

Programme 11: Music and knitting

Paul Evans learns to knit, and, how music can be used for pain relief.

Paul Evans gets a knitting lesson when he visits the Stitchlinks group in Bath, where people use craft activities to manage their pain. Betsan Corkhill and Dr Mike Osborn talk about the medical science behind it, while the knitting group talk about their own experiences. We also meet Dr Laura Mitchell who subjects volunteers to pain tolerance testing to see how music can help relieve feelings of pain.

Paul Evans: Hello and welcome to ***Airing Pain***, a programme brought to you by Pain Concern. I'm Paul Evans.

Dr Laura Mitchell: What we've been doing for the last ten years now is using experimentally-induced pain in the lab, circulating very, very cold water in a water bath; they put their hands past the wrist level – you know, there's a real concentration of nerves in our wrist area that kind of make this the kind of nastiest bit, that make it quite painful.

Evans: Students volunteering to be in pain! Surely it couldn't get worse, could it?

Mitchell: All participants in the study listened to Billy Connolly. And although that also had an effect on their pain perception, we haven't found anything else that has been so effective as...

Evans: Effective as what? Keep listening, you'll find out later.

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Woman: I used to be sat indoors, I'd been in me wheelchair for 30 years; I used to sit indoors all day long on my own, when my husband was at work, looking at the four walls, and in the end it was staying in bed all day.

Evans: In today's edition of ***Airing Pain***, we're looking at two arts and crafts whose therapeutic qualities may have been recognised by their practitioners for centuries, even millennia, yet which have only come under scientific scrutiny over the last decades.

Knitting has been around for nearly a thousand years. Soldiers in the First World War suffering from what was then known as shellshock, now post-traumatic stress disorder, were sometimes given knitting by way of therapy. I spent an afternoon in Bath's Royal United

Hospital pain clinic, where the Stitchlinks group were meeting. Stitchlinks is an online support network for people who enjoy using crafts therapeutically, and the brains, and energy, behind it is Betsan Corkhill.

Betsan Corkhill: Up until six years ago, I was a senior physiotherapist specialising in neurological conditions and care of the elderly. I then went to work in the community with lots of different age groups, and the patients I encountered there – a lot of them are very demotivated. They were literally sitting behind four walls, not seeing anybody from day to day. And my role as a community physiotherapist was an assessment role, so there was no time to actually give those patients what they actually needed, because I was expected to leave them a list of exercises to do to get them all mobile and yet I could tell you with 100 per cent certainty that they wouldn't do the exercises I left them. And I felt that they needed to go back a step further, and we actually needed to get them interested in the world again, and give them an outside interest get them social contact, before they would then develop an interest in doing exercise and self-managing their conditions.

So, actually, I left physiotherapy because I got so frustrated at not being able to do this and, to cut a very long story short, I ended up having a complete change of career and becoming a freelance production editor with a range of magazines. And I ended up working on a craft portfolio, and my task was to read all the letters that came in – and there were literally sackfuls every day – for the knitting and cross-stitching magazines, and about 99 per cent of these letters were stories from people who had long-term illness who were managing these illnesses with knitting and cross-stitching. And immediately my medical head went back on and I thought 'Ooh, this would be a very interesting way, a very easy way and cheap way of actually getting these people that I saw in their homes motivated again', because these stories were telling of how they become motivated, how they were looking forward to the next project, how they were looking forward to the next day, how they didn't have to take their pain medication when they knitted.

And four years ago I approached the pain unit here to ask if they'd be interested in setting up a group, to see if it worked. And that group's been very successful – I get referred individual patients for knitting therapy and those patients who knit at home, on their own, are showing just as much improvement as the patients who come to the group. So, although the group is very important for the social contact, the knitting itself is working in some way.

[Laughter]

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Speaker 1: 'I'm knitting a blanket for the seals. [laughter] Weren't we told that, don't you remember?'

Speaker 2: The seals?

Speaker 1: Betsan! Said she wants some...

