

Airing Pain Programme 105: Singing, Laughter, Speech & Pleasure

Singing, laughing and the feel good factor. Pain Management, the fun way.

This edition has been funded by the Charles Wolfson Charitable Trust.

The British Pain Society's (BPS) Annual Scientific Meeting (ASM) allows the multidisciplinary nature of the society to be reflected through seminars, scientific programmes, lectures and workshops. Participants can attend various exhibitions, social events and seminars to have well-rounded experiences on the subject of pain.

In 2017, the BPS presented their Wellness Zone, coordinated by the Dorset Community Pain Service, to allow 'wellbeing' focused topics to have a platform. At the Wellness Zone, Paul speaks to Sarah Sturman, Dorset Community Pain Service physiotherapist, about Laughing Yoga. Sturman proposes that we are increasingly finding that emotional health is just as important as physical health, and that Laughing Yoga allows us to celebrate socialising and the natural human attributes of silliness and fun.

Paul also speaks to Pain Concern's own Renée Blomkvist about how pain can affect the way we project ourselves into the world, and how self-management can help find an identity.

Going even further back to the BPS ASM 2016, Paul talks to psychologist Dr Brock Bastian on the nature of happiness and pain. Dr Bastian speaks about his work looking into the nuances of pain and negativity, and how society's view that you 'should' be happy creates more pressure and stress.

Paul Evans: This is **Airing Pain**, brought to you by Pain Concern, the UK charity providing information and support for those of us living with pain and for healthcare professionals. I'm Paul Evans, and this edition's been funded by the Charles Wolfson Charitable Trust.

[People singing and laughing in the background]: ...Where are we going to go? What are we going to do?...

Renée Blomkvist: If you think about people who, when they get nervous can't speak, that feeds into them being unable to kind of project themselves into the world. And then, when they learn through different breathing techniques and different kind of physical exercises to use their voice, that means that they can then project themselves into the world.

Brock Bastian: When people feel that kind of pressure to be happy it means that when you experience non-happy states like sadness, pain, depression, anxiety, that you actually feel in some way you're failing in life; that you *should* be happy, we *all* should be happy.

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Evans: [chuckles] The British Pain Society is the largest multidisciplinary professional organisation in the field of pain within the UK. Each year they hold their annual scientific meeting, where leading experts from all over the globe share their expertise with colleagues and patient groups to the benefit of over a third of the population who live with chronic pain. So, all in all, it's a pretty serious event. Not exactly a laugh a minute. But then...

Sarah Sturman: My name's Sarah Sturman and I'm a physio working in the Dorset Community Pain Service. Laughter Yoga was started in 1995 by a medical doctor, Dr Madan Kataria, and basically he looked at why medicine misses out on laughter, and why laughter is thought to be really medicinal, and was there any science? And having found that there was a lot of science about the medicinal impact of laughter, he decided to create a form of exercise or activity that could actually bring laughter into a sort of...a packaged way that you could deliver it to people.

Evans: You've gathered a crowd around you of people not wholly willing, maybe bulldozed into it. What are you going to do with them?

Sturman: It's said that laughter's contagious – it takes one or two people who are enjoying themselves, even just a smile, and naturally humans will be drawn to that and want to think 'Well, what is it that they know about that I don't?' and 'Why are they laughing and smiling?' So, there's that natural inclination to come towards the lighter side of life, and so, if you see a group of people laughing, it's quite hard to resist, to be honest. If you've got some eye contact between the participants it becomes even more contagious. So, silliness, fun, laughter – they are natural human attributes, and it does tend to spread, even with those who are...take a bit of persuading.

Evans: Even with cynical healthcare professionals?

Sturman: I think so, and I think there's a lot of...a lot less cynicism in healthcare nowadays. We're becoming more human, I think, and understanding that there's more to being healthy and well than just a lack of illness.

[Outside a session] Don't know if these people are coming this way, maybe not. Are you coming this way?

Person: Yeah!

Sturman: Oh, yes! Come and have a seat!

[To Laughter Yoga group]

Have any of you heard of Laughter Yoga? Yes. OK.

[To **Airing Pain**] So, lots of useful quotes that you'll see in literature about laughter...you know, the general thing about everyone saying, 'Well, laughter's the best medicine', but is it really? And throughout time, from 2000 years ago, people were already talking about the benefits of laughter; lots of literary people talking about laughter. There's not a lot of humour in medicine, but there's a lot of medicine in humour. And all of these sorts of things that we instinctively know about; various religious groups and different cultural groups have always talked about laughter as being therapeutic – 'A merry heart doeth good like medicine'; from Judaism, 'Soap is to the body, so laughter is to the soul'; and then this one, which I think is really nice, 'We don't stop playing because we're old, but we grow old because we stop playing'.

