

The Health Benefits of Knitting



About Knit For Peace

Knit for Peace is an initiative of the Charities Advisory Trust. It started as an income generation project for Hutu and Tutsi widows, victims of the Rwandan genocide and civil war. At our suggestion they knitted school jumpers for the many orphans, and we paid them by raising the funds through featuring the project in the Good Gifts Catalogue, another of the Trust's initiatives.

Hearing of the project, colleagues in India suggested they would like to start a similar project, bringing together Hindu and Muslim women in the slums of Delhi. Through the SE Asian Women's Network the idea spread, and Knit for Peace groups were set up in Pakistan, Bangladesh, Nepal and Afghanistan. These groups, as a gesture of goodwill, donated their knitting to each other's children. When people in the UK heard about this project they asked if they could knit for the children of Afghanistan. "If we can send them soldiers, we can send jumpers for their children." We undertook to deliver the knitting to the NGO organising Knit for Peace in Afghanistan. Through word of mouth the idea spread, and we were soon receiving a positive tsunami of knitted goods.

We had not planned to set up Knit for Peace in the UK, nor anticipated that there would be so many keen knitters who were seeking an outlet for their knitting, but were reluctant to thwart people's wish to help others. Knit for Peace is, and has been, a bottom up, demand-led service. We have more than 15,000 knitters in the UK. The majority are post-retirement age, and judging from their comments to us, they find knitting greatly enhances their pleasure in life, and improves their sense of well-being.

If you would like to support or volunteer for Knit for Peace, please find more information at our website, www.knitforpeace.org.uk, or contact us on knitforpeace@charitiesadvisorytrust.org.uk or on **020 7794 9835**.

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Our thanks go to Professor Muki Haklay and Professor David Metz, our academic advisers, for their invaluable support and guidance. Above all, we are indebted to our community of knitters, and to all those whose evidence-based research has proved the Health Benefits of Knitting.



Executive summary

Background

This report is in two parts: a Literature Review of the evidence-based research on the health benefits of knitting, especially for the elderly, and the opportunities it offers for volunteering. Secondly, a Survey of over 1,000 knitters who send their knitting to Knit for Peace.

A grant from the Big Lottery Accelerating Ideas Fund enabled us to carry out an extensive Literature Review, to show the effectiveness of knitting (and crochet) in helping older people become more resilient, including improvements in mental and physical health, overcoming isolation and loneliness and increasing a sense of well-being.

In parallel a **Survey** was undertaken of those who donated their knitting to Knit for Peace, to distribute to those in need. This was a useful cross-reference to support the research findings illustrated in the Literature Review.

The findings

Evidence based research shows knitting has positive health benefits, physical and mental.

- Lowers blood pressure
- Reduces depression and anxiety
- Slows the onset of dementia
- Is as relaxing as yoga
- Distracts from chronic pain
- Provides an opportunity for creativity (at a time of reducing capacity)
- Increases sense of wellbeing
- Reduces loneliness and isolation
- Increases sense of usefulness and inclusion in society

Knitting for those in need is a volunteering activity that can carry on into extreme old age and can be undertaken by those whose sight, hearing and mobility are severely limited.

It provides an activity that gives a sense of purpose.

Knitting for charity makes people feel more useful and worthwhile. Self-worth is important post retirement, especially with physical decline.



Of those in poor or very poor health, 92% said knitting improved their health.

82% said knitting relaxed them

65% of our knitters said knitting for others made them feel useful

92% said knitting improved their mood

67% of our knitters are over 60. Some are as old as 100 and many in their 80s and 90s.



Makes people feel better able to cope

A more resilient ageing population is happier and makes less demands on the NHS and is less dependent on care.

Action needed

The biggest bars to knitting are:

- Having not learnt to knit when young
- Having no one to knit for.

Teaching knitting in schools is a skill for life, sowing the seeds of an activity that is useful in later life. It takes less than two hours to teach basic knitting – after that it is practice that improves.

Teaching knitting is a good inter-generational activity, increasing respect for older people. Although the teaching can be done by volunteers, funding would be needed for co-ordination, travel costs and promotion to schools.

Providing an outlet for knitting is essential

The knitters in our survey knitted for an average of 13.5 hours a week (some for as much as 35 hours a week!) In that time an experienced knitter could produce 6 baby or children hats plus 2 baby jackets or 2 baby blankets and 2 scarves.

“Knitting keeps me occupied and calms my mind”

88% of our knitters learnt to knit as a child.

56% of our knitters said they would find it hard to find an outlet for their knitting if it weren't for Knit for Peace.

90% of our knitters said distribution of knitting to those in need was Knit for Peace's most valued service.

Dear Knit for Peace,
PLEASE COULD THESE ITEMS GO TO REFUGEE CAMPS
Our combined efforts from Katherine, Margaret, Peggy, Nova + myself. The squares for the large blanket were donated by a lady called Jacqui. She won them in a competition by a crochet group she was in, where every member made her a square. She asked me to make them into a blanket so that somebody in a refugee camp could have something really bright + special.



Part 1

A Literature Review of the evidence-based research on the health benefits of knitting, especially for the elderly, and the opportunities it offers for volunteering



A Literature Review of the Evidence-Based Research on the Health Benefits of Knitting

Introduction: purpose

The purpose of this Review is to gather together the evidence on the health benefits of knitting (and other repetitive needle-work activities). There is an enormous amount of research showing that knitting¹ has physical and mental health benefits, that it slows the onset of dementia, combats depression and distracts from chronic pain. It is an activity that can be continued into extreme old age. It is a sociable activity that helps overcome isolation and loneliness, too often a feature of old age. It is a skill that can continue when sight and strength are diminished. Knitters need outlets for their knitting, since the needs of family and friends are soon satisfied. Being able to donate their knitting to those in need, a service provided by Knit for Peace, is highly valued by knitters, so they feel useful. Knitting can continue into extreme old age: unlike most volunteering, it can be done from your armchair!

There is a surprisingly large body of research showing the health benefits of knitting. What is more surprising is how little known this research is. Our experience suggests however, knitting is not well perceived as a potential preventative and treatment measure. This is particularly important with regards to its potential benefit to the older population. We have found people are dismissive of knitting as a 'grandmotherly' activity. One potential funder, when rejecting our application for support, said "Are we going backwards?". No doubt a shiny new IT programme would have been more to his taste. Yet its very accessibility is a benefit, needing little equipment, as are its portability and its flexibility – it can be picked up and put down, with little preparation beyond finding a chair, and can be fitted into odd moments between other activities. It involves no clearing up. It can be done whilst watching television or listening to the radio. Some brave souls knit when passengers in a train, tube, car or bus (a good way of striking up conversations!). Instead of deriding knitters, and dismissing it as old fashioned, surely done because it is a craft most practiced by women, the evidence suggests knitting should be widely promoted because of its health-giving qualities.

Knitting is both process and product-oriented (Blanche 2007²). As a process, knitting encompasses repetitive tasks that require physical and cognitive skills (Hosegood 2009³). Process means knitters are involved in the activity, with health benefits. Product-orientation means there is a specific output, visible to all, which is an aspect of knitting that creates satisfaction at completing a task, and reinforces a sense of capability.

(1) Throughout the text we refer to knitting, as it is the dominant activity, but there are the same benefits for crochet and needlepoint.

(2) Blanche, E.I. (2007). "The Expression of Creativity through Occupation." *Journal of Occupational Science* 14(1): pp. 21-29.

(3) Hosegood, B. (2009). "Whip Your Hobby into Shape: Knitting, Feminism, and Construction of Gender." *Textile: The Journal of Cloth and Culture* 7(2): pp.148-63.



Health benefits

Knitting lowers blood pressure and stress

Research from 2007 at Harvard Medical School's Mind and Body Institute⁴ proved that knitting induces the relaxation response and lowers the heart rate by an average of 11 beats per minute. Blood pressure drops when knitting. Knitting thus appears to offer much more than a diversion from otherwise boring tasks (Riley, Morris, Corkhill, 2013⁵); its rhythmic yet skilled process has the potential to induce flow (Csikszentmihalyi 1988⁶), free up thinking and promote reflection. In common with Dickie's (2011⁷) analysis of the therapeutic aspects of quilting, knitting offers variability in terms of challenge and skill. Schaffer and Yucha's (2004⁸) study further showed the effectiveness of relaxation on managing chronic pain, and the importance of being able to elicit the relaxation response. Turney (2009⁹) discussed knitting's potential to promote wellbeing through repetitive activity, which can create "a space for contemplation" and induce "an enhanced state of calm". Knitting allows for the passive release of stray thoughts. "The rhythmic and repetitive quality of the stitching, along with the needles clicking, resembles a calming mantra" (Benson, 1975¹⁰).



As well as keeping idle hands occupied, knitting confers other health benefits. Dr Herbert Benson, founder and president of Harvard's Mind and Body Medical Institute and author of *The Relaxation Response* (1975¹¹ and 2001¹²), recommends the "repetition of a word, sound, phrase, prayer, or muscular activity" to illicit the "relaxation response" – decreased heart rate, blood pressure, and muscle tension. Benson continues, "the relaxation response can be elicited by a number of meditative techniques, such as diaphragmatic breathing, yoga, progressive muscle relaxation, jogging – even knitting"; knitters benefit from a form of meditation often without even realising it.

(4) Harvard Medical School (2007) *The Relaxation Response*.

(5) Riley, J, Corkhill, B & Morris C. (2013). The Benefits of Knitting for Personal and Social Wellbeing in Adulthood: Findings from an International Survey. *British Journal of Occupational Therapy*, 76(2), pp.50-57.

(6) Csikszentmihalyi, M., (1988) Motivation and creativity: Toward a synthesis of structural and energistic approaches to cognition. *New Ideas in psychology*, 6(2), pp.159-176.

(7) Dickie, V.A., (2011) Experiencing therapy through doing: Making Quilts. *OTJR: Occupation, Participation and Health*, 31(4), pp.209-215.

(8) Schaffer, S and C.B. Yucha (2004): *The American Journal of Nursing*; 104 (8) pp. 75-82.

(9) Turney, J. (2009). *The Culture of Knitting*. Oxford: Berg.

(10) Benson, H. (1975). *The Relaxation Response*. New York: Harper Torch.

(11) Benson, H. (1975). *The Relaxation Response*. New York: Harper Torch.

(12) Benson, H. (2001). Mind-Body Pioneer. *Psychology Today*, 34, pp. 56-60.



In 2013, Riley, Corkhill, and Morris carried out primary research into the links between knitting and health.¹³ Their study found that for committed knitters, there is a significant relationship between knitting and perceptions of feeling calm and happier. Also, members of a knitting community perceived knitting in a group as improving their social confidence and communication. Their study adds to the growing evidence that engaging in creative, skilled, meaningful and rewarding occupation can contribute significantly to quality of life, and to personal and social wellbeing.

In the Riley, Corkhill and Morris survey, knitters reported:

- Psychological benefits such as relaxation and stress relief
- Therapeutic benefits as knitting's rhythmic and repetitive nature was likened to meditation
- They benefitted from hands-on tactile engagement
- They valued an outlet for their creativity
- Donating their knitting provided a way of giving to others
- Knitting was a vehicle for social activity.

Relaxation Case Study

Sally (59) who knits for an average 7 hours a week and learnt to knit from a friend recently, explains how knitting helps her health:

"It relaxes me. It helps my anxiety, depression and physical pain. Due to disability I had to leave a career I love and am at home all day. Knitting gives me a sense of purpose and achievement."



