in workshops linked to hospitals. In Scotland these included the Royal Northern Counties Institute for the Blind in Inverness, the Scottish War Blinded Centre at Linburn, near Edinburgh, the Oldmill Curative workshop in Aberdeen, and several others.

*Image above: Soldiers injured by gas attack.*

There had been schools or ‘asylums’ for the blind in Scotland (in Dundee, Aberdeen, Edinburgh, Glasgow and Inverness) as far back as the early 1700s, which aimed to teach skills to provide work for young people (usually men) who were prevented from finding work due to their disability. Basketmaking, along with keeping hens, carpentry, and mat-making, were among the main skills that were taught to the visually impaired. However, these early asylums focussed on providing an occupation that blind people could earn a living from, rather than a therapy.



*Image: The Royal Dundee Institution for the Blind, sale shop, Nethergate, Dundee, 1920s. (c) SCRAN.*

Following the start of the First World War, it soon became clear that there would be considerably more blind men – blinded due to gassing or physical injury – who needed training for future occupations, and the Scottish War Blinded formed out of the Scottish Royal Institute for the Blind to assist in this. At the same time, due to the large numbers of men killed and injured, there was a great shortage of manpower both at home and on the front lines. Thus, the kind of work undertaken by disabled soldiers was largely directed at supporting the war effort – whether it was making baskets for dressings or pigeon carriers, wicker fenders for fishing boats (these were reputedly made by the Welsh War Blinded<sup>1</sup>) or mending fishing nets. This work continued into the twentieth century:

*In the 1970s and 1980s I worked at the Royal Dundee Institution for the Blind in Magdalen Yard Road. This had a large basketmaking department which supplied many different kinds of baskets, but mainly trawl baskets for the fishing industry. It was filthy work since the willow had to be soaked for two to three weeks to make it pliable and the men sat on the floor to make them. The factory also did chair caning, by totally blind men and women. I remember we charged 30p per hole for this!<sup>2</sup>*

The First World War resulted in many other injuries, both physical and psychological, in addition to sight loss. Dr James Mennell, the civilian officer in charge of the massage department at Shepherd's Bush during the war, described 'Men with stiff hands, with legs not fit to carry their weight, with muscles shrivelled from inflammation and paralysis... Men were discharged not fit to fight, not fit to earn their living and a source of national discontent'<sup>3</sup>. Men also suffered psychological trauma, from shellshock to the stresses incurred by leaving home for the army.



Image: Working at Linburn, the Scottish War Blinded Centre. (c) Royal Scottish Institute for the Blind.

Having useful and meaningful work certainly played a role in the recovery of many injured and traumatised soldiers, but there was more to occupational therapy than occupation. Research by key thinkers and medics of this era, including Sir Arthur Hurst at Seale Hayne Military Hospital in Devon, Frank and Lilian Gilbreth (an American engineer and his psychologist wife) and many others – even King Manuel of Portugal – pioneered the thinking behind occupational therapy, emphasising the importance of the relationship between practical activities and recovery. The aim was to physically improve both the injured body through specific movements and forms of exercise, and to have a positive psychological impact through activity. Techniques included time and motion studies; modifying work to suit people's capacity while stretching them just a little; a closely focussed understanding of bodily movement and recovery; massage and hydrotherapy; and a notion of the curative power of occupation. In his 1918 work *The Physiology of Industrial Organisation and the Re-employment of the Disabled*, Jules Amar described the aim of occupational therapy as 'to organise the work of the wounded, in such a manner that each shall fill his true place in the social machine, contribute as best he can to its operation, and thereby advance towards prosperity.'<sup>4</sup> The work would also have a beneficial psychological impact on the men.

Basketmaking was particularly important for rehabilitation because it uses both hands, with the right hand and left hand helping each other. Crucially in basketry, both the focus of attention and the activity of the tasks 'cross the middle line' – that is, the maker has to be able to transfer attention and to be able to move something from the left with the right hand and vice versa – which is particularly important for attention development and integrating activity and cognition. And by mobilising one side of the body through such activities there is often a knock-on effect on the other, which can help patients regain use of their limbs. Often working with one hand, the other hand joins in even if not with much control, and this movement facilitates pathways in the spinal cord. The 3D work and manipulation in space required in basketmaking is incredibly important across multiple spheres for recovery and cognition, and this work can also spill over into the actualities of daily living.