So, this idea of laughter's good for us – laughter and playfulness, they're really the same thing, and we don't do as much of it as an adult. Is it because we're grown? No, it's probably not. We grow old and we think differently because we're not engaging in that childlike playfulness. So, is there any truth to this phrase about laughter [being] the best medicine? Well, there is. We all feel it; we all feel if we had a good belly laugh. But physiologically, well, it can be quite exhausting. So we know it does things physiologically to us, and there [are] a lot of researches that have gone a lot further and really just taken that phrase 'Laughter's the best medicine' and said, 'Well, is it? What is it about laughter that's medicinal?'

So, there's lots of research. Laughter, we know we feel good, we feel mentally uplifted and that's because there are endorphins and serotonin that's being released. If it's a full-on belly laugh, not just a little snigger, then it *is* aerobically active. William Fry from Stanford did some research and, apparently, it worked out that ten minutes on a rowing machine is the equivalent of one minute full-on belly laughter, when you're looking at it from an aerobic point of view. So, you can really get good value exercise out of laughter.

It unleashes inhibitors and it breaks barriers. It's great for communication because laughing is...there [is] no separating out of sexes or people. Laughter – and humour – is a universally understood experience. It's great for team-building, partly again because there's this sort of connectedness with laughter and laughter actually pre-dates human language. People who look at the evolution of the human species say that laughter was used as a form of bonding communication between early humans. And in actual fact, even in the animal world there are versions of laughter – with chimps, for example. And it tends to be a form of vocalisation which brings people together – or animals together. So, [it's] great for team-building.

Helps boost your immune system, loads of really interesting studies – again, mostly in America, but some in Japan, where they've had people reading different magazines – a

comedy magazine versus a fighting magazine or a serious magazine. And then they've looked at things like natural killer cells in their blood samples – they used *Saving Private Ryan* versus a comedy film, I forget which – and they looked at the levels of the natural killer cells, and it was seen that you watch *Saving Private Ryan* and your immunity goes down; you watch something of humorous value and your immunity goes up. And this has been repeated, these same sorts of studies. So, we know that it can boost your immune system. Obviously it tones the muscles, which is why, if you've had a good belly laugh, you will feel tummy-achy.

The idea is that Laughter Yoga is using simulated laughing exercises, so you're not expected to laugh genuinely – or at least not to begin with. The motto is 'Fake it, fake it until you make it'. So you start with pretend laughing, and because essentially it's so silly it can generate genuine laughter. It's helpful if you have eye contact, [be]cause when you're doing something silly and you've got eye contact, it spreads – laughter is contagious, isn't it? If you use motion, again, that tends to help more; as you move around it releases some of the inhibitions. I'm naturally a very shy and quiet person, so this is hugely stressful to do but, actually, once it gets going, for me, it's unbelievable, and the movement can just help make it that much easier. You want to bring to it an element of playfulness, and as they say, 'Fake it until you make it'. The Laughter Yoga, the laughter is your laughter exercises; the yoga is the kind[s] of breathing that you use, so with yogic breathing there's a lot of breathing in through the nose, doing long exhalations, for all of the physiological effects that that can bring. And when you laugh, you have a lot of forced expiration. Your diaphragm is kind of pumping away and you're having a forced long exhalation. You're tending to go into wider than your tidal volume as well, so you're emptying out more oxygen than you normally would and bringing in more fresh oxygen.

We normally do a full-blown warm-up and everything, and some silly exercises. Within the exercises, we do some deep breathing. When we do the deep breathing, we take a breath in through our nose and we bring our hands towards our chest, clenching our fists. And, as we breathe out [exhales], we're opening up the body, so it's giving us an element of a stretch as well. We have two...chants, if you like. The first chant we're clapping our hands, and we're saying, [claps the rhythm] 'Ho, ho, ha-ha-ha; ho, ho, ha-ha-ha; ho, ho, ha-ha-ha'. And it starts to get the facial muscles doing the same kind of thing that you're going to do with laughter. The other – kind of like a chant – is, 'Very good, very good, yay!' which is taking that kind of childlike playfulness. Children are just happy about everything! And if they do something well, even if it's just stand up well, they will just celebrate it and 'Yay, I'm so good!' So this 'Very good, very good, yay!' is just to encourage us to be more silly and playful.