According to the Benson-Henry Institute for Mind-Body Medicine at Massachusetts General Hospital and Harvard Training Hospital, knitting's repetitive movements theoretically can elicit the famous relaxation response, which is the body's counterbalance to stress, a state in which heart rate and blood pressure fall, breathing slows, and levels of stress hormones drop. Knitting helps you to focus only on its process. You become so focused that everything else seems to disappear. This phenomenon was first described by psychologist Mihaly Csikszentmihalyi (2004¹⁴) who called it the flow effect. In a 2007¹⁵ paper entitled The Neurological Basis of Occupation, authors Victoria Schindler and Sharon Gutman state that patients can use creative activities, such as knitting. It regulates emotions that control anger and prevents irrational thinking. Further research showed knitting gently reinforces order, organisation, and stillness in one's life (Skolnik & MacDaniels, 2005¹⁶).

(13) Riley, J, Corkhill, B & Morris C. (2013). The Benefits of Knitting for Personal and Social Wellbeing in Adulthood: Findings from an International Survey. *British Journal of Occupational Therapy*, 76(2), pp.50-57.

(14) Csikszentmihalyi, M. (2004). *Finding the Flow: The Psychology of Engagement With Everyday Life*. Basic Books.

(15) Gutman, S & Schindler, S. (2007). The Neurological Basis of Occupation. *Occupational Therapy International* 14(2) pp. 71-85.

(16) Skolnik, J & MacDaniels. (2005). *The Knitting Way: A Guide to Spiritual Well-Being*. Sklight paths publishing: New York.



Knitting and chronic pain

Chronic pain is multidimensional, involving a complex interaction between biological processes, a dynamic nervous system, and psychological and social issues. However, McFarlane's (2007¹⁷) work shows 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 interrupts 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.

The work of Kelly et al (2012¹⁸) focused on the use of knitting and other arts as a means of therapy for women dealing with chronic illness and pain. Common themes within the women's discussions of making (knitting and sewing) focused on its functions as a distraction; as a means for engaging the mind, body, and emotions; as relaxation; as a way to avoid becoming self-absorbed; as well as a means for coping with the new onset of disability. These themes resonated with the findings of Reynolds and Prior (2006¹⁹) that knitting increased one's ability to banish unwanted and intrusive thoughts and helped foster a beneficial sense of mastery and control. Variations on the themes of coping with pain, relaxation, quality of life, and giving back to others were almost universal among the women, suggesting that they were reclaiming a positive identity through creative occupation (Reynolds, 2003²⁰).

Corkhill & Davidson's (2009²¹) research showed that there are many anecdotes on the benefits of knitting for the management of chronic pain and that they are consistent globally. It tells of repetitive movements inducing meditative-like calm and enabling symptom distraction, as well as psychological and social benefits. Results from the study show that three major themes were identified in narratives collected from 60 online participants, who experience long term pain. The first was esteem, the second theme was rhythmic movement and the third was stimulation.

Knitting and Pain Case Study

Mabel (95) who knits for Knit for Peace to help her arthritis and blood pressure explains how knitting helps her cope with illness:

"I recently had a stroke, but the doctors brought me wool and needles to the hospital – to get my hands working and it helped. Now I am in a home where I can knit with other women."

(17) MacFarlane, A (2007) Stress-related musculoskeletal pain, *Best practice research clinical rheumatology* 21(3): pp. 549-65.

(18) Kelly, C.G., Cudney, S. & Weinert, C. (2012) Use of creative arts as a complementary therapy by rural women coping with chronic illness, *Journal of Holistic Nursing*, 30(1), pp.48-54.

(19) Reynolds, F. & Prior, S. (2006). Creative adventures and flow in art making: A qualitative study of women living with cancer. *British Journal of Occupational Therapy*, 69, pp. 255-262.

(20) Reynolds, F. (2003). Reclaiming a positive identity in chronic illness through artistic occupation. *OTJR: Occupation, Participation and Health*, 23, pp. 118-127.

(21) Corkhill, Betsan & Davidson, Carol. (2009). *Exploring the effects of knitting on the experience of chronic pain – a qualitative study.*



Observation of 15 group members identified positive patterns of interaction and minimal pain behavior. Participants reported no pain kickback following prolonged sitting whilst knitting, suggesting distraction is not the sole mechanism at work. Members also formed close bonds, which extended outside meeting times to form an effective social support network. All chose to knit at home for charity, which appears to have aided the development of new, positive identities. Giving art and knitted goods as gifts, and for charity, has been identified elsewhere as important in maintaining and strengthening community connections in chronic illness and older age (Reynolds et al, 2008²²). Vrkljan and Miller-Polgar's (2001²³) work also showed how in a period of personal crisis, such as life-threatening diagnosis, individuals might turn to creative occupations (such as knitting) that are meaningful to regain a sense of control and normalcy in their lives.

Chronic Pain Case Study

Jackie S, (45-59) a Knit for Peace knitter who knits for 21 hours a week to help her long-term illness and to cheer her up explains how knitting helps her:

"Knitting helps to distract me from chronic pain. I have several chronic health conditions including newly diagnosed vision loss. I enjoy being able to make useful things for others. I was happy to find Knit for Peace to fulfill this. I have always loved doing crafts and being creative."



Further examples of easing pain through creative activities, were shown in La Cour et al (2007²⁴) work with cancer patients. The work demonstrated that creative activity is a means for participants to develop ways to adapt and cope with declining physical abilities and existential concerns through working with their hands and bodies. This complements the often negative focus in palliative phases of cancer with an understanding of how enriching aspects of life can be maintained.

(22) Reynolds F, Lim K, Prior S, (2008) Images of resistance: a photo narrative enquiry into the meanings of personal artwork for people living with cancer. *Creative Resolution Journal* 20(2): pp. 211-20.

(23) Vrkljan, B. and Miller-Polgar, J., (2001). Meaning of occupational engagement in life-threatening illness: A qualitative pilot project. *Canadian Journal of Occupational Therapy*, 68(4), pp. 237-246.

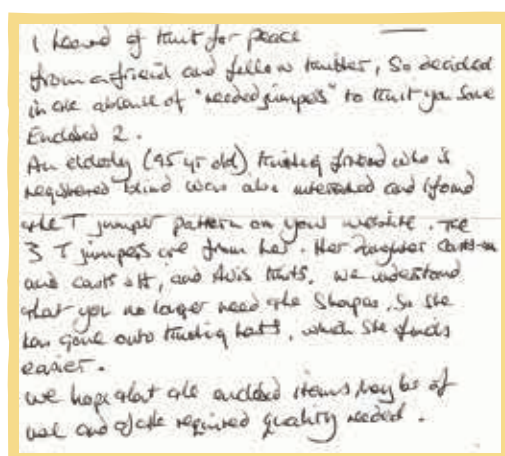
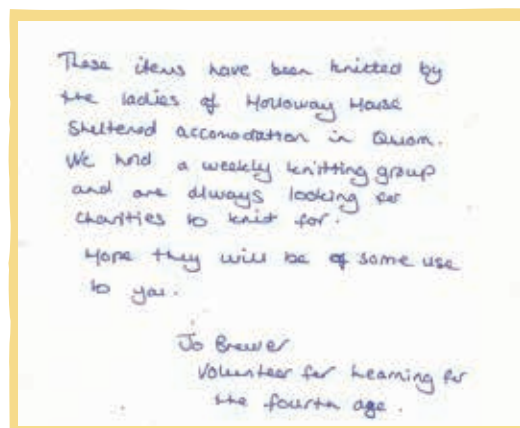
(24) La Cour, K., Josephsson, S., Tishelman, C. and Nygard, L., (2007). Experiences of engagement in creative activity at a palliative care facility. *Palliative & supportive care*, 5(03), pp.241-250.



Knitting may have a positive impact on pain relief, through: the effect of bilateral patterns of hand movement on brain maps (Draganski, Gaser, May, 2004²⁵); automatic movements on rumination; the 'end product' and its effect on the reward system (Lambert, 2006²⁶); and the effect on cognitive function through stimulation from colour, texture and being creative (Malchiodi, 2002²⁷).

Knitting and mental health

There is increasing evidence that engaging in creative activities, such as knitting, can impact positively on both health and wellbeing (Department of Health and Arts Council for England 2007²⁸). In the elderly, craft activities have positively been correlated with mental well-being (Menec, 2003²⁹ & Lampien et al, 2006³⁰). Correlational evidence from a large population study of individuals over 70 years old carried out by the Mayo Clinic demonstrated that engagement in craft activities, including knitting, was associated with decreased odds of experiencing age-related mild cognitive impairment (Geda et al., 2012³¹). Prospective evidence from another large study, conducted in France, demonstrated that knitting predicted lowered levels of dementia (Fabrigoule et al. 1995³²). In a single case study of a 70 year-old Alzheimer's patient, engagement with a knitting intervention resulted in decreased feelings of apathy and depressed mood.



Fischer and Specht's (1999³³) research highlighted the importance of creative arts in ageing. They describe six features of successful ageing: a sense of purpose, interactions with others, personal growth, self-acceptance, autonomy, and health. The findings indicate that creative activity contributes to successful ageing by fostering a sense of competence, purpose, and growth. Artistic creativity also facilitates successful ageing by encouraging the development of problem-solving skills, motivation, and perceptions that translate into a practical creativity in the way these individuals manage their everyday lives.

- (25) Draganski B, Gaser C, May A et al. (2004). Neuroplasticity: Changes in grey matter induced by training. *Nature*; 427: pp. 311-312.
- (26) Lambert KG. (2006). 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 Bio behavioural Reviews*; 30: pp. 497-510.
- (27) Malchiodi C. The Soul's Palette, (2008) *Drawing on art's transformative powers for health and wellbeing*. Boston: Shambhala Publications.
- (28) Department of Health and Arts Council England, (2007). *A Prospectus for Arts and Health*.
- (29) Menec V. (2003). The relation between everyday activities and successful aging: a 6-year longitudinal study. *Journal of Gerontology*; 58 (2): pp. 74-82.
- (30) Lampien P, Heikkinen R, Kauppinen M, et al. (2006). Activity as a predictor of mental well-being among older adults. *Ageing Mental Health*; 10(5):pp. 454-66.
- (31) Geda, Y.E., Topazian, H.M., Lewis, R.A., Roberts, R.O., Knopman, D.S., Pankratz, V.S. et al. (2012) Engaging in cognitive activities, ageing, and mild cognitive impairment: A population-based study. *Journal of Neuropsychiatry and Clinical Neurosciences*, 23, pp. 149-154.
- (32) Fabrigoule C, Letenneur L, Dartigues JF, et al. (1995) Social and leisure activities and risk of dementia: a prospective longitudinal study. *J Am Geriatr Soc*; 43: pp. 485-90.
- (33) Fischer, B, Specht, D (1999) Successful Aging and Creativity in Later Life, *Journal of Aging Studies* 13 (14) pp. 457-472.



Furthermore, La Cour, Josephsson and Luborsky's (2005³⁴) research on elderly people dealing with life-threatening illness, showed that creative activities serve as a medium that enables the creation of connections to wider culture and daily life that counters consequences of terminal illness, such as isolation. Ultimately, the activity enlarges the experience of self as an active person, in the face of uncertain life-threatening illness (Adam et al. 2000³⁵). Research has also identified that those who are mentally active and socially engaged are 40% less likely to develop symptoms of dementia (Valenzuela et al. 2012³⁶). Knitting has been linked to reducing the risk of developing Alzheimer's disease and dementia; by exercising (it) the human brain is made more resilient (Scarmeas et al, 2001³⁷).

Dementia Case Study

Mrs Hancon (85+) a Knit for Peace knitter from Suffolk explains how knitting helps her dementia:

"I like knitting for those in need and I find that sitting and concentrating on my knitting helps me with my dementia."

Geda's (2012³⁸) study at the Mayo Clinic examined the effects of activities including knitting, quilting and playing games in 1,321 older people, nearly 200 of whom had mild cognitive impairment, and were in the intermediate stage between normal ageing and dementia. The researchers found that those who engaged in crafting, computer activities, knitting and reading books were 30 to 50 percent less likely to have mild cognitive impairment than those who did not.

