# THERAPEUTIC KNITTING STUDY DAY

# MANUSCRIPT

# KNITTING TO FACILITATE CHANGE

FRIDAY JUNE 15TH 2012

# CONTENTS

# DEFINITION

*THERAPEUTIC adjective* ther · a · peu ·tic

Administered or applied for reasons of health.
Having a good effect on the body or mind.
Contributing to a sense of wellbeing.

*KNITTING verb* nit · ting

The creation of a material by transforming a continuous strand of yarn, textile or other substance into a series of interlocking loops. Loops, known as stitches, are held on needles until another loop is formed and passed through each stitch.

Interlocking loops form the basis of a material which is strong and resilient but also highly flexible.

*THERAPEUTIC KNITTING* ther · a · peu ·tic, nit · ting

Most knitting can be beneficial to wellbeing, providing the project and materials are chosen appropriately and you forget deadlines.

Therapeutic Knitting takes these benefits and enhances them to deliberately improve wellbeing or to treat certain medical conditions.

*"Knitting creates strong, resilient, flexible fabric. Therapeutic Knitting seeks to create strong, resilient, flexible minds in the process."* © *Stitchlinks*

*Betsan Corkhill*

*Director,*
*Stitchlinks CIC*

# WELCOME

It was a great honour and privilege to be involved in this meeting about Therapeutic Knitting.

A great group of speakers gave their time to the day, and they were rewarded by active and enthusiastic involvement of the delegates, who discussed issues with them, both during the formal sessions and the breaks.

There was a palpable sense of excitement in the auditorium; and in my experience that is a rare thing to be felt in meetings about health and health care.

It is clear to me that Betsan Corkhill and her colleagues are onto something here. Many people, with a variety of different physical and psycho-social problems have been helped by being involved in Therapeutic Knitting. The health care community needs to take this seriously and look at the future potential of this simple, cheap intervention.

Health care in the future is under huge threat. The combination of an aging population, our ability to keep people alive for many years in the face of diseases that would have killed them quickly just a few years ago, and the huge costs of modern drugs is putting an unbearable strain on the system. We need to find different sorts of answers – we need "low-tech, high touch" interventions to help people. Therapeutic knitting appears to be one such option.

It is my hope and expectation that this meeting will be seen in the future as a starting point of a movement towards new 'low-tech, high touch' interventions, and of further development and utilisation of Therapeutic Knitting.

I would like to thank and congratulate all those who were involved in this meeting.

*Paul Dieppe*

*Professor of Health and Wellbeing,*
*Peninsula School of Medicine and Dentistry,*
*University of Exeter,*
*UK.*

# INTRODUCTION

A vibrant group of experts, with a diverse range of interests, gathered in the UK at Bath's Royal Scientific and Literary Institution on Friday, June 15th 2012.

We received interest from as far afield as Chile, USA and Australia. We had a waiting list of people wishing to attend and a long list of people wishing to receive this manuscript.

Despite coming from diverse backgrounds we gathered with a common goal – to facilitate positive change in the people we encounter.

Those we encounter face similar core problems –

- Social isolation and loneliness
- Worry, stress and fear
- Lack of rewarding occupation
- Low self-esteem, confidence and self-worth.

These issues need to be addressed on an ongoing, cost efficient basis, but there is currently no means in 'the system' by which we can do so, so problems recur.

They affect people with long-term medical conditions but also those with disruptive behaviour, disaffected teenagers, prisoners, the out of work, the shy, retired or elderly.

It is my belief that if we equip people with the tools to deal with these issues we can help them to lay a firm foundation of self-management skills for life.

This manuscript is a compilation of the day's proceedings, but it is not merely a 'souvenir' of the day. It contains detailed information from all the speakers, and **its real value is in this detail and the ideas presented,** which we are now in a position to develop. Work is already progressing as a result of connections made and the discussions enjoyed.

We aim, through this manuscript, to continue and enhance the discussion, to grow a community of like-minded individuals interested in becoming involved in this groundbreaking work.

**To be involved, please contact me. Betsan@stitchlinks.com**

*Betsan Corkhill*

*Director,*
*Stitchlinks CIC,*
*Bath,*
*UK.*

*"As you read through this manuscript, I'd like you to think about how you can use knitting to facilitate change in the people you encounter.*

*"A small amount of positive change can have huge implications for wellbeing and general outlook on life.*

*"I'd also like you to reflect on your own health and the importance of managing stress on a daily basis."*

*Betsan Corkhill*

## SUMMARY

The World's first conference on Therapeutic Knitting, 'Knitting to Facilitate Change' was held at Bath's Royal Scientific and Literary Institution on June 15th, 2012. The event, hosted by Professor Paul Dieppe of Exeter University and organised by Betsan Corkhill of Stitchlinks, attracted a large amount of interest from across the UK, and as far afield as Chile, United States and Australia.

Sixty clinicians, academics, patient representatives and group facilitators enjoyed a packed day with many others requesting a copy of a post-conference manuscript.

The range of specialities represented included pain, mental health, addiction, dementia, eating disorders, MS, clinical and research psychologists, psychotherapists, occupational and physio-therapists, patient advocates, EMDR[1], EEG[2] and fMRI[3] practitioners, as well as community, textile and knitting artists. Representatives from Pain UK, Craft Council, Manchester Art Gallery, Age Concern, RICE[4], Methodist Care Homes and ActSmart also attended.

Professor Dieppe welcomed everyone and outlined the aims of the day, which were to –

- Establish a core team of clinicians, academics and group facilitators interested in helping develop a network of Therapeutic Knitting groups and measure their outcomes
- Gather a group of like-minded individuals interested in exploring low cost, sustainable alternatives to managing wellbeing, stress, social isolation and long-term medical conditions
- Establish ideas for potential research
- Formulate a basis for a communication network
- Formulate an action plan.

Despite coming from such diverse backgrounds, it was noted that all those present shared a common goal – to facilitate a positive change in the people they encounter, be that a change in the course of an illness, lifestyle or their social support network.

It was also recognised that the current model of health care is unsustainable, particularly for long-term conditions, and that more research is needed to find ways of tapping into the body's own healing mechanisms.

In the words of occupational therapist Grace Main –

*"The practice of supporting people to improve their wellbeing and actively engage them in actions to self-manage symptoms and causes would appear to be the foundation of sustainable health care in a growing population experiencing dramatic demographic changes."*

These acknowledgements set the scene for a day which focused on the multi-dimensional benefits of knitting from the possible biological and physiological changes through to social and behavioural; the use of knitting as a creative tool to manage symptoms and emotions; the

use of Therapeutic Knitting groups to tackle loneliness and isolation, and how clinicians can use Therapeutic Knitting groups as a means of educating, supporting, monitoring and motivating people over the longer term at low cost in way which doesn't focus on negative issues.

In a discussion on whether it was the activity or the group which was beneficial, a possible synergistic relationship was noted – the self-soothing knitting activity enables participation in a group; successful therapeutic groups; successful group therapy, and actively engages people in the recovery / management process. In support of these comments, delegates heard how addicts could use knitting as a self-soothing tool for the management of emotions, stress and anxiety to enable them to partake in group activity. In addition to the group benefits, the importance of having a portable 'take home' tool linked to the group, and of being able to change the 'context' of ill health was also stressed.

Moving on to more specialist health issues, delegates heard how Therapeutic Knitting is being used to manage the experience of pain from Betsan Corkhill; mental health from OT Grace Main; dementia from Psychologist Hilary Jones and Methodist Homes Resource Centre Manager Teresa McNulty and addiction from Betsan Corkhill on behalf of Clinical Nurse Specialist Andy Falconer. Therapeutic Knitting groups promote purpose, creativity, success, reward and enjoyment, which is particularly important in individuals who have no experience of these in other aspects of their lives. They are also easily tailored to meet the specific needs and challenges of these different specialities at low cost.

Photographs were shown of a magnificent knitted garden created by the Creative Moments Community Craft Group based at Perry Common, a deprived area of Birmingham, UK. It was knitted for the *Gardeners' World Live* exhibition at the National Exhibition Centre (NEC) by the community knitting group, local residents, junior school and some patients from a local pain management programme (PMP) – a highly successful, inter-generational community project which helped to integrate people from diverse backgrounds back into a community from which they had been previously isolated.

Consultant Physiotherapist Eve Jenner said –

*"Several of our pain management programme patients were involved in the production of the garden which was organised by the local community knitting group. We have started introducing knitting about half way through the PMP as a pain management technique to those who are interested, and at the same time ask the local knitting group leader to talk and bring some examples of what they do. Happily a number of patients have gone on to join which is great as it helps embed people into their community from which they have usually been pretty isolated. The group does lots of projects. This one was for Gardeners' World Live at the NEC in June, but the great thing, I think, is that the projects include knitting for all levels of ability."*

The afternoon session focused on the structure of the proposed network of Therapeutic Knitting groups, measurement, evaluation and research potential. It was proposed that community groups be at the heart of the Stitchlinks network which will focus on tackling social isolation, loneliness and stress.

**Their aim would be to strengthen local communities to ameliorate wellness and positive living.**

Linked to these groups will be groups associated to GP surgeries and hospitals run by clinicians for people who need additional support. The network will also include speciality groups for particular conditions such as pain, addiction, dementia and mental health where specific education and treatment can take place through the groups. These groups will provide GPs and other clinicians with options for early intervention in a community environment. Group members and facilitators will be supported through an online communication network and the Stitchlinks website.

Findings of an international survey of over 3,500 knitters carried out by Stitchlinks and Cardiff University were reported on by Research OT Dr Jill Riley whilst Professor Paul Dieppe discussed the question of establishing an evidence base for such a complex intervention. This poses significant challenges in terms of the complexity of the intervention and gaining funding for what is seen as a 'non scientific' approach, whilst at the same time recognising the dangers of 'medicalising', and thereby changing, the nature of the intervention. It was also recognised that obtaining funding for a knitting study has been difficult simply because of the word 'knitting' and the particular connotations it evokes. This discussion was taken further in the 'Research' workshop run by Reader in Pain Ann Taylor from Cardiff University.

Other workshops discussed the 'Setting up of a Therapeutic Knitting Group'; 'Setting up a Network of Groups and Communication Pathways' plus an 'Evaluation and Dissemination' group which looked at who needs to be convinced and what evidence we need to convince them. These were lead by Nurse Practitioner Carol Davidson, Change Management Consultant Steve Corkhill and Research OT Dr Jill Riley.

The day closed with feedback from workshop facilitators and the formulation of an action plan for the network and research ideas lead by Professor Dieppe.

Outside the main lecture area, exhibits included a series of remarkable posters entitled 'Pictures of Pain' (fresh from the Neurodynamics and Neuromatrix Conference in Adelaide, Australia) by Communication Artist Molly Van der Weij and a range of knitted walking stick cosies provided by Dr Felicity Ford.

Within a week of the conference the communication network was up and running and many of those who attended were already actively engaged in making things happen which is really exciting and refreshing.

*Betsan Corkhill*

1 Eye Movement Desensitisation Reprocessing – used in the treatment of post traumatic stress disorder
2 Electroencephalogram – recording the brain's electrical activity
3 Functional MRI – an MRI procedure that measures brain activity
4 Research Institute for the Care of the Elderly, UK

# SPEAKER BIOGRAPHIES

## BETSAN CORKHILL

Betsan Corkhill is a former physiotherapist and freelance magazine production editor. She began investigating the therapeutic benefits of knitting in 2005 and currently treats patients at the Pain Clinic of The Royal United Hospital in Bath, UK with Therapeutic Knitting.

She set up Stitchlinks in 2005, which is a support network for those who enjoy the therapeutic benefits of craft, particularly knitting, a central hub for research into those benefits and a centre of information for clinicians, teachers and other professionals wishing to use Therapeutic Knitting with clients.

She has a passionate belief that Therapeutic Knitting and Therapeutic Knitting groups have the potential to deal with deep seated problems arising from social isolation, low self-esteem, lack of rewarding occupation, stress and anxiety which all have negative effects on wellbeing and the ability to self-manage and heal.

## PAUL DIEPPE

Paul Dieppe is currently part-time Professor of Health and Wellbeing at the Peninsular Medical School, Exeter University, UK. He is also doing a part-time PhD in healing at Exeter University.

In addition, he holds honorary positions with Oxford University (in musculoskeletal sciences), Bristol University (in health services research) and the Royal Devon and Exeter NHS Trust (as a consultant rheumatologist).

He is a physician who has worked mostly in academic rheumatology and health services research in the past. His major research interests include osteoarthritis and joint replacement, as well as the placebo response and healing. He has published widely in these subjects.

## JILL RILEY

Jill Riley is a lecturer in the Department of Occupational Therapy, School of Healthcare Studies at Cardiff University, Wales, UK. She has a special interest in researching creative and skilled forms of occupation.

Jill's PhD studies and recent publications concentrated on handcrafted textiles and the relationship between textile making, quality of life and wellbeing. Her recent research with colleagues from Cardiff University and Stitchlinks CIC focuses on the impact of knitting on personal and social wellbeing.

## GRACE MAIN

Grace Main is an occupational therapist based near Inverness, Scotland. She has worked mainly in an acute psychiatric hospital or in the community where she specialised in 'Care of the Elderly'. She currently does a little bit of both.

Grace learned to knit at her grandmother's knee and can't actually remember not being able to knit or do something with yarns.

## HILARY JONES

Hilary has been a secondary school teacher for 20 years, teaching psychology to sixth form students. She has a BSc in Behavioural Science from the University of Huddersfield and completed her dissertation on 'Handiness and Thinking', receiving a First for her work.

Hilary's mother has dementia and lives in a care home. Whilst visiting her mother, Hilary has begun to explore the link between knitting and dementia, particularly the cognitive skills needed to complete a stitch, and how this impacts on health and wellbeing.

She is passionate about all textile arts and craft with a particular interest in knitting, and began her study into knitting and dementia two years ago.

## THERESA McNALLY

Originally from Glasgow, Theresa studied Constructed Textiles at Harrogate College of Art. After spending time working on commissions for one-off pieces of clothing or embroidery, she trained as a mental health nurse at the University of Leeds, UK.

Theresa has spent time working with younger people as in-patients and in community settings, particularly those living with personality disorders and other conditions that call for a more creative and engaging approach.

In 2005, Theresa began working for Methodist Homes Association. She set up a resource centre for older people living with dementia where she is currently the Resource Centre Manager. At the centre, Theresa and her staff try to explore different and creative ways of working with clients focusing particularly on activities which are person-centred and heart-based.

Theresa is a knitter and dressmaker with a particular passion for clothing and textile design from early 20th Century, especially between 1915-1935.

# THERAPEUTIC KNITTING


## BETSAN CORKHILL

DIRECTOR
STITCHLINKS CIC

BATH
UK

# THERAPEUTIC KNITTING

This work draws together many of my thoughts and experiences over a number of years.

Until 2002 I was a senior physiotherapist specialising in 'Neurology' and 'Care of the Elderly'. At the time, I was working 'on the community' with people of all age groups and I was shocked to discover how many people do little more than exist behind four walls, day after day, isolated from others and the world.

A common request from a GP would be to visit patients who had become immobile at home. On assessment I'd invariably find that this immobility was rooted in lack of purpose and structure and social isolation – Mrs Smith wasn't getting out of her chair because she had no reason to. Many of the patients I saw in the community had no motivation, no purpose, no structure, no sense of anticipation or excitement, no desire, and often their carers and I would be the only faces they'd see. I knew with certainty that they wouldn't do the exercises I taught them or carry out the lifestyle changes I advised. The problem went a lot deeper.

I felt we needed to take a step back with these patients. It has been my experience that people need to *want* to be active before you can succeed in getting them active, mentally and physically, so an initial stage which comprises of 'stimulating interest' is potentially crucial for future, successful, patient involvement.

The people I met needed social contact and to develop an interest in the world again before I could stimulate a desire to improve their personal wellbeing. They needed first to develop an aspiration to improve their wellbeing before I had any hope of getting them to self-manage their lives or medical condition. Unfortunately, the system we found ourselves in had nothing to offer to kick start this process. I became frustrated, and after much soul searching, decided to leave my physiotherapy profession.

Following a year as a full-time student on a Business and Personal Assistant Diploma, I became a freelance production editor for a range of well-known computer and camera magazines. Little did I know when I accepted a request to work on the publisher's craft portfolio that it would take me full circle – knitting together my past thoughts and experiences on health and wellbeing, as well as suggesting a possible way forward for improving the lives of those I had previously encountered on my community rounds.

I was put in charge of the letters pages which entailed reading the sacks full of letters received every day by the magazines. Most of these letters talked about using knitting and stitching as therapy. What struck me was the similarity of the statements from around the world. Whatever was happening appeared to be working for large numbers of people from different backgrounds and cultures.

My medical head was immediately switched on, and my first thoughts were that this could be used to motivate those people I visited on my community rounds to kick start interest, to ease

them back into the world, and to act as a springboard to other activities from their armchair. The letters were certainly claiming this.

The magazines made it known that I was interested in researching the subject further so knitters and stitchers began sending me their stories. I had a 'light bulb moment' at this point as I realised I'd stumbled upon something exciting. Stories told of being distracted from pain and life's problems, but also of how getting involved in a project appeared to be changing the mindset of these letter writers. They found something they could succeed at, something that belonged to them, that they had control of. They told of looking forward to their next project, and hence looking forward to the next day, of being motivated again. A few told of how having a project to look forward to prevented them committing suicide.

Thinking of my community patients, it struck me that this could potentially be an ideal way of motivating them which would be deliverable in kit form directly to the armchair in a cost effective way. So I set about finding ways of exploring this further because this was potentially something that could change the way we approached long-term medical conditions.

It was at this stage I began to make the distinction between different crafts and between knitting and stitching in particular, which led me to focus on knitting as a model craft for reasons that will become clear later.

I approached the Pain Clinic at the Royal United Hospital in Bath, UK to ask if they'd be interested in testing out my theories with a social knitting group. To my surprise they agreed, so I taught myself to knit and set up a group at the clinic in 2006.

The psychological benefits of knitting on your own or within a group are huge. The first that springs to most people's mind is **distraction**. However, there is more going on than simple distraction during the activity itself. There appears to be an **ongoing refocusing of attention**. Knitters plan and think about projects between knitting times. Plus, the knowledge they have a powerful distractant at hand puts them back in **control**, and this can significantly change their outlook on life.

Knitting provides **purposeful occupation** and **structure**, but this work is highlighting the importance of **regular rewarding occupation** – activities that fire off the brain's reward system. Housework, for example, is purposeful but may not be enjoyable, so may not have the same benefits. Many patients I work with prioritise household chores over activities which benefit their own wellbeing. They do this because they feel guilty at not being able to contribute to life or their families in other ways. Performing household chores is their way of contributing, so life becomes a list of chores and pain. The purpose of knitting is more often about the enjoyment of the process and the **meditative-like state** achieved, rather than the end product produced, and there is a big difference between this and dutiful, purposeful occupation.

Many people feel worthless in society and some feel worthless within their own families. Knitting enables **contribution** through gift giving to family and friends and giving to charity, which eases this burden of worthlessness.

*"To still be able to feel vaguely useful and to produce items that bring pleasure (and warmth) to others is a life-saver. I feel I can be a proper mum once more."*

*"The boost I get from feeling 'useful' really helps to lift my mood and the satisfaction of finishing a garment and the buzz of the next project really keep me going."*

The **rhythmic activity** of knitting is instantaneously **calming** and **relaxing**. Importantly, it also teaches people what it 'feels like' to be truly relaxed which many, who have been in a constant state of stress or pain, will have forgotten. It also **raises mood**. A survey carried out by Stitchlinks and Cardiff University showed a significant link between the frequency of knitting and feelings of calm and raised mood.