[To Laughter Yoga group]

So, we're going to move – we're going to just do a couple of these deep breaths. If anyone has got a hernia or viruses or unstable angina, please take it easy. Otherwise, it's safe. So, we're going to take a deep breath in...and breathe out...breathe in...and breathe out. You're going to be copying and joining as best you can. We're going to start with 'Very good, very good, yay; very good, very good, yay!' The first pretend laugh we're going to do is a mobile phone laugh. So you're on the phone to your friend, they've just told you a funny story and [voice gets higher] it's so funny! [Laughs] Oh, it's so funny! [Claps] 'Ho, ho, ha-ha-ha. Ho, ho, ha-ha-ha. Ho, ho, ha-ha-ha'. The next one is we're going to [low] "ho [high] ho" if we can – this is swinging laughter, so it's a little bit like the hokey-kokey. So, we're going to come in with a [makes high pitched noise][Everyone laughs][Makes another high pitched noise][Everyone laughs again][Makes another high pitched noise][Everyone laughs again]...and, 'Very good, very good, yay!'

Evans: Very good, very good, yay, indeed. I'm all for it. That was Sarah Sturman, physiotherapist with the Dorset Community Pain Service. And I suggest that you don't try Laughter Yoga whilst driving.

[This] brings me neatly to the small print; whilst we in Pain Concern believe the information and opinions on **Airing Pain** are accurate and sound, based on best judgements available, you should always consult *your* health professional 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.

Now, here's something else that might have surprised you to find at the British Pain Society's scientific meeting. If, like me, you can think of any number of benefits to not having pain, then a talk on the benefits of pain might have raised an eyebrow. Brock Bastian is a social psychologist working at the University of Melbourne in Australia. His area of research is into the relationship between pain and happiness.

Bastian: The key idea is that, actually, we need pain to be happy, and it's very hard to experience any kind of happiness if we don't have some kind of contrasting experience. It's interesting to be at this conference because I'm not really talking about endless chronic terrible pain – at all, in fact. I'd sort of notice that our view of pain is pretty much a blanket kind of...pain equals bad. I guess I want to look at it in a more nuanced way and also realise that it provides an important contrast in life to the rest of our good experiences too.

Evans: I mean...the contrast thing is interesting because I think if you ask most people with chronic pain what their research subject would be, it wouldn't be pain and happiness, it would be pain and misery.

Bastian: We've written a review paper looking at...let's call them 'positive consequences' of pain, and we tried to work out what are the sorts of differences between what we're talking about and the sorts of pain where you wouldn't expect there to be any positive consequences. And I think the key thing here is also to note the title of the paper involves the word 'consequences', so it's what happens after pain a lot of the time. Pain has to stop. And that's the key thing in all of the sort of work that we do, and I think that's probably the key difference in pain which can have *some* benefits, some upside, than pain which doesn't. And that is effectively whether or not it stops at some point, or even if you know it will stop. I think if you feel that you're in endless pain, or you *are* experiencing endless pain, there are not very many benefits there.

Evans: So, what message are you going to get across to these worthies of the British pain world?

Bastian: We talk about a lot of different sorts of things that pain can do. So, we talk about the fact that often pain brings people together. Painful experiences are a very powerful driver of community and bonding and also population – we've done some studies showing this. Painful experiences also lead people to often connect with each other through empathy or seek out support or affiliation with others. So, there's a lot of social sort of benefits there. The other sorts of benefits like the kind of offset and pain leading to increases sometimes in experiences of pleasure. But, I suppose the bigger picture, hopefully, from all of the different bits and pieces of evidence is that it's worth just stepping back and taking a second look at the way we view pain. It's very hard to deal with something that...if you see it as only bad. If something is just this big black box of badness, it's very hard to know how to cope with that; what tools to use to regulate it or manage it better. And so, in some ways, changing the viewpoint on pain, making a more nuanced understanding, rather than just this big black kind of cross, and allowing people to look at it from different perspectives. I mean, we *do* know that managing anything from depression to pain to anything else, when you can look at it from different perspectives, it greatly enhances your capacity to manage even those unwanted pain.