Also, Main's (2012³⁹) research in regards to knitting and mental health showed that the repetitive movement promotes the release of calming serotonin, which also lifts mood and dulls pain. Making things with our hands activates different brain circuits to, say, office work. Two-handed movements across the midline of our bodies is recognised as using a lot of brain capacity, leaving less room for other issues. Main (2012⁴⁰) and Hosegood (2006⁴¹) further show how similar to several relaxation techniques knitting can be as it 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, helping a person to deal with depression and anxiety.



- (34) La Cour, K., Josephsson, S. and Luborsky, M., (2005). Creating connections to life during life-threatening illness: Creative activity experienced by elderly people and occupational therapists. *Scandinavian Journal of Occupational Therapy*, 12(3), p.98.
- (35) Adam, S., Van der Linden, M., Juillerat, A.C. & Salmon, E. (2000). The cognitive management of daily life activities in patients with mild to moderate Alzheimer's disease in a day care centre: A case report. *Neuropsychological Rehabilitation*, 10, pp. 485-509.
- (36) Valenzuela, M., F. Matthews, and C. Brayne et al. (2012). "Multiple Biological Pathways Link Cognitive Lifestyle to Protection from Dementia." *Biological Psychiatry* 71(9): pp. 783-91.
- (37) Scarmeas N, Levy G, Tang MX, Manly J, Stern Y. (2001). **Influence of leisure activity on the incidence of Alzheimer's disease**, *Neurology* 57(12): pp. 2236-42.
- (38) Geda, Y.E., Topazian, H.M., Lewis, R.A., Roberts, R.O., Knopman, D.S., Pankratz, V.S. et al. (2012) Engaging in cognitive activities, ageing, and mild cognitive impairment: A population-based study. *Journal of Neuropsychiatry and Clinical Neuroscience*, 23, pp.149-154.
- (39) Main, G. (2012). **Knitting and Mental Health**. Therapeutic knitting study day. Knitting to facilitate change. Bath.
- (40) Ibid.
- (41) Hosegood, B., 2006. **Not tonight darling, Im knitting**. David & Charles.



I hope these may be of use - with every good wish from a novice knitter. I am getting better!

Well done with all the work you are doing to help those less fortunate. I read the article in "Yours" magazine - made me get knitting again. Keeps the fingers agile, the brain going, & a good use of time whilst watching TV during the long evenings.
Regards - Cuckoo Owen

The Wang et al (2002⁴²) study looks into the links between social, leisure activities (for example, knitting, crocheting and sewing) and risks of developing dementia in elderly people. Results showed that a lower incidence of dementia was seen in those who participated in mental, social or productive activities as compared to those who did not. Incidence of risk also decreased with increased participation. Their findings confirmed the beneficial effect of an active life on dementia in the elderly, findings that have cautiously been suggested by a few previous reports (Broe GA, Henderson AS, Creasey H, et al. 1990⁴³; Kondo K, Niino M, Shido K. (1994⁴⁴); Fabrigoule C, Letenneur L, Dartigues JF, et al. 1995; Yoshitake T, Kiyihara Y, Kato I, et al. 1995⁴⁵).

More recently Sorman et al (2013⁴⁶) study found a positive relationship between creative leisure activities; for example, needlework helped with the early onset of dementia. Though it seems the benefits of needlework and leisure activities are limited to the first 1-5 years during the onset of dementia. Knitting as a recreation therapy has been used on patients with cancer, Alzheimer's, and in neurological rehabilitation. Holmes et al. (2004⁴⁷) suggest that the practice of knitting may reduce the risk of trauma from an emotional event: in normal subjects, concurrent performance of a visuospatial task whilst watching a traumatising film reduces emotional distress and intrusive imagery.

(42) Wang, H.X., Karp, A., Winbald, B. and Fratiglioni, L., (2002). Late-Life engagement in social and leisure activities is associated with a decreased risk of dementia: a longitudinal study from the Kungsholmen project. *An American journal of epidemiology*, 155 (12), pp. 1081-1087.

(43) Broe GA, Henderson AS, Creasey H, et al. (1990) A case-control study of Alzheimer's disease in Australia. *Neurology*; 40: pp. 1698-707.

(44) Kondo K, Niino M, Shido K. (1994) A case-control study of Alzheimer's disease in Japan - significance of life-styles. *Dementia*; 5: pp. 314-26.

(45) Fabrigoule, C., Letenneur, L., Dartigues, J.F., Zarrouk, M., Commenges, D. & Barberger-gateau, P (1995) Social and leisure activities and risk of dementia: a 15 year prospective study. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*.

(46) Sorman, D.E., Sundstrom, A., Ronnlund, M., Adolfsson, R. and Nilsson, L.G., (2013). Leisure activity in old age and risk of dementia: a 15-year prospective study. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*.

(47) Holmes, E. Brewin, C and Hennessy, R. (2004) "Trauma, Films, Information Processing and Intrusive Memory Development", *Journal of Experimental Psychology* 133 (1); 3-22.



Knitting helps counter depression

The process of knitting has psychological benefits. Turney (2009⁴⁸) refers to knitting's rhythmic and sensory nature, which can be calming, with potential meditative and therapeutic qualities (Katz-Freiman 2010⁴⁹). The knitting process generally leads to the creation of an end product, a knitted object as either the result of following a defined pattern or an outcome designed by an individual. This is particularly helpful to those suffering from depression, who feel hopeless, unable to do anything. Knitting grows, so is proof that something can be done. Add the making it for someone in need, and the person knows not only that they can do something, but can help others.

Knitting and crocheting are creative processes that tend to evoke a sense of personal productivity and satisfaction, which explains some of the positive psychological outcomes. Research has demonstrated that participation in creative knitting activities is associated with self-reported improvements in health and increased quality of life, self-efficacy, and self-esteem (Batt-Rawden & Tellnes, 2005⁵⁰). Knitting allows the clients to view the persistence of peers in their mastery of new tasks as an example for themselves, which can strengthen an individual's belief that they too can succeed, increasing positive self-efficacy (Bandura, 1994⁵¹)

Professor Kelly Lambert from Randolph-Macon College, Virginia, USA (2006⁵²) 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. Professor Lambert (2006⁵³) states that activities involving the hands, which have a tangible end product, could stimulate the reward system. Knitters tell of how finding something they can do and the feelings of success they experience change their outlook on life. It appears to kick-start the process of wanting to be part of life once more.

Leckey (2011⁵⁴) provides evidence to suggest meaningful use of creative knitting, as an intervention within mental health, across the country is impressive. Results from this Review indicate that knitting may be one way of promoting social networks in conjunction with improving psychological and physical well-being.

Depression Case Study

Grace (85) a Knit for Peace knitter explains how knitting helps her cope with depression by feeling less lonely:

"Knitting keeps my mind occupied and gives me a sense of purpose; I am recently widowed and suffer with depression. I have had a very busy life and knitting gives me something to do now I am in my eighties."

Anxiety and Stress Case Study

Sheron (45-59) a Knit for Peace knitter explains how knitting helps her cope with anxiety:

"I suffer from periods of anxiety and stress and I find it helps to keep me feeling balanced, 'together', and grounded. I also really like the fact that I feel I'm doing something useful at the same time which again makes me feel good."

(48) Turney, J. (2009). *The Culture of Knitting*. Oxford: Berg.

(49) Katz-Freiman, T. (2010) "Craftsmen in the Factory of Images". In G. Adamson (ed.), *The Craft Reader*, pp. 596-605. Oxford: Berg.

(50) Batt-Rawden & Tellnes, (2005) Nature-culture-health activities as a method of rehabilitation: an evaluation of participants' health, quality of life and function. *International Journal of Rehabilitation Research* 28(2): pp. 175-80.

(51) Bandura, A. (1994). Self-Efficacy. In V.S. Ramachandran (Ed.) *Encyclopedia of Human Behavior* (Vol.4, pp. 71-81). New York, NY: Academic Press. (Reprinted in H. Friedman (Ed.) *Encyclopedia of Mental Health* San Diego, CA: Academic Press, (1998).

(52) Lambert KG. (2006). 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 Bio behavioural Reviews*; 30:pp. 497-510.

(53) Ibid.

(54) Leckey, J. (2011). "Therapeutic Effectiveness of Creative Activities on Mental Well-being: A Systematic Review of the Literature.



Knitting helps overcome addiction

Research on the health benefits of knitting has not been entirely limited to the study of older adults. In a study exploring the effects of anxiety management in younger inpatients with anorexia nervosa, patients reported that knitting was beneficial in reducing feelings of anxiety: they reported that it lessened the intensity of their fears and thoughts, that it had a calming and therapeutic effect, and that it gave them a sense of pride and accomplishment (Clave-Brule et al., 2009⁵⁵). 28 out of 38 (74%) respondents reported benefits of distraction or distancing from eating disorder thoughts and feelings; 74% reported increased relaxation and comfort; 54% reported stress reduction, accomplishment, and prevention of ruminating thoughts becoming actions; 32% reported positive physical experiences such as meditative movements of the hand, which allowed them to sit still and enjoy sensory aspects of the task.

Dr. Kathryn Duffy published a paper in a 2007⁵⁶ issue of the **Journal of Groups in Addiction and Recovery** about knitting as an experiential teaching method for affect management for females in addiction group therapy at a drug and alcohol rehabilitation centre. Duffy claimed her knitting programme had been successful in facilitating discussions and beneficial in providing a skill for moderating stress and emotions, both for female inpatient and outpatient drug and alcohol addicts.

Knitting is an unthreatening and supportive way to increase a sense of safety in the group and in the milieu. "Knitting has the added benefit of being applicable during unstructured times; e.g. evenings and weekends, when there is less programming and fewer staff. It helps clients learn to occupy their free time, which relieves boredom, a major relapse trigger for many individuals in early recovery" (Daley, 1987⁵⁷).

This case study by Duffy focused on the occurrence of group knitting or crocheting in a sober living facility, and the positive implications it can have on different aspects of women's lives, including its role in maintaining their sobriety and forming bonds with others. This focus on knitting and crochet as a coping skill can be beneficial for providers working with substance abusers. The knitting programme serves an important occupational therapy role in providing clients with an activity that is meaningful and purposeful while helping them cope with the psychological and physical limitations caused by their addiction and histories of abuse (Donohue & Greer, 2000⁵⁸).

Addiction Case Study

Sarah R describes how knitting helped her to stop smoking and lose weight:

"Keeps hands busy, so I'm not snacking in the evenings when watching TV. I dropped two dress sizes in my first year of knitting. It was also a useful aid in helping to stop me smoking and I think knitting would help more addictions generally."

(55) Clave-Brule, M., Mazloun, A., Park, R.J., Harbottle, E.J. & Birmingham, C.L. (2009). **Managing anxiety in eating disorders with knitting.** *Eating and Weight Disorders*, 14, pp. 1-5.

(56) Duffy, K. (2007). **Knitting as an Experiential Teaching Method for Affect Management in Group Therapy.** *Journal of Groups in Addiction & Recovery*, 2(1), pp. 67-84.

(57) Daley, D. (1987). **Relapse Prevention with Substance Abusers: Clinical Issues and Myths.** *National Association of Social Workers, Inc.*, March-April, 138-142.

(58) Donohue, M.B., & Greer, E. (2000). **Designing Group Activities to Meet Individual and Group Goals.** In J. Hinojosa, & m. Blount (Eds.) *The Texture of Life: Purposeful Activities in Occupational Therapy.* (pp. 159-195). Bethesda, MD: The American Occupational Therapy Association.