Ann: 'Oh, yes, yes, she wants a jacket, yes, yes.'

Speaker 1: Oh, thank you, Ann - a jacket? I thought she wanted a blanket.

Ann: It might have been blankets, I don't know. We'll have to stitch it up.

Speaker 1: And I crocheted...

Speaker 3: Oh my word, she's gone fancy.

Speaker 1: Oh well, it's a funny shape.

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Corkhill: It appears to be a model craft, in that we think movement of hands is very important in some way because the hands have a large representation in the brain; there's alternate co-ordinate movements of the hands and the movements are rhythmic in nature and knitters will fall into their own personal rhythm and that induces a form of meditation, a meditative-like state. Meditation is being taught and recommended for patients with long-term health problems, but it's fantastically difficult to teach somebody who is in pain or is depressed how to meditate. And the clinicians will tell you that it's almost impossible, in many cases, to do this and particularly with the elderly. What we've been doing is giving people a knitting kit and showing them how to knit and it seems to be a natural side effect of knitting.

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[Laughter]

Speaker 4: The seal would be pleased to see that, wouldn't it?

Speaker 1: Look! Look, girls! The seals won't mind, will they? No, the seals won't mind.

Kim: It's not bad crochet, either.

Speaker 1: Oh thank you Kim! ...Oh! Coming from you, that's very good.

Speaker 5: So, they're for the seals.

Speaker 6: A floppy seal and a wet seal.

[Indistinct conversation]

Speaker 7: I didn't know they needed blankets.

Speaker 8: They want them in the... seal sanctuary.

Speaker 1: I think so.

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Evans: Going back to this meditative state. Watching my wife knitting every single night and the clackety-clack of the needles – how can that be meditative? An enormous amount of concentration, from my mind, seems to go into it.

Corkhill: What they describe is that their hands are occupied in an automatic movement, and they describe a feeling of their mind being totally freed up to sort out their thoughts, to think through problems; some people say that they can think through very dark problems that they were unable to think through without knitting - so it's very similar to mindful meditation in that way, in that you can think through problems in that moment without becoming stressed by them.

There are lots of other little things, too, all the psychological issues of suddenly becoming the master of a skill and a lot of these patients will say 'This is the first thing I've been successful at for years, this is the first constructive thing I've done for years.' They find something that they are successful at which can be done from their armchair and that encourages them then to try other things. So it seems to be turning around this sort of juggernaut of backward thinking thought cycles and giving them something positive to focus on.

It's almost certainly, I would say, stimulating the reward system of the brain: if you expend an effort to carry out a task you're rewarded with a flush of chemicals, notably dopamine, which has pain-relieving properties and is a feel-good chemical. And our patients do things like knit for charity, knit for the special care baby units, so that in turn helps them to feel good about themselves and it changes their perspective on life: all of a sudden, they are helping people in need, they are not the people in need anymore, they're helping others more in need than they are.

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Speaker 9: I like knitting toys; they've got me knitting toys.

Evans: So what are you knitting now?

Speaker 9: So now I'm going to be knitting this pig, although it's in double-knit, but I like shrinking them down so they're tiny, so that's going to be a four ply, for smaller needles and then they make little tiny things instead of great big things. And I crochet.

Evans: There seems to be an animal theme about this group.

[Laughter, indistinguishable]

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Corkhill: It also seems to have an effect on post-traumatic stress disorder. We have had patients whose post-traumatic stress symptoms have improved dramatically. There is research done at Oxford University which has shown that performing a visuospatial movement can actually stop flashbacks from post-traumatic stress, so it actually - and that paper does actually suggest that activities like knitting and worry beads are looked at further.

Evans: What do you mean by visuospatial movement?

Corkhill: It's movement really in a 3D in front of you, really, so it's, it's... a bit difficult to describe without showing you!

Evans: Show me later.