*"Antidepressants numb all my senses. Knitting makes me feel happy!"*

Knitting is an activity people ***can*** do from an armchair or bed and it re-introduces that feeling of being **successful** at something. **This is pivotal to motivation**. Success rebuilds feelings of **self-belief** and **self-esteem**. Once they experience the joy of being successful, it **motivates** them to try other projects, which enables us to steer them into more complicated tasks and encourage them to try other activities. There is a great **sense of achievement** at **mastery of a skill**. Knitting provides numerous ways of **ongoing skill acquisition** so the introduction of **regular novelty** is easily achieved. Research has shown that regular novelty is a cornerstone of neuroplasticity[1].

Lost emotions associated with **anticipation**, **pride**, **excitement** and **happiness** are re-awakened.

In times when people feel unable to function, they can often knit rhythmically. It helps them to climb out of that deep, dark mental pit which has immobilised them.

Knitters report learning **other transferable life skills**, such as **patience**, **perseverance**, **pacing** and **planning**. They also learn that **mistakes aren't catastrophic**. They can be undone, and the end goal can be reached despite a number of detours along the way. In fact, the end goal may be richer because of the lessons learned and the mistakes made. This is a valuable life skill, particularly for those who have a tendency to catastrophise.

The calming properties and feelings of success also have the effect of **breaking into negative thought patterns** – turning around those vast juggernauts of backward, negative thought cycles that are otherwise so difficult to break. Knitting promotes looking forward.

It also **encourages visualisation and imagination**. Knitters visualise the end product and the reaction they might receive when worn or given as gifts. The ability to visualise and imagine is important for a healthy brain but can be lost in those who have become 'closed down' through pain, depression or isolation. It may also aid a graded motor imagery approach to pain.

In terms of **enabling socialisation**, knitting **opens up the world** and encourages a sense of **belonging** to a knitting community. If the knitter attends a community group this can extend to belonging to their local community once more.

Importantly, knitting introduces an element of **fun**, **play** and **laughter**. Certainly those I visited on my community rounds had nothing in their lives that enabled them to experience these important aspects of a healthy lifestyle.

Life circumstances such as illness, retirement or redundancy can **change identity** – how you perceive others see you. Knitting can enable the knitter to build **a new positive identity**. Dr Felicity Ford knitted walking stick cosies for her grey NHS sticks and found people began seeing her skills rather than her disability. She became able not dis-abled. Find out more about her knitted walking stick cosies project on page 95.

Knitting for charity helps to change identity. It changes the knitter's perspective on the world. They knit for those more vulnerable and in more need than themselves. Our group knits for the hospital's Neonatal Intensive Care Unit, children with aids in Africa and other deprived areas of the world. The knowledge that they are helping these children is hugely beneficial. There is a lot of symbolism in showing you care by wrapping someone up in something warm and cosy.

*"Nothing makes you feel less sorry for yourself than discovering that despite all other setbacks, you still have skills that can make you useful to other people, and therefore deserve a place in society."*

There is a circuit in the brain called the reward system. If you expend an effort to carry out a task and are successful in that task you will be rewarded with a boost of feelgood, pain-relieving chemicals.

Professor Kelly Lambert from Randolph-Macon College, Virginia, USA theorises that the incidence of depression is rising despite an increase in anti-depressant prescriptions because modern society lacks effort-based activities, so the reward system goes into decline[2]. It's a case of use it or lose it. Certainly none of the patients I saw on my community rounds did anything in their lives they felt successful at. Lack of success in anything in life can be devastating.

Professor Lambert also theorises that activities involving the hands, which have a tangible end product, could stimulate the reward system[3]. Knitters tell of how finding something they ***can*** do and the feelings of success they experience changes their outlook on life. It appears to kick start the process of wanting to be part of life once more.

Knitters also tell of how they use knitting to **conquer destructive addictions**. Involvement of the reward system may explain this. The reward system is involved in addiction so the activity of knitting, as well as keeping the hands and mind busy, may be triggering a similar chemical release. It also occupies the time once taken up by the addiction and provides an alternative, safe, social environment. It can be done in front of the TV at night to curb addictive habits such as binge eating, smoking or self-harm. Read more about 'Knitting and Addiction' on page 43.

Involvement of the reward system may also explain why knitting is motivating, enabling us to bridge the motivation gap. Motivating people to take action is a major problem.

Why Knitting? Why have I identified knitting as a model craft?

Many other activities will have similar psychological benefits to the ones I've outlined above so what makes knitting different?

The main issues which raise knitting above other crafts centre on the nature of movements; the development of creative ability; its portability, and the way it enables group participation.

The movements are **bilateral, rhythmic, repetitive and automatic**. Bilateral, coordinated movements engage more brain capacity than unilateral ones. Bilateral rhythmic movements appear to facilitate a meditative-like state more readily than unilateral movements. We know that the midline of the body is a particular reference point for the brain, so movements which cross over this line may be particularly important. Research in Australia is highlighting the potential importance of the body's midline with regards to the pain experience[4]. Physiotherapists have used bilateral patterns of movements that cross the midline for the treatment of neurological conditions for many years.

Comments from patients suggest that knitting may also be normalising **spatial awareness**. This may be down to the bilateral nature of the movements. Research has shown that chronic pain changes the sufferer's spatial awareness. The effects of this are graphically illustrated in Molly Van der Weij's striking posters entitled, 'Pictures of Pain' on page 92. It's my observation that changes in spatial awareness may also occur when an individual has been in the same environment for long periods of time.

*"I feel like I know where I am in space."*

*"I don't know what it is, but I feel different. I've been able to go out into crowds, or the supermarket and not feel as if I'm going to bump into things."*

Do these movements change brain maps, given that knitters knit 3-5 times a week, with some knitting every day? Do they perhaps, change the sense of self?

*"Our hands generate a sense of self by providing information about where our bodies end and the rest of the world begins."*

*Leah Krubitzer, Neurobiologist, University of California at Davis.*

Professor Barry Jacobs of Princeton University has found that repetitive movements in animals enhance the release of serotonin[5-6]. Serotonin is calming, an analgesic and a mood enhancer. Many ancient cultures have tools that involve repetitive hand movements to induce a meditative-like state or to calm. Worry beads and the rosary are widely used for this means as well as for pain control. The Chinese have chime balls and Native Americans have worry stones.

However, it is my opinion that it is the rhythm of these repetitive movements which is important. Knitters control the rhythm and may change it according to their mood. This rhythm is

instantaneously calming. It facilitates a meditative-like state, which enables the benefits of meditation to be experienced by a much wider population, ranging from the elderly and children to those with learning disabilities. When combined with knitting's portability, this deep sense of relaxation and instantaneous calm gives people an effective tool to manage pain spasms, panic and anxiety any time, anywhere.

Rhythmic, repetitive movements are often used to deal with stress or trauma, so is there something important happening when we combine, **movement thought and feeling**?

*"When personal desire prompts anyone to learn to do something well with the hands, an extremely complicated process is initiated that endows the work with a powerful emotional charge. People are changed significantly and irreversibly it seems, when movement, thought and feeling fuse during active, long-term pursuit of personal goals."*

*Frank Wilson, Neurologist, University of California, San Francisco, Author of The Hand*

I didn't fully recognise the importance of the automatic nature of the movements at first but now I think automatic movement could play a significant role in encouraging movement without triggering the pain experience. The fear of movement and anticipation of pain doesn't kick in as readily. I've also observed that when the brain is occupied with a background automatic task, conversations become easier, deeper and more intimate quite quickly. It's as if self-monitoring is switched off. Being automatic often means the pattern of movements is remembered by those suffering from dementia and who were previously able to knit. You can read more about 'Knitting and Dementia' on page 37.

### Does automatic movement facilitate access to the subconscious?

A study from Emily Holmes and Catherine Deeprose at Oxford University has found that performing a repetitive visuo-spatial task during or shortly after a traumatic event significantly cuts down the incidence of flashbacks[7-8]. The researchers surmised whether Madame Defarge suffered from post traumatic stress disorder (PTSD) as she knitted by the guillotine.

According to the study, these movements need to be performed within a six hour window of the trauma. However, narratives collected from knitters, and experiences of some patients, suggest that symptoms of PTSD can subside significantly with knitting even several years after the original trauma.

Soldiers suffering shell shock after World War I were treated with knitting.

Is there a link with the mechanism by which **EMDR** (Eye Movement Desensitisation and Reprocessing Therapy) works here?

One of the luxuries of running the knitting group is I get time to hear each individual's story, and the context within which they experience ill health. It was interesting to pick up how many of these patients were suffering from unpleasant dreams or nightmares. They have reported a

significant reduction in traumatic dreams, and this is supported by narratives collected from other knitters.

This work has highlighted the importance of creative ability for wellbeing, the link between creative ability and psychological flexibility and the ability to self-manage. Creative ability and the ability to think laterally certainly make more options available and aid problem solving.

**There is something important about being actively creative as opposed to being a passive recipient of a destructive force.**

Patients I teach to knit will often comment , *"This is the first constructive thing I've done for years."* This is invariably accompanied by a smile.

**Creative thought may also be an effective, ongoing means of distraction.**

However, many of the patients I work with are afraid to give new things a try, they are afraid of failure, and need a safe framework from within which we can nurture and progress their creative ability. Knitting enables us to do this.

Knitting is a curious mix of creativity and structure. Structure and creativity are opposing statements, so it is difficult to introduce and develop creativity within those who need 'structure' to feel 'safe'. Knitting, however, is a creative activity which is executed within the 'safe' structure of a pattern. Although performed to given patterns, participants are free to choose patterns, type and texture of yarn, colours, length of time spent knitting and the level of challenge or complexity of the project. Alternatively, they can choose to follow prescriptively until they feel safe to progress. We can begin with easy, structured projects, where the reward is attainable with a little effort, then gradually encourage exploration and experimentation to the point where the knitter often learns to enjoy designing their own projects. Knitting promotes purpose, creativity, success, reward and enjoyment which is particularly important in groups who have no experience of these in other aspects of life.

*"Knitting requires me to think creatively, to plan, prepare, organise, co-ordinate and control just one small aspect of my life. Then any other changes are manageable."*

Knitting also provides **visual and tactile stimulation**. A survey of over 3,500 knitters carried out by Stitchlinks and Research Occupational Therapist Dr Jill Riley from Cardiff University showed that texture was significantly more important than colour for raising mood[9]. Touching something good tends to make people feel good and many knitters reported stroking their yarn in periods of low mood or depression. So we're coming back to the hands and the importance of the information we get from them. You can read more about 'Knitting and Mental Health' on page 27.

*"I have recently begun knitting and have completed several projects and have had a wonderful change in my mental attitude since finding the benefits of this craft."*

Knitting's easy portability is significant in its success as a health and social tool. A small 'bag kit' can be carried around to deal with problems out and about. Being deliverable in kit form to the armchair or bed encourages early intervention and involvement in an activity which can maintain and enhance social involvement in people who may be at risk of becoming isolated.

The knitting group can fit easily into the busy life of a hospital or GP clinic. It is easy to set up and has no time consuming mess to clear. From a financial perspective the learning process involves no wasted materials – mistakes can be undone and yarn can be reused.

Knitting requires no artistic ability making the reward attainable by all.

As I mentioned before, knitting enables gift giving and contribution but it takes this a step further by providing a platform from which the knitter can contribute to other 'causes' they may feel deeply about. For example, there are projects to knit socks for soldiers, chemo hats for cancer sufferers, prayer shawls for abused women. If you believe in a particular cause it's usually possible to find a global group of knitters on the internet to join.

Knitting 'works' as an individual activity which is enhanced by attending the group. The benefits of attending supportive social groups are well documented. These include enabling communication, mutual learning, exploration and discovery.

However they can also have drawbacks. Those with low social confidence may find them intimidating and difficult to join. Issues such as educational background and social standing are often continued into a group environment. The introduction of a self-soothing activity appears to enable knitters to manage these issues. Having a common interest or skill also alleviates the problem of social comparison which can reinforce negative feelings in other group settings.

In terms of 'The Knitting Group', the relationship between knitting and the group appears to be synergistic. Knitting makes the group work, and enables those with low social confidence or other issues to participate in the group. The activity provides a reason to attend and a point of conversation. A common purpose makes it easier for participants to attend alone, thus providing a means of safely expanding their social network, building social capital and discovering new, supportive friendships.

As a self-soothing tool, knitting enables participants to manage stress, anxiety, emotions and the fear of social situations, enabling them to attend and benefit from the group experience. The activity turns the group into a therapeutic experience.

To enhance this effect, the position of the hands increases personal space, which acts as a buffer to the outside world, enabling the knitter to go to places they would normally feel unable to attend. Many knitters, who dislike or fear public transport, will use their craft to enable them to travel. This encourages them to socialise and participate in groups.

This sense of ease is enhanced by the personal control group members have over their level of their participation in the group. Knitting is one of the few activities which enables eye contact

during conversation….or not. It is completely acceptable for a group member to sit and knit quietly within the group. This puts them in control. The knowledge that they can come to a group and sit and knit quietly and not have to fully participate all of the time is extremely important. It encourages them to come to the group even on days when they don't feel great. This improves social confidence even in those who may be initially terrified of group situations or who are agoraphobic. It's important for people to spend time in the company of others without feeling pressurised to contribute.

*"The calm atmosphere that exists within a group of knitters makes people feel comfortable and you don't feel you have to talk either, you can just sit in silence enjoying your knitting. It opens you up to a different way of listening too."*

The knitting group provides a level playing field where the disadvantaged and advantaged in life can meet as equals. Indeed, those disadvantaged in life may become teachers in the knitting group, so often roles are reversed. Groups can include, and easily integrate, marginalised populations as knitting crosses cultural, language, age, disability and intellectual boundaries. This work suggests that knitters and knitting groups are accepting of everyone as a 'knitter', regardless of other issues, so could have wide ranging implications and benefits.

The common interest builds a sense of cohesion between people of diverse backgrounds and firm supportive friendships are formed. Many meet up between the weekly knitting group meetings, nurturing a sense of belonging. Groups in the community help to build strong community relationships which can extend to global communities via the many knitting internet forums and blogs.

A noticeable effect of coming together to knit is the amount and volume of laughter and easy, relaxed banter. This could also be a result of the calming movements which quickly put people at ease. Laughter and easy banter with supportive friends in a safe social environment is the opposite to the stress 'fight or flight' response[10]. The more people can engage in these sorts of social contact, the more they can uptune the body's natural healing system.

*"Perhaps the real reason that people who laugh more sometimes seem to be healthier, or to recover more rapidly from illness, is simply because they spend time with others."*

*Patch Adams*

Touch and personal contact is missing from the lives of many. The knitting group encourages acceptable touch and close contact between individuals.

There is encouragement from group members to learn new skills with the support of others, so there isn't a problem introducing regular novelty and skill acquisition.

Within a health clinic situation, the knitting group run by a clinician, enables patients to absorb information and ask questions about their medical conditions. From the clinician's viewpoint it enables them to monitor, motivate and support patients over the longer term at low cost in an

unintrusive way which doesn't necessitate focusing in on negative issues or problems. It also provides an excellent opportunity for education or group therapy and can be an important aspect of a 'self-management + support' approach to long-term health problems.

Loneliness and social isolation are growing problems which are hugely detrimental to health and wellbeing. This work with knitting groups has identified the importance of the 'right type' of social contact in order to benefit health and wellbeing. The issues of social and emotional loneliness need to be addressed, and I believe the knitting group fulfils these requirements. Therapeutic Knitting groups are nurturing, healing places which enable people to 'just be' in the relaxed company of others.

*"Knitting on my own brings me peace and calm. Knitting with others makes me laugh and enjoy myself."*

Knitting is an activity which is conducive to group and individual work. Having a 'take home' tool linked to the group appears to have an important effect. It not only continues the positive reinforcement within the home environment, it also provides an activity which can be worked on in anticipation of praise at the next group meeting. This encourages continued group attendance, inclusion, participation and creative experimentation.

A supportive group will also encourage the individual to return to ask for the help of others when learning new skills but skills can also be learned through DVDs, books and YouTube so progress can be made at home between groups.

A recent study from the University of Sydney found that those who are mentally active and socially engaged are 40% less likely to develop symptoms of dementia[11]. Health services around the world could save large amounts of money by encouraging and supporting people to remain socially and mentally active. Knitting groups provide the potential to do this at low cost.

The nervous system and brain are wonderful organisms which are constantly adapting to change and experience. We know that pain changes the nervous system in a maladaptive way, but we also know that these changes are reversible and that we can exploit plasticity to treat. Learn more about knitting and chronic pain on page 23.

We also know that new brain cells can be born and new neural pathways can be opened and strengthened even in older people but, as with muscles, it's a question of using it or losing it[12]. Crucially, we know that if people sit unoccupied the brain declines. Mental and social engagement, and the learning of new skills can build a reserve which can protect us against destructive brain diseases such as dementia. So we need to be encouraging people to be learning new skills and helping them to maintain social contact. Health systems around the world could save millions by encouraging people to do this.

Knitting as a health care tool can be used in a number of ways. It's easier to engage men by introducing it as a tool with a specific aim in mind. This may be to facilitate a meditative-like state, to achieve deep relaxation, to manage panic or anxiety or symptoms of pain. It can also

be used to calm disruptive behaviour, encourage movement, normalise spatial awareness, facilitate visualisation, improve sleep patterns, manage stress and PTSD and improve mood.

Those who use knitting as a tool learn to enjoy the meditative-like, calming state of mind it enables, and continue with the activity for the enjoyment of this experience rather than that of producing an end product.

Knitting groups can be used to socialise minority groups, to educate, to encourage conversation and communication, as well as a means by which clinicians can monitor, motivate and support patients over a long-term at low cost.

Making simple, small changes to one aspect of life can change context and influence a host of other areas, thereby beginning the process of major change.

As part of a holistic approach, knitting can complement medical treatments to enable us to treat body, mind and spirit. It can change the context within which ill health is experienced, provide a means of positive reinforcement within the home environment and enable people to enjoy moments of solitude and peace.

We need to be taking a holistic view of ill health – looking at the person's whole life and the context within which they experience their medical condition(s) in order to achieve longer-term success in managing these conditions.

I have been collecting narratives since 2005 and I've become intrigued by how some people stay afloat despite numerous setbacks, problems and pain, whereas others sink under seemingly minor problems. Four issues come up time and time again.

These are –

- Social isolation and loneliness
- Worry, fear, stress
- Lack of rewarding occupation
- Low self-esteem, confidence and self-worth.

These issues feed on each other and produce physical symptoms such as muscle tension, poor posture, bowel symptoms, sleep problems and pain which, in turn, feed back into this cycle. The focus on self-management can only work if we educate, motivate and support people to do this on a long-term basis and provide help to deal with the above issues.

Current approaches often don't consider the person's whole life or the context within which ill health is experienced, so this remains unchanged. Long-term support and follow up is also frequently absent.

Knitting's portability means it can be used within the knitter's own environment, alone or alongside family and friends who are either participating in knitting, or not. Knitting may have

the potential to positively influence this environment, which could be beneficial in complementing medical treatments.

A successful self-management tool needs to –

- Provide ongoing accessible support, monitoring and motivation over the long-term
- Enable education and ongoing knowledge acquisition about health, wellbeing and, if applicable, specific medical conditions
- Provide a 'safe' structure, but at the same time, encourage and develop creative thought in a way which enables progressive withdrawal of structure as skills and confidence improve
- Encourage social engagement in a safe way, and provide a means by which those with low social confidence and different backgrounds can begin participating equally in group activity
- Provide a means of reducing stress, fear and worry
- Provide a means of rewarding occupation
- Give hope for the future
- Be easily accessible and cost effective, particularly at a time of concurrent financial restraint and increased need.

**Therapeutic Knitting and Therapeutic Knitting groups tick all these boxes at low cost.**

## REFERENCES


1 Greenwood PM, Parasuraman R. Neuronal and cognitive plasticity: A neurocognitive framework for ameliorating cognitive aging. *Frontiers in Aging Neuroscience* 2010; 2: 150. doi: 10.3389/fnagi.2010.00150

2 Lambert KG. Rising rates of depression in today's society: Consideration of the roles of effort-based rewards and enhanced resilience in day-to-day functioning. *Neuroscience and Biobehavioral Reviews* 2006; 30:497-510

3 Lambert KG. *Lifting Depression: A neuroscientist's hands-on approach to activating your brain's healing power*. Basic Books 2008.