By watching others struggle in their early attempts to learn and then become more skilled, clients can see that success often takes persistence. This can contribute to developing a positive sense of self-efficacy both by at first modeling and then building on small successes (Bandura, 1994⁵⁹). Overall, knitting at this facility fosters co-operation, which helps to strengthen the milieu (Duffy, 2007⁶⁰).

Knitting prevents social isolation and loneliness

Around a million (10%) older people are termed 'chronically lonely' at any given time in the UK (Victor, 2011⁶¹), seriously increasing their risk of suffering mental and physical illness, according to a report from Age UK and The Campaign to End Loneliness. The two organisations warn that this number is set to rise by 50% by 2028 as our ageing population increases. Social isolation has recently been strongly correlated with poor health outcomes (Perissinotto, Cenzer, Covinsky (2014⁶²); Burholt & Scharf (2014⁶³); Steptoe et al. (2013⁶⁴)). More than three-quarters of GPs have recently stated that they see between one and five lonely people a day (Campaign to End Loneliness, 2016⁶⁵).

By 2030, one in five people in England will be over the age of 65 (Oliver, 2014⁶⁶). Older people are especially vulnerable to loneliness and social isolation, and it can have a serious effect on health (NHS, 2016⁶⁷). For example, loneliness can increase the risk of high blood pressure (Hawkey et al, 2010⁶⁸). Lonely individuals are at a greater risk of cognitive decline (James et al, 2011⁶⁹). Holwerda et al's (2012⁷⁰) study showed lonely people had a 64% higher risk of developing dementia. Loneliness and low social interaction are also predictive of suicide in older age (O'Connell et al, 2004⁷¹). Finally, "individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely". Michael Marmot (2010⁷²) – Fair Society, Healthy Lives (The Marmot Review).

(59) Bandura, A. (1994). Self-Efficacy. In V.S. Ramachandran (Ed.) *Encyclopedia of Human Behaviour* (Vol.4, pp. 71-81). New York, NY: Academic Press. (Reprinted in H. Friedman (Ed.) *Encyclopedia of Mental Health*. San Diego, CA: Academic Press, (1998).

(60) Duffy, K. (2007). Knitting as an Experiential Teaching Method for Affect Management in Group Therapy. *Journal of Groups in Addiction & Recovery*, 2(1), pp.67-84.

(61) Victor C (2011) 'Loneliness in old age: the UK perspective. Safeguarding the convoy: a call to action from the Campaign to End Loneliness' Age UK Oxfordshire.

(62) Perissinotto CM, Stijacic Cenzer I, Covinsky KE. (2014) Loneliness in older persons: a predictor of functional decline and death. *Journal of Internal Medicine*; 172: pp. 1078-83.

(63) Burholt V, Scharf T. (2014) Poor health and loneliness in later life: the role of depressive symptoms, social resources, and rural environments. *Journal of Internal Medicine*; 172: pp. 1078-83.

(64) Steptoe A, Shankar A, Demakakos P, Wardle J. (2013) Social Isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences USA*; 110: pp. 5797-801.

(65) NHS Rotherham CCG and Voluntary Action Rotherham (2016) Campaign to End Loneliness and Isolation in Old Age, AGE UK.

(66) Oliver, D., Foot, C. and Humphries, R. (2014). Making our health and care system fit for an ageing population. London: The King's Fund.

(67) NHS Rotherham CCG and Voluntary Action Rotherham (2016) Campaign to End Loneliness and Isolation in Old Age, AGE UK.

(68) Hawkey LC, Thisted RA, Masi CM, Cacioppo JT. (2010). Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults. *Psychology and Ageing* 25(1) pp. 132-41.

(69) James BD, Wilson RS, Barnes LL, Bennett DA. (2011). Late-Life social activity and cognitive decline in old age. *Journal of the International Neuropsychological Society* 17 (6) pp. 998-1005.

(70) Holwerda, T.J. Deeg, D., Beekman, A. van Tilburg, T.G., Stek, M.L., Jonkey, C., and Schoevers, R. (2012). Research paper: Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL) *Journal of Neurology, Neurosurgery and Psychiatry*.

(71) O'Connell, H., Chin, A., Cunningham, C and Lawlor, B. (2004). Recent developments: Suicide in older people, *British Medical Journal* 29 pp. 895-9.

(72) Marmot, M (2010) The Marmot Review Final Report: Fair Society, Healthy Lives. University College London.





The rising phenomenon of loneliness among older people needs to be addressed urgently otherwise the NHS risks being crippled by the costs of caring for isolated elderly patients in hospital, Professor Keith Willett, the NHS's most senior acute care doctor has warned. **“Failure to concentrate on this issue will lead to hospitals being transformed into ‘dormitories for older people’ who have often been dispatched to A&E because they have no support structure at home”.**⁷³

Loneliness also reduces the speed with which older people recover from illnesses. Professor Keith Willett: “The low levels of mood, mild depression, that come from isolation and loneliness are significant contributors to patients not taking an interest in their care, because they feel no-one else is interested in them. Low mood is not conducive to making a bouncy recovery. They may not look after themselves, they are not interested in their health, they may not bother to keep warm, and they may not bother to take medication, because they don't see a strong purpose”. According to Willett, the practical consequences of older people living alone, without support, places a huge burden on the NHS, which becomes “the end point of a pathway where unsupported patients end up”. “It is a much wider societal problem”, which individuals, local authorities and the NHS have a joint responsibility to tackle, he added.

The Local Government Association (LGA), urged local councils to recognise loneliness as a “major public health concern”, which will put new strains on local services if it remains unaddressed. The LGA Guide On Combatting Loneliness claims that loneliness can be more damaging than smoking 15 cigarettes a day, and quotes a study that found that lonely people have a 64% increased chance of developing clinical dementia. “The impact of loneliness can be devastating and costly – with consequences comparable to smoking and obesity.”

Dr Maureen Baker, chair of the Royal College of GPs (2013-2016), said: “Services in the community, such as day centres for the elderly, can go a long way to alleviating loneliness related conditions – but they are under considerable financial pressure. It's really important that they are protected.” Nuzhat Ali, Older Adults lead at Public Health England, said: “The health impact of loneliness is significant; in relation to older adults there is evidence that it impacts on depression, anxiety and low self-esteem. There is evidence to show that depression can progress the onset and speed with which dementia develops”.



(73) The Guardian (2016) 'Loneliness forces older people into hospitals and strains resources, say senior doctors.'



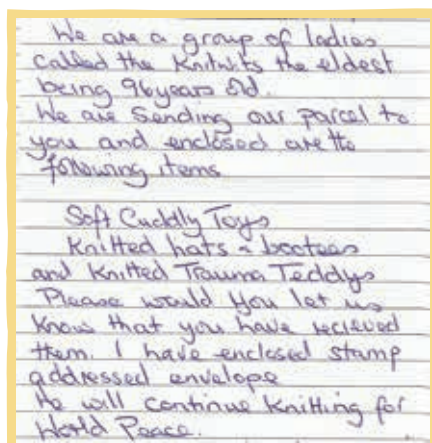
Where knitting is often a solitary activity, it is also a vehicle for making social connections both virtually, through the rise of the Internet knitting sites, and in real time through local knitting groups (Minahan and Wolfram Cox 2007⁷⁴). The inherent psychological and social benefits that are known to come from knitting practice, together with the satisfaction that comes from creating an end product (Hosegood, 2009⁷⁵), are an indication of its potential to contribute to personal and social wellbeing.

Cohen and Willis' theory (1985⁷⁶) of the stress process proposes that social support buffers or protects individuals from the deleterious effects of stress. Knitting "works" as an individual activity that is enhanced by attending a group. The benefits of attending supportive social groups are well documented (Staricoff, 2004⁷⁷; Arai and Pedlar, 2003⁷⁸). These include enabling communication, mutual learning, exploration and discovery. The relationship between knitting and the group appears to be synergistic. Knitting makes the group work. The work of Predeger & Mumma (2004⁷⁹), and Romanoff & Thompson (2006⁸⁰), showed that women eased long term pain through knitting and that the group environment helped them by constructing a sense of meaning and purpose, by maintaining a connection to others.

Loneliness Case Study

Annette M (45-59) explains how knitting for 20 hours a week helps her combat loneliness:

"It's a means of still making a contribution to society. It's also an outlet for creativity. I'm housebound and knitting does provide a distraction and also gives me something to combat the boredom of an extremely restricted life."



Piercy and Cheek (2004⁸¹) explored how knitting contributed to social relationships in predominantly older vocational knitters. Participants identified that relationships were created and enhanced through teaching skills and giving gifts to younger family members, developing friendships with other knitters and establishing connections with the wider community through charitable donations of knitted goods. The Joseph Rowntree Foundation (2015⁸²) report states that when people engage in group activities, they might be more likely to connect with others, express their own needs indirectly and identify where other people need support. Knitting groups were listed as an example of a group activity.

(74) Minahan, S. and Cox, J.W., 2007. Stitch'nBitch Cyberfeminism, a Third Place and the New Materiality. *Journal of Women and Ageing*; 16(1/2): pp. 17-33.

(75) Hosegood, B. (2009). "Psychological Well-being: Evidence Regarding its Causes and Consequences". *Applied Psychology* 1(2): pp. 137-64.

(76) Cohen, S. & Wills, T.A. (1985) How repeated social interaction can have positive effects on physical and mental well-being: Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98, pp. 310-357.

(77) Staricoff, R.L. (2004). "Arts in Health: A Review of the Medical Literature." Research report 36.

(78) Arai, S. and Pedlar, A. (2003). "Moving Beyond Individualism in Leisure Theory: A Critical Analysis of Concepts of Community and Social Engagement". *Leisure Studies* 22: pp. 185-202.

(79) Predeger, E., & Mumma, C. (2004). Connectedness in chronic illness: Women's journeys. *International Journal for Human Caring*, 8(1), pp. 13-19.

(80) Romanoff, B., & Thompson, B. (2006). Meaning construction in palliative care: The use of narrative ritual, and the expressive arts. *American Journal of Hospice & Palliative Medicine*, 23, pp. 309-316.

(81) Piercy, KW and C. Cheek (2004). Tending and befriending: the intertwined relationships of quilters. *Journal of Women and Ageing* 16(1-2): pp. 17-33.

(82) Joseph Rowntree Foundation (2015) *Landscapes of helping: kindness in neighbourhoods and communities*.



Through the creation of knitting bees, commonly referred to as 'Stitch 'N' Bitch' or "Knit and Natter' groups, women create an identity group of their own, one which values hard-earned skill, practice, and social interaction. As Minahan and Cox (2007:10⁸³) note, "We may begin to understand the role of Stitch 'n' Bitch by considering it under a remedial theme as part of a movement away from the individualism of the Information Society to a more collective recreation that meets a need for a social connection". By forming friendships with women centred on a leisure activity, women are creating public communities. Knitting bees, quilting bees, book clubs: these leisure activities all provide "a place for women to come together, relax, and be themselves, and talk about their families, and share their joys and their sad moments, too" (Piercy and Cheek 2004:30⁸⁴). The social interaction is as much an attraction as the activity which brings women together.



Finlay's (1993⁸⁵) research shows that the knitting group presents a non-threatening communication space. Communication theory states that good face-to-face and eye contact is essential for effective communication. Finlay (1993⁸⁶) shows that prolonged or intensive eye contact can more readily invite response by increasing the engagement between speaker and listener. 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. Participation in a parallel activity creates private space within a social group.

(83) Minahan, S. and Cox, J.W., 2007. Stitch'nBitch Cyberfeminism, a Third Place and the New Materiality. *Journal of material culture*, 12(1), pp.5-21.

(84) Piercy K, Cheek C. (2004) Tending and befriending: the intertwined relationships of Quilters. *Journal of Women & Aging*; 16(1/2): pp.17-33.

