PAIN SIGNALS and Other Bad Language!

Betsan Corkhill

"What you hear goes straight into your imagination."
Gillian Reynolds, Radio Critic

Topics for this year's Ethics and Philosophy meeting of the British Pain Society were '**Burnout**' and '**Skilful Use of Language**'. Two important and current topics, that are also linked.

This article discusses the language used in healthcare with a focus on pain. Its aims are to encourage you to –

- Think deeply about the language you use
- Think about alternative options and begin changing
- Encourage others to think about language
- Reflect on how language and burnout may be linked
- Challenge organisations that continue to use outdated or factually incorrect language.

We can become so used to the words we've always used and medical language that we cease to consider their effect on others. **Words can set a person down a path of fear and catastrophisation or start them on a journey to wellness and recovery**.

I am convinced that for outcomes to change the language we use needs to change. People living with pain rely on us to help them understand their symptoms. As 'patients' within the patient/clinician role, they are more vulnerable to the words we use.

They get an expectation of what their future holds from these words. These expectations have a real impact on their health, wellbeing and outcomes. Language shapes ideas and changes the way we perceive our world. Those perceptions change the solutions that people choose and the outcomes achieved.

Creating Expectations

It's time to think deeply about how the words we use affect people's expectations, their biology and your own. I want you to think about this not just in your spoken language but in all your communications from the letters you send to the messages left on answer phone machines.

People often bring me hospital letters to translate so it comes as no surprise that **50% of patients don't understand what their doctor has told them.**[1] Given the purpose of communication and language is to be understood, it's important we use plain English, everyday words that are factually correct. You can inadvertently distance yourself from those you treat by using complex language.

It's not just words that create expectations but the way you present them. Many letters are poorly written, have spelling or other errors that, at best give a poor first impression, at worst, create an expectation of incompetence. If your department sends out automated letters, take a look at the templates. What does the heading say? I once received an appointment for a blood test on headed paper that said HAEMATOLOGY ONCOLOGY DEPARTMENT. It scared me.

Think too about the letters you send to GPs where copies are sent to patients. Have you told your patient everything that's in it? Do they understand? I am frequently asked to explain words that people have no idea of the meaning. Last year, my husband had heart surgery to repair a mitral valve. There were a few post-op complications. The discharge letter to the GP said he was in heart failure, something the hospital had omitted to tell us. You can imagine our shock when we read this.

Communications set the stage and create an expectation. They can improve confidence and promote a sense of safety… or not. The way we communicate has a direct impact on a person's health, wellbeing and outcomes. I believe it's time to start using language, and our presentation of it, not just to eliminate bad or factually incorrect language but to take it a step further. To start using words to deliberately create positive expectations; to change perceptions; to purposely promote recovery and healing and to actively promote health, wellbeing and active recovery. Those who use hypnosis already know the benefit of this approach and the power of words.

Words in Pain

Two years ago I was offered the opportunity to run my own 'pain management' programme outside

the NHS. I started by thinking about what kind of information I would like if I had ongoing pain. That led to taking a detailed look at the language I was routinely/automatically using. We'll look at this later alongside suggestions for change.

"Sticks and stones may break our bones but words will never hurt us." I think we all recognise now that words can cause significant harm and, if chosen with care, significant help. Words get into your subconscious, they permeate your thoughts, become your ideas, your story. They affect your perception, understanding, expectations and can become so routine and familiar that we stop thinking about their effect. **Words can change the very nature of pain and our understanding of it**.

The following words were said to patients or overheard by clinicians listening to colleagues.

"Now what is it that makes you feel the need to be unwell… my dear?" Said to a lady with ME. Are those with ME/Chronic Fatigue/Fibromyalgia more likely to hear this type of language because we don't understand their condition?

"I don't know why you're so worried. You already have a wheelchair." Said to a lady with ongoing pain who had broken her ankle and was concerned it wasn't healing as it should.

"Dress for your disease… my dear." Said to a lady with Rheumatoid Arthritis.

"Basically, your father's head is falling off." Said to the daughter of a man with severe dementia who was no longer able to hold his head up. I'm happy to say, good physio remedied this.

Then you have the more subtle such as, "You have to stop gardening." Again I'm happy to say this lady is now back gardening and enjoying it.