4 Gallace A, Torta DM, Moseley GL, & Iannetti GD. The analgesic effect of crossing the arms. *Pain* 2011; 152 (6), 1418-23 PMID: 21440992

5 Jacobs B, Fornal C. Activity of Serotonergic Neurons in Behaving Animals. *Neuropsychopharmacology* 1999; 21:2S

6 Jacobs B, Fornal C. Martin-Cora F. Activity of Medullary Serotonergic Neurons in Freely Moving Animals. *Brain Research Reviews* 2002; 40:45-52

7 Holmes E, Brewin C, Hennessy R. Trauma Films, Information Processing, and Intrusive Memory Development. *Journal of Experimental Psychology* 2004 General; 133 (1):33-22

8 Holmes E, James E, Coode-Bate T, Deeprose C. Can Playing the Computer Game 'Tetris' Reduced the Build-up of Flashbacks for Trauma? A Proposal from Cognitive Science. *PloS ONE* 2009; 4(1):e4153

9 Riley J, Corkhill B. Knitting for Personal and Social Wellbeing; awaiting publication

10 Moseley GL, Butler D. *Explain Pain*. Neuro Orthopaedic Institute / NOIGROUP Publications 2003

11 Valenzuala M, Matthews F, Brayne C et al. Multiple Biological Pathways Link Cognitive Lifestyle to Protection from Dementia. *Biological Psychiatry* May 2012; 71 (9):783-791

12 May A, Boyke J, Driemeyer J, May A et al. Training-Induced Brain Structure Changes in the Elderly. *Journal of Neuroscience*, Jul 2008; 28 (28):7031-7035.

# KNITTING AND THE EXPERIENCE OF PAIN

BETSAN CORKHILL

DIRECTOR
STITCHLINKS CIC

BATH
UK

# KNITTING AND THE EXPERIENCE OF PAIN

To understand how knitting can help the experience of pain you first need to understand a little about pain.

Lorimer Moseley and David Butler, in their excellent book *Explain Pain*[1], encourage you to think of your brain as an orchestra. They describe pain as a tune an orchestra plays, and like a tune from an orchestra, pain is an output of the brain. A healthy, vibrant orchestra will play a variety of tunes of different tones, volumes and tempos. The musicians (the neurons) in that orchestra will be healthy and happy. They'll form strong links and connections.

When you experience pain, your orchestra gets stuck on playing the pain tune. The more it plays, the more practised it becomes, and the more difficult it is to break into that pain tune. Variety is lost. The orchestra's focus is on the pain tune so the musicians become bored, they may become sick. Links between them become weaker or they may drop out all together.

Using this analogy, we need to give the orchestra different tunes to play, and I believe that **developing creativity gives the orchestra access to a variety of different tunes**.

Contrary to popular belief there are no such things as pain signals. Pain is one of your body's alarm systems. Alarm or danger signals will travel up the spinal cord into the brain but your brain has to pay attention to them and interpret them before you experience pain. The brain does this within the context of past experiences, current mood, levels of occupation and social contact. It will then decide whether to output pain or not, and the intensity of that pain experience will depend heavily on context. The pain outputted is very real.

**Changing the context of pain, changes the pain experience.**

In chronic pain the nervous system becomes sensitised, so even minor events trigger those alarm signals. Thoughts and beliefs are nerve impulses too and contribute significantly to this sensitisation process.

Research carried out by Professor John Cacioppo from the University of Michigan suggests a strong link between feelings of loneliness and pain[2]. It's known that feeling lonely and socially isolated significantly increases the experience of pain, as can lack of occupation and low mood or depression.

Stress and pain are very closely linked. When the stress system is turned up the body's natural healing system, amongst others, are put on hold. We need to find ways of uptuning the body's natural healing abilities. Activities that support enjoyment, relaxation, laughter and safe social interaction may do this.

The Graded Motor Imagery Handbook[3] describes our 'drug cabinet in the brain'. We make our own natural painkillers which are more powerful than man-made drugs and have no side

effects. Worry, fear, anger, anticipation of pain, lack of social contact and lack of knowledge all close this cabinet while a more positive mood, knowledge about the biology of pain and involvement in life can open it. These signals also travel downward into the spinal cord to change the volume of the signals coming up. Worry, anger and lack of knowledge, for example, can turn the volume up, whereas more positive emotions, knowledge and supportive social interaction turn the volume down.

It's known that when we anticipate pain, the experience of pain is more intense when it arrives. If a person is due to have an operation or painful procedure we can use knitting to alleviate the negative impact of anticipation by advising the knitter to buy a knitting treat and luxurious yarn to look forward to knitting. We then tell them not to begin this project until they are actually in hospital. We encourage them to look forward to beginning the project. This changes the focus of their attention from worry and fear to a more positive one.

Professor Sandy Macfarlane from the University of Sydney, is an expert on PTSD and has found that trauma, or repeated small trauma, can sensitise the nervous system and result in pain many years down the line[4]. Linked to this finding, it's my observation that perfectionists need to pay particular attention to managing stress levels daily. Repeatedly not meeting perfectionist targets can increase stress every time this happens. It is also my observation that many of those I see with a diagnosis of fibromyalgia have strong perfectionist traits and it's an issue we talk about in our knitting group. A knitter learns that making mistakes isn't catastrophic, they can be undone or ignored completely – they can even be advantageous.

As I mentioned in the previous article the nervous system and brain are wonderful organisms which are constantly adapting to change and experience. We know that pain changes the nervous system in a maladaptive way, but we also know that these changes can be reversible and that we can exploit plasticity to treat.

**Chronic pain is multi-dimensional, involving a complex interaction between biological processes, a dynamic nervous system, psychological and social issues. Current, available treatments don't reflect this.**

Knitting can be used as an effective tool to manage pain by facilitating small changes, such as lowering stress levels, enabling relaxation and changing the context within which the brain interprets those alarm signals. It gives the pain sufferer ownership of an individual solution to their pain problem within their own environment, as well as giving them an opportunity to build social capital. This can begin **a process of physiological, psychological, neurological, behavioural and social change which can transform lives.**

Given the large numbers of people who suffer from chronic pain (1 in 7), and the financial constrictions that health systems across the world are facing, any tool needs to be cost effective, highly accessible, universally usable and deliverable to the armchair or bed in a format that puts no extra burden on already overloaded health care workers.

**Therapeutic Knitting and Therapeutic Knitting groups tick all these boxes at low cost.**

# REFERENCES

1 Moseley GL, Butler D. *Explain Pain*. Noigroup Publications 2003
2 Hawkley L. C, Cacioppo, J. T. Loneliness Matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine* 2010; 40(2): 218
3 Moseley GL, Butler D, Beames T, Giles T. *The Graded Motor Imagery Handbook*. Noigroup Publications 2012
4 McFarlane AC. Stress-related musculoskeletal pain. Best Practice & Research. *Clinical Rheumatology* 2007; 21(3): 549-65.

# KNITTING AND MENTAL HEALTH

GRACE MAIN

OCCUPATIONAL THERAPIST
NHS, HIGHLAND
SCOTLAND, UK

# KNITTING AND MENTAL HEALTH – BLAZIN' NEEDLES

Blazin' Needles, the knitting group I facilitate, is a therapeutic group, a place for people to come together and employ their own therapy – an important distinction from group therapy. It is an open group, held in a community arts centre located in an area qualifying for 'social deprivation funding'.

The group is attended by people who have self-referred, been taken along by a friend or been referred by another health professional. The only criteria are that you think your general wellbeing will benefit from attending.

Wellbeing and quality of life are internally defined by the individual. Savona, a dietician, states –

*"An individual's quality of life can be quietly and subtly undermined by 'low lying' problems with mood, memory and energy."*[1]

Attendance at a group with a therapeutic core, such as a knitting group, can help to address these 'low lying' issues.

Blazin' Needles differs from a main stream knitting group in that the activity of knitting is a 'tool' rather than a 'goal'. It's not an opportunity for highly skilled individuals to come together and impress each other. In practice, you don't even have to have a current and active interest in knitting, you can work on an individual piece of work, contribute to a group project or even just 'be' there.

The objective for this article is not to look at the mechanics of the task or the direct physiological outcomes of participation, but to relate the impact which attendance at the group has on general wellbeing, communication, health benefits and life skills. It also looks at the role of the facilitator and some 'magical moments'.

## HOW CAN KNITTING ENHANCE WELLBEING?

As well as being productive and relaxing in its own right – focusing the mind on a soothing and repetitive physical task rather than worries – knitting can help provide the distraction needed to assist with changing addictive behaviours such as smoking, aid dieting and reduce stress and anxiety. Advantages knitting has over some other techniques used to achieve this are that it –

- Can be done for 10 minutes or two hours
- Does not need a specific environment
- Is portable
- Is legal, not anti-social
- Can be done in public
- Can be done alone – not dependent on a partner, group or specialised environment

- Has value and an end product, which remains evident
- Can be graded so several projects can be 'on the go' enabling the individual to manage and control the level of attention needed at any time
- Has a very wide skill range.

## GENERAL HEALTH BENEFITS

Similar to several relaxation techniques, knitting focuses the mind on a physical task rather than emotional or psychological concerns. The meditative components of sitting comfortably, counting, repetitive movements and concentration can produce the same alpha-wave pattern as meditation and more quickly[2].

A state of 'mindfullness' can be achieved through activity. The productive element of it can also help reduce any feelings of guilt about taking 'me time' to meditate and relax. You can even sit and watch TV without being a 'couch potato'.

Positive influences on health and risk factors impinging on health are identified by Wilcock[3] as outlined below –

- POSITIVE INFLUENCES ON HEALTH
    - › Satisfaction, creativity, meaning and purpose
    - › Challenges to meet
    - › Belonging and sharing
    - › Social value – community.
- RISK FACTORS IMPINGING ON THE INDIVIDUAL
    - › Alienation
    - › Deprivation
    - › Imbalance
    - › Lack of opportunity to develop.

These are all relevant to involvement in a Therapeutic Knitting group.

The benefits of attending the knitting group can also be illustrated by using Maslow's Mountain, an adaptation from Maslow's Hierarchy used by Cole[4].

- Physiological needs – facilitated knitting groups can assist individuals adapt the method they use to perform the task and accommodate physiological needs without drawing attention to them. For example, poor vision, reduced mobility or obesity
- Safety needs – creation of a safe emotional environment
- Belonging and love – acceptance and respect within the group
- Self-esteem – achievement. Even if people are not able to feel achievement in their wider

life it is possible within the confines of the Therapeutic Knitting group
- Self actualisation – transference of skills and positive feelings to outside the group.

Health is most effectively improved with an holistic approach. Different health professionals will identify ways in which their own particular skills and knowledge can address specific health problems. For example, Savona a nutritionist and dietician, looks at how food and diet can influence energy deficit, premenstrual problems, seasonal affective disorder (SAD), insomnia, binge eating, mild cognitive impairment and depression[5]. All issues, that as an occupational therapist, I address through the use of activity.

This is where a Therapeutic Knitting group like Blazin' Needles can provide additional benefits. Guest speakers, such as a dietician, pain management nurse and benefits advisor, have been invited to the group, and onward referrals have been made to other services and agencies. There can also be direct liaison with the Community Nursing and Psychiatric services as well as Primary Care and Social Work. All of which leads to the individual receiving a more holistic, and therefore more effective, service.

There is also a 'weigh in' facility at the group, which was started at the members' request after Christmas. Individuals weigh themselves as often or as little as they want. The weight records are private to the individual. However, over the months, people have become more open; mood related eating patterns are often discussed, and people are encouraged when they have 'good' weeks. As the group facilitator I also take part in the 'weigh-in'!

## COMMUNICATION

The knitting group provides a non-threatening communication space. Communication theory states that good face-to-face and eye contact is essential for effective communication. Finlay states that prolonged or intensive eye contact can more readily invite response by increasing the engagement between speaker and listener[6]. However, for some people who struggle with effective communication, this need not be true. The knitting group facilitates effective and comfortable communication in an environment where it is acceptable to avoid eye contact. The situation which enables you to 'be' with another but not have eye contact, can provide the space to speak and feel unchallenged, or judged by the facial and non-verbal reactions of others. The parallel participation element of the group also excuses the listener from giving a full answer. Participation in a parallel activity creates private space within a social group.

*"As members feel safer with each other they spend more time expressing feelings and are better able to tolerate disagreement."*

*Linda Finlay*

The value of this has been demonstrated numerous times when people have chosen to share the most distressing or intimate detail with the group; an older woman relating the tale of how she learned to knit in a 'Mother-and-Child Home' so that she could make a layette and prove

she was fit to care for her child; the recently widowed woman relating how her husband had gone to buy bread and a paper while they were on a caravan holiday and never came back. People are listened to but often the feedback they get is minimal, so there are no great dramatics, just acceptance.

**The activity of 'knitting' creates the satisfaction of a productive space but, in so doing, creates a sharing space.**

Usually however, the communication is cheerful and fun and the group has a definite buzz about it. The yarn helps to create a colourful and tactile space, and the items people create can definitely add a 'wow factor'.

## LIFE SKILLS

Knitting has the potential to –

- Help people create a new perspective in life
- Change the social hierarchy within a group.

It's an activity where –

- Mistakes can be undone and rectified
- Perseverance readily leads to success. If you persist – you will improve.

Knitting is practical, experimental, productive, colourful, tactile and provides a means to demonstrate affection and generosity through the giving of meaningful gifts.

## TOUCH

In Western culture touch carries a lot of ritual and social taboo. It has the potential to be offensive and invasive as well as warm, comforting and therapeutic. Many people who seek out the support of a therapeutic group may, for social and / or environmental reasons, have little or no comforting touch in their lives. Touch is acceptable in a knitting group during direction and / or demonstration. However, due to the nature of the craft and the materials used, even at the most basic level it is a shared tactile experience.

## RELATIONSHIPS

The group has created a strong, informal, support network for the members. As comfort and trust has grown, the range of sensitive subjects and issues people have felt able to discuss and self disclose in a safe environment has increased. These are some examples –

- Memories of having been taken into care as a young child
- Parenting skills. Brainstorming child care issues
- Acceptance of one mother bringing her disabled child with her during the school holidays, and everyone taking a role in interacting with him
- When one member became too physically frail to attend the group, other members started to visit her at home and help with shopping and meals
- Memories of being in a 'Mother and Baby' hostel
- Domestic abuse as a child, an adult, and rape by sibling
- Advice and reassurance regarding everyday decisions when someone just lacked the confidence and self-belief to make the decision alone
- Supporting each other during life's crises including child care when a group member needed to go into hospital
- Bereavement
- Money issues
- Eating disorders and self harm
- Helping each other with transport
- Request for feedback on personal behaviour while on nicotine patches
- Members take in work that they have done in the past and are able to accept the positive feedback they get and thus achieve a feeling of self-worth
- Compliments when someone is looking good and doing well.

Individuals have also taken on informal roles within the group – organising get well and birthday cards, cakes, transport and supporting new members.

## THE ROLE AND NEED FOR A FACILITATOR

A skilled facilitator, employing the Humanistic Approach[7], will encourage enthusiasm and interaction within the group. The leader has the appropriate authority to guide but not dominate or intimidate the group, and will ensure all members are given equal time and opportunity while limiting inappropriate or unhelpful behaviour. Through active participation in the group they can also grade and influence the level of activity by adapting the skills needed and the materials and equipment used, ensuring all members have a positive experience.

On a practical level, the facilitator can ensure that people feel welcomed to the group by ensuring there are enough chairs, good lighting, materials available, tea and coffee facilities and minimum distractions.

Having an assigned facilitator within the group can reduce conflict and the potential of a 'clique' developing, thus keeping the group open and welcoming and maintaining the 'therapeutic core'. A skilled and experienced facilitator will also be far more aware of any microdynamics developing within the group along with non-verbal communication. The well-run group will remain supportive and non-competitive.

A 'low intensity' therapeutic group also makes good use of limited staff resources. One staff member can have input with a greater number of people than can be achieved by 'high intensity' therapy (Psychological Therapies Matrix[8]).

Evidence-based research has shown that low intensity does not equate with low effectiveness.

With Blazin' Needles I have also been able, albeit in a limited capacity, to offer 1:1 follow up to assist with particular issues outside the designated group session. These are issues which were identified during the sessions in general conversation; may not have been otherwise picked up in a timely manner, or dealt with as effectively if left for longer; had previously gone completely unacknowledged. This fits well with the recommendations identified by the Scottish Government document, *Realising Potential: an action plan for allied health professionals in mental health (2010)* which states that service users should have timely access to services in a range of settings and be supported in developing self-management skills. The following are just some examples of issues I've helped with as a result of the group –

- Issue of OT aids related to activities of daily living such as trolleys, grab rails, shower seats
- Transfer assessments and advice related to performance of activities of daily living
- Support and 'signposting' re linking up with other agencies
- 'Coaching '. For example, running through scenarios of dealing with difficult social situations or visits to the GP
- Joint working with designated NHS keyworkers, such as Community OT or Community Psychiatric Nurses
- Reinforcement of treatment and providing feedback about putting theory into practice, for example, anxiety management
- Continence management – One client's relationship with the Distrisct Nurse service had broken down due to ineffective communication. A longer-term supportive relationship with the client provided the opportunity to address this issue in a much less threatening and thus effective manner
- Assistance with form filling, particularly in regards to benefit payments and grant applications
- Accompanied shopping. For example, one lady wanted to do a tapestry but was too anxious to go shopping alone. Going shopping with her enabled her to reconnect with an old hobby and all the benefits it brought her, such as anxiety and insomnia management
- Support to make difficult or stressful phone calls. Many of the group members have issues with low self-esteem and confidence. Phone calls relating to money are usually stressful anyway but when people feel in a position of powerlessness, have no self locus of control, feel defensive or patronised, the stress level is increased. There are also issues relating to anger management often triggered by the inability to make human contact on the phone, and the cost of calling 0845 numbers, for example, when you only have access to a mobile.

*"I've got to phone the … people and I know I just won't be able to hold it together."*

Often the only support needed is to provide access to a landline and get someone through the menu selection but the outcome is far more positive than it would be without support.

## PERSONAL STORIES AND MAGICAL MOMENTS

Blazin' Needles evolved from a community group which had a much wider craft remit. However, knitting and crocheting turned out to be the mainstay activities, with other crafts having a more 'novelty' value and only happening periodically. When the group had to change location and time due to organisational changes, 'the knitters' moved to a more restricted environment. The original group is now managed by the community centre where it is held through it's 'Over 65' programme. Some of the original members, who are under 65, have stayed on as volunteers. This in itself is a success as these were people who were previously socially isolated and experiencing role deficit.

Below are examples of 'Magical Moments' I have experienced while being involved in both of these groups. They illustrate how effective the use of creative activity is in improving quality of life and wellbeing.

*"The group gives me the opportunity to do or re-do what I should have done as a child but without the fear of judgement, criticism, looking stupid or getting it wrong."*

This lady also told her consultant that the group had *'saved her life'* as she had only self harmed in a superficial way during a very low period. She used crocheting as a distraction and a way of coping with insomnia.

An elderly lady who has dysphasia following a stroke, had become very skilled at avoiding situations where she needed to speak and finding compensatory methods of communication, and, as a result, had become very socially isolated. One day she came into the group and said *"Good morning Grace, I'm wearing trousers"*. Grace and trousers, because words containing the letter 'r' were words she couldn't say before attending the group. The group gave her back the motivation to converse and the safe environment to practice. She is held in very high esteem by other group members because of her knowledge and skills. The fact that she struggles with finding and saying some words is immaterial.

Another lady more or less always held on to some elements of her illness due to the fear of being discharged from services and being left 'unsupported'. The group now provides her with a 'touch base' which she can drop in and out of as she feels the need. It has given her back an element of control.