(85) Finlay, L. (1993). *Groupwork in occupational therapy*. Nelson Thornes.

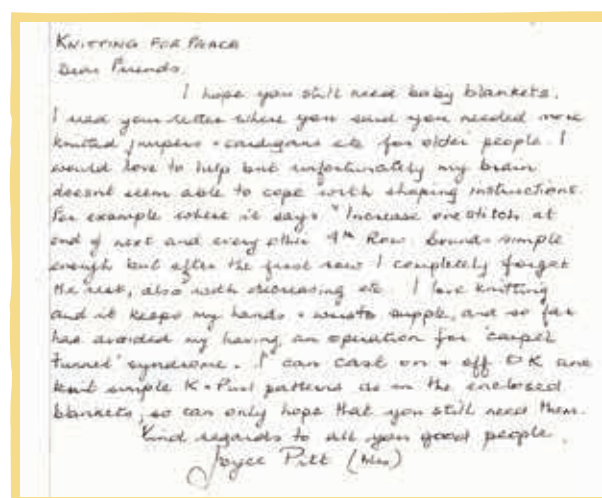
(86) Ibid.



The importance of volunteering for improving health and sense of well-being

Volunteering can be divided into formal and informal volunteering. Formal volunteering is defined as giving unpaid help through groups, clubs or organisations to benefit other people or the environment. Informal volunteering refers to a wide range of mutual help and cooperation between individuals within communities, for example, babysitting for a friend or checking on an elderly neighbour.

Data from the 2008-9 Citizenship Survey found that 30% of those aged 65-74 do some formal volunteering. This drops to 20% for those aged over 75. Volunteering is an important aspect of life in the UK. The Community Life Survey (2015)⁸⁷ showed 42% of those surveyed volunteered, 27% of them at least once a month. The Institute for Volunteering Research (2008⁸⁸) showed that: in terms of age; overall, people in the 35-44 (64 per cent) and 55-64 age groups (64 per cent) volunteered more than other age groups, though the former group were most involved in occasional or one-off activities (28 per cent). The highest proportions of regular volunteers were in the younger 16-24 (43 per cent) and older 55-64 (42 per cent) and 65+ (41 per cent) age groups. Older people (especially those aged 65 and over) were the group most likely to say that they got involved because they had spare time. Women were shown to volunteer in caring roles, whereas men were more attracted to community transport or sports clubs roles. The flexibility of knitting for others fits in well with the caring responsibilities of older women. The contribution of older people in the UK in relation to volunteering alone is estimated at being worth over 10 billion pounds per year (Corry & Sabri, 2015⁸⁹).



(87) The Community Life Survey (2015), **Community Life Survey data 2014-2015**. UK Cabinet Office. (online).

(88) Institute for Volunteering Research (2008) **Helping Out: the national survey of volunteering and charitable giving** (Online).

(89) Corry, D & Sabri, F. (2015). **The value of older peoples volunteering**. Commission on the voluntary sector and ageing (Online) Available at: https://cvsanpc.files.wordpress.com/2015/03/cvsa_value-of-older-peoples-volunteering_march2.



Age and volunteering

Table 1.

Age in years:	Percentage volunteering at least once a year: ⁹⁰
50-54	17.3%
55-59	17.2%
60-64	19.5%
65-69	23.1%
70-74	21.6%
75-79	19.3%
80+	12.1%

People classified as being at risk of social exclusion (defined here as having a long-term limiting illness or disability, having no formal qualifications, or being from an ethnic minority group) were less likely to participate regularly in volunteering than people not classified as at risk (20% compared with 29% for formal volunteering), (National Citizenship Survey, 2009⁹¹).

Volunteering has proven health benefits. Research by the Harvard School of Public Health⁹² suggests that people who volunteer spend 38% less time in hospital. The research was carried out with more than 7,000 Americans over the age of 50. The NHS website also recommends volunteering on its Live Well pages, and doctors were reported as enthusiastic about the notion of altruism as a way to become healthier (The Guardian, 2015⁹³).

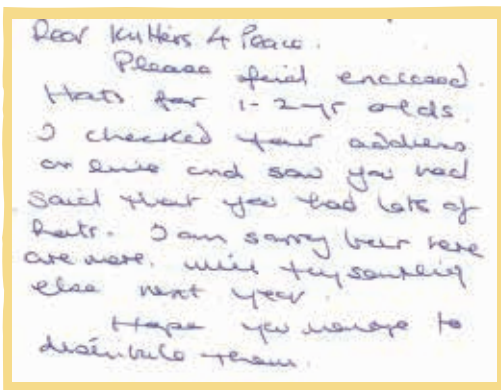
(90) UK Household Longitudinal Survey for the National Wellbeing Measure, Office for National Statistics.

(91) National Citizenship Survey (2009) Cohesion research citizenship survey, England. (Online) Available at: <http://webarchive.nationalarchives.gov.uk/20120919132719/http://www.communities.gov.uk/documents/statistics/pdf/164191.pdf>.

(92) Kim, E.s. and Konrath, S.H., 2016. Volunteering is prospectively associated with health care use among older adults. *Social Science & Medicine*, 149, pp. 122-129.

(93) The Guardian. (2015). Is it time for doctors to prescribe volunteering?





Volunteers have been shown to experience more positive emotions, psychological well-being, and less depression, when compared to non-volunteers (Meier and Stutzer, 2008⁹⁴; Windsor et al., 2008⁹⁵; Wheeler et al., 1998⁹⁶). Since positive emotions are associated with stronger immune systems (Dillon et al., 1985⁹⁷), better cardiovascular health (Boehm and Kubzansky, 2012⁹⁸, Fredrickson and Levenson, 1998⁹⁹), and a lower mortality risk (Chida and Steptoe, 2008¹⁰⁰), positive psychological states could be one potential explanation for the health benefits of volunteering.

In particular, volunteering appears to buffer against a low sense of purpose in life, especially among older adults who lack social positions in society or “role-identities” (Greenfield and Marks, 2004¹⁰¹). Higher purpose in life has been linked with an array of health advantages such as increased longevity, decreased risk of heart attacks and strokes, increased use of preventive health services, and less use of illness-based health services (Boyle et al., 2009¹⁰²; Kim et al., 2014b¹⁰³; Kim et al., 2013a¹⁰⁴; Kim et al., 2013b¹⁰⁵). If volunteering increases a person’s purpose in life, this increase in purpose may lead to a higher will to live, which in turn may lead to healthier lifestyle choices and better health.



- (94) Meier, S., Stutzer, A., (2008) Is volunteering rewarding in itself? *Economica* 75, pp. 39-59.
- (95) Windsor, T.D., Anstey, K.J., Rodgers, B., (2008). Volunteering and psychological wellbeing among young-old-adults: how much is too much? *Gerontologist* 48, 59-70.
- (96) Wheeler, J.A., Gorey, K.M., Greenblatt, B., (1998). The beneficial effects of volunteering for older volunteers and the people they serve: a meta-analysis. *International Journal of Aging and Human Development*, 47, pp. 69-79.
- (97) Dillon, K., Minchoff, B., Baker, K.H., (1985). Positive emotional states and enhancement of the immune system. *International Journal Psychiatry Medicine* 15, pp.13-18.
- (98) Boehm, J.K., Kubzansky, L.D., (2012). The heart’s content: the association between positive psychological well being and cardiovascular health. *Psychological Bulletin*. 138, pp. 655-691.
- (99) Fredrickson, B., Levenson, R.W., (1998). Positive emotions and speed recovery from the cardiovascular sequelae of negative emotions. *Cognition & Emotion* 12, pp. 191-220.
- (100) Chida, Y., Steptoe, A., (2008). Positive psychological well being and mortality: a quantitative review of prospective observational studies. *Psychosomatic Medicine*. 70, pp. 741-756.
- (101) Greenfield, E.A., Marks, N.F., (2004). Formal volunteering as a protective factor for older adults’ psychological well-being. *Journal of Gerontology series B. Psychological sciences Social Sciences*. 59, pp. S258-S264.
- (102) Boyle, P.A., Barnes L.L., Buchman, A.S., Bennett, D.A., (2009). Purpose in life is associated with mortality among community-dwelling older persons. *Psychosomatic Medicine*. 71, pp. 574-579.
- (103) Kim, E.S., Strecher, V.J., Ryff, C.d., (2014), Purpose in life and use of preventive health care services. *Proceedings of the National Academy of Sciences* 111, pp. 16331-16336.
- (104) Kim, E.S., Sun, J.K., Park, N., Peterson, C., (2013a). Purpose in life and reduced incidence of stroke in older adults: the health and retirement study. *Journal of Psychosomatic Research* 74, pp. 427-432.
- (105) Kim, E.E.S., Sun, J.K., Park, N., Peterson, C., Kubzansky, L.D., (2013b) Purpose in life and reduced risk of myocardial infarction among older U.S. adults with coronary heart disease: a two-year follow-up. *Journal of Behavioural Medicine*, 36, pp. 124-133.



Volunteering can potentially compensate, to some extent, for the loss of social and psychological benefits from paid work, thus providing unemployed individuals with opportunities to exercise their agency via social institutions alternative to employment. The positive effects of formal unpaid voluntary work can mainly be seen in organisational settings such as charities. Formal voluntary work may be 'a meaningful alternative' to paid work (Ockenden & Hill, 2009¹⁰⁶) as a way to counteract the negative psychological effects of unemployment. Voluntary work can be an opportunity for individuals to exert agency through social institutions other than paid work, thus reducing potential negative effects on well-being. For example, Baines et al. (2008¹⁰⁷) found that people who were excluded from the labour market reported that voluntary work provided them with a work-related identity and direction and acted 'as an alternative to having a job'. Volunteering involves structuring one's time (Davis et al., 2011¹⁰⁸).



Volunteer work also contributes to a collective purpose, such as providing services for those in need or assisting an organisation in promoting some changes in society. Volunteering involves social contacts – one of the most frequently mentioned reasons for, and benefits of, voluntary work is making new friends (Corden & Sainsbury, 2005¹⁰⁹; Low, Butt, Ellis Paine, & Davis Smith, 2007¹¹⁰; Newton, Oakley, & Pollard, 2011).

Volunteering is valued in society, albeit not as highly as paid work is, but higher than being unemployed. Volunteering can provide individuals with an identity alternative to 'the unemployed' and opportunities to use the skills they possess (Nichols & Ralston, 2011 ; Ockenden & Hill, 2009¹¹²).

(106) Ockenden, N., & Hill, M. (2009). **A Gateway to Work? The Role of Volunteer Centres in Supporting the Link Between Volunteering and Employability.**

(107) Baines, S., & Hardill, I. (2008). 'A least I can do Something': The work of volunteering in a community beset by worklessness. *Social Policy and Society*, 7(03), 307-317.

(108) Davis, M., Fox, K., Hillsdon, M., Coulson, J., Sharp, D., Stathi, A., et al. (2011). Getting out and about in older adults: the nature of daily trips and their associated and objectively assessed physical activity. *International Journal of Behavioural Nutrition and Physical Activity*, 8(91), 116.

(109) Corden, A., & Sainsbury, R. (2005). **Volunteering for employment skills: a qualitative research study.** York: Social Policy Research Unit, University of York.

(110) Low, N., Butt, S., Ellis Paine, A., & Davis Smith, J. (2007). Helping out: a national survey of volunteering and charitable giving.

(111) Nichols, G., & Ralston, R. (2011). Social inclusion through volunteering: the legacy potential of the 2012 Olympic Games. *Sociology-the Journal of the British Sociological Association*, 45(5), 900-914.