"You'll end up in a wheelchair." Said to a man with newly diagnosed Psoriatic Arthritis. Based on this comment, he resigned from work so he and his wife could enjoy what was left of his 'walking years'. There's a good chance that he may not end up in a wheelchair.

"Rest until it calms down." I once met a lady who had been in bed for 40 years following a minor back injury at 18. She was still waiting for it to calm down.

"You no longer fit our criteria." How soul destroying is this to get in a letter? Yet it's being used increasingly as services struggle.

Words have a greater effect when they come from THE expert. When the expert uses bad language it makes it even more difficult to convince people otherwise. Just recently I was having a conversation with a lady about the benefits of movement. Her reply was "Aaah, but that doesn't apply to me because my consultant told me I have two vertebrae out of line crushing my nerve." These **words create powerful images in our minds.** What kind of message did she take away from that? "If I move, it may damage my spinal cord." "I have to protect my spinal cord at all costs." When she gets pain in the future will she think her vertebrae have moved again? She is in a state of constant vigilance and stress.

People change their lifestyles based on what we tell them. Words can, and do, change people's futures. I'll come back to specific language like this later.

Words of War

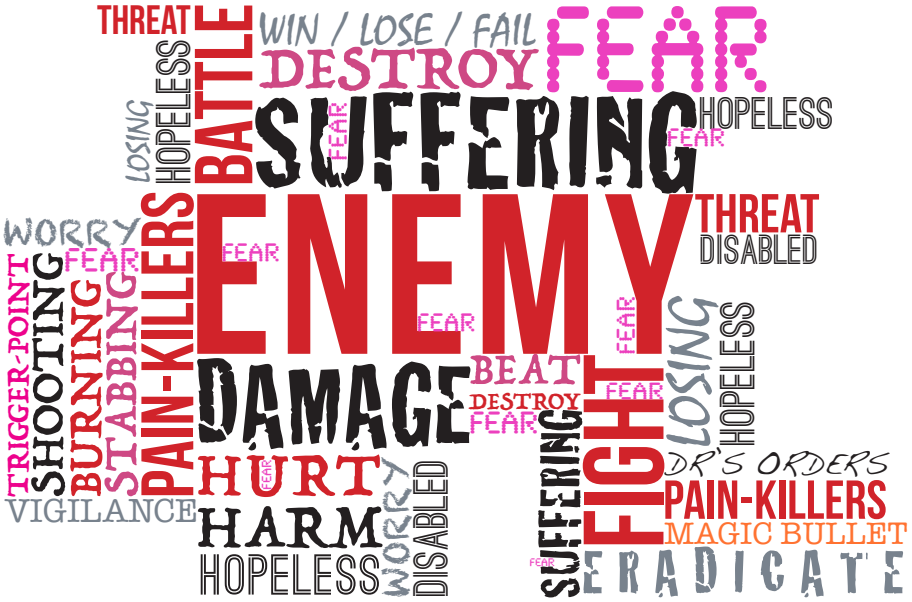
I'd like to focus now on the widespread use of warmongering language in society when talking about health issues. Imagine for a moment that you are a soldier going into battle against an enemy you can't see or hear. One that can creep up on you in the middle of the night, or suddenly jump out at you. It thrives on making you suffer. Worst of all, it is invisible to others and you cannot describe it with words. In fact your friends are so sick of you trying to explain, they've deserted. Others think they know what it feels like, but no one really does. You feel very alone.

You set out to fight this enemy and are determined to beat it with an ever expanding arsenal of pain-killing weaponry but the harder you fight, the harder it fights back. Pain is the enemy you live with every day… every hour… every moment of your life. It disables you, stabs you, crushes and pinches your nerves, burns you, shoots down your legs, blinds you with headaches so severe, it makes you sick. Even those rare moments without your enemy you have to be vigilant, waiting for it to return.

It has a nasty habit of flaring up and getting angry. It loves to visit in the middle of the night in your darkest hour when you feel most vulnerable and alone. In

fact, it is so evil it makes a point of attacking you when you are at your weakest – stressed, ill, low, depressed, anxious – you have to be alert at all times. Hypervigilant. You start to predict, to anticipate when your enemy will strike and avoid those situations.