Corkhill: Yes. [Laughter]

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Evans: You're listening to ***Airing Pain***, presented this week by me, Paul Evans. And please bear in mind that, whilst we believe the information and opinions on ***Airing Pain*** are accurate based on the best judgments available, you should always consult your health professionals on any matter relating to your health and wellbeing. He or she is the only person who knows you and your circumstances, and therefore the appropriate action to take on your behalf.

Today I've joined the Stitchlinks group at Bath's Royal United Hospital. Mike Osborn's a psychologist in the pain clinic.

Mike Osborn: All our patients have to live with a very long-term and unpleasant condition which is not particularly well understood. It's fair enough to say it really changes your life, and managing it is very difficult and for some people you can end up very flat. What the Stitchlinks group can do is help people to start to get back into doing something. The pain's

still there, the pain's always there, but to be able to do things despite the pain, to be able to sort of start to feel a little bit more active and then to, you know, retrieve a little bit of pride, really, a little bit of dignity, which pain sort of sucks out of you, or tries its best to.

Evans: One of the noticeable things walking into a group like that is – there is no evidence of pain, hangdog expressions...

Osborn: No, no. Occasionally, you know, people flinch and stuff but I mean, the public, perhaps, reputation of pain patients is being kind of quite weak people, constantly in agony – is nonsense really. You can't tell from the outside what a pain patient feels inside, and they are very, very good, on the whole, at keeping it to themselves. And the reality is that despite their public reputation, they have an extremely high pain tolerance – they just have to live with a lot of pain in order to do that. You don't know what pain people are feeling.

Evans: But is that one of the benefits of a group system as well, they don't feel they have to hide anything?

Osborn: It's probably the dominant benefit, if we're honest, it's – they're in a setting, in a place where everybody understands, it's all unspoken. They don't have to wear as heavy a mask as they would normally, you know, because everybody understands. And if one of them gets up and lies on the floor because that's what they have to do, then nobody blinks an eye. I think being in the company of people that accept and understand is, for most pain patients, blessed relief really. They spend an awful lot of time worrying what other people think, and as a result can, even in a crowded room, feel quite isolated. And this gives them a chance to not be like that, and then once you get that opportunity you can sort of – move on from there, start doing things, getting into things. Feeling a bit like your old self.

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Pauline: ...she's a bit special.

Speaker 4: She's special? [Laughter] She drinks a lot, that's why. [Indistinguishable]

Pauline: ...she doesn't come sometimes 'cause she's a bit wobbly. [Laughter]

Speaker 2: Pauline!

Speaker 3: That's a pack of lies. [Laughter]

Speaker 2: Destroying the woman's good name.

[Laughter and chat]

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Corkhill: Knitting is a great leveller and what's interesting in knitting groups, you have people from all different backgrounds, ethnic backgrounds as well, who sit and have something in common. You can have a person with learning disabilities sitting next to a university professor, and they'll have something in common, something to talk to, and firm friends are made in knitting groups.

Last week I was asked to run a group in Birmingham, of Somali women, as part of the pain management programme. And the difficulty with this – ethnic minority women who come into the country – is that they don't have contact with the outside world, they're very isolated, they don't speak the language. So the hope was that actually getting them involved in a knitting group might encourage them to socialise and communicate with the health care professionals.

Evans: You're going to teach me how to get into this meditative state now. I haven't done this in 47 years, when my grandmother taught me.

Corkhill: Well, you might very well remember, so let's have a go. What I've done is I've cast on for you. Okay, because the aim of this is to get into the flow of movement, okay, so don't worry about any mistakes you make or anything like that. So I'll show you first.

Evans: Cast on is where you put the first row of stitches...

Corkhill: That's right, yes, okay? We can learn how to do that when you've got into the flow of movements. Right, so you put your needle into the first stitch, front to back, just get a tension, it doesn't matter how you hold this yarn, okay, you just get a bit of tension with the yarn. You wind it round the needle, pull the stitch through, and the old stitch off, okay? So you're, what you're doing is making a new stitch on this right hand needle, okay? So you say to yourself 'round, pull the new stitch through, and off'

Evans: So, you've done two stitches for me, so I put my right hand, I catch it through there...