(112) Ockenden, N., & Hill, M. (2009). **A Gateway to Work? The role of volunteer centres in supporting the link between volunteering and employability.**



Finally, voluntary work is an activity that has some positive effects on subjective well-being, mental and physical health (Wilson, 2012¹¹³). A systematic review conducted by Jenkinson et al. (2013¹¹⁴) shows some evidence that voluntary work reduces depressive symptoms, increases life satisfaction and well-being and is related to lower levels of mortality, although these findings were not confirmed by experimental studies. Binder and Freytag (2013¹¹⁵) found that the well-being effects of voluntary work are stronger for those who have lower levels of well-being to start with. There is evidence of the positive effects of volunteering on unemployed individuals' well-being, mental and physical health (Baines & Hardill, 2008¹¹⁶; Newton et al., 2011¹¹⁷; Nichols and Ralston, 2011¹¹⁸; Griep et al., 2015¹¹⁹).

Charitable behaviour leads to happiness: using data from German Socioeconomic Panel, Meier and Stutzer (2008¹²⁰) show that volunteering increases life satisfaction and happiness; Lyubomirsky, Tkach, and Sheldon (2004¹²¹) demonstrate that simply asking people to commit random acts of kindness can significantly increase happiness levels for several weeks; finally, Dunn, Aknin, and Norton (2008¹²²) show that individuals who devote more money to pro-social spending report greater happiness, whereas personal spending is unrelated to happiness.

A report by the Conservation Volunteers in 2012¹²³ showed that volunteering has a greater effect on the most deprived. Volunteers from the most deprived areas in the country, according to the Index of Multiple Deprivation, show the most change as a result of their volunteering experience, which includes making a marked positive change in how those individuals engage with their local community. It further showed that active volunteering has a greater effect on the most unhealthy. Active volunteering results in those with the poorest wellbeing, physical and mental health, making the most improvement. The research also demonstrated that women change their behaviour three times more and faster than men. Positive changes in both attitude and behaviour stemming from volunteering occurred much faster in women than men, with men needing to volunteer for longer periods to achieve positive behaviour changes. A feature of Knit for Peace is that its knitters are drawn from all classes, and it works across religious and ethnic groups. Evidence suggests that older people benefit more from volunteering than younger people, on account of the sense of purpose that volunteering provides, and the chance it allows to engage and socialise through meaningful activities, thus guarding against social isolation and loneliness (Plagnol & Huppert 2010¹²⁴).

(113) Wilson, J. (2012). Volunteerism Research. *Nonprofit and Voluntary Sector Quarterly*, 41(2), 176-212.

(114) Jenkinson, C., Dickens, A., Jones, K., Thompson-Coon, J., Taylor, R., Rogers, M., et al. (2013). Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers. *BMC Public Health*, 13(1),773.

(115) Binder, M., & Freytag, A. (2013). Volunteering, subjective well-being and public policy. *Journal of Economic Psychology*, 34, 97-119.

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(121) Lyubomirsky, S., C. Tkach, and K.M. Sheldon, (2004), Pursuing sustained happiness through random acts of kindness and counting one's blessings: tests of two six-week interventions, Unpublished Manuscript, Department of Psychology, University of California, Riverside.

(122) Dunn, E.W., L.B. Aknin, and M.I. Norton, (2008), Spending money on others promotes happiness, *Science*, 319, pp. 1687-1688.

(123) Conservation Volunteers (2012) Volunteering Impacts, March 2012

(124) Plagnol, A.C. and Huppert, F.A., 2010. Happy to help? Exploring the factors associated with variations in rates of volunteering across Europe. *Social Indicators Research*, 97(2), pp.157-176.



Knitting as a voluntary activity to benefit health has the added advantage of longevity, as it can be continued into extreme old age. Though mobility and vision may be decreasing, the ability to knit is not diminished (Royal Volunteering Service, 2013¹²⁵). This is a real positive in the context of volunteering in old age, as many volunteering activities such as conservation and community work require a certain level of mobility and health. Knitting can be done at any time, rather than requiring attendance at fixed hours, a flexibility that is important to those who may have “good and bad days”.

As well as volunteering, existing medical studies suggest that giving to charity and helping others reduces stress and strengthens the immune system, which results in better health and a longer life expectancy. For instance, McClelland and Kirshnit (1988¹²⁶) find that the act of thinking about generosity significantly increases the protective antibody salivary immunoglobulin A, a protein used by the immune system to identify and neutralize foreign objects such as bacteria and viruses. Similarly, Dunn et al. (2010¹²⁷) document that keeping money instead of giving to others increases the level of cortisol, a hormone released in response to stress and low level of blood glucocorticoids.

Recent literature also shows that giving to charity leads to similar activity in brain regions implicated in the experience of pleasure and reward. Using functional magnetic resonance imaging (MRI), Harbaugh, Myer, and Burghart (2007¹²⁸) show that giving to charity leads to activation in the ventral striatum, a brain region associated with the value of a range of rewarding stimuli such as art or attractive faces. Similarly, Moll et al. (2006¹²⁹) show that the parts of the brain that are activated when a gift is given to an individual are also activated when something (usually money) is donated. These results suggest that giving is inherently rewarding.

The importance of knitting in promoting well-being and resilience in old age

The rapid ageing of our society creates many challenges, from the provision of healthcare, to work, to pensions, and of course social care, but ageing should not be framed negatively. It provides opportunities to use the skills and experience of older people to help strengthen or even re-create civil society. As shown, older people already make a positive and wholly disproportionate contribution to our society by volunteering, charitable giving and helping to maintain the values and principles underpinning our civil society. There is increased interest in promoting well-being and resilience in our ageing population. The creation of The Centre for Ageing Better, with generous National Lottery funding, shows Government awareness and commitment to addressing the issue.

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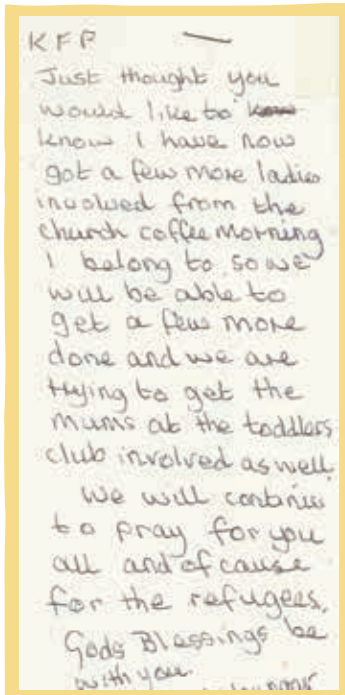
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(128) Harbaugh, W.T., U. Myer, D.R. Burghart, (2007), Neural responses to taxation and voluntary giving reveals motives for charitable donations. *Science*, 316, pp. 1622-1625.

(129) Moll et al., (2006), Human fronto-mesolimbic networks guide decisions about charitable donation, *Proceedings of the National Academy of Sciences*, 103, pp. 15623-15628.



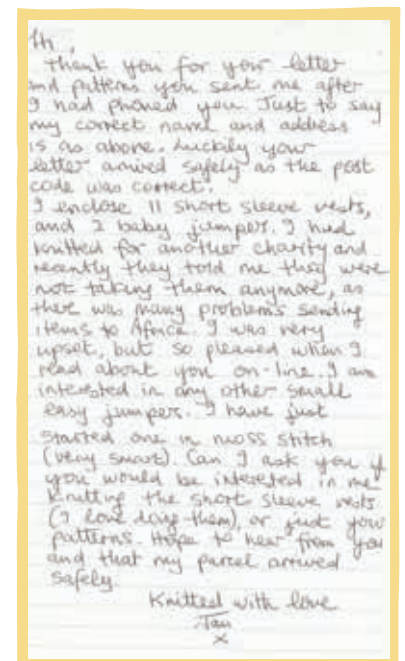


Well-being is defined as “a combination of feeling good and functioning effectively” (Huppert, 2009:137¹³⁰). It arises from an ability to realize personal potential, cope with daily stress and contribute productively to society (World Health Organisation, 2009¹³¹). The relationship between engaging in creative activities and wellbeing has been explored in general terms and there is a growing body of evidence to suggest that such engagement or participation can positively impact on both health and wellbeing (Department of Health, 2007¹³²; Staricoff, 2004¹³³; Leckey, 2011¹³⁴).

The Centre for Ageing Better report in 2005 highlighted the importance of resilience in dealing with major life changes, such as retirement, moving home, becoming a grandparent, relationship breakdown, becoming a carer, a change in health, entering care and end of life. Evidence suggests that resilience to these major life changes is a significant predictor of wellbeing in older adults (Tomas et al, 2012¹³⁵). Older adults with more positive self-perceptions of ageing live, on average, 7.5 years longer than those without (Levy et al, 2002¹³⁶). Ageing Better’s survey, commissioned from Ipsos MORI, Later Life (2015), found that people’s attitudes and outlook were a major factor in whether they were happy in later life. Unsurprisingly, the group labeled

Thriving Boomers, who were typically in their 60s and early 70s, financially secure, in good health and with strong social connections, reported the highest levels of happiness. Downbeat Boomers were demographically similar to the Thriving Boomers, but were much less happy, clearly as a result of a difference in personality rather than circumstances. Of the six groups the Report categorised, having social contacts seemed the key factor in determining a sense of well-being and resilience.

The Report concluded that strong social connections help some people to overcome disadvantages such as poor health or a lack of financial security. The ‘Struggling and Alone’, ‘Worried and Disconnected’, and ‘Squeezed Middle-Aged’ were all less likely to report that they could rely on family or friends should they have a problem. Social activities are important to a good later life. Social interactions help people create purpose and meaning in their lives. Those who have coped with difficult life events in the past, or feel in control, also are more willing and able to participate and try new activities.



(130) Huppert, F.A (2009). “Psychological Well-being: evidence regarding its causes and consequences”. *Applied Psychology* 1(2):pp, 137-64.

(131) World Health Organisation, 2009. “Mental health: A state of well-being”.

(132) Department of health and arts council England, (2007). *A Prospectus for Arts and Health*.

(133) Staricoff, R.L. (2004). “Arts in health: a review of the medical literature”.

(134) Leckey, J. (2011). “The therapeutic effectiveness of creative activities on mental well-being: a systematic review of the literature.

(135) Tomas, J.M., Sancho, P., Melendez, J.C. and Mayordomo, T.(2012). Resilience and coping as predictors of general wellbeing in the elderly: a structural equation modeling approach. *Ageing and Mental Health*, 16(3), pp. 317-326.

(136) Levy, B.R., Slade, M.D., Kunkel, S. R. and Kasl, S.S., (2002). Longevity increased by positive self-perceptions of ageing. *Journal of personality and social psychology*, 83(2), p.261.



Action needed: social prescribing

Research has shown there is a growing crisis in primary care and with GP services in particular. It has been suggested that general practice in the UK needs more investment to recruit at least 10,000 more GPs by 2022 in order for the NHS to meet the population's growing, and increasingly complex, health needs. This is according to the chair of the Royal College of General Practitioners (Gerada 2013¹³⁷). However, if policy makers and commissioners want to develop the scale of their primary care service to address this need, now is the time to adopt more imaginative and innovative approaches, utilizing the combined resources that new partners can bring (Addicott, 2014¹³⁸). Third Sector partners have shown they have the ability to help clinical commissioning groups and the Department of Health to re-balance the way health services are delivered to address, in particular, long term conditions that will be an increasing drain on future NHS resources. To help make this happen, research undertaken for the Nuffield Trust (2013¹³⁹) has recommended that NHS England should work with clinical commissioning groups, GPs, patient groups, and third sector partners to create a national framework for care. The framework should set out the outcomes and overall vision for prevention and care, both in relation to service provision and the wider role of commissioning in the health and social care system. They recommend that this needs to be worked out locally, with extensive public and patient engagement (Smith, 2013:15¹⁴⁰). Third sector organisations may have an opportunity to be a part of the process.