This enemy is out to damage you, degenerate you, harm you, and has powerful friends it can call on to inflame your body and mind and fatigue your very being. When you have an enemy like this you can never relax, never sleep, never have fun. Your body becomes a battleground and you lose touch with the you that is you. Nothing and nowhere feels safe. You lose hope, feel defeated, you soldier on, barely surviving, always searching for that magic bullet. **Life is so exhausting when pain is your enemy.**



Ironic Battlefield

Widespread use of warmongering language is ironic given our goal is to alleviate suffering, to save lives, treat injury, help people recover and heal. The use of warmongering language prepares people to fight, run, freeze, flop. How does this encourage healing and recovery? **How can turning your body into a war zone lead to increased wellbeing and improved health?**

War links pain to suffering, it generates fear, worry, anxiety, hopelessness, despair. The more threatening we perceive our world to be the more we look out for threat, the more likely we are to come to catastrophic conclusions. We see less of the good things. We become vigilant and sensitive to symptoms.

War leads to chaos, destruction and uncertainty. A place where there is little safety, increased stress, tension and pain. You can't begin a journey towards recovery and healing like this.

Having this viewpoint of disease might bias researchers by narrowing their focus, closing off alternative options.

Cohort:- An ancient Roman military unit, comprising six centuries, equal to one tenth of a legion.

Do pharmaceutical companies have a vested interest in promoting warmongering words where drugs – PAIN KILLERS – are seen as weapons? Viewing drugs as weapons invites us to try one more drug, a new weapon, to fight until the bitter end, try every treatment, every weapon at our disposal. This can lead to over treatment and medicalisation. It encourages a scenario where the doctor becomes 'the commanding officer'.

An individual doesn't lose a battle with disease. It's not about winning or losing. This sets an expectation of recovery based on how hard you fight. It's not about using medicine as a battle against disease and death. If you die it doesn't mean you've failed or that you haven't fought hard enough. It becomes a battle that no one can win because we all die eventually. This can have a detrimental effect on the people we treat and clinicians. I think it contributes to clinician burnout because it can make everyone feel like failures. Always being ready to run or fight suppresses healing in patients and clinicians.

Be Strong?

You have to suppress emotions when you are constantly at war. You have to appear strong, to hide any weakness – an enemy will pounce on weakness. It can mean you miss out on the things that make life worthwhile, it leaves no room for fun, play, laughter, curiosity or healing in either the person with pain or those treating them.

When we view a person's body as a battlefield it can prevent us caring for the person behind the label.

It comes as no surprise that women with breast cancer who

'ascribed negative meaning of illness with choices such as 'enemy', 'loss' or 'punishment' had significantly higher levels of depression and anxiety and poorer quality of life than women who indicated a more positive meaning'.[2]

Words of war make good headlines, don't they? They can motivate angry people. Warmongering language is so ingrained that it's become natural to want to fight or battle disease. So ingrained it's become difficult to come up with alternatives. Moving from words of war to words of healing and recovery is difficult. Changing this language will mean changing the way society views disease. Changing our views on healthcare so as to focus on health and recovery. Changing medicine and pharmaceutical companies.

Healing words that focus on recovery can seem a bit 'bland' or 'airy fairy' in contrast. Yet they should carry more power than destruction. Words of healing and recovery should carry more power than fighting and killing… shouldn't they?

Our goal should be to enable the people we treat to use words that work for them within the context of recovery.

Another Perspective

The Welsh word for pain is poen, like the latin poena meaning punishment, retribution or penalty but we have a different word for pain following exercise. **'Scrwb'** (scroob) is a word that carries no danger and is often said with a shrug of the shoulders, **"It's just a bit of scrwb."** That shrug of the shoulders is really important. It attributes insignificance. Perhaps we need to find different words for pain?

Notice that sharp fonts, shapes and certain colours are more likely to be linked to stress, anger, shouting, pain, whereas more rounded shapes are more comforting and calming.

It's difficult to change the words people use so perhaps we need to find new ways of presenting our words to change their impact.

Advertisers have understood the power of words within the context of presentation, the fonts and colours used, for a long time. I think we could learn valuable lessons from the way they influence expectations in order to purposely create different expectations to actively promote health, wellbeing and recovery.

We have already moved from the language of war to one of care and healing in the field of HIV. A similar process is starting to happen with Type 2 Diabetes. It is being recognised as a curable condition if you focus on improving health. Those who are reversing their Type 2 Diabetes aren't battling or fighting their disease. They are not making a battleground of their bodies. They are doing the opposite. They are focusing on improving lifestyles. Focusing on improving wellbeing and health.