There's also some very direct work showing that simply how people think about pain directly changes how they experience it. So, framing pain as positive...there is even some good work showing that framing pain as positive reduces the amount of pain people experience. That's actually right down at the biological level. It increases the release of opioids and

cannabinoids in response to pain. So, there is a lot of emerging evidence that the way we think about, our beliefs about pain, the way we frame pain is fundamentally important for how we experience it. So, if we frame pain as just this big bad thing, then that suggests that we're not doing a good job of understanding pain. And so, if we could understand in a more nuanced way, see the bad but also the good sides to it, surely that might then even help people who have unwanted pains – chronic pain – to see it differently, take different perspectives to approach their pain management in new ways, maybe even ways they hadn't thought of before.

Evans: That's a real 'glass half-full' attitude, isn't it? That you can use pain for meeting people, for getting together to discuss things; the glass really is half full if you want to be like that.

Bastian: Well, that's right. We never set out to compare pain to pleasure. We just wanted to see 'Could good things come from pain?' We never wanted to say that pain was necessarily better than pleasure. I mean, you would never want to say that, that would be a bit silly. But it is noteworthy that, I think, pain is sometimes a more powerful driver of these things. So you often see that, for example, there's evidence showing that the levels of volunteerism after 9/11 in the United States spiked massively across the country. Not just for tragedy-related causes, for a whole range of causes. People suddenly...I was in Brisbane in 2011 during the floods and there was some 55 000 volunteers turned up. A big outpouring of, I guess, kindness and generosity and there was a real bonding there. If anyone's from Australia, Brisbane had won the State of Origin multiple times, which is a really big deal if you're from Sydney or Brisbane. (Not so much if you're from Melbourne, but if you're from Melbourne you go for Brisbane.) That was a great source of pride and, I guess, pleasure in some sort of way, but it didn't bond people in the way that the floods did. That's obviously, we're not talking about physical pains – partly there – but certainly we've got work showing that the same things occur in response to physical pain.

And I suppose also, in group treatment for chronic pain you would see these sorts of effects – I would presume, I don't *know* the evidence and I haven't done the studies myself. But I presume that that sort of connection that people feel when they are enduring something difficult is often quite a lot deeper than if you're simply indulging frivolous pleasure, I suppose.

Evans: The altruism, that's very interesting itself. But getting together with other people within a place; allowing yourself or being given permission, if you like, to discuss with other people openly is very, very good for you.

Bastian: Yeah, that's right. It's a powerful source of shared experience, and when you share experiences you become more open and you connect more with people through shared experiences. But pain is a particularly powerful one.

Evans: It would be very interesting to find out how you get from that glass half-empty feeling to get to the half-full thing. Where you can change your mind-set and think, 'Well, actually, this pain isn't such a bad thing. It could do me good'.

Bastian: One of the other things that we talk about is how sometimes pain can lead to, I guess, perceptions of virtue. So, often if you see sportspeople pushing through pain, or doing something that's quite painful but they push through nonetheless, they become heroes. So, often people who push themselves against pain – overcome pain – are seen as having certain virtues and qualities, even heroic sort of qualities. But I think, again, people who deal with high levels of chronic pain daily...that may be a perception which, if they deal well with that, if they're coping – even if they're not, whatever – there is some perceived virtue there, perhaps. I know it also goes the other way often as well, and quickly too. So, it's very tricky with chronic pain, but I think those sorts of 'glass half-full' attitudes are much easier if the pain has an end; if you know that it's going to stop. So, I think it's important to kind of put that caveat on it.

But it could also be there if people are particularly capable, it could be there for even chronic pain, I suppose. But I would imagine, for myself, it would be much easier to look at it positively if I knew it was going to stop at some point too.

Evans: There's a big thing these days about measuring the wellbeing or the happiness of a nation. Maybe they should be trying to measure the happiness and the misery of a nation.

Bastian: There was a move to measure the happiness in the UK. I guess the flipside of the pain research is some of the other stuff that we do, looking at how valuing happiness – over-valuing happiness – actually has the opposite effect, often. When people feel pressured to be happy in life, and I guess in our largely Western – perhaps more broadly than Western – but in our cultures today, happiness is sort of heralded as a great virtue. When people feel that kind of pressure to be happy it means that when you experience non-happy states like sadness, pain, depression, anxiety, that you actually feel in some way you're failing in life; that you *should* be happy, we *all* should be happy. And if we're not happy, then this is somehow a failure. But of course it's kind of a crazy notion because we evolve with all of these different emotional states, and in fact the negative ones are the ones that kept us alive for all these years, not the positive ones. They're the more valuable ones, actually. Somehow we've put this overlay of value of, 'Positive is good, negative is bad' and that's not a biological or an evolutionary thing, that's just simply a social thing that we've decided that

happiness was a great place to be and we *should* all be happy. And I suppose, as soon as a 'should' comes into that, then people experience their pains and their sadnesses as a failure in life.