Social prescribing is a way of linking patients in primary care with sources of support within the community. It creates a formal means of enabling primary care services to refer patients with social, emotional or practical needs to a variety of holistic, local non-clinical services (Brandling and House, 2007¹⁴¹), for example knitting groups. Under the current health care system, patient support and care is provided "by moving them to a medical setting because we don't provide it in a societal way in the community", Willett said. "If that continues it will cripple the efficiency and effectiveness of our healthcare to those who do need acute care". Even at times of such austerity it should be possible to resource the required actions through some redirection and re-prioritisation, and through galvanising capacity within local communities. Loneliness is a clear public health issue, with its incidence greatly affected by socioeconomic factors, and therefore we hope that health and wellbeing boards and council public health functions focus some of their attention on this important social issue.

(137) Gerada, C. (2013) Final keynote speech to the Royal College of General Practitioners Annual Conference, 3rd October 2013, Harrogate, London.

(138) Addicott, R. and Ham, C. (2014) *Joining up services in the community GPs leading the way Kings Fund*: London.

(139) Nuffield Trust (2013) *Securing the future of general practice, new models of primary care*.

(140) Smith, J., Holder, H., Edwards, N., Maybin, J., Parker, H., Rosen, R. and Walsh, N. (2013) *Securing the future of general practice: new models of primary care Summary*.

(141) Brandling, J. and House, W. (2007) *Investigation into the feasibility of a social prescribing service in primary care: a pilot project*. University of Bath, and Bath and Somerset NHS.



The Department of Health has previously proposed the introduction of social prescriptions for those with long-term conditions (Department of Health, 2006¹⁴²), the aim being to promote integrated health and social care, partnered with the voluntary and community sector. Schemes such as exercise-on-prescription projects have been established or piloted in a number of areas and are said to have been “very successful” (Horne et al, 2013¹⁴³). NHS England is promoting access to non-clinical interventions from voluntary services and community groups as a way of making the general practice more sustainable (Dyson, 2014¹⁴⁴).



Offering befriending services is another novel idea that is growing in popularity as a way of tackling social isolation among the elderly, which is increasingly recognised as a risk factor for ill health and death. In health circles, it all comes under the umbrella of what is called “upstream” intervention. That is to say supporting people before their conditions worsen and they end up in hospital or a care home, which are the two most expensive ends of the health and care sectors. This agenda requires the NHS to work with local partners, particularly councils.



In Newcastle, social prescribing links patients who have long-term conditions with non-clinical sources of support within the community, such as knitting, fishing or gardening groups. Patients receive social prescriptions in exactly the same way they would receive a prescription for medicine. The success of social prescribing and health trainers in Newcastle has led to the idea being implemented across the UK. In Newcastle, the new pathway aims to reduce the cost per patient by £437 through an 11% reduction in non-elective admissions and reduced outpatient and emergency episodes (Innovation Unit, 2013¹⁴⁵).

(142) Department of Health, (2006) White Paper. Our health, Our care, and Our say: a new direction for community services. Crown Copyright.

(143) Horne M, Khan H, Corrigan P. (2013). **Health for people, by people and with people powered health.** Part of the Nesta people Powered Health Services.

(144) Dyson B. (2014). **Improving general practice: a call to action.** Phase one report. NHS England.

(145) Innovation Unit (2013) **10 solutions for 21st century healthcare.**



In many Social Prescribing projects, the focus can often be on vulnerable and at risk groups and people with enduring and long-term mental health problems (Frasure-Smith, 2000¹⁴⁶). But what characterises the social prescribing more than anything else is that they are services that are seen as offering a holistic approach (Brandling and House, 2007¹⁴⁷) to a beneficiary. In many ways social prescribing is also a route to reducing social exclusion, both for disadvantaged, isolated, and vulnerable populations in general, and for people with enduring mental health problems (Evans et al., 2011¹⁴⁸).

The 2013 study carried out by Nesta and the Innovation Unit in Newcastle surveyed 1,000 doctors. Four out of five thought social prescriptions should be available from their surgeries, in particular exercise groups, help with healthy eating, and groups providing emotional support. Yet the Nesta survey of 2,000 members of the public reported that only 9% said they had received a social prescription. More than half (55%) said they would like their GP to offer them.

Therapeutic value of knitting: use in prescribing

As a skilled and creative occupation, knitting has a therapeutic potential. Therapeutic knitting (as an alternative health model) is starting to be used to manage the experience of pain, mental health, dementia and addiction. 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 easily tailored to meet the specific needs and challenges of these different specialties at low cost (Corkhill, 2012:8¹⁴⁹).

Corkhill explains that in Britain, "the current model of healthcare is unsustainable, particularly for long-term conditions... more research is needed to find ways of tapping into the body's own healing mechanisms" (Corkhill, 2012:5¹⁵⁰). The restrictions of our current economy may be providing just that chink in the medical establishment's armour to allow activities previously acknowledged as no more than a hobby to be understood more fully. Volunteering has emerged as an important feature of future health models and discussions: "this is a very interesting area of healthcare", according to Kartik Modha, NHS GP and founder of myhealthspecialist.com. "It's common sense that those who are more engaged in a community purpose that they're genuinely concerned about will feel better... It is something I would recommend, but there is a barrier in the fact that as a profession we're so busy and don't often have easy access to what opportunities are out there for patients. I find myself recommending social groups and community projects as a way of getting people engaged and active".¹⁵¹

(146) Frasure-Smith, N (2000). Social support, depression, and mortality during the first year after myocardial infarction. *Circulation* 100(16):pp 1919-24.

(147) Brandling, J. and House, W. (2007) *Investigation into the feasibility of a social prescribing service in primary care: a pilot project*. University of Bath and Bath and Somerset NHS.

(148) Evans, Thronton, Chalmers, Glasziou (2011). *Testing Treatments: Better Research for Better Healthcare*. 2nd edition. London: Pinter & Martin; 2011.

(149) Corkhill, B. (2012). Information on the 2012 conference on therapeutic knitting: study day report: Therapeutic knitting to facilitate change. *Pain News*, 10(3):pp.171-173.

(150). Ibid.

(151) The Guardian, (2016) *Loneliness forces older people into hospitals and strains services, say senior doctors*.



Knitting is particularly suitable as an activity for social prescription. Apart from the physical benefits (lowering blood pressure etc.), it has a positive impact on mental health (reducing anxiety and depression). Those with physical disabilities and reduced mobility can do it. The added advantage of knitting for those in need creates a sense of connection and usefulness. Knitting requires little special equipment, and yarn and needles are supplied by Knit for Peace to those in need.

KNITTING FOR PEACE

Dear Friends,

I hope you still need baby blankets. I read your letter where you said you needed more knitted jumpers + cardigans etc for older people. I would love to help but unfortunately my brain doesn't seem able to cope with shaping instructions. For example where it says "Increase one stitch at end of next and every other 4th Row. Sounds simple enough but after the first row I completely forgot the rest, also with decreasing etc. I love knitting and it keeps my hands + wrists supple, and so far has avoided my having an operation for 'carpal tunnel' syndrome. I can cast on + off OK and knit simple K + Purl patterns as in the enclosed blankets, so can only hope that you still need them.

Kind regards to all you good people.

Joyce Pitt (Mrs)

I heard of Knit for Peace from a friend and fellow knitter, so decided in the absence of "needed jumpers" to knit you some. Enclosed 2.

An elderly (95 yr old) knitting friend who is registered blind was also interested and found the T jumper pattern on your website. The 3 T jumpers are from her. Her daughter can knit and casts + kt, and does tarts. We understand that you no longer need the Shapas, so she has gone onto tarts, which she finds easier.

We hope that the enclosed items may be of use and of the required quality needed.



Part 2

A Survey to examine the health benefits of knitting, especially for the elderly, and the opportunities it offers for volunteering



Introduction:

Background:

A £50,000 grant from the Big Lottery Accelerating Ideas Fund enabled us to carry out an extensive Literature Review, to show the effectiveness of knitting (and crochet) in helping older people become more resilient, including improvements in mental and physical health, overcoming isolation and loneliness and increasing a sense of well-being.

In parallel a survey was undertaken of those who donated their knitting to Knit for Peace, to distribute to those in need. This was a useful cross-reference to support the research findings illustrated in the Literature Review.

Summary:

We surveyed over 1000 of the knitters who send their output to Knit for Peace. Most (nearly 70%) were over 60. They reported health benefits of knitting: knitting helped distract them from chronic pain; it improved their mood and sense of well-being; and it reduced feelings of isolation and loneliness. Knit for Peace enabled them to knit by providing an outlet for their knitting. It also gave them a chance to help others, which enhanced their sense of usefulness. Knitting made them better able to cope with problems of old age, including dementia. These findings support the evidence-based research we have drawn together in our Review of Literature on the Health Benefits of Knitting.



Health benefits of knitting

We surveyed knitters on our database of those who had donated knitted or crocheted items. We sought to understand better the demographic of the knitting community, reasons for choosing to knit, and the perceived benefit to the individual's health and well-being.

Profile of respondents

The returned online surveys came to 843/4212, meaning a 20% response rate for emailed surveys. 210/999 postal surveys were returned meaning a response rate of 21% for postal returns. This gave us a total of 1053 respondents (1048 female/5 male). Anecdotal evidence suggests the over 85s are under-represented because of the difficulty of writing and mailing a reply.

The high response rate, achieved within a relatively short space of time, could be an indication of the passion that these knitters have for their craft and their recognition of its benefits.

Table 1.

What is your age?

85+	60	5.9%
75-84	113	11.1%
60-74	514	50.5%
45-59	257	25.3%
25-44	68	6.7%
Under 25	5	0.5%

Note – not all respondents have given their age (96.6% response rate)

Table 2.

Do you knit, crochet or undertake other yarn or textile craft?

Knit	608	58.2%
Knit and Crochet	465	44.5%
Other Textile Craft (e.g. patchwork)	297	28.4%
Other Yarn Craft (e.g. macrame)	126	12.1%
Only Crochet	66	6.3%

Note – whilst knitting was the main chosen activity, some preferred to crochet



Why do you knit?

Respondents were asked to identify their main reasons for knitting. Presented below is a breakdown of the reasons why people knit. They demonstrate that people use knitting as a means of staying connected to a creative project; knitting provides them with the sense of feeling useful and knitting is often a skill that they are still able to do, even in extreme old age.

Table 3.

Why do you knit?

Allows me to be creative	714	68.6%
Makes me feel useful	675	64.8%
Keeps me busy	584	56.1%
A skill I can still practice	564	54.2%
Provides mental stimulation	475	45.6%
Provides social interaction	187	18%
Provides physical activity	183	17.6%
Other	121	11.6%



What do you like most about knitting?

In response to the open ended question of what do you like most about knitting, the respondents' qualitative answers have been coded and are presented below. The answers followed a similar trend to the question "why do you knit?", which was analysed above.

The top reasons presented were that it relaxed and calmed them and provided a creative outlet. By providing hands-on physical tactile engagement, knitting, a creative activity, offered a sense of accomplishment. The social contacts through knitting helped overcome feelings of isolation and loneliness. It also offered a means of giving to others and a vehicle for social activity, especially for people aged over 75. Knitting was also seen as a means of being creative and productive whilst engaging in passive activities, such as watching television or travelling, and helping to keeps hands busy which stopped people from snacking and drinking and also as a means to stop smoking.

Table 4.

What do You Like Most About Knitting for Knit for Peace?

Relaxing and Calming	186
Being Creative	129
The Satisfaction of Making Something	106
Doing Something Purposeful	93
Therapeutic	92
Keeps Hands Busy	90
Can be Done Alongside Other Activities	83
Contribute to Charity	78
Distracts from Pain/Worrying	66
Working with Colour	66
Passes the Time	41
It's Sociable	31
Concentrate on One Thing	22
Stops me Eating/Drinking	20
Challenging Patterns	2



Health benefits of knitting: how does knitting benefit your health?