It's time to start asking do we want to kill and destroy or recover and heal, and begin to create an environment of safety and compassion within which this can happen.

De-humanising Words

Another problem we have is the use of de-humanising language such as **'pain patients', "How's the back?", "I saw a difficult knee today", 'frequent flyers', 'bed blockers', 'bed 6', 'fibro patients', 'migraineurs'.**

People give themselves labels too. Many are unhelpful for aiding recovery and healing. Terms such as **'Fibro warriors'** or **'Mesh injured patients'** do little to promote health, wellbeing or hope. And there is hope.

The use of this type of language stops us seeing the person, encourages us to identify by disease. Used alongside automated, impersonal letters that no human sees it can send a powerful message that we don't really care about the person behind the label. Human beings need to feel connected, cared for. Nurturing compassion in our language and communications is good for everyone.

The Language of Pain

The language we use, and the conversations we have with people can intensify and prolong their pain experience… or not.

When I started looking at the language I was routinely using, my first conclusion was that if

I had ongoing pain, I wouldn't want to just 'manage' it. I would want to learn how I could still live well. I called my course a 'Wellbeing for People in Pain' programme, but soon changed to '**Wellbeing for People with Pain'** because if you are in pain it implies that pain is bigger than you – it's not. Pain is in you.

I wanted to focus on an individual's capacity to create health, to improve wellbeing. To focus on their ability to change.

Moving people from this –

To this –

Notice pain is still there. It has to be because without pain we wouldn't survive. Recovery isn't about eliminating pain. I believe everyone can make changes whatever their starting position.

The big problem with pain is that words can't describe it.

"How do you spell love?" said Piglet. "You don't spell love, you feel it" said Pooh.

As a result, we resort to warmongering and mechanistic language (wires and gates) or isolate pain to a symptom or sign. But pain is about a lot more.

Let's think now about the type of expectations we create with the language we use. The following are examples of two different pain programmes.

The first is called a **'Pain Management Programme'**. Within the introductory words the course leader says, "We're not here to fix your pain. We will be teaching you coping skills to manage your pain, learning about self-management." This overview covers 'learning to live with pain', and the importance of 'pacing'.

The second programme is a **'Pain Education Programme'**. The course leader uses slides and images as I do. Participants enter the room to a slide that says **HOPE** in large letters. In this introductory session the course leader says "I expect your pain to improve." "I expect your mobility to improve." It takes a lot of confidence to say this type of thing doesn't it? It takes confidence, energy and most importantly a healthy practitioner.

I'm going to suggest this now – **Pain is what we say it is within the context within which we experience pain. The language we, and our patients use, creates and can change context**.

I spoke earlier about what happens if we regard pain as the enemy. Pain evolved to protect us and it can change context significantly when we start slowly and steadily introducing 'protective' language. Gently moving people way from pain as the enemy. I always find it helps to go back to evolution. I talk a lot about evolution on my programme. Pain evolved to stop

us putting our hand in a hot fire or walking on a broken leg. With this as a foundation, you can introduce the idea of a system that becomes over sensitive like a car or fire alarm that goes off when it doesn't need to. In this case we wouldn't focus our efforts on putting out the fire. We would focus them on re-setting the system. Introducing ways of calming the system down takes the focus away from a linear, biomechanical viewpoint.

X-rays and Scans

The way we describe X-rays and scans can significantly influence the context within which people feel pain and what they do about it. It changes outcomes.

Words such as 'wear and tear', 'bone on bone', 'damage', 'entrapment', 'degeneration', 'unstable', 'crumbling', 'twisted', 'crushed', 'slipped disc', 'soft', 'pinched nerve', 'vertebrae out of line', are still routinely and widely used. I'm sure you could add to this list.

Why are we so surprised when people don't move?

> "They're just behaving logically based on what they've been told."
>
> Eve Jenner, Clinical Specialist Physio

What would happen if instead we said something like this –

"I can seen there are normal changes due to getting older, but these are nothing to worry about. Your joint may have become extra sensitive and feel painful but you won't do it any harm to move. In fact, moving will help to strengthen and lubricate your joints and muscles... and you're pretty good at healing – just think back to when you last cut your finger. There is a lot of repair going on too."