Corkhill: Front to back [ahhh] front to back, like that.

Evans: This is the cardigan way of knitting then. [Laughter]

Corkhill: Round, yep, pull that stitch through...

Evans: Catch it underneath...

Corkhill: Catch it underneath, and off.

Evans: And off.

Corkhill: Okay, that's it, your first stitch.

Evans: And already I'm smiling. [Laughter] A smile is worth a thousand pills. I don't want to bore you while I get to grips with my second stitch, so in the meantime we're going to leave Stitchlinks and look at how another of my great passions could be having a greater benefit that even I imagined.

Now I've been a music lover all my life, and I've always been drawn to music that reflects and reinforces whatever mood I'm in. Now that's not unusual, nearly all of us interact with music one way or the other, whether we realise it or not. Doctor Laura Mitchell, of Glasgow Caledonian University, is an experimental psychologist, whose background is in music psychology. In broad terms, that's looking at the way we engage with music, what it does to us physically and how it makes us feel.

But does music have a value in the field of pain management?

Dr Laura Mitchell: People are engaging with all types of music, far more than they ever were before, obviously because our technology is moved on so much in, like, quite a short space of time. They have very specific types that they like themselves, and they have a great relationship with their own favourite music. So one of my colleagues at Strathclyde University calls this the 'Darling they're playing our tune' effect. That, you know, the music you had at your wedding, or at your eighteenth birthday, or any significant event in your life, continues to have a huge emotional connection with you, that when you listen to it you might be brought back right to that moment again and remember how you felt, and feel the same way.

What we've been doing for the last ten years now is using experimentally-induced pain in the lab, circulating very, very cold water in a water bath; they put their hands past the wrist level – you know, there's a real concentration of nerves in our wrist area that kind of make this the kind of nastiest bit, that make it quite painful. Most people can only put up with it for really about a minute. And what I do is I stop people after five minutes, I don't let them go on for a long period of time doing this, that's long enough to see how they respond to it. And we've had healthy volunteers, people come in that don't suffer from pain conditions, to undergo this, and we've had them bring in their own favourite music to the lab and we've compared that to different types of music and to other types of stimuli to see what's effective.

The research that had been done on this before had been quite, you know, emphatic in saying that there will be a type of music that will be effective, that it's likely to be relaxing

music, very pleasant classical music that would be effective. We found that people were actually bringing in many, many different types, they were bringing in dance music, you know, to hardcore punk music, to styles that you would never, ever expect that would have any sort of pain relieving qualities.

However, when we put them through the pain tolerance testing what we've found, really, by and large, it's that it's the music that you love, that you have a connection with, that is most effective for you, that helps you to put up with pain and may even reduce how much intensity of the pain that you feel. You know, this was a surprise even to me, that these types of music that other people might well feel 'Oh, that's awful!', you know, 'How could you - that's painful music - how could you even listen to that?', that, if somebody has a connection with it and it's what they love, that it will be effective for them.

Now, the studies that have been done have suggested that music's distracting: it distracts your attention from the pain that you feel. But we've compared it to a number of other stimuli that the other studies have found distracting, such as people doing mathematical tasks, sort of something that is mentally challenging, we've had them listening to humour, so listening to audiotaped stand-up comedy – this was done in Scotland so all participants in the study listened to Billy Connolly – and although that also had an effect on their pain perception, we haven't found anything else that has been so effective as the music.

So it highlights to the health professionals and to clinicians that this may be a very useful thing that people can involve themselves in their everyday healthcare and their everyday approach to dealing with their pain, and also that I hope that it'll be brought into hospitals for use in painful procedures such as people getting their burns dressing changes, or people having intravenous injections, or anything like that that's painful to go through. So, the great thing about this and about music is that it can hopefully be involved across different spheres of pain care.

Evans: That's Dr. Laura Mitchell of Glasgow Caledonian University. And for me at least, listening to music could be the perfect companion to my newfound skill.