Catherine Paterson, founder of the occupational therapy department at Robert Gordon University in Aberdeen, describes the use of basketry in occupational therapy<sup>5</sup>:

*Basketry was one of a range of creative activities used – one could start very simply with a wooden base and achieve a usable object in a short time and*



*Image: Basketmaking is particularly suited to rehabilitation because it involves the use of both hands working together. © Stephanie Bunn.*

*the work could be graded in strength, co-ordination, dexterity, concentration and complexity of pattern as the patient progressed. It was often used as a bilateral activity for the improvement of upper limb function and finger dexterity, but could also be used in psychiatry to improve mood, self-confidence, diversion from hallucinations, interpersonal skills etc. As in all therapeutic activities, the occupational therapist's observations of the patient's ability formed part of the overall patient assessment. A doctor interested in rehabilitation would often prefer to see his/her patient involved in an activity rather than seeing him/her inactive by their beds or in his office.*

An article on the uses of craft in wartime by a Mrs Preston, 'Crafts that Aid', in *Arts Australia*, 1939 also illustrates this<sup>6</sup>:

*My own experience was gained in a shellshock hospital situation on Dartmoor England [at Seale Hayne Military Hospital]. .....The work was under the strict supervision of the doctors. It consisted of basketmaking for twisted and stiffened hands; of pottery for the shell-shocked men... Perhaps the most valuable of them all was basketmaking. This simple craft has the greatest right of all handicrafts to the name, as it is about the only one that cannot be carried on by machinery. The great help that basket making gives to twisted hands and stiff arms is now acknowledged by doctors who have worked in hospitals... it did not worry tired brains and took very little concentration to obtain a good results.*

There are many examples of the use of basketmaking in recovering from trauma, psychiatric problems and shellshock – sometimes referred to as 'functional movement disorder' (FND), a physical illness with no obvious bodily cause.

The story of Percy Meek, a basketmaker from Snettisham, Norfolk, is one. In February 1916, during an attack by German mortars on his trench, Meek had to be forcibly prevented from going over the top. As a result, he became dazed and his mental and physical condition deteriorated rapidly, leaving him paraplegic and confined to a wheelchair, mute and with the mental state of a one year old. However, after a couple of months at Seale Hayne Military Hospital, having been paraplegic for 28 months, he was able to walk unassisted – and three weeks later he was able to take charge of the basketmaking shop at the hospital, where he taught the other patients how to make baskets. After the war, Meek returned to Snettisham and continued to work as a basketmaker until the 1950s or 1960s.

The story of Angus MacPhee from South Uist, Outer Hebrides, is another. MacPhee developed serious mental health problems during the Second World War and was admitted to Craig Dunain psychiatric hospital near Inverness where he stayed for 50 years, almost never speaking. He spent his time making artefacts – mainly items of clothing – from grass which, especially when noticed by art therapist Joyce Laing, arguably brought him slowly back to himself. Once these artefacts were discovered and acknowledged as a significant feature and activity of both his past and his recovery, MacPhee was allowed home, and even began to speak a little.



*Image: Grass artefacts woven by Angus MacPhee at the Kildonan Museum, South Uist. © Stephanie Bunn.*



The attention required for basketmaking is a very present and 'in the now' kind of attention. Such moments are very richly textured, not just with physical sensations but also thoughts, emotions and intuitions. We can remember such moments with remarkable clarity, sometimes often tinged with the experience of joy and that sense of the present moment as we worked and learned. This kind of creative, repetitive, meditative sort of work creates connections and relationships, revealing the bigger picture of how everything is related. Reconnecting with such work can bring back memories of the time when people did it, bringing past experiences to the surface through the hands. This is the significance of hand memories – the memories held in the hands from tasks we learned in the past and did often and repeatedly for life's work. These skills link body and mind, so that even when people struggle to speak, they can be presented with the tools of a former skill they used when much younger, and immediately know how to do that skill. And can do it well and safely.

While a person is ostensibly doing one thing when basketmaking, they are actually integrating many areas of life and many ways of using the mind and body in that one task – spatial, rhythmic, memory, sensory, emotional communicative, mind, mood. The movements, the rhythm, the different kinds of temporality, the relationship between the parts and the whole, between the form and the process of work in basketry, integrate different ways of understanding the world and different kinds of mental function in one activity. Handwork and craft are foundational aspects of our being human, and it is essential to ensure that craft is included in activities used to promote education, discovery and recovery for the benefit of our human future.

## References

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- <sup>2</sup> Anonymous correspondent. Personal communication.
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- <sup>4</sup> Amar, J. (1918). *The physiology of industrial organisation and the Re-employment of the disabled*. London: The Library Press Ltd.
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- <sup>6</sup> Preston. (1939). *Crafts that Aid*, *Arts Australia*.