Several individuals have sold some of their items at local craft fairs and sales. You cannot underestimate the positive impact it has on someone's self-esteem when another person is willing to pay for their work.

One lady said that she couldn't 'do' crafts as she was useless and couldn't knit, crochet or sew but wanted to join group so she could make tea and cakes for everyone. The therapeutic group gave her the opportunity to try various crafts and explore what she can and can't do. She no longer sees herself as failing or being useless but just needing to be selective in finding what's

right for her. Some of her obsessive compulsive traits have transferred on to new hobbies but they do still help her to relax and bring her positive feedback from others.

One of our single mums has increased motivation to engage in all craft activities which she then goes on to use to play with her young family.

The group was described by one member as *"My oasis"*.

An elderly gentleman came along as a carer for his wife who has dementia. He was encouraged to take up watercolour painting again by the group members. They gave him the confidence to do it for pleasure and not to focus on his reduced skill. One day he proudly told me he had signed a cheque for the first time in months as the painting had helped him gain some control of a tremor in his hand.

In December we had a non-Christmas event. People were openly able to acknowledge that they didn't like Christmas, and it was a particularly difficult time for them. We made the group a Christmas-free zone.

People attend on days they feel good and days they don't. The group is a place of tolerance, acceptance and support.

The group is usually just a buzz from the moment everyone arrives. Members are keen to show work, share patterns, update people on personal news and more.

## MY THOUGHTS

The Hobby and Knitting Groups have been an important part of my life for over a year, and I must admit have been my favourite sessions of the working week. Over the years, the profession of occupational therapy has tended to move away from the craft tradition and become focused on psychological and talking therapy interventions. These groups, for me, illustrate the way that for some people knitting, sewing and crafting can be used as a medium to practice and employ these new treatments in a way which is not only beneficial but non-threatening to individuals. Activities are meaningful and become part of people's daily routine. People are learning and taking away with new skills which they can use to improve their lives and help manage their medical conditions.

The group has highlighted to me that people need to be part of something bigger in their local community and that support groups do work.

**If people have a resource which they can drop in and out of as they need rather than going through a referral and waiting list procedure, their use of services does not automatically increase but can actually decrease.**

The group has also brought positive benefits to my own life. I've learned new crafting skills

from the group and met women who I now consider to be friends. I've become far more aware of how I use activities in my non-working time to relax and manage stress and value their role in my life.

## REFERENCES


1 Savona, N. *The Kitchen Shrink*. Duncan Baird Publishers. 2003 : 43

2 Hosegood, B. *Not Tonight Darling, I'm Knitting*. David & Charles. 2006: 22

3 Wilcock, A. *An Occupational Perspective of Health*. Thorofare, SLACK Incorporated. 1998: 122 & 138

4 Cole, M. *Group Dynamics in Occupational Therapy; the theoretical basis and practice application of group treatment*. Thorofare, SLACK Incorporated. 1998: 61 – 65

5 Savona, N. *The Kitchen Shrink*. Duncan Baird Publishers. 2003: 43 – 71

6 Finlay, L. *Groupwork in Occupational Therapy*. Chapman & Hall. 1993: 34- 44

7 Humanistic Approach adopts a holistic approach to human existence and pays special attention to such phenomena as creativity, free will, and human potential.

8 The Psychological Therapies 'Matrix' is a guide to planning and delivering evidence-based Psychological Therapies within NHS Boards in Scotland.

# KNITTING WITH DEMENTIA SUFFERERS


## HILARY JONES

PSYCHOLOGY TEACHER, GROUP FACILITATOR

## THERESA McNALLY

RESOURCE CENTRE MANAGER,
METHODIST CARE HOME ASSOCIATION

LEEDS
UK

# KNITTING WITH DEMENTIA SUFFERERS

The following guidelines are the culmination of two and a half years working with, and witnessing the use of knitting as a therapeutic tool with dementia sufferers. To date, we have only used knitting with those who were previously able to knit but have found that the majority of elderly women were once taught the skill, as were many elderly men.

All the therapeutic knitting groups we are actively involved with take place within a safe, secure, care home or day centre environment, where the dementia sufferer is already established and familiar with both the physical surroundings and the staff who care for them. In order to maximise the potential benefits, it is advisable to ensure that this is the case before setting up a Therapeutic Knitting group for dementia sufferers.

At the introductory stage of working with a new knitting group for dementia sufferers, begin by bringing out some boxes of yarn, needles and products. At this stage it is important to use materials with lots of colours and different textures, although actually knitting with different textures is not advisable with most of these clients as it tends to lead to tangles, more mistakes and confusion.

Textured yarn is initially very important as it helps to engage the client, and introduces the idea of knitting through the tactile sensory stimulation. This is especially so if it has been a long time since they did any actual knitting. It enables concentration and focus to occur more readily. Some clients may think they have knitted recently but may not have done for quite some time.

Engaging the client in sorting and playing with the yarn – manipulating it with their fingers and hands – as well as talking about knitting, the yarn and the creation of products can initiate some surprisingly deep levels of conversation and social interaction. It can encourage relevant thinking about knitting, and appears to be an important stage in running a Therapeutic Knitting group for dementia sufferers. Some may have memories of winding yarn with their mother or grandmother and be stimulated to talk about it. This precursor to actual knitting is therefore very important; it acts as a visual reminder of the nature of the activity of knitting and helps to set the scene as the session begins.

Getting into the thinking of the client is paramount. It is important to conceptualise the action and movement of knitting from the perspective of the individual dementia suffer – not the carer, relative or a facilitator's viewpoint. We believe the dementia sufferer retains many (if not all) memories regarding ‘knowing how to knit’ but these can be difficult to access due to incomplete or confused neural networks. As a facilitator, you are helping to fill the gaps or complete the circuit.

We use a kinaesthetic feedback approach. This involves putting the knitting needles and yarn into the hands of the client so they can feel them. The tactile sensations send messages which help to trigger or join up the circuit of memories essential for performing the bilateral, rhythmic action of knitting. The client will experience and become accustomed to the touch of your

hands while you help place the knitting needles and yarn. Stimulation through touch, texture, colour and vision alongside verbal assurance is important for encouraging engagement.

Verbalising what you are doing helps the client from both a cognitive and social aspect. They are not simply being given objects in their hands but rather there is an accompanying language component with which they will have some familiarity – even if they only grasp key words or phrases relevant to the action of knitting.

If the client is very slow to react to the activity of knitting, place some yarn in their hands so that they can experience the sense of touching and manipulating the yarn between their fingers. This approach helps to consolidate and maintain memories of knitting. When appropriate, add the needles containing some stitches and a couple of rows already knitted. This further enhances the sensory and tactile experience and stimulates memories of the actual knitting activity.

All the above steps have regularly been observed as necessary precursors to engaging the client in a more active participation in the knitting activity. It is important at the start of the actual knitting phase to ensure some stitches are already on the needles, and at least one or two rows have been knitted to give some presence and stability to the 'feel' of the knitting. Twenty five stitches is a good place to start to produce a knitted square.

A client who achieves the 'zoning in effect' of knitting will –

- Be totally oblivious to physical surroundings
- Not respond to any communication
- Be performing a rhythmic, regular movement of the hands
- Produce stitches which are regular
- Appear to be in almost an hypnotic trance. Their eyes will be totally focused on the knitting action and appear to 'see' nothing else
- Appear to have a deep focused concentration on the action of knitting.

The breaking up of, or the emergence from, the 'zoning in' will be equally obvious as the client will suddenly appear to have 'woken up' and become aware of their surroundings again. This is often accompanied by a verbal response or non-verbal communication, such as an open expression or smile to whoever is present. It is very important to respond verbally at this stage with comments such as –

*"Look what you have done. Shall we do some more? Perhaps one more line?"*

'Zoning in' to the meditational effects can last just a few minutes but can be as long as thirty to forty minutes with a few 'breaks' in concentrated effort. These breaks can take the form of a brief conversation regarding the actual knitting with regard to colour, product, length, stitch, or cast on or off. This appears to happen without the total loss of the 'zoning in' state and the client will subsequently return to the rhythmic movement of their hands.

Often, as the facilitator attempts to engage the client in knitting, they will respond with an emphatic "NO" which is sometimes accompanied with an explanation such as –

*"I've done all the knitting I am ever going to do."*

*"Can't do it anymore."*

*"My hands are too stiff."*

It is important to reassure verbally that there is no problem or pressure at this point. Going through the process of placing the yarn and needles in their hands as outlined previously can often overcome this negative approach. Again, always reinforce your actions with verbal confirmation. This can be a successful strategy for overcoming the common negative responses, and can be repeated at intervals of 10-15 minutes during the knitting group session.

It can take time and a few sessions to achieve a more positive attitude or response to motivate their involvement, but it's often worthwhile persevering with gentle persuasion.

Some clients – usually those in the earlier stages of dementia – will ask *"What are we making or doing?"* Whether this has any real depth of enquiry from a cognitive processing aspect is difficult to ascertain or assess in an objective way because the client often (even in the early stages) has trouble with continuity of thought and forgets what they are actually doing.

It is always important to verbally reinforce what you are doing in combination with showing visually the possible end product. You can show a cushion or blanket made from squares, or other easy shapes such as a baby's coat, bootees, a stuffed toy and so forth.

It is important to note that very few of these clients actually manage to produce a finished item, although they will perhaps knit some squares or part of a scarf. The important point here is that *they* believe they are knitting an end product and that, as the facilitators, we are working from the perspective of the dementia sufferer at all times.

Some clients require constant reassurance and clarification of what they are doing, including the type of stitch or the item they are creating, whilst simultaneously creating those stitches they are asking about. This can lead to animated conversation regarding the knitting and should be actively encouraged.

Most clients produce knitting that is full of unintentional mistakes. These can be dropped stitches, extra stitches, irregular tension, stitches that are not executed correctly and other variations. The idea of a 'mistake' embraces the view of the observer that there *is* a right and wrong way to knit. This shouldn't be conveyed to the client. Whichever way they choose to knit is the right way for them.

Following the technique of free-form knitting, as promoted recently by Jean Moss and others, the particular creations of each client should be used no matter what their shape, texture or

appearance. Any 'problems' with holes, uneven knitting or odd shapes can be reinvented with minor additions such as knitted or crochet flowers, sewn appliqué bits or buttons. Being the mother of invention ensures the client's creations can look beautiful and are valued.

Some dementia sufferers believe they still do knit regularly, and will happily engage in interesting conversations regarding their knitting, when often, if not always, they are not doing any knitting at all. Unfortunately, it appears to only be executed in their head and it is not always clear when thinking and action became separated.

This can be a negative barrier to engaging in the action of knitting during the group session; the client is convinced they already do it. They may perceive the knitting group to be boring or a waste of time, and show a distinct lack of interest and enthusiasm for joining in. This can be difficult to overcome without coming across as too persuasive or intimidating, so you are treading a fine line in which a positive, supportive atmosphere must be evident at all times.

The most successful strategy has been to gently ignore their negative comments and include them in the knitting group by sitting beside them and chatting about knitting in general and their knitting in particular – going along with their claim to be still knitting. This can include reference to products, colours, textures, family or historic aspects, and a discussion about the boxes of yarn and the creations the knitting group are working on.

As part of this 'art of gentle persuasion' ask the client if they would help you by looking after your knitting while you help one of the others, attend to a problem with a tangle or dropped stitch. This can be a useful way of encouraging the client to physically handle the knitting yarn and needles. This is sometimes all that is needed to engage them in actual knitting.

If getting involved in the actual activity is not immediately forthcoming, returning to a more in-depth conversation regarding the stitches involved in knitting can help, such as –

*"Can you show me how to do garter stitch? I might not be doing it correctly."* or

*"Would you watch me knit a line and tell me if I am doing it correctly?"* or

*"You have been knitting a lot longer than I have, could you help me please?"*

Running a knitting group for dementia sufferers is very much a trial and error experience from session to session, with many of the participants varying in their active involvement. Some will happily join in each time, others will remain quite negative and need some gentle persuasion. Many will not remember anything of the previous session while others may have a vague recollection or an emotional memory of taking part in an activity they enjoyed.

It is also an unfortunate reality that membership of the knitting group is unlikely to remain the same for long. This is largely due to the unpredictable nature of dementia – some sufferers gradually become more incapacitated while others can have huge dips. This often entails moving on to other care provision or hospital stays or no longer being able to participate for

physical and mental reasons. Their mental capacity can reduce to such an extent that they are no longer able to function.

The knitting groups I have run during this two and a half year period have varied in their duration from three months to nine months with some additional members joining in along the way.

Please note that this is on-going work which we're continuing to expand. The points above should form a baseline from which to work.

If you use knitting with dementia sufferers, we would be grateful if you would communicate any additional observations or ideas that appear to work, together with a brief account of your experiences using these guidelines.

**Please contact Hilary Jones at Crithinkhil@aol.com.**

or

**Betsan Corkhill at Betsan@stitchlinks.com**

For general guidelines on setting up and running a Therapeutic Knitting group please go to the Stitchlinks website –

**www.stitchlinks.com/group_leaders.html**

Sign up for a free Core Pack which contains important information on the basics of setting up a Therapeutic Knitting group.

# KNITTING AND ADDICTION

BETSAN CORKHILL

DIRECTOR
STITCHLINKS CIC

BATH
UK

# KNITTING AND ADDICTION

Knitters across the world have already discovered the power of knitting for helping to break addictive habits.

These range from smoking, self-harm and binge eating to alcohol and drug abuse. Less harmful, but nevertheless distressing, addictions reported include hair pulling (trichotillomania) and pulling out eyebrows linked to stress. Other unwanted behaviours such as evening snacking can also be controlled with knitting as part of a weight management plan.

I have been surprised at the level of hidden self-harm confessed to in the narratives and emails Stitchlinks has received. This isn't a problem restricted to teenage girls – middle-aged women are self harming too. I also believe that for many, binge eating is a form of self harm and self punishment born from feelings of extremely low self-worth, and in some cases self-hatred.

As well as enabling control over a range of destructive addictions, knitting can also be used to reduce and manage the use of prescribed medication.

## WHY IS THIS?

## HOW CAN KNITTING HELP TO BREAK SUCH POWERFUL ADDICTIVE HABITS?

These are some of my theories –

To understand why this is happening, we first need to examine the person behind the addiction. What drives them to their addictive habits in the first place? Getting to the core of why addicts become addicts, and doing something about these issues is key to long-term success.

### THE ADDICT

The core issues described in other articles very much apply here. These are –

- Social isolation and loneliness
- Worry, fear, stress
- Lack of rewarding occupation
- Low self-esteem, confidence and self-worth.

In addition the addict may have –

- A history of trauma and physical / sexual / psychological abuse
- Post traumatic stress disorder (PTSD) – which is common in addicts

- Poor concentration – many drug addicts have symptoms of ADHD
- Untreated psychiatric conditions
- Poor coping and self-management skills
- A fear of social situations and no access to safe social contact
- A criminal record or they may have been in prison
- General poor health
- Poor education – they may have dropped out of school early
- No friends or support network – they may only have access to other addicts
- No positive, successful role models
- Little experience of the sense of success, pride or accomplishment.

They may also be –

- Homeless
- Constantly feel threatened or unsafe and in a permanent state of stress.

Those with a history of heavy substance abuse tend to –

- Exhibit low self-esteem
- Have been emotionally isolated
- Have little experience of healthy relationships.

The addicted individual often begins on this pathway because they have poor coping or self-management skills to deal with life's problems. For example, alcoholism may have begun with a few drinks to manage stress, low mood or sleep issues. For many, it's an easier way out than confronting problems and emotions.

Other life issues such as poverty, poor family or social environments and lack of parental guidance in basic life skills, impact significantly. Unresolved trauma or abuse, combined with poor coping skills, are a recipe for wellbeing disaster.

Once entrenched in their addiction, other issues begin to kick in. Friendships and healthy social connections die away. Work may become impossible, so a life of crime may be the only way to feed an all-consuming craving. Homelessness can easily ensue.

It's a downward spiral which is extremely difficult to break and then climb out of. Self control and effort needs to be maintained over the long term so any effective tool needs to be easily accessible, life long and affordable.

Even those with less life-threatening addictions such as hair and eyebrow pulling suffer from crippling self-esteem issues and intense loneliness as a result of their secretive, addictive habits.

Conquering addiction is not simply a case of breaking the habit or overcoming cravings. It's about building life skills and social connections from scratch; occupying the time spent on the

addiction; finding people to talk to; learning to trust others again; regaining a sense of self-worth in society; putting into place skills to manage life's future down periods or knowing where to turn to for help in times of crisis. Knowing that there is someone there to turn to. Each of these steps is a major challenge to deal with.

## WHAT ARE THE BENEFITS OF KNITTING IN THESE CIRCUMSTANCES?

### THE ACTIVITY OF KNITTING –

- Occupies the hands and the mind
- Occupies the time previously spent on the addiction
- Changes the awareness of the passage of time – the sense of 'flow' is experienced[1]
- Distracts from thoughts of relapse and unpleasant withdrawal symptoms
- May stimulate the reward system in the brain, as discussed on page 14
- Is deeply relaxing providing a self-soothing tool.

### THE PSYCHOLOGICAL BENEFITS INCLUDE –

- Actively engaging the addict in the therapeutic process of recovery
- Providing a calming / self soothing tool which enables management, rather than avoidance of emotion, anxiety or fear of social situations
- Increasing self-esteem which is essential for recovery
- Encouraging creativity which may improve psychological flexibility and the ability to self-manage
- Motivation to try other things
- Relieving boredom which is a major trigger to relapse
- Portability. It can be done any time, anywhere, whenever cravings strike
- Provision of a life-long tool which can be used during moments of threatened relapse
- Grounding the addict in the moment enabling them to stay in the present
- Encouraging hope about the future
- Providing an example of how persistence and patience can result in success.

Actively engaging people in the process of recovery and self-management is an important aspect of long-term success in all aspects of life.

**If a person 'owns' a solution and is in control, rather than having something passively 'done' to them, they are more likely to succeed.**

This is true for all life coping strategies.

Knitting's self-soothing property plays a large part in its success as a tool for addicts. It enables them to manage emotions rather than avoiding them through self-punishment or obliteration of rational thought. In a group situation, knitting enables the addict to manage

anxiety, feelings of mistrust of others, stress or withdrawal symptoms to encourage healthy communication and participation in the group. It encourages laughter, enjoyable conversation and banter as well as the discussion of deeper, problems and issues which previously wouldn't have been possible. Self-esteem and the feeling of being worthwhile are raised and this is key to long-term success.

A major trigger to relapse, particularly in early days, is boredom. Giving up a habit leaves a lot of 'space' – unused time. Having unoccupied 'time' is dangerous. It becomes difficult to focus the mind on thoughts other than cravings and a desire to participate in the addiction. The addiction can be seen as a means of providing short-term relief, pleasure and escape from the struggle and pain to break free. Relapse, in turn, exacerbates feelings of remorse and failure when 'highs' plummet and realisation strikes.

*"Knitting fulfils the three criteria of a good interstitial-time activity; it's portable, it can be done amid distractions, and even a few seconds spent on it contributes to the end result."*

*Merlin Mann, 43folders.com*

The struggle to break addictive habits can often seem an impossible task, particularly when life coping skills and social support is absent. Encouraging hopeful thought about the future is important. Having a portable, accessible tool to turn to can reinforce these feelings at any time, anywhere. Learning a life-long skill and having the opportunity for ongoing skill acquisition can also maintain the hope that life's challenges can be dealt with and addictive desires curbed throughout life.

Addicts often don't possess the persistence and patience to work at a task. The 'quick fix' approach to life is always more appealing. Longer-term approaches entail 'work', effort, pain to achieve. Knitting provides instant visual feedback of success, one step at a time; one stitch at a time towards the end goal. Learning to knit, making mistakes, and learning from these to eventually produce an end product to be proud of, despite a few detours along the way, teaches a valuable life skill, transferable to other areas of life. It also enables success so the addict experiences the sensation of being successful in life.