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Corkhill: ...And off. So just use those words in your own mind, okay?

Evans: Front to back.

Corkhill: Front to back. In... Round... Through... And off.

Evans: There's a great scarf coming here.

Corkhill: There is. I've cast on just enough for you to make a scarf...

Evans: As you've guessed, we're back at Stitchlinks at Bath's Royal United Hospital where I'm Betsan Corkhill's newest pupil.

Woman: I don't like little wool, I'm one for chunky wool... 'Cause I can't hold the needles! *(laughs)* I make up me own patterns... that's because I can't use a normal one *(laughs)*. I can't fathom them out.

Paul: Did you knit before coming to this group?

Woman: No.

Paul: So tell me what this knitting group means to you.

Woman: Getting out of the house. I used to be sat indoors - I been in me wheelchair for 30 years and I used to sit indoors all day long on my own, while my husband was at work, looking at the four walls, and in the end it was staying in bed all day - which my doctor didn't like. And I started coming here to the pain clinic and enjoying to do all me knitting now and come and see me ladies every week. This good lady Sarah taught me how to cast on, because I couldn't cast on, I was hopeless! *(laughs)* I do it different to everybody else, takes me a lot longer... I'm getting there, I'm really getting there.

Evans: Oh, dear... I've been purling instead of plaining haven't I?

Corkhill: That's alright. In through the front...

Evans: Front.. front to back.

Corkhill: Front to back. [yes]

Evans: Must remember: front to back. I'm a little bit obsessive... Is this going to do me harm?

Corkhill: Very definitely not, because it's a good obsession to have [laughs]. It puts you in to that relaxed meditative state and what we try and tell patients is that if they can do a little bit every day, it gives their mind a bit of a rest, a bit of a break every day, so it lowers the stress levels every day and you need to do that on a daily basis... You're going backwards again.

Evans: Oh! Front to back!

Corkhill: That's it! Yes.

Evans: So, do the ladies here get referred by the pain clinic, or...?

Corkhill: Referred by the - mainly by the nurse practitioner, but the consultants have started referring now too because we started the group nearly four years ago now, the doctors can see how successful it's been that they are now referring, and also referring patients for individual knitting treatment and the patients that come for individual treatment have complex - may have complex problems, maybe psychiatric problems as well, or they may not be comfortable in a group situation as yet, then we can set their goals as coming to the group for the first time, for example.

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Evans: Mhm... It's a lovely colour. It's a - well, it's not pink, what is it called-

Speaker 1: No, it's more a salmonly colour...

Evans. Yes.

Speaker 1: But we have a pink thing here. Kim over there, she doesn't like pink, or her husband don't - she can add pink, she can't have pink! [Laughs] She was crocheting me a cushion, 'cause I'm having my first grandchild next March, and she asked me what colour flowers I wanted put on it... And I said, 'Pink!' [Laughs] So she had to do all these little pink flowers...

Evans: So if you're having your first grandchild, you'll be knitting more?

Speaker 1: Yes - hopefully - if it fits! I've got to design them so they're going to fit a new baby...

Evans: So, you use a wheelchair, you are housebound?

Speaker 1: Yeah.

Evans: And since learning to knit with Stitchlinks, it's completely freed you up.

Speaker 1: Yep. Seeing the weather, I thought I was going to be the only one here, but no, we're all here, enjoying ourselves...

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Evans: Can anybody join Stitchlinks?

Corkhill: Yes. We have members from all over the world and actually that works quite well because, being online, anybody can join, it's free, there's all sorts of information on there on how to use knitting therapeutically... It's a link with the research projects that we're doing so

it's a link with information that's always accurate and always will be accurate, because something like this could be sensationalised very easily. But we also have a forum, for example we have one member who is isolated on a farm in South Africa with fibromyalgia and housebound; there isn't any hope that she will receive pain management information, but others who have been on pain management courses in the UK, in America and Australia, are able to help her. So, it works very well in that way. And it's a trusted place where people can go and that's how people use it.