Painful Words

Let's take the term 'pudendal nerve entrapment'. It's enough to make anyone's pelvic floor spasm. What kind of image does this fill your mind with? A nerve that's trapped gets stretched in all ways when you move. David Butler and Lorimer Moseley say "Pinching a nerve is like trying to pick up a lychee with chopsticks." It's actually difficult, they're slippery, slidey, elastic. Yes they can become very sensitive to movement but rarely, truly crushed, entrapped or pinched. **People who improve from sciatica often do so without any change in their MRI findings.**

Let's take a further look now at some of the words routinely used in the world of pain.

'Self-management'– The term implies limitation to me. Would we get further if we started talking about 'self-nurture', 'self-nourishment'. It suggests growth and healing.

'Goal setting'– You may be surprised to see this on my list of potentially problematic terms. I'm talking about blinkered goal setting. You can become so focused on reaching the end goal that you miss out on life – all those little things that make life good and special. **You can stop enjoying the process and that process is your life**. I prefer to use flexible goal setting as a means of setting direction whilst also focusing on increasing enjoyment of life now. One lady on my programme said "I've realised I don't have to be miserable. I can have fun".

It's about learning to go with the flow of life but having your direction mapped out. Recognising that life events, unforeseen circumstances and opportunities can change that direction. **Focusing on flexibility because nothing in life is linear. Pain, wellbeing, life itself, none of these are linear events.** Within this less driven viewpoint you can better cultivate compassion for yourself and others.

'Pacing' – What does 'pacing' say to you? To me it says 'limiting' and I certainly wouldn't want to pace my life forever. It would be a depressing thought. What about using the term 'activity planning' instead?

I've opted for 'baselining'. It's a term I got from project management in business. **Finding your baseline of activity from where you can begin to improve**. A baseline is a point of reference. It involves making a plan to set your direction (goals) while taking into account all your available resources. This can include financial, social, your support networks or knowledge, so enabling your plan to 'fit' your specific needs, into real life. That's what I love about it. You agree to stick to this baseline and keep at it, regularly checking the viability of your plan in the recognition that circumstances may, and do, change. Does it still fit in with real life?

When circumstances change the baseline can be reset. That's OK. It's about finding a steady platform or foundation from

where you can begin to live again. **It changes the focus from one of symptoms limiting life to one of moving forward.**

'Let pain be your guide' – When I trained as a physio we learned to say 'let pain be your guide'. We now know that if someone stops every time they feel pain we're training people to move less. We're training their brains to make more pain with less activity. We were unwittingly training them to be less mobile.

'Chronic pain' – It's good to see a move away from the term 'chronic pain' because it means different things to different people and can mean 'intense' to some. But have you thought about the replacements – 'long-term' or 'persistent'. What do these 'say' to you? If I had to choose I would use long-term because 'persistent' says to me, going on and on and on and on without a break.

I prefer to use the term 'ongoing pain' because it offers a small chink of hope, because there is hope.

'Exercise'– is another word that causes problems. Words can get caught up in pain maps and trigger pain. Exercise is one of these. You can see people visibly tense when they hear it. **The word alone can trigger pain**. I'm pleased to see the Chartered Society of Physiotherapy's recent campaign to stop using the word exercise and instead talk about increasing levels of 'activity'. **'Activity' is a much safer word isn't it? It has more chance of fitting into real life too.**

Before I talk about 'pain signals', 'pain receptors', 'fibres' and 'centres' I'd like to introduce you to the complex conversation (see below).

And take a moment to talk about simplicity versus complexity.

Complexity Gives Hope

Sometimes in an attempt to explain pain we can over simplify it. **I'm a firm believer that those living with ongoing pain need to understand the complexity of pain**. When they 'get' this they understand why one approach or pill can't 'fix' the issue. It helps to move them from a linear, biomechanical viewpoint to an understanding that pain is made, or not, as the result of everything going on within you, around you, your culture and past experience. **Everything goes into the mix of this conversation** including what Lorimer Moseley calls, "All the things you know but that you don't know that you know".

Even words can bias this conversation towards making pain… or not. We can make the complexity work for us. **The fact that everything goes into the mix of this conversation gives us many avenues in to change the conversation**. **The complexity gives hope**. There is always something you **CAN** do to improve the situation. Something you can make changes in. Understanding this complexity means you begin to understand that pain isn't an accurate measure of what's going on in the body.