**One step at a time; one stitch at a time = goal achieved**

SOCIAL BENEFITS

Feeling lonely and socially isolated is hugely detrimental to health and wellbeing. The issues of social and emotional loneliness must be addressed for long-term success.

The Therapeutic Knitting group aimed at treating addiction provides –

- A reason to attend
- An alternative social place, which is safe
- An opportunity to develop trust in other people

- An opportunity for group therapy
- Opportunities to encourage active involvement in a group environment
- Opportunities to encourage and improve communication and conversational skills
- An example of 'normal' social behaviour
- An alternative positive focus and topic of conversation
- An environment that promotes discussion, learning and information processing
- An environment for education, mutual learning and knowledge sharing.

Knitting together can –

- Help to rebuild family relationships and reconnect generations
- Teach the addict that it's OK to ask for help from others which is hugely important in the recovery process
- Enable the addict to become a respected teacher
- Change their role in life.

In addition, community Therapeutic Knitting groups can provide opportunities to –

- Become part of 'normal' local communities
- Experience and communicate with positive role models
- Make firm supportive friendships to develop a local support system.

SUCCESS AND HOPE

Knitting begins the process of being successful. It teaches –

- A person that they can make a choice to change and move on to improve life and wellbeing
- Mistakes and failures can be transformed into successes
- The 'feeling' of being in control
- The 'feeling' of success.

Having hope for the future is vital for conquering addiction and for general wellbeing.

SELF-ESTEEM

Improving self-esteem is crucial to long-term success in combating addiction.

The Therapeutic Knitting group gives participants the experience of engaging with others in a safe environment. Within this group, the addict learns new skills and learns they have something to offer others. They are encouraged to learn new skills and pass on their skills to others – they become teachers. In addition, achievements and end products produced are praised and admired. Their projects may be copied by others. A sense of pride is fostered. Some of these addicts may never have experienced praise or a sense of pride. They may have lived with criticism throughout their lives. Their sense of self-awareness may have become numbed or unimportant due to low feelings of self-worth.

Therapeutic Knitting and the Therapeutic Knitting Group can help to change the addict's identity – not only how they perceive others 'see' them but, most importantly, how they perceive themselves. It helps to create a new, positive identity.

The Therapeutic Knitting group can play an important part in dealing with serious addiction whilst knitting alone can help manage and break addictions such as smoking, self-harm, binge eating or uncontrolled snacking.

Many people with long-term medical conditions such as pain or depression are on unsustainable high levels of medication. Knitting at home and in supportive groups can help them to manage a supervised reduction in medication, whilst providing a tool for managing side effects of withdrawal or any increase in symptoms which may arise. This should always be done under medical supervision but knitting and knitting groups can facilitate success and support patients on this journey over the longer term.

Having a portable, self-soothing tool which gives a person control anytime any where, which actively engages them and provides social support makes long-term success more achievable. This tool needs to be easily accessible and deliverable at low cost.

Therapeutic Knitting and Therapeutic Knitting groups tick these boxes effectively.

## REFERENCES

1 Csikszentmihalyi M. *Flow*. Harper & Row. 2002

# A THERAPEUTIC KNITTING NETWORK – OUR PROPOSED STRUCTURE

BETSAN CORKHILL

DIRECTOR
STITCHLINKS CIC

BATH
UK

# A THERAPEUTIC KNITTING NETWORK – OUR PROPOSED STRUCTURE

Our network will focus on –

- Improving wellbeing and positive living
- Encouraging laughter
- Reducing stress
- Reducing loneliness and social isolation
- Building supportive local communities
- Building supportive global communities.

It is proposed that groups will be classified by their specific aim rather than their venue.

## COMMUNITY GROUPS

**Community Groups will be at the core of our network.**

They will be run by facilitators who will provide 'quiet background direction' ensuring no-one is isolated and that newcomers are made to feel welcomed and included. Facilitators will be aware of the fundamentals of Therapeutic Knitting and it is proposed that a mentor manual be produced for this purpose.

Community Groups will aim at –

- Improving general wellbeing
- Encouraging social inclusion
- Building local community links and involvement – knitting together communities
- Providing a means of building safe social capital
- Having fun and laughter in a safe environment.

## TREATMENT GROUPS

**Treatment Groups will include the above, but build on these to use Therapeutic Knitting as a health care tool.**

Treatment Groups will be run by clinicians, who will be able to answer medical queries. This has the potential to reduce the number of GP consultations required for ongoing problems, simple queries, or those due to loneliness.

It is intended for this to be part of a 'self-management + support' approach to managing long-term conditions and general wellbeing. However, groups will also provide ongoing support for those who may never develop the skills to self-manage and promote recognition of this.

These Treatment Groups will aim at improving health and wellbeing in general, but may also have specific aims such as health education or group therapy. Typically, they will be held in medical environments such as GP surgeries, care homes or hospices, but a clinician may also hold a Treatment Group in a community setting which may be easier for participants to attend.

Hospital clinics may also run Treatment Groups for those patients who require more help. Education and focus on specific health-based issues may be more intense in these groups. Treatment Groups will also provide clinicians with a means of monitoring, motivating and supporting those with long-term medical conditions on an ongoing basis at low cost.

## SPECIALITY GROUPS

**Speciality Groups will focus on particular issues or conditions such as pain, mental health, addiction, dementia, serious stress management or cancer, for example. Speciality Groups may also focus on issues such as dyslexia, dyspraxia or disruptive behaviour.**

They will be run by clinicians or teachers who are knowledgeable in these specialities. Participants in these groups will also be able to access Treatment and Community Groups which will provide consistent support and a means of frequent, safe, social contact in local environments, 'close to home'.

## ROLE

The role of Therapeutic Knitting groups will be –

- Preventative
- Supportive
- Educational
- Fun.

### PREVENTATIVE

The preventative role will include providing –

- Individuals with safe social contact
- GPs and other health care workers with options for early intervention
- A means of stress management
- Opportunities for health and self-management education
- Opportunities to motivate and inspire through creativity
- Opportunities to monitor long-term conditions to prevent crises
- Opportunities to build safe social capital
- Opportunities to make firm supportive friendships to reduce loneliness
- Opportunities for laughter and fun.

SUPPORTIVE

The supportive role will –

- Provide an opportunity to tackle the core issues as identified on page 3. As a reminder, these are –
  - › Social isolation and loneliness
  - › Worry, fear, stress
  - › Lack of rewarding occupation
  - › Low self-esteem, confidence and self-worth

- Encourage a 'self-management + support' approach
- Provide ongoing support for those unable to self-manage and promote recognition of this
- Provide clinicians with an opportunity to monitor, support, motivate and educate their patients over the longer term at low cost – thus also supporting clinicians
- Provide opportunities to encourage people into a position where they are confident to self-manage with support
- Provide opportunities to move people toward their 'change decision line' – the decision to take action to change, or take responsibility for their own health and wellbeing
- Strengthen local communities so that people have someone to turn to.

EDUCATIONAL

Educationally groups will –

- Provide an opportunity for group therapy
- Provide an opportunity for health education such as on pain, diabetes, diet, exercise
- Disseminate information on recent research in lay terms
- Provide general education on self-management and coping skills
- Provide an opportunity for individuals to learn social skills
- Provide a platform for a two-way exchange of information between clinician and patient – the clinician has the opportunity to hear the patient's story.

## STITCHLINKS

Stitchlinks has three arms –

1. A support network for those who wish to explore and enjoy using the therapeutic benefits of crafts, particularly knitting
2. A central, trusted hub for research into these benefits
3. A centre of information and support for clinicians wishing to use Therapeutic Knitting.

Stitchlinks provides central information and support as well as a communication network through forums, newsletters and articles on health- and wellness-based topics.

Our central support consists of –

- Forums for group participants including global, monthly, online coffee mornites
- Forums for group facilitators to share information and ideas
- Forums for researchers to share information and promote collaboration
- Information in the form of downloadable Pdfs
- Dissemination of research in lay terms – our own, and other relevant
- Monthly e-newsletters
- Affordable materials, starter kits and group starter kits through the Stitchlinks shop
- Training for group facilitators and establishment of knitting therapists
- Website and communication links
- Dissemination of information to the media
- Therapeutic Knitting study days
- A global community.

GUIDANCE

Stitchlinks also provides guidance in the form of –

- Core Packs –
    - › Setting up a knitting group
    - › Setting up a treatment-based knitting group
    - › Setting up a school-based knitting group.
- Articles on 'Troubleshooting Knitting' for those with painful hands, arms and necks
- Articles on 'Troubleshooting People' – managing disruptive behaviour or dominant characters in group settings.

Stitchlinks was founded in 2005. It is a non-profit community interest company (CIC), and has been gradually gaining recognition across the globe. Many of the proposals above are already in place and working well. However, we are constantly reviewing our practices, updating and adapting to requests.

We are already working with clinicians, academics, group facilitators and knitters in the UK and other areas across the world. Our work is promoting Therapeutic Knitting to reduce stress, loneliness and social isolation as well as to 'treat' certain medical conditions such as pain, depression, addiction and dementia to improve wellness and positive living.

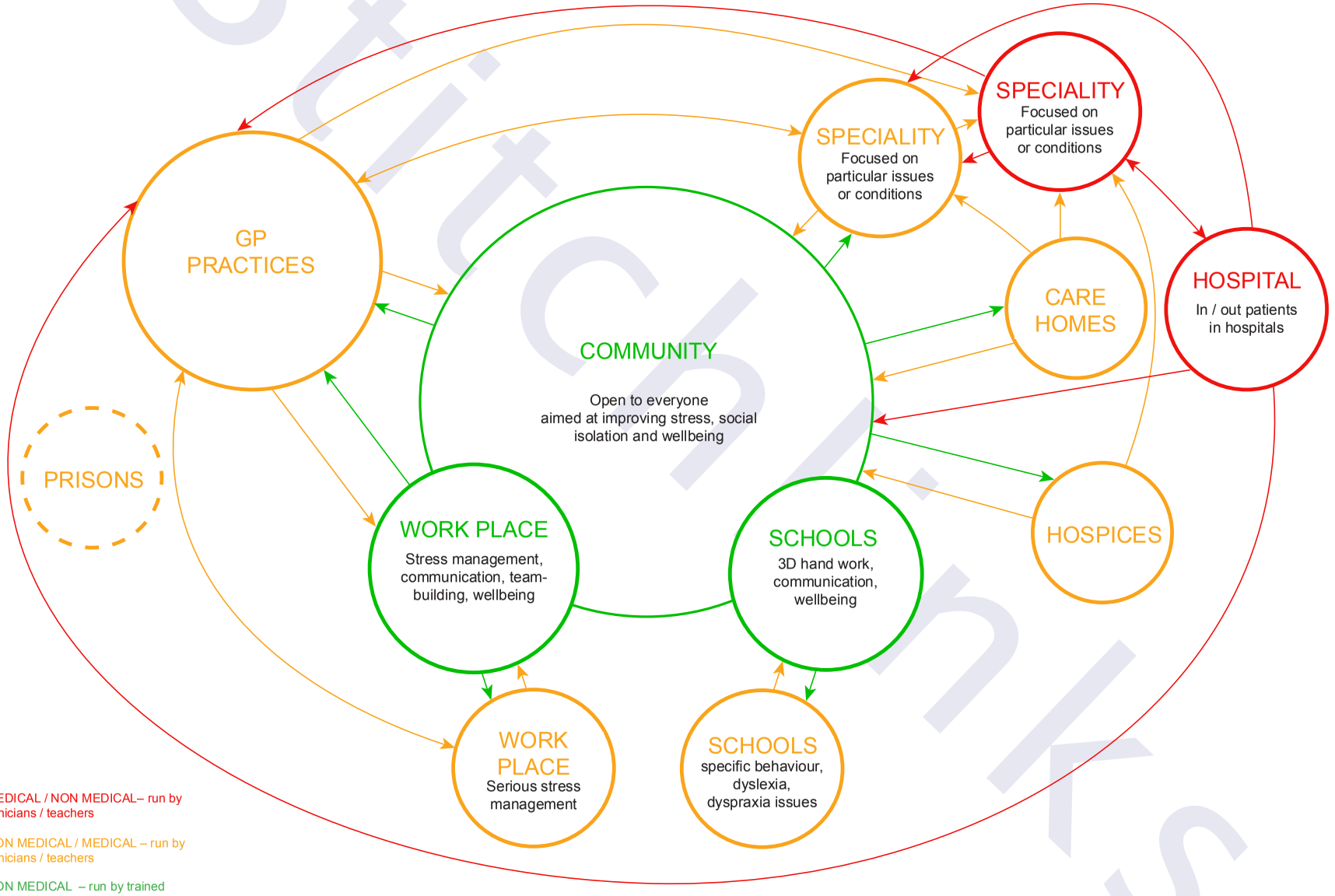
**Find out more on www.stitchlinks.com**

The proposed structure shown on the next page is an outline of our ideas for a global network. Please note this may change slightly on further discussions with clinicians, group leaders and knitters and we'd welcome your feedback.

May 2012

# Stitchlinks

Central hub of information.Training of Knitting Therapists. Information and support for group facilitators. Web-based support network, Forum, web-based information articles, e-newsletters, e-zines



# KNITTING FOR PERSONAL AND SOCIAL WELLBEING


## DR JILL RILEY

SENIOR LECTURER
SCHOOL OF HEALTH CARE STUDIES
CARDIFF UNIVERSITY
WALES
UK

## BETSAN CORKHILL

DIRECTOR
STITCHLINKS CIC

# KNITTING FOR PERSONAL AND SOCIAL WELLBEING – FINDINGS FROM AN INTERNATIONAL SURVEY

## BACKGROUND

There is increasing evidence that engaging in creative activities can positively impact on health and wellbeing[1-2]. As a creative, inexpensive and portable activity, knitting combines repetitive tasks, physical and cognitive skills with the enjoyment of creating a product[3]. Its recent revival, and increase in popularity worldwide has improved its social acceptability with a rise in social networking groups and internet sites where knitters can share experiences.

This paper presents the findings from an international online survey that aimed to identify the impact of knitting on individuals' physical, mental and social wellbeing through –

- Identifying how and why individuals engage in knitting
- Establishing knitters' perceptions of how knitting –
    - › Affects mood, feelings and thinking
    - › Promotes social activity
    - › Impacts on individual's skill development.

## METHODS

Following Cardiff University's School of Health Care Studies ethics committee approval, a questionnaire including multiple choice and free-text questions, was developed using Bristol Online Survey (BOS) software and piloted with 40 local volunteers to improve validity.
A revised version was launched on an internet knitting site in 2010, with the host's permission.
A maximum response rate was set at 5,000 and the link to the questionnaire remained open for two weeks. Appendix 1 offers more analytical data.

## RESULTS

3,545 knitters responded (3514 valid responses) from 31 countries. The majority of respondents (59%) lived in North America (USA and Canada) and 31% in the UK.

### DEMOGRAPHICS

98.8% of respondents were female, 1.2% male and the majority (90%) classified themselves as 'white'. The majority of respondents (58%) were under 40 years of age. The most frequently occurring age group was 21-30.

## MEDICAL CONDITIONS

33% of respondents reported having a medical condition. These included psychological, physical and neurological problems; most commonly anxiety, depression, arthritis, fibromyalgia and hypertension.

## REASONS FOR KNITTING

Respondents were asked to identify their main reasons for knitting. These included –

- Perceived psychological benefits such as relaxation and stress relief
- Therapy and meditation, which were related to knitting's rhythmic and repetitive nature
- A means of being productive whilst engaging in passive activities such as watching TV, travelling or waiting for appointments
- Hands-on tactile engagement
- A sense of accomplishment
- A creative outlet
- A means of giving to others
- A vehicle for social activity.

## KNITTING FREQUENCY

The majority of respondents (72%) reported knitting more than three times per week. Analysis revealed a significant relationship between knitting frequency and respondents' perceived mood and feelings; especially calmness, happiness, sadness, anxiety and confidence.

## CALMNESS

Frequent knitters (who knitted more than three times per week), were more likely to report feeling calm after knitting (see appendix, table 1). Respondents commonly reported that induced feelings of calm and relaxation were related to the rhythmical nature of the knitting process. Typically respondents described *"the rhythm"* and *"repetitive motion"* of knitting as *"hypnotic and calming"* or as *"soothing"*, *"restful"* and *"spiritual"*. Respondents also felt that knitting had meditative and *"zen-like"* qualities.

## STRESS RELIEF

The majority of respondents (79%) reported that knitting 'did not' make them feel more stressed, although 18% indicated that it did 'sometimes' (this was generally related to the frustrations of learning new knitting skills, setting tight deadlines, or attempting projects above their skill level). Knitting was, for the majority of respondents a *"stress reliever"*, and the process of knitting was described as a way to *"unwind"* from stresses of work. Knitting also helped respondents suffering from anxiety disorders to cope with stressful situations, as one respondent put it –

*"It helps me relax so that my anxiety and panic don't overwhelm me."*

KNITTING AND HAPPINESS

Respondents were asked to indicate on a 7-point scale ranging from 'very sad' to 'very happy' what their mood was generally like before they start knitting. 43% described their mood as 'neutral' with a further 34% describing themselves as 'happy'. The remaining 23% rated themselves as 'a little' to 'very sad'. Whereas after knitting less than 1% said they remained sad and 81.5% rated themselves as feeling 'a little' to 'very happy'. The results displayed in table 1 (appendix) indicate a positive association between more frequent knitting and respondents' perceptions of improved mood after knitting.

THE IMPACT OF COLOUR AND TEXTURE

On a 5-point scale ranging from 'definitely not' to 'definitely', 29% of respondents indicated that the colour of the yarn did not usually affect their mood compared to less than 1% for texture. Whereas 24% of respondents felt that colour 'usually' or 'definitely' affected their mood, 46% felt that texture did. Respondents typically referred to the *"tactile pleasures in fibres"* and *"feelable result"*.

COGNITIVE ABILITY

Just under half (47%) of respondents indicated that knitting 'usually' or 'definitely' helped them to think through problems, 37% said it helped them forget problems and 39% felt that it helped them organise their thoughts. Furthermore, 55% felt that knitting 'usually' or 'definitely' helped their thinking to flow more easily. Over half of the respondents (58%) also thought that knitting was good for their memory and 61% said that it improved their concentration. Analysis indicated a strong relationship between these variables (attributes) and knitting frequency (see table 2 in the appendix).

Respondents described how the process of knitting helped *"clear the mind"* – a diversion from negative thoughts. Respondents felt that the challenges of knitting, such as working out a complex pattern and exercising new knitting skills improved their problem-solving abilities. The need to assimilate instructions was also considered good for improving short-term memory. Respondents also commented on how knitting helped their concentration. Commonly they felt that, by keeping their hands busy, they could focus on other things more easily.

SOCIAL ASPECTS OF KNITTING

Respondents reported knitting alone or with others in a range of different locations including the home, cafés and bars, public transport and at work. Just over half (50.3%) of respondents said that they knitted in a knitting group. Of this group 65% felt that knitting with others 'usually' or 'definitely' gave them confidence and 86% said that knitting with others gave them a feeling of belonging. 90% said that they had made friends through knitting and 70% found it 'usually' or 'definitely' easier to talk to other knitters.

The social connections and interactions that came about through knitting emerged as an important aspect for many respondents. Knitting was described as *"a great conversation starter"* and as *"something to connect with people over"*, which could then lead to conversations on other topics. Knitting was described as a vehicle for socialising in both virtual (internet) and real-time groups.