So yeah, that work was used to criticise this move to measure happiness in the UK, as to whether it might actually have the opposite effect of...if you're in pain or feeling sad and your happiness levels go down, well, now it's a big bummer because not only are you unhappy, but you're bringing your entire nation's gross domestic happiness down as well [chuckles].

Evans: That's Brock Bastian of Melbourne University in Australia. I'd just like to point out that the UK gross domestic happiness index has not been affected in the making of this edition of *Airing Pain*. So there we are. Now, staying with a voice – or vocal expression – Renée Blomkvist is a researcher and medical anthropologist. Her interest in self-management and strategies for people with long-term conditions led her in what – to me, anyway – was a surprising direction.

Blomkvist: I became really interested in stuttering and stammering and being unable to speak, and with the people that I studied, that speaking and the way that they use their voice was a way for them to create their own identity and to create a sense of who they were.

Evans: I don't quite understand that, you say the way they use their voice creates their identity? What do you mean by 'using their voice'?

Blomkvist: If you think about people who...when they get nervous can't speak, that feeds into them being unable to, kind of, project themselves into the world. And then, when they learn through different breathing techniques and different kind of physical exercises to use their voice that means that they can then project themselves into the world; so that means that they can be who they want to be, or they can have a different sense of who they are – so these physical exercises of being able to use your voice kind of feeds into how you experience yourself in the world.

Evans: You use the word 'normal', I think. Is it doing something different to conform to somebody else's view of what is normal?

Blomkvist: Yeah, that's quite possible as well. Let's say if you have a very squeaky voice, for example, and you're uncomfortable with that – being able to shape your voice so that...I guess you can question what's normal or not but, if you want to be normal, then experiencing yourself as abnormal would kind of have an effect on how you feel.

Evans: So, how does that relate to self-management?

Blomkvist: I think it relates to self-management in the way that...if you're unable to do the things that you find normal, so if you're unable to stay up all night drinking with your friends, for example, because you know you're going to have a flare-up the next day, then you have to sort of create a new identity.

Evans: So, for somebody, say, with a speech impediment or speech abnormality – call it what you will – that process of trying to conform or imagine what other people think of you can hold them back.

Blomkvist: An example from one of the participants in my Masters study, he'd gone through severe bouts of depression and that had really taken hold of his voice. He was so drained that, for him, it just made him unable to speak to his friends or to his parents. And he always used to sing – but he couldn't speak so much. And so for him, being able to sing every morning kind of opened up his airways, is how he described it. He kind of...he knew that if he didn't sing in the morning he wouldn't be using his voice the whole day so, for him to have these practices of singing in the morning, he described it as a bridge from his inner world to the outer world, because he knows he has an impact on the outer world and the environment when he creates these sounds. Even today, he has a ritual of just singing in the morning because it makes him feel more confident; it makes him feel more present.

Evans: That was researcher Renée Blomkvist. Now, what follows will demand your full co-operation and participation. Refusal to join in is not an option.

Anne Smith: ...Good afternoon, sir!

Man: Hello.

Smith: How do you feel about doing some singing for your general health and wellbeing?

Man: General health and wellbeing?

Smith: Yeah! Singing-

Man: Singing is good for health?

Smith: It is very good for health! There is evidence that it's good for our psychological health, our mental health, but also our physical health as well. There [are] so many health benefits. And we're just doing a little workshop over there if you'd like to join us for ten minutes?

Man: I will, yeah.

Smith: Excellent! Come this way! Come this way!

[To *Airing Pain*]

Smith: Hi, I'm Anne Smith, I'm a specialist physiotherapist with the Dorset Community Pain Service, and I've been working with people with persistent pain for about 23 years now. And I talk to them about singing and they're very keen!

Evans: But the thing is you're used to dealing with patients. We're here at the British Pain Society annual scientific meeting...

Smith: Yeah.

Evans: So, you're trying to get health professionals into your singing group. Now, how difficult is that?

Smith: Very difficult because it's sort of, 'Do as I say, not as I do', so I am going to keep smiling at people; trying to grab them. I'm going to talk to those people who are sat in my seats...

Evans: Come on, then. Come on, let's go and get them.

[To man]

Smith: Have you come for the singing workshop?