It's Not a Signal

This takes me to the issue of 'pain signals'. I am reminded of a quote by Dr Mick Thacker.

"Anyone who talks about pain signals is talking neurobollocks."
Dr Mick Thacker

These nerves aren't carrying pain in some sort of package of feeling, an experience. In fact they probably don't mean much pain. As far back as 1986 Patrick Wall and Steve McMahon said, "The labelling of nociceptors as pain fibres was not an admirable simplification but an unfortunate trivialisation"[3]. That was 32 years ago!

Talking of pain as a signal reduces it to simple mechanics. **Understanding that nociception or alarm signals are NOT pain is at the core of understanding pain**.

"The labelling of nociceptors as pain fibres was not an admirable simplification but an unfortunate trivialisation."
Patrick Wall, Steve McMahon 1986

Understanding that pain, the feeling, the experience and the injury or condition are separate issues is at the very core of understanding pain.

Pain is a conscious experience. Nociception is an unconscious process. They are different. Nociception is happening all the time and is only part of the complex conversation. It is still present in people under general anaesthetic whereas pain is not.

If you don't feel pain, it doesn't exist whereas nociception does. **It's hugely powerful to realise that when you're not feeling pain it doesn't exist.** If nociception resulted in pain every time, we would all be in pain every moment of every day. So it is really important not to use the term pain signals and vital that the people we treat get consistent, factually correct information.

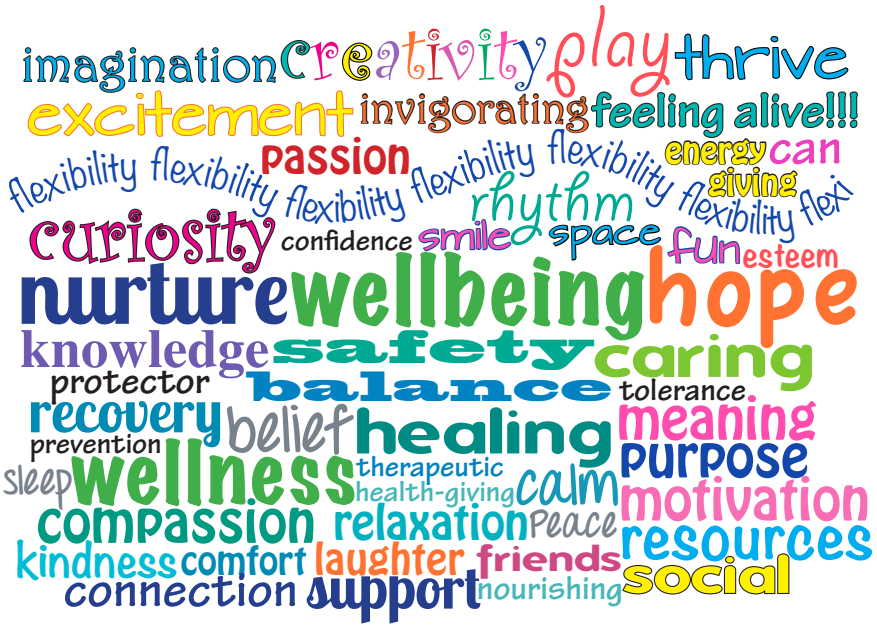
Brain scans and X-rays don't show pain. A scan can't show a at all unless you know that person's social background, past history, current state of mind, culture, home environment, level of knowledge. They might mean a bit more then.

So there are no pain signals, pain pathways or pain fibres. When you look at this conversation, it also becomes clear there is no pain centre either. The issues that contribute to this conversation will be different for everyone, so you begin to get an understanding of how each person's pain is unique. You can also talk about those downward signals. These are of increasing interest in current research. **The fact that our thoughts, beliefs, experiences, environment and state of mind can change these downward signals to modulate those alarm signals is hugely powerful. It gives hope.**

Instead of using words of war we can talk about making changes to this conversation. To bias it towards not making pain. A model like this can help you to use alternative language (see page 9). Focusing on wellbeing enables people to look forward.