### THE RELATIONSHIP BETWEEN KNITTING WITH OTHERS AND MOOD

An analysis of the relationship between the social aspects of knitting and mood indicated that knitters who knit in a group were more likely to feel 'calmer', 'happier', 'excited', 'useful', and 'better' about themselves than those who did not. Statistical analysis showed a significant difference between the group and non-group knitters on all of these variables ($p = 0.000$). Although no significant differences were found for those who rated themselves as 'sad', 'anxious' or 'stressed', for people with depression, there was a significant association between membership of a knitting group and both 'feeling happier' ($p = 0.015$) and 'better about themselves' ($p = 0.044$). There was also a relationship between knitting in a group and learning new skills.

### THE RELATIONSHIP BETWEEN KNITTING WITH OTHERS AND LEARNING NEW SKILLS

Analysis revealed that those who knit in a group, either virtual or face-to-face, are more likely to feel that knitting definitely helped them to learn new skills, both knitting skills (72%) and other skills (41%) when compared to respondents who did not knit in a group. New skills included both practical and cognitive skills such as maths, planning and organising, and visual / spatial awareness. In addition, respondents said that knitting in groups or making contact with others had improved their communication skills, which in turn gave them confidence. Knitting was also felt to be important as a means of coping with stressful situations.

### COPING SKILLS

Respondents reported that knitting helped them cope with *"emotional control"* and *"approach problems more calmly"*. Others described how knitting had helped them cope with stressful events such as serious family or personal illness.

## SUMMARY AND CONCLUSIONS

The findings from this survey reveal that knitting regularly has a perceived positive impact on mood. For the majority of respondents knitting reduced anxiety, induced relaxation, raised self-esteem and was perceived to improve memory and concentration.

Knitting also encouraged respondents to learn new skills and build transferable skills.

Knitting in a group with like-minded others can also promote social inclusion.

The outcomes from this research can inform health care professionals and policy makers of the value of a relatively simple creative activity for promoting mental and social wellbeing and provide a foundation for further research into knitting's therapeutic potential.

**(N.B. The findings summarised in this paper will be published in more detail in a forthcoming article for the British Journal of Occupational Therapy: Riley J. Corkhill B. and Morris C. (2012) The benefits of knitting for personal and social wellbeing in adulthood: findings from an international survey. British Journal of Occupational Therapy.)**

## REFERENCES

1 Department of Health and Arts Council England (2007) *A Prospectus for Arts and Health*. Available at: http://www.artscoucil.org.uk/publication_archive-for-arts-and-health Accessed on: 27/8/10

2 Staricoff R L. *Arts in Health: A Review of the Medical Literature. Research Report 36*. Available at: http://www.artscoucil.org.uk/publication_archive-for-arts-in-health-a-review-of-the-medical-literature/ Accessed on: 27/8/10

3 Hosegood B. Whip Your Hobby Into Shape: Knitting, Feminism and Construction of Gender. *Textile: The Journal of Cloth and Culture*. 2009; 7(2):148-163

## APPENDIX

### ANALYSIS

Quantitative (numerical) data were analysed for descriptive statistics, correlations and to establish differences and relationships among variables. Qualitative (free-text) data were analysed for content.

See tables on the following page.

TABLE 1

| Knitting Frequency | Number of participants | Mean value on a scale of 1-3 for feeling calm after knitting* | Mean value on a scale of 1-3 for knitting's effect on happiness* |
|---|---|---|---|
| Every day | 1313 | 2.48 | 2.28 |
| 3 – 5 times per week | 1228 | 2.32 | 2.12 |
| 1 – 2 times per week | 387 | 2.21 | 2.02 |
| Once a fortnight | 128 | 2.16 | 1.99 |
| Once a month | 91 | 2.03 | 1.77 |
| Rarely or never | 63 | 1.95 | 1.68 |

Table 1. * 1 = not really 2 = usually and 3 = definitely.

After carrying out a 1-way ANOVA these results proved statistically significant (p=0.000) in both categories.

TABLE 2

| | Frequency of knitting | Number of participants | Mean value on a scale of 1-5** |
|---|---|---|---|
| Organise thoughts | 3 times per week or more | 2540 | 3.43 |
| | Less than 3 times per week | 656 | 3.17 |
| Forget problems | 3 times per week or more | 2562 | 3.33 |
| | Less than 3 times per week | 666 | 3.16 |
| Memory | 3 times per week or more | 2548 | 3.89 |
| | Less than 3 times per week | 659 | 3.37 |
| Concentration | 3 times per week or more | 2531 | 3.87 |
| | Less than 3 times per week | 658 | 3.57 |

Table 2. ** 1 = definitely not, 2 = not usually, 3 = sometimes, 4 = usually, 5 = definitely.

After carrying out a 2 sample T-test these results proved statistically significant (p=0.000 in every case).

# RESEARCH ON THERAPEUTIC KNITTING


## PROFESSOR PAUL DIEPPE

PROFESSOR OF HEALTH AND WELLBEING

PENINSULAR SCHOOL OF MEDICINE AND DENTISTRY
UNIVERSITY OF EXETER
UK

# RESEARCH ON THERAPEUTIC KNITTING

Without research we will not be able to find out how worthwhile our work is, nor how we can improve on the ways that we are doing things. Research reduces uncertainty. However, there are many different types of research and many different methods that we can use.

## RESEARCH METHODS

We often split health care research projects into two categories –

- Primary research studies that investigate something for the first time, using empirical techniques
- Secondary research where we review what has been done previously, by reading and synthesising all the literature on the subject.

In addition, we talk of two main types of method –

- Quantitative studies, which involve measuring and counting things
- Qualitative studies that probe the experiences, thoughts, feelings and behaviours of individuals involved in health care, by listening to people or observing them.

Within each type of research – primary or secondary, quantitative or qualitative – there are many different methods and research designs to choose from.

The key to good research, and to choosing the right method, is to have a simple 'clean' question, which may involve an hypothesis – an idea that we want to test out and try to 'prove' or 'disprove' (although the reality is that we can never prove or disprove things for certain, we can only reduce the uncertainty).

Another key to doing the best health care research is to consider what people need to know about a subject that might lead to changes in health care delivery that will improve outcomes for patients.

## WHAT DO WE NEED TO KNOW ABOUT THERAPEUTIC KNITTING?

I think that we need to know a lot of different things about Therapeutic Knitting, including –

- Who wants it? Which types of people and patients are likely to welcome and use a programme of Therapeutic Knitting?
- What are its benefits? In what ways does it help people? What sorts of health problem can be improved by Therapeutic Knitting? Which outcomes get better, and what types of health problem will not respond?

- Are there any harms? Does it put people at any increased risk and are there any unexpected adverse outcomes that we need to look out for?
- How is it best organised? Is it most effective in groups or can it be equally beneficial if pursued by people on their own? If done in groups, what is the optimal number, and should people be mixed up, or put into groups with others who have similar backgrounds or health problems? Is there a 'dose effect' (how much, how often?) that we need to get right? Where is it best done – on health care premises, in the community or in people's homes?
- How much does it cost? What is the cost of setting up and running a Therapeutic Knitting service, and is it 'cost effective' (do the benefits warrant the amount of money that needs to be spent)?
- If it works, how does it work? What are the mechanisms, is it about the hand movement, the use of wool, colour, the group dynamics or what?

## HOW CAN WE ANSWER SUCH QUESTIONS?

These questions are difficult to answer.

At this time in our history there is huge investment in the idea of 'evidence based health care', which basically means that we need to obtain good quality evidence on the effectiveness and cost effectiveness of any new intervention before it will be taken on by health care organisations and paid for.

'Good quality evidence' has become synonymous with randomised controlled trials. Such trials are difficult to organise and very expensive. The problem is compounded by the fact that Therapeutic Knitting is what is known as a 'complex intervention' so it is not a simple matter of taking a pill. If it was we could compare its value to a dummy pill (a placebo) to see if it works.

As a complex intervention, Therapeutic Knitting has many different elements to it – the knitting, the interactions with other people, the value of being creative and many others as outlined by Betsan Corkhill at this meeting. These may all interact with each other in unexpected ways.

Trials of complex interventions are much more difficult to do than trials of pills. In addition, it is difficult for us to explore how and why it works (if it works!) without clear, simple hypotheses to explore on groups of people with similar types of health problem.

However, there are many simple things that we *can* do without trials, using so-called 'observational studies' in which we simply record what happens to people who are entered into programmes such as Therapeutic Knitting groups.

We can also do –

- Secondary research to find out everything that has been done up to now on Therapeutic Knitting

- Qualitative studies, which would explore what some of those who participate in programmes think about it and its benefits, harms, advantages and disadvantages.

## SO WHAT SHOULD WE DO?

In my view we need to get on with the following studies –

- A secondary research study – searching for all the current literature on Therapeutic Knitting, and synthesising it. This is essential before we do primary research so that we know that we are not 're-inventing the wheel' and to be sure that the questions we ask are important, relevant ones.
- Gather simple data on satisfaction and good and bad aspects of Therapeutic Knitting from as many people as possible entering such programmes. This should be relatively easy to do, but it will be important to make sure that the questions asked are good, simple, validated and that we use the same questions in all centres.
- Consider getting some 'before and after' data from people entering Therapeutic Knitting programmes – such as the simple quality of life measure 'ICECAP'. Again, we ideally need to use simple, short questionnaire methods that are well validated and can be applied to all types of people using the intervention.
- Do some qualitative research with participants to find out their views on its value, problems with it, and how we might make it better.

None of this is quite as simple as it sounds, and we will have to consider the ethics and logistics of each type of study carefully.

We will never reduce the current uncertainty about Therapeutic Knitting unless we do some research.

# WORKSHOPS

- COALFACE – facilitated by Carol Davidson (Nurse Practitioner, specialising in pain, Royal United Hospital, Bath, UK)

*"Imagine you are setting up a therapeutic knitting group. What would you need?"*

- NETWORK – facilitated by Steve Corkhill (Director of Stitchlinks and Business Change Management Consultant)

*"Imagine you are asked to be part of a network. What would you need to make it work?"*

- EVALUATION AND DISSEMINATION – facilitated by Dr Jill Riley (Lecturer, Department of Occupational Therapy, School of Health Care Studies, Cardiff University)

*"What evidence do we need to convince others?"*

- RESEARCH – facilitated by Ann Taylor (Reader in Pain, Pain Community Website, Cardiff University)

*"What do you think the potential research possibilities are?"*

*"What do you think we should research?"*

*"What do you need to make it happen?"*

# WORKSHOP 1 – COALFACE

Facilitated by Carol Davidson who is a nurse practitioner, specialising in pain at The Royal United Hospital, Bath, UK.

## WORKSHOP QUESTION

*" Imagine you are setting up a therapeutic knitting group. What would you need?"*

## FOCUS

This workshop focused on what would be needed to set up a Therapeutic Knitting group in a hospital, GP and community setting and what support would be needed by each.

Participants were asked to consider –

- Venues
- Support needed in approaching managers
- Funding – support and advice
- Recruitment of members
- Materials – knitting, posters, information leaflets, Core Packs, flyers
- Training – manuals and training days
- Speciality groups – to treat specific conditions, Specialist Core Packs
- Knitting expertise input – creative input, partnering up clinicians with knitters
- Personal support for group facilitators via facilitator forum
- Support for group members in between meeting times via Stitchlinks forum, newsletters
- Contact with other groups in the network to enable patients to move on as part of a 'self-management + support approach'
- Recognition that some people will never move on, but can be given long-term support through the group.

And were supplied with –

- Copies of the Core Pack supplied by Stitchlinks containing information on setting up a Therapeutic Knitting group
- Troubleshooting Knitting document which gives information on how to knit if you have hand, arm or neck pain
- Suggestions for group facilitator starter packs and knitting starter kits.

## OUTCOMES

- Venues such as GP surgeries, hospitals, churches, community centres, libraries and pubs were discussed
- Groups could be called various names but it was agreed that affiliation to the Stitchlinks network would improve credibility as well as provide support and a central single point of trusted contact for facilitators and group members
- Risk assessment, and the need for CRB checks and / or Public Liability Insurance was discussed in detail
- It was agreed that Stitchlinks could provide valuable central support, evidence, and information in approaching managers or potential funders. It could also provide examples of successful approaches to be used templates for future funding applications
- It was however noted that a Therapeutic Knitting group could be set up at very low cost – a few starter materials and refreshments if free venues could be used
- It was also noted that facilitators should ideally be paid for their time running the group and that this should be factored into funding applications and discussions with managers
- It would be beneficial to be able to give each new group member a starter kit as a welcome gift. Starter kits are available from Stitchlinks if so desired
- Starter kits for group facilitators will also be available. These feature a range of needles identified for their therapeutic benefits which group members could trial and then buy if desired
- The group could raise funds through the sale of knitted items. It was noted that participants are happy to buy their own yarn and needles
- The use of Stitchlinks information was discussed and it was agreed that as long as permission was requested and the information is attributed to Stitchlinks then this would be available to group facilitators and members to use as required
- Members of this workshop welcomed the idea of central support, information and the opportunity to liaise, share information and ideas with other group leaders and researchers through the Stitchlinks forums.

The formation of a network of Therapeutic Knitting groups, facilitators and users is discussed further in the Network workshop on the next page.

# WORKSHOP 2 – NETWORK

Facilitated by Steve Corkhill who is a director of Stitchlinks and a business change management consultant.

## WORKSHOP QUESTION

*"Imagine you're asked to be part of a network. What would you need to make it work?"*

## FOCUS

This workshop focused on how we can all work effectively together as a team to develop a network of groups, support group members and group facilitators, disseminate information, contribute to research and share information.

Participants were asked to consider –

- Setting up a network – the physical and internet requirements
- Communication links – multimedia, newsletters, blog, twitter, the Stitchlinks forum
- Extending the network – dissemination of information to other clinicians, academics, knitters and non-knitters
- Information and materials needed to extend the network
- A forum for those who attended the study day to continue the discussion
- Information articles on Stitchlinks for general education on various topics for download
- Using Therapeutic Knitting groups to disseminate research information in lay terms
- Extending the network to schools and the workplace
- Moving people on between groups. For example, from hospital to GP to community – liaison between groups in same area and between areas
- Speciality groups – sub networks such as those for pain, complex regional pain syndrome (CRPS), addiction, dementia and mental health
- Identification of new areas
- The need for follow-up, face-to-face meetings. Would people pay for follow-up meetings?

And were supplied with –

- A diagram of our proposed Therapeutic Knitting network structure (see page 56).

## OUTCOMES

Participants wanted –

IN TERMS OF NETWORK –

- A single point of contact
- Guidance from the centre. A central point of information
- Central gathering of evidence to facilitate funding requests or for presentation to managers, other clinicians, patients.

IN TERMS OF INFORMATION –

- Clarity and focus of 'the message'
- Visibility of what is there
- More information via core packs
- User-friendly internet pages with information in lay terms
- Separate web and forum sections for public, clinicians, group leaders, academics
- Paper-based information – subject to cost
- Closed information repository.

IN TERMS OF COMMUNICATION AND SUPPORT –

- Support from each other – regional networks, mentors or ambassadors, face-to-face and online support
- Sharing of information
- Information on what others are doing
- Links to other organisations
- Links to other knitting organisations and groups
- Training for group facilitators
- Online mentoring.

# WORKSHOP 3 – EVALUATION AND DISSEMINATION

Facilitated by DR Jill Riley who is a senior lecturer and research coordinator in occupational therapy at The School of Health Care Studies, Cardiff University.

## WORKSHOP QUESTION

*"What evidence do we need to convince others?"*

## FOCUS

This workshop focused on what evidence was needed to convince others of the benefits of Therapeutic Knitting and Therapeutic Knitting groups and how we disseminate that.

Participants were asked to consider –

- Who do we need to convince – patients, managers, funders, men, other clinicians, the media?
- What do we measure and how (given that 'measurement' shouldn't change the nature of the group)?
- Do we need a core measure to use across all our groups?
- Specialist measures for speciality groups – eg pain, dementia mapping
- Do we need an economic evaluation given that 'saving money' is the driver for most departments these days?
- How do we disseminate our findings?
- Suggested outcome measures
- Use of narratives collected by Stitchlinks website – further development of this.

And were supplied with –

- Visual Analogue Scales (VAS) for pain, mood, stress, anxiety, bitterness
- ICECAP – a quality of life measure
- Global Rating of Change Scale for knitting.

Alongside guidance that evaluation should also be able to –

- Measure change
- Provide a basis for continual improvement and progression
- Identify areas of concern or in need of improvement
- Provide a foundation of information with which to approach managers or on which to base funding proposals.

## OUTCOMES

The title of the workshop was enlarged to include –

*"Who do we need to inform, share information with, disseminate information to, and how do we raise awareness?"*

It was agreed that information needed to be shared with –

- Commissioners
- Stakeholders
- Carers
- Third Sector providers – youth groups, charities
- Social Services
- Other professionals
- Policy makers
- Regional and sub-regional levels
- Department of Health
- Those around us
- Patients and other individuals
- Local community
- National and International media
- Commercial and business sector.

Information and dissemination should be pitched to all the above, and where necessary written for, and targeted at, specific groups or individuals.

**The time was right to capitalise on the popularity of knitting.**

## WHAT DO WE MEASURE AND HOW?

The need to use robust, trustworthy, validated measures was stressed.

These could measure –

GLOBAL CHANGE

- Quality of life
- General wellbeing
- Measure change
- Social and anthropological studies
- Economic evaluation.

SPECIFIC CONDITIONS

- Pain
- Mental Health
- Dementia
- Addiction
- Medically unexplained symptoms.

They could also record changes in –

- Dependence on medication +/-
- Visits to GP +/-
- Health care usage and dependence on health service / social services +/-
- Engagement in all aspects of life
- Symptoms.

It was also noted that –

- Attendance and drop out rates should be recorded
- Information gathered could provide a means of auditing or benchmarking
- Widespread dissemination in lay terms is important
- The provision of a centralised area for ongoing discussion, support and expansion of the network would be desirable.

An important point was made that –

*"Collecting information is one thing – analysing it is something else."*

The discussion is ongoing.

# WORKSHOP 4 – RESEARCH

Facilitated by Ann Taylor who is a 'Reader in Pain' at Cardiff University and instigator of Cardiff University's Pain Community Centre website.

## WORKSHOP QUESTION

*"What do you think the potential research possibilities are?"*

*"What do you think we should research and what do you need to make it happen?"*

## FOCUS

This workshop focused on potential research possibilities in terms of the individual, group, network and also opportunities for specialist conditions such as pain, addiction, dementia.

Participants were asked to consider –

- The word 'knitting' – a problem in 'serious science-based' funding applications
- Identifying research which could be done without funding (to build a case) eg case studies
- Identifying information we would need to write a successful funding application
- How we go about providing guidelines and support for clinicians wishing to start some research?
- How we coordinate our work and share information so we become a collaborative research team?
- Identification of resources and expertise we have in our 'team'
- Potential funding sources.

Participants were also asked to consider the specific issues below –

- The group effect
- Psychological issues
- Social issues – nurturing / healing social spaces
- Improved communication / learning
- Strengthened local communities
- Creative ability
- Movements – bilateral, automatic, rhythmic
- Cost effectiveness and long-term monitoring of those with long-term conditions
- Quality of life
- Sleep quality
- Post traumatic stress disorder

- Specialist areas such as pain, complex regional pain syndrome (CRPS), addiction, dementia
- Carers – how we can support them with individual and group knitting
- Behaviour – changing behaviour and how this can be applied to health, workplaces, disruptive behaviour
- Dissemination of other information such as health or pain education through knitting groups
- Value to the NHS and other health systems globally.

And were supplied with –

- Visual Analog Scales (VAS) for pain, mood, stress, anxiety, bitterness
- ICECAP – a simple quality of life measure
- Global Rating of Change Scale for knitting
- DoloTest – a pain and quality of life assessment tool.

## OUTCOMES

It was recognised that there are many areas of potential research. These include –

- Pain
- Fatigue
- Communication and social interaction
- Cognition
- Mood
- Self confidence
- Attention
- Coping strategies / fear avoidance
- Anxiety and depression
- Medication usage
- Frequency of GP visits and health care usage
- Blood pressure
- Brain patterns – function – what happens in the brain when we knit?
- Dementia
- Addiction.