Man: No...

Smith: [Be]cause you're actually sitting where I'm about to do a singing workshop. You're welcome to stay! Would you stay?

Man: I can't sing though, that's the drawback.

Smith: Singing is so good for your general health and wellbeing!

Man: It is, isn't it?

Smith: Our psychological and physiological benefits...

Man: You can't sing with your mouth full, though, can you?

Smith: No, well—

Man: [laughs]

Smith: Can't I persuade you to stay? [Be]cause it's going to be such fun, we're going to move, we've been sat around too much this morning, we're going to move.

Man: Right. OK, well...alright, I'm game.

Smith: You're game?

Man: Yeah.

Smith: So, that's three of us. And that's how we persuade these ladies [laughs].

Woman: Oh, no.

Smith: OK. How do you feel about coming doing some singing for your general health and wellbeing?

Woman: I'm really camera-shy – extremely camera-shy. I can help you with somebody who does like it.

Smith: Who likes it?

Woman: Well, follow me.

Smith: Oh, two good-looking guys, even better. Ten minutes out of your life, come on, for your general health and wellbeing. It's going to be really good–

Man: I am completely tone-deaf–

Smith: No! It doesn't matter! It's fun! It's...you produce endorphins, you breathe, you improve your posture. It's good for so many things, come this way! I'm dragging people kicking and screaming! Yes, you can talk – we're just over there, where that gentleman is.

Evans: How to clear a room.

Smith: [laughs] How to clear a room.

[Singing workshop starts]

Smith: OK guys, thank you so much for staying for my singing workshop. I am not a musician, I'm not an expert, I just love singing and I know the benefits are huge. Psychologically, physiologically, mentally – there is research to show that it's so good for so many things. So, we've only got a few minutes left now, so if you want to empty your mouths – I don't want anybody choking, I don't want to have to do the Heimlich manoeuvre on anybody. And we'll just do a few little exercises first. So, if you'd like to just stand up for me. And we're just going to...just shake out a bit. We've been sat far too long. Not good for us, we're not meant to sit around. Man was meant to move. And just a little bit of shoulder shrugging.

Right, now we're going to do some breathing. Everybody know where their diaphragm is? It's just two or three nice diaphragmatic breaths, where you breathe in and you try to imagine

that you're filling your tummy with air. So, your tummy comes out as you breathe in. So, breathe in...and out. So, you're getting the air right down to the bottom of your lungs.

Now, just feel yourself stand really strong. Imagine that you're being pulled up from the ceiling, pulled up by a string there. Let your shoulders go down and relax.

OK, now we're going to get those vocal chords working a little bit. We're just going to some... make a noise like a siren. So, we're going to start low, and then we're going to go right up high and then come down again. So, ready? Get those vocal chords going, yeah? [Laughs] Sceptical? Ready?

[Makes siren noise]

Now we're going to start singing. And we're going to do a little bit of a tongue twister, but just to get the enunciation right. We're going to go up in a scale, singing 'Where are we going to go? What are we going to do?' And I want you to really get your mouth going. Ready? So, we'll – where's a good note to start for you guys?

Altogether: [Singing] *Where are we going to go? What are we going to do?*

Smith: Up!

Altogether: *Where are we going to go? What are we going to do? Where are we going to go? What are we going to do?*

Smith: Get your mouths going!

Altogether: *Where are we going to go? What are we going to do? Where are we going to go? What are we going to do? Where are we going to go? What are we going to do?*

Smith: Higher!

Altogether: *Where are we going to go? What are we going to do?*

Smith: Higher!

Altogether: *Where are we going to go? What are we going to do?*

Smith: One more!

Altogether: *Where are we going to go? What are we going to do?*

Smith: And stop. And now another one, and this time we're going to sing out for joy. So...[singing] *We are the – with gusto – Champions, my friend...*

Evans: [chuckles] If I can get my voice above the singing, please don't forget that you can download all 100+ editions of *Airing Pain* from Pain Concern's website, which is painconcern.org.uk; from Pain Concern's YouTube channel, just put 'Pain Concern' and 'YouTube' into your search engine; and Able Radio, ableradio – no caps – ableradio.com. Now, come on, all together...

Smith: [singing] *Cause we are the champions of the world! Yay!* Please give yourselves a massive round of applause! You are incredibly brave and I am incredibly grateful that you've made a woman in her sixties extremely happy! So, thank you guys, thank you so much!

Man: Thank you!

Smith: Thank you!

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