Life's a Journey

We can talk about going on a journey of change. I'm aware that some people don't like the metaphor of 'going on a journey' but it works in so many ways. It focuses on where you are going. You can talk about potholes, pits, signposts, and occasional road blocks along the way. Sometimes



there is a need to take a different direction. Your goals set your direction but you can choose to take an alternative, more scenic route if you wish. Winnie-the Pooh says "Life's a journey to be experienced, not a problem to be solved". There are no winners, losers or failures on a journey. Some will carry heavier burdens while others get fatigued more easily but that's all OK. The clinician moves from being the commanding officer to a trusted guide exploring different avenues and directions. Importantly it provides an opportunity for the traveller to travel unaided only calling on guidance when the road gets rough.

In war you are dependent on a good commander whereas a traveller can undertake a journey by themselves with perhaps the occasional input from a guide. **They're not dependent on the clinical guide and, as they learn from experiences along the way, there is potential to become less so. And that's what we want to achieve isn't it?**

Pictures and Quotes

Don't be afraid to use powerful images in your programmes. They can say a lot more than words.

I use an image of a person standing on a tall post situated on top of the tallest building in Hong Kong to illustrate how our thoughts influence our biology, our physiology. We visualise balancing there, feeling the wind buffeting us because we are so high up. We feel our bodies sway slightly as we watch the tiny cars below moving along the crowded streets. We feel our heart rate and anxiety levels rising as we visualise this scenario.

Then we focus on an idyllic beach with its blue sky and gently lapping waves and we feel an instant change in the way our bodies respond. In these scenarios our bodies are responding to our thoughts about these images – and they're just images. The experience is far more powerful than any words.

I also use popular quotes – they're easy to read. People like and remember them.

"The best medicine entails not only minimising the use of medicine but making medicine redundant" [4].
Xu Dachun

"When a flower doesn't bloom, fix the environment in which it grows, not the flower."
Alexander den Heijer

"You won't have any ladybirds in your garden if you don't have aphids."
Gardener's Question Time

Winnie-the-Pooh is a source of great quotes –

"Supposing a tree fell down, Pooh, when we are underneath it" said Piglet. "Supposing it didn't" said Pooh after careful thought. Piglet was comforted.

"It's more fun to talk with someone who doesn't use long difficult words, but rather, short easy words."
Winnie-the-Pooh

It's quite fitting that such safe, wise little characters were created at a time when AA Milne was suffering from PTSD and the trauma of World War I.

Burnout and Words

Focusing on improving wellbeing has a lot of benefits for the patient and you, the clinician. It opens lots of avenues in which you can help the people you treat. Changing our language changes the context within which a person experiences pain and the context of our consultations. **Helping those you treat to understand the complexity of pain and its emergent nature means there is always something they can do to improve and always something you can do to guide them**.

The use of warmongering language means you are fighting

a battle you can never win. It can lead to mental defeat in you and those you treat. Add this lack of achievement to the pressures the system poses on you and you could well be accelerating your path to burnout. **Moving from "I can't make a difference" to "I can make a difference" is good for your health too.**

Think too about how you talk to yourself. Do you talk to yourself as you would talk to a friend you care for? Do you nurture you? It matters because everything goes into the mix of life, health and wellbeing. You are listening to your own self-chat.

It's time to start cultivating compassion and self-nurturing for everyone, including ourselves.

"Be careful how you are talking to yourself, because you are listening." Lisa Hayes

Just think if speaking kindly to plants helps them grow, imagine what speaking kindly to humans can do? And if you think you can't make a difference you absolutely can. As the Dalai Lama once said, "If you think you're too small to make an impact. Try sleeping on a mosquito."

"The highest form of the art of war is to wage no war at all." [5]

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Betsan Corkhill – I am a Wellbeing Coach specialising in working with people with long-term conditions, particularly ongoing pain. I have a clinical background in physiotherapy spending many years helping those with long-term medical issues. I left physiotherapy in 2002 having become frustrated at the 'system' I found myself in. I was working in the community and was expected to treat people with multiple cormorbidities of all ages in a few visits. Many had the capacity to improve significantly given time and ongoing guidance. I felt they should be offered the opportunity. I am a passionate advocate for a whole-person approach to health, from managing day-to-day stress and life's inevitable challenges through to managing ill-health. My many years as a physiotherapist have enabled me to combine my clinical knowledge with coaching to help individuals navigate our fragmented health and social care services, as well as to improve their health and wellbeing. I have been successful in obtaining funding to design and run my own 'Wellbeing for People with Pain' programme so that those attending can attend for free.