It was also recognised that there is a big problem in obtaining funding for a study based on knitting, particularly in the current economic climate.

Given these funding difficulties, the group focused on specialist areas where funding pots were bigger and funding was more likely. This focused discussion on dementia.

The workshop proposed that it would be sensible to focus an initial study on the potential benefits of knitting for dementia sufferers.

Discussion is ongoing on this topic.

# A ROUND UP OF DISCUSSIONS


## BETSAN CORKHILL

DIRECTOR
STITCHLINKS CIC

BATH
UK

## A ROUND UP OF DISCUSSIONS

The day involved a number of animated discussions plus question and answer sessions which involved the whole group. These were productive and positive.

Topics ranged from 'men and knitting' to 'knitting for those with learning disabilities' and other activities which might have similar benefits.

Topics covered included –

- Men and knitting (see page 80)
- A story of Welsh miners knitting in the pub as normal behaviour
- Knitting for those with learning disabilities
- Knitting in Steiner schools
- Occupational therapy assessment tools
- How to inspire interest in those with complex problems and long-term medical conditions
- The dangers of medicalisation
- The problem of 'one size fits all'
- Self harm – cutting, binge eating. How knitting may help?
- Training for facilitators
- The importance of 'seeing it through others' eyes' when introducing knitting to patients or clients particularly those with dementia
- "It's not about learning to knit"
- "It's not primarily about the end product"
- Inter-generational projects
- Prisoners
- Characteristics of addicts and similarities with behaviourally challenged teenagers
- Knitting with asylum seekers
- The activity versus 'the group effect'
- The importance of having a 'take home' tool
- Hand movement, brain and communication development
- Would people with pain or difficulty moving benefit from watching people knit?
- Those with limited hand function
- The importance of 'low-tech, high touch' approaches
- Historical references
- The Knitted Garden (see page 96)
- Other activities which may have similar benefits (see page 87).

Discussions are continuing on many of these topics. Some have also been enlarged on in the Frequently Asked Questions section on the next page.

# FREQUENTLY ASKED QUESTIONS

## BETSAN CORKHILL

DIRECTOR
STITCHLINKS CIC

BATH
UK

## FREQUENTLY ASKED QUESTIONS

### HOW DO WE GET MEN INVOLVED?

I am often asked *"But what do you do with the men?"*

Men are often reluctant to learn to knit because they are afraid of being seen as 'a knitter'. The word knitting has many negative connotations attached to it by non-knitters. This includes being seen as a feminine pastime, performed mainly by grey-haired grannies.

History tells a different story. Knitting was primarily a male activity until World War I when women began to take over out of necessity. Sailors knitted socks and nets; soldiers suffering from shell shock were treated with knitting following the First World War; boys were taught to knit in school.

Knitting has moved on a long way from being the prerogative of elderly women. Modern knitting is enjoyed by all age groups, in all environments, including schools, cafes, art galleries and the local pub.

Encouraging men to knit is about helping them change their preconceptions, and informing them of the potential benefits to health and wellbeing. Taking an alternative approach, which views knitting as a challenge of construction, can stimulate interest – creating a fabric from a simple ball of yarn and two sticks. They may also be intrigued by the mathematics involved in pattern writing or knitting simple mathematical shapes.

Encouraging a male patient to knit therapeutically is about developing a relationship of trust; the therapist's in-depth knowledge of the biology of their condition, and an ability to explain how using knitting as a tool may facilitate the process of change. The potential benefits of knitting for their particular medical condition should be explained so the patient has a reason to knit and an aim in mind.

The approach of 'using knitting as a tool' works well with men. They don't need to become 'a knitter' but instead learn to use the activity as a tool with an aim in mind. This might be to facilitate a meditative-like state to achieve deep relaxation, for example.

Those who use it as a tool learn to enjoy the meditative, calming state of mind it enables, and continue with the activity for the enjoyment of this experience rather than that of producing an end product. This 'feelgood reward' becomes the purpose of the activity.

Men often don't mind knitting to prescription. For example, using it twice a day for 10-15 minutes to relax, or before sleep to facilitate a relaxing sleep. Some men are happy to knit for the process only and will undo what they knit to use the same yarn over again.

Most men are understandably reluctant to knit in public but are comfortable knitting at home. This attitude might change as knitting becomes more accepted as a health care tool, but perhaps men will remain more content to knit alone with their thoughts rather than share the experience with others. It is increasingly being recognised that men and women respond differently to life circumstances and have different ways of dealing with them. Women are more comfortable talking through problems in group situations.

Men are reluctant to join mixed Therapeutic Knitting groups. As discussed on page 16, it has been my observation that when the brain is occupied with a background, automatic task, conversation becomes deep quite quickly. If a group consists of predominantly female participants this might become uncomfortable for men. Men and women talk about different things and enjoy different pastimes.

A solution would be to try male- and female-only groups to maximise involvement and benefit for both sexes.

Assessment of the individual's particular state of mind, needs and overall situation is key because, as always, there are exceptions. A young male addict, who had lived in Care and foster homes all his life, loved attending a Therapeutic Knitting group where the women instantly took him under their wings and 'mothered' him. Having experienced an intensely threatening male environment in his life in Care and as an addict, he would have found an all-male group threatening. So we come back to developing a relationship of trust and acting on the individual's needs.

It's not only men who have negative connotations about knitting. Some women will initially reject it as an 'old lady's activity' or 'too mumsy'. A similar approach can work with these people. You can also point out the modern person's knitting perspective which involves the internet, blog writing and yarn bombing[1].

There will always be people who will refuse to give it a go despite your best efforts. In these circumstances I consider the lessons this work with knitting has taught me and then apply them to other approaches and activities (see 'What about those who are unwilling to knit?' page 85).

## IF THE HAND MOVEMENTS ARE IMPORTANT WOULD PLAYING COMPUTER GAMES HAVE THE SAME EFFECT?

We need to consider the type and quality of movement to answer this question as well as the end product, creative development and tactile input.

The movements in knitting are bilateral, crossing the midline, automatic, rhythmic, repetitive.

The self-soothing rhythm of movements, which are in the knitter's complete control, are

absent when playing a computer game, and more often than not the gamer's 'fate' is determined by the computer program. This can be highly frustrating and stressful. Control may improve with skill acquisition, whereas the knitter has control from the start.

Texture and tactile experience is also missing, and although the end product (rising up a level or winning a game) can feel good and raise esteem there is no opportunity for gift giving or contribution to real life. Communities formed are either online or virtual.

There is such a huge range of games available that it is difficult to generalise. They range from destructive, war and crime games to more active Wii participation.

Research carried out by Emily Holmes and Catherine Deeprose at Oxford University (see page 16) into visuo-spatial movement and its affect on the incidence of flashbacks, did indeed use a computer game – Tetris[2].

On the plus side, computer games can be done from the armchair, so can 'involve' people in activities at a basic level. Many involve creativity, interaction with others, and with the right equipment, can be fully portable.

In my time as a freelance production editor on computer and gaming magazines, I was impressed by the creative language used to describe games and the artistry in the complex background landscapes used. I was also impressed by the massive online forums which have become supportive communities in their own right.

There is a danger, however, that these games become addictive at the expense of real life activity and friendships. They can be stressful; they don't enable face-to-face therapeutic groups or group therapy and can be isolating, although there are national and international events where gamers can meet online friends.

In line with encouraging the learning of as many new skills as possible, I wouldn't deter people from including gaming in their wellbeing tool kits, as long as the games serve to expand a positive outlook on life, and remain as tools rather than becoming a way of life or a virtual community which becomes the sole point of contact with other humans.

Using games as a 'considered tool' requires careful management, pacing, and an insight into how gaming can be destructive to wellbeing.

As for the quality of movements and the psychological benefits experienced, gaming doesn't match the highly tactile, low-tech approach of creating through knitting.

## IF THE MOVEMENTS ARE SO IMPORTANT, DO DIFFERENT KNITTING STYLES MAKE A DIFFERENCE?

At this stage I can only make an educated guess at the answer to this question. And that answer would be *"Perhaps...yes."*

Knitters will be aware that there are a couple of main knitting styles. These include English and Continental. However, individuals will also develop their own style within these main movement patterns.

The answer will depend on how significant the midline of the body is in terms of reference for the brain. Research in the field of chronic pain suggests that the midline is important and that the space a body part occupies is significant in terms of experiencing pain[3]. This is very early but, nevertheless, exciting work.

The English style of knitting, which involves larger movements across the midline, might be more beneficial in way we don't, as yet, fully understand. Indeed, those that 'throw' their yarn in a more exaggerated movement across the midline might be even better off.

Individual conditions such as complex regional pain syndrome (CRPS), where we are trying to encourage more movement, could also benefit more from using the English style of knitting, purely because it involves more movement.

However, all styles of knitting involve rhythmic, automatic movements which facilitate a meditative-like state and the psychological benefits mentioned on page 12.

Movements that cross the midline of the body are likely to be significant, so this is an added bonus which needs to be researched in more detail.

## WHAT ABOUT CROCHET?

Crochet is often included under the 'knitting' umbrella.

Crochet does indeed fulfil most of the criteria attained by knitting. It's rhythmic, creative, portable and highly tactile. Stories from crochetiers describe entering a meditative-like state and experiencing similar benefits to knitting.

However, there are a few issues we need to watch out for in crochet –

- It can be more one handed
- It involves a repetitive turning of the hook-holding hand
- Patterns are often diagrammatic which people can find off putting.

IT CAN BE MORE ONE HANDED

Our work suggests that the bilateral nature of knitting is important (see page 15). For this reason I recommend to my patients that they learn to knit first so that when learning to crochet as a second skill they use a similar, two-handed approach where the non-hook-holding hand is used to actively feed yarn. We actively encourage larger movements of both hands.

IT INVOLVES A REPETITIVE TURNING OF THE HOOK-HOLDING HAND

When using crochet therapeutically we also need to be aware of the repetitive turning of the hook-holding hand, and the consequent potential risk of repetitive strain injury. This is particularly relevant for patients who already have hand and upper limb problems so it will require pacing and careful monitoring.

Crocheting in small time periods can be interspersed with knitting to change and improve hand function.

However, there are people with hand problems who happily crochet for longer periods of time without an increase in pain, so it's a question of giving it a try and finding individual limits.

PATTERNS ARE OFTEN DIAGRAMMATIC WHICH PEOPLE CAN FIND OFF PUTTING

When they are able to knit comfortably, and have gained confidence in trying new skills, crochet is a great second skill to learn within the group.

For those with low self confidence, learning crochet as a second skill also makes them more likely to take up the challenge of learning to understanding diagrammatic patterns. Doing this within a group provides guidance and support.

## WHAT ABOUT PEOPLE WITH LIMITED HAND FUNCTION OR WHO ONLY HAVE THE USE OF ONE HAND?

I'm asked this question so frequently that I have written an article entitled '*Troubleshooting Knitting – a guide for those with hand, arm and neck problems*' which can be found on the 'In Health' page of the Stitchlinks website.

**http://www.stitchlinks.com/pdfsNewSite/your_health_matters/Troubleshooting_Knitting_NOV2011.pdf**

With the correct materials, those with limited hand function or hand pain can often knit successfully.

It is surprising how many older women have stopped knitting because of 'arthritis' in their hands. They do this out of fear that the activity will exacerbate their pain or damage their

joints. Ironically, they are often referred to physiotherapists who teach them hand exercises to maintain hand function, but these exercises are often not adhered to because they 'are boring'.

Encouraging these patients to take up knitting again is part of a more general education on the biology of pain and the benefits of managed movement. They benefit from a gradual introduction of paced activity. Knitting provides an easy, visual means of pacing and can help in teaching pacing techniques.

One stitch at a time = one step at a time towards the end goal.

Some patients may only be able to knit five stitches at first but can gradually increase to knit a row and progress from there – a row of about 25 stitches is a good place to start. Knitting provides immediate visual feedback to the knitter and is a record of 'work performed' for the therapist to see.

The knitter learns that the end goal can be achieved through a paced approach but also their goal can still be achieved despite a few detours along the way.

Interspersing knitting with other crafts such as card making or scrapbooking, which use the hands less intensively, can make the pacing process more enjoyable.

Postural and pacing advice, combined with appropriate materials, enable patients to move and exercise safely. Indeed, those with hand and wrist problems report significant improvement in symptoms because of the regular movement.

For those who are unable to knit because they are unable to hold needles, use both hands or perform the sequence of movements, you can try using knitting looms clamped to a table. Take the lessons learned from the bilateral activity and apply them to enable rhythmic movement across the midline towards the side which they are unable to use. Whilst doing this, encourage them to look at both sides and, where possible, place the hand which isn't being used on the table in full view. Doing this 'includes' both sides of the body.

Those who are physically unable to knit are still able to enjoy the tactile sensation and visual stimulation of stroking and handling yarn which can form a valuable part of their therapy.

## WHAT ABOUT THOSE WHO ARE UNWILLING TO KNIT?

Learning to manage a long-term medical condition such as chronic pain, for example, almost always involves a need to change a way of thinking and supporting patients along this path.

Changing preconceptions about knitting can be part of a general change in a way of thinking and attitude to life, wellbeing and healing. This may have become 'closed down', negative or passive over a period of time.

Learning to self-manage a long-term medical condition involves developing an active approach which includes changing and expanding thinking – developing a wider perspective on life and learning to 'do' rather than 'be done by'. Learning to accept knitting as an active tool can be an important aid to this process.

Many of the patients I see have highly complex problems, which involve a number of issues stacked on each other over a number of years. They will often initially reject most suggestions which entail any form of change.

Treatment entails unpicking these issues one by one and facilitating small changes which ultimately result in changing the context within which they experience ill-health. This involves helping the patient to change their way of thinking; giving them knowledge about their condition and explaining, in lay terms, the science behind how a specific approach can facilitate a change in their symptoms.

Successful treatment is dependent on developing a good working relationship which is based on mutual trust and respect, and demonstrating that you have a firm foundation of knowledge about their condition. This makes introducing an 'unusual' tool, such as knitting, more acceptable so enabling a similar approach to getting men involved (see page 81) to be used.

Reasons for being reluctant to use knitting can range from having low self confidence for trying any new skill or a fear of group situations, to a determined dislike of any craft activity, or thinking it's just a silly suggestion.

Some patients will benefit from a 1 : 1 approach which will gradually build confidence with a goal of attending the group. Members of the group can be introduced gradually until the patient is ready to attend the main knitting group. This approach works well with those who are agoraphobic, claustrophobic or who have a fear of being with other people.

Other patients, who may be known to be socially isolated or lonely, can be introduced to the group by arranging other appointments, such as acupuncture or physiotherapy, around the knitting group. They can then join the knitting group for a cup of tea as a gradual introduction. When other treatment courses come to an end they can continue to attend the knitting group for ongoing support.

Many of those who join our knitting group are initially 'closed down' and may sit with their arms and legs crossed in a display of body language which signifies fear, low confidence and a determination not to become involved. No pressure is put on these patients to knit. Sit by them and ask them to help you sort the yarn or help another participant to wind a ball of yarn from a skein. Many will remember helping their grandmothers with the same activity, or comment on the colour or texture of the yarn. This gradually and gently introduces them to active participation in the conversation and group activity. Passive onlooking gradually becomes active involvement.

Those already in the group never forget how they felt when they first joined and are respectful of newcomers in a way which is caring and inclusive. They often tell stories of the progress they have made since joining.

One size doesn't fit all, so if we're not successful with this approach I examine the lessons I have learned in working with knitting to help the patient find other activities which may be of benefit to them.

## WHAT OTHER ACTIVITIES HAVE THE SAME BENEFIT?

Any activity you enjoy, which isn't harmful to you or others, is beneficial to health and wellbeing.

It would be to our patients' advantage if we could find other activities with the same range and mix of benefits as knitting, and we actively encourage developing a wide range of interests.

Many activities have the same psychological benefits as knitting, but we have identified a combination of benefits in the activity of knitting which appears to be unique. They centre around the combination of the nature of the actual movements, creative development and portability. Elements of these can be found in other craft and artistic activities as well as exercise approaches, so these can be included in a wellbeing toolbox to expand variety, interest and involvement in life.

In recognition of this we have a section of the Stitchlinks website entitled Stitchlinks Plus to which we add new information on a regular basis.

This section is dedicated to what we can take from our experience with knitting. Expanding on the lessons learned, in terms of what we need to include in a wellbeing toolbox, and applying these lessons to other activities which may have similar benefits.

Ideally, we are looking for activities which involve bilateral, rhythmic, coordinated patterns of movement across the midline of the body. Movements which, with practise, become automatic so enabling you to hold a conversation or enter a meditative-like state whilst enjoying the activity or the company of others.

**I'm increasingly convinced that a combination of movement, thought and feeling is important in restoring balance, unity of mind and body and healing.**

In addition, the activity ideally needs a rhythm you can control and sync to your mood at that particular moment, plus a strong tactile component. Colour adds to the experience.

The activity should also enable you to develop creatively, provide a progressive level of skills to master and be conducive to group work enabling you to socialise and form firm friends.

A successful all-round health care tool ideally should be portable, easily accessible and low cost.

It is difficult to match knitting in terms of all the above. However, a range of activities, each of which fulfil some of the criteria, could be put together and added to a wellbeing toolkit to encourage diversification and development of wide-ranging skills and interests.

Weaving and spinning have similar benefits. The process of spinning yarn involves rhythmic movement of the hands and feet independently which once mastered is reported as being more meditative than knitting, but it involves expensive tools and a lengthy learning process to achieve a rhythmic flow of movement which can be frustrating to newcomers.

There are other activities which involve bilateral, rhythmic patterns of movement and have already been shown to be beneficial to health. The practice of T'ai Chi has many benefits[4]. The tactile, aromatic, rhythmic process of bread baking has been shown to benefit soldiers with post traumatic stress disorder[5]. Learning to juggle over a three-month period has been shown to increase density of brain matter, even in older people[6-7].

People report finding pottery, clay modelling and papier-mâché therapeutic in a bimanual, tactile way.

Drumming is another skill worth trying – it has plenty of rhythm. You don't need an expensive drum kit. Newcomers can participate immediately in African or Samba drumming by just tapping out a rhythm to a tune. Joining a local Samba drumming group provides an enjoyable group experience.

Developing individualised wellbeing toolboxes encourages people to take ownership of their health, maintain motivation and encourage active participation in the healing process.

## REFERENCES


1 Yarnbombing, yarnstorming, guerrilla knitting, urban knitting or graffiti knitting is a type of graffiti or street art that employs colourful displays of knitted or crocheted yarn

2 Holmes E, James E, Coode-Bate T, Deeprose C. Can Playing the Computer Game 'Tetris' Reduced the Build-up of Flashbacks for Trauma? A Proposal from Cognitive Science. *PloS ONE* 2009; 4(1):e4153

3 Gallace A, Torta DM, Moseley GL, & Iannetti GD. The analgesic effect of crossing the arms. *Pain* 2011; 152 (6), 1418-23 PMID: 21440992

4 Myeong SL, Ernst E. Systematic Reviews of T'ai Chi: an overview. *British Journal of Sports Medicine* doi:10.1136/bjsm.2010.080622

5 Dunford J. Bread: Making It and Breaking It. *Occupation*. 1995. 3(1):57-63

6 Draganski B, Gaser C, May.A. Neuroplasticity: Changes in grey matter induced by training. *Nature* 2004; 427

7 May A, Boyke J, Driemeyer J, May A et al. Training-Induced Brain Structure Changes in the Elderly. *Journal of Neuroscience,* Jul 2008; 28(28):7031-7035.

# THE NEXT STEPS

## BETSAN CORKHILL

DIRECTOR
STITCHLINKS CIC

BATH
UK

# THE NEXT STEPS

Ideas from the workshops and discussions were knitted together in the last session of the day to form an action plan. Five main areas emerged. These were –

## COMMUNICATION

- Create a forum for delegates to continue discussions as part of the Stitchlinks forum
- Create a forum for discussion, interchange of ideas and support
- Link to other social networks such as facebook, twitter, Ravelry
- Engage with retail and trade networks such as ActSmart
- Link to Pain UK website
- Link to Arts and Health forums
- Explore Department of Health Partnerships.