The other thing we've found is that if you provide a forum where people feel safe, people with low social confidence find it much easier to talk through a keyboard and using a mouse than they do face to face, and what we have found is that that has improved people's social confidence, talking to like-minded people and it's always very positive on the group. They then go and seek out a face to face group somewhere, so that sort of starts the process right from that very beginning of low social confidence to improved social confidence.

Evans: What sort of people find knitting beneficial?

Corkhill: Well, what we've found is those that actually will accept that knitting may be beneficial - I know that sounds a bit strange, but the biggest problem we've had is actually the word 'knitting' and getting people over that word 'knitting'. We've had people who have been previous knitters coming to the group, we've people who are knew to knitting, and we've even had people, mainly men, who actually think 'Oh, I'll never become a knitter' but actually, once I reassure them that they don't have to 'become a knitter' and all we want them to do is the process of knitting, they're then quite happy to do it and they will knit on a regular basis and use knitting as a tool to manage their pain and to enter a meditative-like state, to do things like manage panic attacks, to improve their sleep patterns. So, anybody who's prepared to try it, really - it has the possibility of being therapeutic for them.

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Evans: What are you knitting there?

Sarah: (Whispered) Go away.

Evans: Go away?

Speaker 1: Sarah's shy.

[both laugh]

Evans: And you, sir, you're not knitting.

Speaker 2: No, I don't knit, I'm only here to make the tea.

[Paul laughs]

Speaker 2: I'm driver and tea.

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Evans: I suppose you can't put a monetary value on what they're getting out of it.

Osborn: You can say the health benefits are quite profound and quite diffuse, and you could probably say with confidence that some of them won't come into hospital, whereas they might have before, or do things they might not have before. I wouldn't even begin to know how much - how you would cost that, but, you know, one overnight stay in hospital costs thousands, so there you go. And the health benefits are phenomenal over the next ten, 20 years, compared to what can happen if you really do get quite disabled by pain and you get secondary problems.

I suppose it's got teeth, it's a serious thing that Betsan's trying to do and it's relieving the burden of distress and despair, and again, that's something that's priceless and helping people improve their quality of life. So it's not a casual, cosmetic affair. Nothing else seems to help as much, so it's earned its place - and, like a lot of things, initially people were kind of... maybe even quite derisory, but now, what else is as effective? I'd like to think that at some point, in the not too distant future, it's uh, - pain clinics and a lot of outpatient places are being asked 'Well, why haven't you got one, because everybody else has?', because the people that come, they run it themselves, doesn't cost a penny really. It's priceless!

Evans: Mike Osborn, psychologist at the Royal United Hospital's pain clinic in Bath.

And that's the end of today's edition of ***Airing Pain***. If you or someone you know had benefited from listening to these programmes and would like them to continue, then please consider making a donation to securing ***Airing Pain's*** future. It's easy to donate: just go to our website at painconcern.org.uk where you will find a 'Make donation' button at the bottom of the page. You can also download all the past editions from there and, if you'd like to put a question to our panel of experts, or just make a comment about the programme, then please do so via our blog, message board, e-mail, Facebook, Twitter, or even pen and paper - in which case you'll need the address which is [see Contact Details].

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Speaker 1: Come on, come on, stop now... I need a blanket, please.

[Laughs]

Evans: I'm going to surprise my wife and finish off one of her jumpers.

Speaker 1: Oh [Laughs], alright, okay.

[Laughter]

Speaker 2: Aiming high yeah?

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Paul: Before we go, I just have to say that I'm still knitting and I'm really enjoying it, I'm finding it beneficial, I'm finding it relaxing - so please do go to the Stitchlinks website. It's Stitchlinks - that's one word - stitchlinks.com, where you will find out more.

Contributors

- Betsan Corkhill- Stitchlinks
- Dr Mike Osborn - The Science of Stitchlinks
- Stitchlinks Members- Their Experiences
- Dr Laura Mitchell - Music and Pain

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