Explorel the Effects of Knitting on the Experience of Chronic Pain – a Qualitative Study

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“I feel valid not in-valid. Able not dis-abled.”

Research Questions
• Does knitting affect the experience of chronic pain?
• What part does ‘the knitting group’ play in terms of social stimulation and networking?

Information
The experience of chronic pain involves an interaction between biological processes, a dynamic nervous system, psychological and social factors. Its unremitting nature often results in feelings of hopelessness, isolation, loss of control and identity and there is a close correlation with depressed mood. Local attention to pain increases the experience. Aims for treatment is on a multi-disciplinary, bio-psycho-social approach, so an effective intervention needs to address the psycho-social issues as well as physical symptoms. Anecdote on the benefits of knitting for the management of chronic pain abounds and is consistent globally. It tells of repetitive movements inducing meditative-like calm and enabling symptom distraction, as well as psychological and social benefits. It is not clear to what extent existing self-reported benefits would translate into measurable clinical outcomes or psychological variables. This exploratory pilot aimed to explore the viability of further in-depth studies.

Method
Two-level case study:
(1) Individuals with pain who knit.
Qualitative analysis of narratives from a self-selected sample of 60 individuals with chronic pain via an online survey.
(2) Face-to-face knitting group.
Ethnographic observations of group discussions, interactions and outputs from a weekly knitting group at a pain management unit.

Results
Three major themes were identified in narratives collected from 60 online participants. The first, Esteem, has six sub-themes. The second, Rhythmic Movement, has three sub-themes and the third, Stimulation, has two sub-themes (see Thematic Analysis right).

Observation of 15 group members identified positive patterns of interaction and minimal pain behaviour. Participants reported no pain on a VAS with accompanying protruding and knitting, suggesting distraction is not the sole mechanism at work. Members 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.

Discussion
Results identify a positive phenomenon in the chronic pain experience which merits further in-depth research. This is needed to identity and investigate the complex mechanisms which may be involved, such as rhythmic repetitive movements and their role in meditation and serotonin release; the effect of bilateral patterns of hand movement on brain maps; automatic movements on rumination; the ‘end product’ and its effect on the reward system; the effect on cognitive function; simulation from colour, texture and being creative.

Our findings suggest that knitting as an individual or group activity has the potential to facilitate well-being, to improve the personal environment and build positive identity. Group activity augments the benefits of knitting as an individual and provides an opportunity to build social capital and safe support networks. New members are quickly integrated. The end product is rewarding and the actual items knit often have a symbolic attachment which aids feelings of contribution, belonging and usefulness.

Knitting and knitting groups have the potential to be a multi-dimensional, accessible, cost effective intervention in the management of chronic pain and merit further, in-depth research.

References