People reported that knitting improved their health. We gave 8 specific examples, and left one open ended (we drew on the Literature Review of Health Benefits of Knitting to identify the most usually perceived benefits.)

Table 5.

How does knitting benefit your health?

Relaxes Me	875	86.8%
Reduces Anxiety	317	31.4%
Reduces Blood Pressure	263	26.1%
Counters Depression	243	24.1%
Relieves Arthritis	216	21.4%
Helps Stiff/Sore Muscles	144	14.3%
Other	118	11.7%
Helps Cope with Long Terms Illness	109	10.8%
Helps Cope with Chronic Pain	108	10.7%

Note: there is a difference between health benefits seen by individuals and those revealed by doctors and hospital tests: For example, 'reduces blood pressure' might not be known to the individual, whilst being a very important health benefit seen by doctors (see our Literature Review).

70% of respondents stated that knitting improved their health. Knitting was shown to help people deal with chronic pain (10.7%) and relax muscles (14.3%), 21.4% stated that it helped them relieve the pain of arthritis. Knitting also helped to reduce blood pressure (26.1%), something that can be linked to the calming therapeutic nature of knitting that was often referred to in the open ended responses as inducing an almost meditative state. The main reason provided for how knitting benefits people's health was that it relaxes people (86%). The review of literature provides evidence-based research of the physical and mental benefits of knitting.

As well as the benefits of knitting in improving physical health, it was also seen as contributing to mental health, and a sense of well-being.

Knitting and Health Benefits Case Study

Beryl H, 85+, who knits for 17 hours a week and was taught by her mother explains how knitting for Knit for Peace has helped her:

"I can now only manage to knit children's jumpers. I like doing it as it's the only thing left that I can do in which I am productive and contributing as I live in a nursing home. It is something, which staff and other residents can talk with me about and it helps ease my pain."



Knitting and dementia case study

MJ is a psychotherapist. She runs two therapeutic knitting groups – one specifically for dementia sufferers. She provides the following examples:

Dementia group, open to people with dementia and their carers:

1. "Lady with dementia will sit next to me, the whole session very slowly knitting but does need some reassurance from time to time as to number of rows etc. She is particularly keen on the fact she is knitting for charity and I am told that this meeting is one of the highlights of her month."
2. "Carer aged 88 – this lady was so uplifted when the group started as she says she finds it so therapeutic to be able to knit especially for charity and gives her respite from her caring duties. She is a prolific knitter and will produce around three children's jumpers in a month."

Knitting group 2:

1. 'A professional carer arrived with high levels of anxiety and depression but since returning to knitting her confidence has grown from knitting the simplest to more complicated. This has resulted in a dramatic drop in her anxiety and depression and also the confidence to join in the discussions and indeed be quite assertive with her contributions to the topics that come up.'
2. "Carer wife of a severely demented husband finds knitting a real solace to her ongoing daily life challenges."
3. "One member has quite severe depression and insists on buying the very best top quality wool to knit large numbers of children's sweaters. She insists that only knitting helps her to survive on a daily basis."

"Without exception, all members of these groups have told me that not only does the knitting help them personally, but the fact the garments/items they are making for individuals in need makes all the difference. What is especially important to them is that the items are going directly to the people in need. They were adamant they would not like the items to be sold and the money used for charity as is the case with some other knitting groups."

"All the above is purely from my observations and what the individuals have told me directly. Certainly it is essential that Knit for Peace continues as so many knitters are relying on this charity to distribute their items to those most in need."



Table 6.

Does knitting affect your mood positively?

Yes	970	92%
No	83	8%

Table 7.

In what ways does knitting affect your mood?

Relaxes Me	745	71.9%
Makes Me Feel Useful*	680	65.5%
Clears My Mind	375	35.6%
Cheers Me Up	368	34.9%
Calms Me Down	314	29.8%
Makes me Feel Less lonely	94	8.9%

Respondents demonstrated knitting’s perceived psychological benefits, such as relaxation and relief from stress, together with therapeutic and meditative qualities, which were related to its rhythmic and repetitive nature. For example, knitting impacted on 970 (92%) of respondents’ moods positively. In qualitative answers, people stated that knitting made them feel happy, satisfied and helped them deal with the stress in their lives by ‘calming the mind’.

Respondents stated that knitting helped “Relax me” 745 (71.9%), and “Makes me feel useful” 680 (65.5%). For over 85s, the sense that “knitting makes me feel useful” was very prominent, with 66% saying that knitting makes them feel useful.

Knitting and Improving Mood Case Study

Bronwyn H (74) who knits for 14 hours a week and was taught to knit when she was aged 12 by her grandmother explains how knitting helps improve her mood:

“Knitting keeps me occupied and helps calm my mind and I can knit while watching TV or listening to music. This enables me to feel that I am doing something useful. Knitting makes me feel happy and I know when I come to my knitting in the evenings, I can relax and not think about other things”.



We asked respondents to categorise themselves as being in very good health, good health, fair health, poor health or very poor health. And then asked, in each category, if knitting improved their health, yes/partially/no.

Perceived health benefits according to good/poor health

Table 8.

	How would you describe your health?	Does knitting improve your health?					
		Yes		Partially		No	
Very good	274	207	75%	45	16%	22	8%
Good	201	100	50%	98	49%	3	2%
Fair	114	47	41%	62	54%	5	4%
Poor	282	263	93%	13	5%	6	3%
Very Poor	161	124	77%	34	21%	3	2%

These results are startling. In all cases, of those in good or poor health, the vast majority felt knitting improved their health. For those in very poor health, only 2% felt knitting brought no health benefit. 77% ascribed health benefits to knitting (a further 21% thought there was some benefit).

Overall, less than 4% of respondents believed knitting brought no health benefits. The perceived benefits were most important for those in poor or very poor health.



Knitting frequency and health benefits

Regardless of how much time was spent knitting, it was seen as improving health. Our respondents knitted for an average 13.5 hours a week. 67% of people who knitted for less than 10 hours a week stated that knitting improved their health. 66% of people who knitted more than 21 hours a week reported knitting improved their health.

Social aspects of knitting

Social isolation and loneliness are recognised problems of old age. The social connections and interactions that came about through knitting emerges as an important aspect for many respondents. 41.4% of respondents said they knitted regularly or occasionally in a knitting group. Knitting was described as 'a great sociable activity' and as 'something to connect with people from all ages over' which could lead to conversations on other topics. This was especially apparent with widowed women who lived in care homes. Knitting was described as a vehicle for socialising.

At Knit for Peace, many of our knitters have reported, anecdotally, that when their health deteriorates, and they become house-bound and unable to attend the group, group members will keep in touch, and collect their knitting, and bring yarn etc.

Case study

Mrs D, age 80+:

"This knitting was done by family and friends. The colourful scarves were knitted by my 89 year old husband, I can't sit doing nothing and am pleased to be able to make things useful for those in need."

Social Interaction Case Study

Donna (60-74) leader of her local knitting group explains the importance of knitting together:

"Knitting provides an important means to gather socially as a knitting group. Members of the group span in age from 40-83, many live alone and enjoy the social interaction. All are inspired to knit for those in need; it gives a sense of purpose. Most members knit at home also for the group effort."



Coping skills

In open comments respondents reported that knitting helped them cope with 'loss' and their 'limited lifestyles'. They described how knitting helped them cope with stressful events, such as serious family or personal illness.

There is little doubt, from our survey, that knitting helps keep old people, often with deteriorating health, more resilient.

Phyllis F, age 98:

"Knitting is very good for the mind, I'm disabled – have no balance – so knitting occupies me. Have carers who help – knit with my daughter too."

Annie D, age 93

"I am an elderly lady and knit to fill my time. I like to knit, as I cannot go out as I am disabled. Glad to help Knit for Peace."

When did people learn to knit?

For us, this was an important question, because we felt it was unlikely that people would take up knitting in old age. Like riding a bike, knitting is a skill which once mastered, lasts. 928 (88%) of respondents said they learnt to knit as children. 737 (69%) were taught by a family member and 180 (17%) learnt at school. Interestingly the majority of under 45's were taught by family members or self taught, those aged 60+ were taught at school or by mother or grandmother at home. Strategically if one wants to promote knitting for its health benefits and sense of well-being for the elderly, one needs to teach the skill earlier in life. The decline in learning to knit in schools is very noticeable.

Table 9.

When did you learn to knit, and who taught you?

Age	No.	As a child	As an adult	Family member	Friend	School	Self-taught
85+	36	36	0	23	1	12	0
75-84	107	107	0	86	–	20	1
60-74	513	509	4	368	10	127	8
45-59	247	230	17	208	9	16	15
25-44	62	46	16	37	7	10	17



The health benefits of helping others

Evidence based research has shown definitively that helping others makes people feel better. (See the Literature Review on the Health Benefits of Knitting, section on volunteering.) In our society, where so much of status comes from one’s job, the value of opportunities for volunteering cannot be over-estimated. The ability to volunteer, and feel useful, diminishes with advancing old age. People are less mobile, sometimes due to actual physical deterioration, sometimes because they are put off by poor weather conditions, and feelings of vulnerability in the dark of winter, and the decline in energy levels. Knit for Peace offers the chance of volunteering from the comfort of your armchair. This is very important to our knitters. They can still feel useful, keep both mind and body active.

Case study

Helen S, is a visually impaired 91 year old. She knits squares, which her daughter makes into blankets. A joint activity enjoyed by both.

Time and again, our respondents comment that they value the ability to help others, which Knit for Peace provides. This is reflected in their response to the question, how important is it that Knit for Peace sends knitting to those in need. Only one person said it was unimportant (0.1%) and 36 (3.5%) said it was quite important. For the remaining 1000 respondents (96.4%) it was very important.

Knitters like to feel their knitting is valued. They do not want to donate knitted items to charities that sell them in charity shops for less than the cost of the yarn. Because Knit for Peace gives the items to those in need, it enhances the knitters’ sense of usefulness, and continued engagement in society, both particularly important for old people.

We asked respondents what they found most useful about Knit for Peace.

Table 10.

Which Knit for Peace services do you find most useful?

Distribution of Knitting to Those in need	936	90.10%
An Outlet for Knitting	776	74.7%
Patterns	206	19.8%
Donating Surplus Yarn and Needles	107	10.3%
Correspondence	91	8.8%
Knitting Holidays	16	1.5%
Other	80	7.7%



One cannot over-emphasise the volume of knitting a keen knitter will produce in a week. Those surveyed knitted on average for 13 ½ hours a week (in that time an experienced knitter could produce 6 baby or children’s hats or 2 baby jackets, 2 scarves and 2 baby blankets.). What stops most knitters is not having anyone to whom they can give their knitting. It is in this context that Knit for Peace is highly valued by knitters.

We asked if respondents would find it difficult to find outlets for their knitting if they were not involved with Knit for Peace.

Case study
Barbara R:
 “Living on my own, the time drags, and knitting helps the days go by so much. I have very painful arthritic hands so can only knit small things. It has made me feel wanted in doing this knitting. How happy you’ve made me.”

Table 11.
Would you find it difficult to find outlets for knitting without Knit for Peace?

Yes	571	55.6%
No	456	44.4%



Those answering ‘no’ include knitters with contacts with other charities (for example, local hospices) or those whose output is low. 571 knitters (55.7%) reported that they would find it difficult to find outlets for their knitting without Knit for Peace.



If you would like to support or volunteer for Knit for Peace, please find more information at our website, www.knitforpeace.org.uk, or contact us on knitforpeace@charitiesadvisorytrust.org.uk or on **020 7794 9835**.

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