## RESEARCH

- Develop research ideas and prepare grant applications
- Facilitate formation of geographical pockets of research and group activity
- Co-ordinate centrally
- Set up a Patient, Public Involvement (PPI) group
- Write a literature review.

## TRAINING

- Develop ideas for training facilitators.

## INFORMATION

- Clarify details for setting up groups and network structure
- Explore issues such as personal liability insurance
- Disseminate of information in lay terms on an ongoing basis
- Provide a central repository of information.

## THE BIGGER PICTURE

- Encourage the idea of 'low-tech, high touch' approaches to health care and wellbeing
- Encourage the practise of 'humanity in medicine'.

# DISPLAYS –

# PICTURES OF PAIN

# WALKING STICK COSIES

# THE KNITTED GARDEN

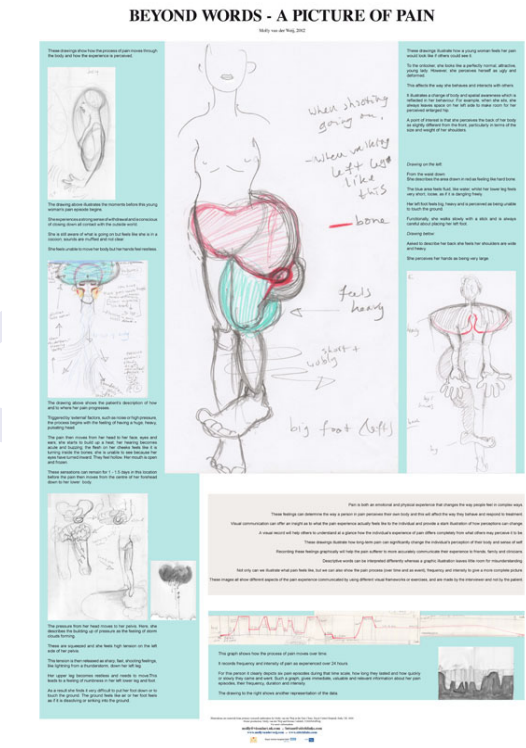
# PICTURES OF PAIN

Long-term pain is a debilitating condition which affects 1 in 7 people globally. It is an emotional and physical experience which varies with each individual. A major problem in getting it recognised and accepted is that the feelings, sensations and perceptions experienced are 'invisible' to all but the sufferer.

Research is showing that chronic pain is considerably more than an unpleasant sensation. It changes the way people feel in complex ways. It can also affect the way the sufferer perceives their body, and their sensation of where they are in space. This will affect the way they behave and how they respond to treatment.

Communication artist Molly Van der Weij worked with patients at the Pain Clinic of The Royal United Hospital in Bath, UK as part of her Masters project in Communication Design at Bath Spa University, School of Art and Design.

Her aim was to develop a visual tool which could help patients to more accurately convey their pain story to clinicians, carers, family and friends – to foster a better understanding of pain in society. The drawings displayed at our study day form a part of this valuable work for which she won the university's Innovation Award.



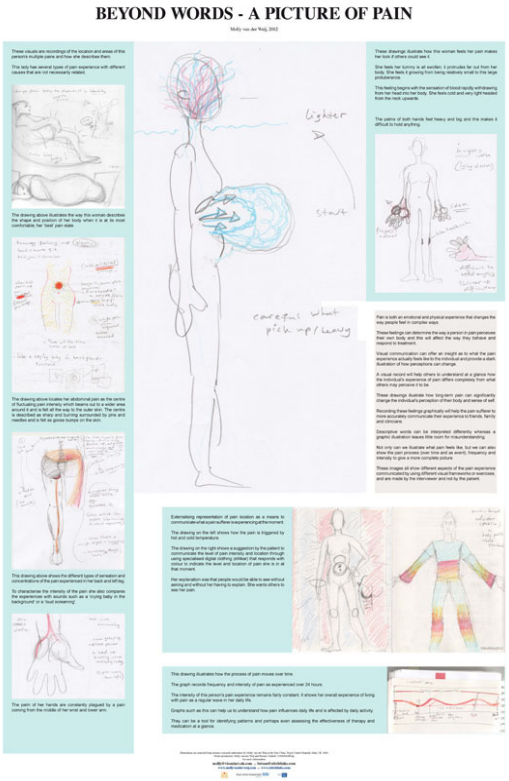

The drawings are created by Molly in response to the patient, rather than by the patient. A series of in-depth interviews and an iterative approach ensured an accurate end result which patients confirmed as a complete picture of their pain. She has succeeded in 'getting inside their skin' to create a stark illustration of how pain changes perceptions and lives.

The drawings convey what pain would look like if others could see it.

Poster 1 illustrates how a young lady perceives her pain as ugly and deforming. To the rest of the world she is an attractive, normal-looking young woman.

It illustrates the change in her body and spacial awareness, which is reflected in her behaviour. The experience is all consuming affecting her perceived body temperature, hearing, eyesight and ability to function.

This affects how she behaves and interacts with others.

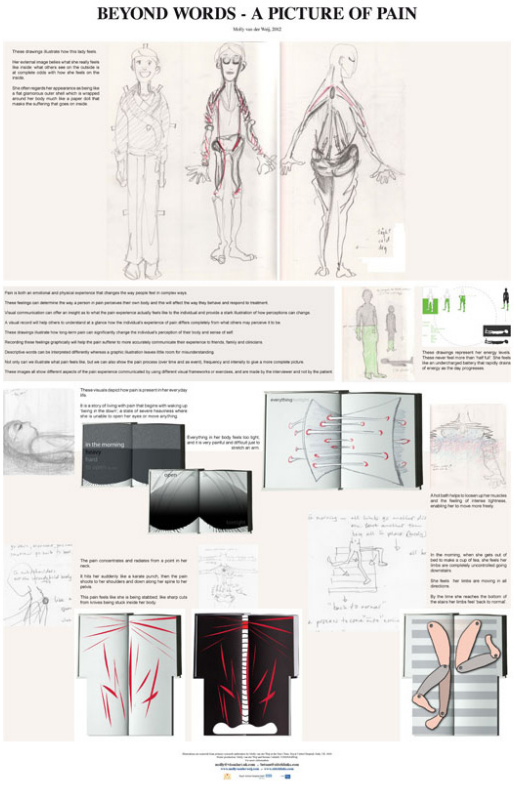



Poster 2, takes another person and illustrates the location and area of her multiple pains and how she describes them. It also illustrates the way this woman describes the shape and position of her body when it is at its most comfortable; her 'best' pain state. This could be valuable knowledge in her treatment approach.

In addition to conveying her pain experience, this person expressed a desire for researchers to develop a suit, which would 'light up' in response to her painful areas. She felt this could be an effective means of externalising her pain and conveying her message to others. This desire also demonstrates the way pain dominates all aspects of her life including her very identity.

Poster 3 visually depicts how pain is present in this lady's everyday life. It is a story of one day in the life of living with pain. It begins with waking up, 'being in the down'; a state of severe heaviness where she is unable to open her eyes or move anything. Everything in her body feels too tight, and it is very painful and difficult just to stretch an arm. It feels like she is being stabbed with sharp knives all over her body.

To complete her pain picture one of the drawing represents her energy levels. These never feel more than 'half full'. She feels like an undercharged battery which rapidly drains of energy as the day progresses.



Visual illustration of the pain experience can also be used to identify patterns, processes, progression, frequency and intensity of pain – the complete picture. It could also be used as an assessment tool for assessing the effectiveness of therapy and medication at a glance. Having a complete picture can help us to understand how pain influences daily life.

Visual communication techniques can graphically illustrate the complexity of pain and can help us to better understand the individual's pain experience. Illustration conveys a more accurate, complete story than is possible through words alone. Descriptive words can be interpreted in numerous ways, whereas graphic illustrations can provide an 'at a glance' understanding of the individual's unique experience.

This is a potentially valuable tool, not only for helping the individual pain sufferer to accurately convey their experience, but to help clinicians and academics to develop and individualise appropriate treatments, as well as inform research.

The posters were displayed in the Scientific Exhibition of the Neurodynamics and Neuromatrix conference in Adelaide, Australia in April 2012. Copies are displayed in Professor Lorimer Moseley's lab at The University of South Australia, Adelaide where they are attracting a lot of attention. The originals are displayed in the Pain Clinic of the Royal United Hospital in Bath where they are also attracting the attention of patients and clinicians.

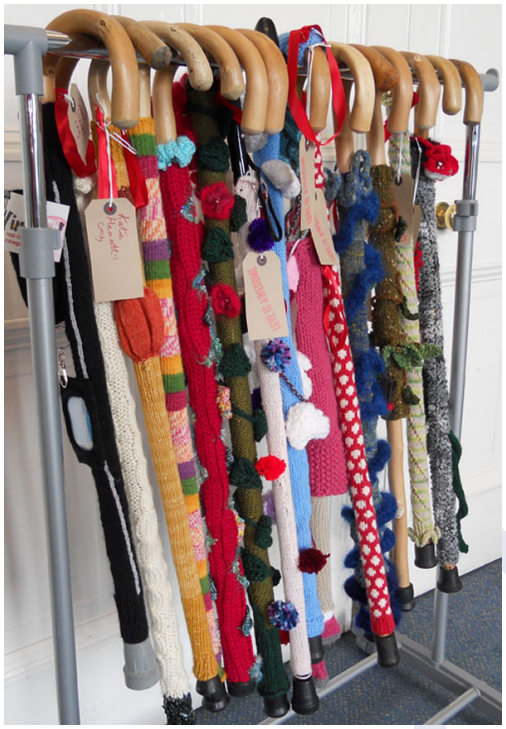
For further information please contact –

**Molly Van der Weij at molly@visualart.uk.com**

or

**Betsan Corkhill at Betsan@stitchlinks.com**

# WALKING STICK COSIES



The idea for walking stick cosies first took seed in Dr Felicity Ford's mind when she found herself buying a walking stick in her early twenties. The experience wasn't a pleasant one.

She said –

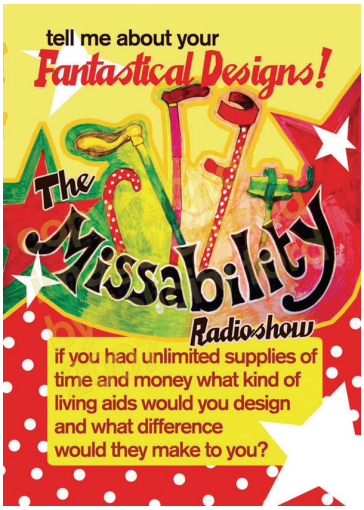
*"All the other shops on the high street had colourful displays. Getting my first walking stick was a big event for me, but when I walked into the shop it was like walking into a dark cupboard. All the aids were grey and dull."*

The assistant added to her discomfort by telling her she was 'very young' to need a walking stick, a comment which upset Felix for a long time.

Felix knew when a friend asked her to customise a pair of crutches to match her wedding dress that she wasn't the only one who felt like this. So the seeds for her project were sown.

As producer of The Missability Radio Show she held a knitted walking stick cosy competition.

The competition had a range of different categories from 'Real Life', for the practically minded, to 'Fantastical Designs' where knitters could allow their imaginations to run riot to create fabulously flamboyant cosies.


All entries were exhibited at The Oxford Centre for Enablement, Nuffield Orthopaedic Centre, Oxford, UK in September 2007.

**For more information please contact Betsan@stitchlinks.com**

# THE 'PEST OF BRITISH' KNITTED GARDEN

Photographs of this fabulous knitted garden were shown to us by members of the East Birmingham Community Pain Services. Several patients from their pain management programme contributed to this inter-generational, community project run by The Creative Moments Craft Group. Community Engagement Co-ordinator, Phillippa England tells the story of how it all came about and the health and social benefits which ensued –

Creative Moments craft group was started five years ago in answer to rising levels of depression and isolation in Perry Common – a deprived area of Birmingham. It began with a volunteer tutor who ran the group for two hours once a month, and is supported by Witton Lodge Community Association. It provides a safe place for people to meet and share friendship and mutual support, as well as learn new crafts and join in with community arts-based projects. They now have 30 regular members, with the group meeting on a weekly basis, sharing stories and laughter, as well as learning new arts and crafts techniques.

The garden was initiated after the group made a multi-coloured patchwork coat for the Birmingham bull, on loan from Birmingham City Council (BCC) Parks Department, affectionately known as 'Woolly Bully'. Along with other community residents, the group knitted colourful patches which were joined together to make the bull's coat as well as covering the trees on the local green open spaces. This was to coincide with Kingstanding's arts festival called Kingsfest, held in July 2011.

When 'Woolly Bully' needed to be reclaimed by BCC in February 2012, the parks manager suggested the group knit a vegetable garden for Gardeners' World Live 2013. The craft group jumped at this opportunity and began filling in the necessary application forms.

Shortly after, the group had a phone call from the Royal Horticultural Society who organise the show. The application was approved, however the date was brought forward and it was to be shown in 2012, which left the group with just 16 weeks to plan and knit the garden!

Creative Moments member, Margaret Glen, commented –

*"It was such fun. We were working from dawn till dusk, there was so much to do. When we took it to Gardeners' World Live we had such a great response from people. They would walk past it once, then come back again to see more of the detail."*

The Creative Moments craft group enlisted the help of local residents and fellow knitters to meet the 16 week deadline to knit and put together the four metre square garden. Dedicated knitters in Perry Common gave more than 6,000 hours to the project to make it an enormous success in many ways.

The project engaged 90 knitters in the local area, including Wilson Stuart School and Sports College, a local school for children aged two to nineteen years, who have a physical disability or a complex medical condition. The children and teachers knitted the wonderfully colourful scarecrow for the garden.

The group were advised on garden pests and seasonal crop rotation by members of Birmingham City Parks Department and patterns were sought for various vegetables. Due to the fact that the garden plans were quite specific, in line with Royal Horticultural standards, the group needed to do some lateral thinking! Many of the patterns they had obtained had to be amended to suit particular needs.

Many of the participants hadn't knitted for years. One lady, Doreen, hadn't picked up her needles for 20 years prior to the project. Doreen rose to the challenge and made her own patterns for cauliflowers and little gem lettuces. Every Wednesday when the group met, everyone would get out what they had been knitting the previous week, and then use the two hour session to carry on knitting or exchange techniques patterns and wool.

The group grew in numbers, strength and vitality.

The group also encouraged participants of the local NHS pain management clinic to join in, including the physiotherapist! Within a few weeks, word of mouth about the project saw not only engagement with 90 knitters, but also donations of wool and needles. The 'buzz' around the local area was amazing.

Due to the tight timescale of the project, the knitters began carrying around their knitting wherever they went.

Denise recalls one time when she was knitting on the bus and someone asked her what she was knitting, possibly expecting her to say *"a matinee jacket"*. When the reply was *"a leek!"* a magical conversation ensued explaining about the project and all the giggles the group had enjoyed along the way.

The garden was shown over five days at the National Exhibition Centre in June 2012, as part of Gardeners' World Live.

A rota system was set up whereby the ladies could talk to the public about the garden, as well as happily carry on knitting. The public response was amazing, with people saying it was the best thing they had seen at the show. This, in turn, visibly boosted the ladies' self-esteem, and confidence levels soared. The public were particularly impressed with the attention to detail the garden provided. There were various knitted bugs and pests with associated garden allies hidden in amongst the vegetables.

Once the knitting had been completed, the group turned to wiring leaves and putting the plants and mini beasts together. There was almost a sense of bereavement as the frenzy of the past few months knitting ceased. However, the group started producing miniature versions of the vegetables as brooches to wear at the show. These proved extremely popular, and as a result, the group are looking to set up their own online craft shop, selling their items to help fund the craft sessions at the hall.

The group was also approached at the show by a publisher and negotiations are under way regarding the group writing their own 'knitted garden' book.

The garden, which was called 'Pest of British' highlighted the health benefits of gardening and knitting, both therapeutic pastimes which have stood the test of time.

It has brought 90 people together in the community to knit and laugh together, sharing mutual support and friendship along the way.

# WINDING UP

It was a great privilege to be part of such an inspiring day, to share information and ideas with an exciting group of diverse, positive people.

I'd like to thank the speakers, workshop facilitators and delegates for travelling from all corners of the UK to help make this such a successful meeting of minds.

Active discussions have continued, and we already have several pockets of activity across the UK as a result. We are also working with clinicians and other interested parties from other countries across the globe.

I often leave a conference with the feeling that no action will be taken on the views and approaches expressed, so I'm excited that the movement created during our study day is growing and gathering momentum.

With demand for health care rising and limited available resources, the time is right for developing low cost, easily accessible therapies in combination with sustainable, community-based networks to teach and support self-management skills. This approach will encourage and complement shorter-term, targeted drug therapy rather than rely on long-term, high cost, heavy drug dependency. It just makes so much sense.

We are not knitting fanatics, but see it as a tool, a stitch in the fabric of wellbeing, part of a bigger picture. As a tool, it enables access to that bigger picture. It encourages an approach which focuses attention on supporting individuals to take active ownership of their wellbeing and health care, to widen horizons, change thinking, mood and perspective on life.

It is my aim that this work will begin the process of change in the way people view their own wellbeing and in the approach and thinking of clinicians.

Like Paul, I hope and expect it to begin the process of focusing attention onto sustainable 'low-tech, high touch' interventions which bring humanity back into medicine.

This study day signifies the beginning of the next step in this work; the stimulation of wider discussion and exploration, and the formation of a pioneering team of experts who have the expertise and energy to take this forward.

My thanks go to Paul Dieppe for his support, not only in making the day happen, but in helping me develop and expand my ideas.

**If you'd like to be part of this movement please email me at Betsan@stitchlinks.com.**

*BETSAN CORKHILL*

# COMMENTS

"The environment was educational, informative and energising. I found the day really well constructed and jam packed with interesting, insightful and useful information, ideas and discussion points."

"The talks on the day were wonderful, and made me feel very much we CAN make a difference. I have seen this on a small scale myself, and it will be great to be part of a network, for resources, ideas and support."

"It was the best conference I've been to for ages! I had so many thoughts during the day and will definitely be using the experience to help me develop other work involving knitting."

"INSPIRATIONAL!"

"I left the discussion day full – full of ideas, information and excitement. And since then have made lots more connections to how people connect and interact with knitting."

"I felt very inspired by the different types of work going on."

"The handouts and resources were brilliant."

"I thought the presentations were excellent and had a good balance of personal experience mixed with evidence based information."

"Thanks for a wonderfully stimulating, informative and inspiring day! I was literally tingling with excitement."

"The speakers were particularly passionate about their work which came across totally, and made it a lovely and interesting experience. I liked the examples that were dotted around the room for people to view."

"It gave me the nuts and bolts ....or wool and needles."

"It was a really brilliant day and I just wanted to express my gratitude for the opportunity to attend it."

"The atmosphere was buzzing. What a change from other conferences!"

# FURTHER INFORMATION

For further information please visit the Stitchlinks website

**www.stitchlinks.com**

A voice-over PowerPoint presentation by Betsan Corkhill can be found on Cardiff University's Pain Community Centre website. To listen, please use the URL below –

**www.paincommunitycentre.org/article/therapeutic-knitting**

Pain Concern's Airing Pain radio programme recorded the knitting group at the Pain Clinic of The Royal United Hospital in Bath. To listen to Airing Pain, Programme 11, please use the URL below –

**www.stitchlinks.com/Videos_podcasts/Airing%20Pain%2011.aiff**

# CONTACT US

If you'd like to be involved, learn more, discuss our ideas or obtain further copies of this manuscript, please email –

Betsan Corkhill

**Betsan@stitchlinks.com**

or

Paul Dieppe

**paul.dieppe@pms.ac.uk**