



**Artlift**

## **Evaluation Report**

### **‘Sing & Song’**

a pilot course for adults living with chronic pain



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## **Funding declaration**

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## **Citation**

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## Executive summary

### Intro

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Chronic pain is a complex, long-term condition that affects physical health, emotional wellbeing, and social participation, often leading to reduced quality of life, isolation, and reliance on medication. Increasing evidence emphasises the limitations of solely relying on medication and underscores the importance of arts-based interventions that target the complex, multifaceted aspects of pain. Group singing is increasingly recognised as a low-cost, accessible intervention that engages the body, mind, and social self, all of which are commonly disrupted in people living with chronic pain. This pilot project responds to emerging academic evidence and practice-based learning by testing a structured singing and songwriting programme as a supportive intervention for chronic pain within an Arts on Prescription context.

### Aims

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The pilot project aimed to explore the feasibility and impact of a singing intervention for people living with chronic pain, with outcomes defined at both participant and organisational/sector levels.

#### Participant outcomes

- Reduced perceived pain and fatigue
- Improved wellbeing
- Increased confidence
- Able to sustain improvements using resources/tools for daily use
- Reduction or change in use of medication
- Increased social connection and sense of purpose

#### Organisation and sector outcomes

- A co-produced, refined course integrated into the wider Arts on Prescription programme
- Improved team & sector understanding of how, & for how long, singing supports pain management & wider wellbeing
- Evidence of impact is instrumental in evidence-based decision-making by NHS pain programme teams and commissioners.

## Method

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The pilot adopted a mixed-methods design, combining quantitative and qualitative data to capture both measurable change and lived experience. Eight weekly sessions were delivered between January 2026 and March 2026, facilitated by a professional singing practitioner and supported by a co-production group that included people with lived experience of chronic pain, arts practitioners, project management, research expertise, and healthcare input.

Fourteen adults enrolled, with nine completing the full course. Participants represented a broad age range and varied health, employment, and social circumstances. Data collection methods included:

- Pre- and post-course chronic pain survey
- Weekly pain ratings
- Single-word emotional check-ins
- Group discussions
- Individual semi-structured interviews
- Reflective journals

Quantitative data were analysed descriptively to assess change over time and impact, while qualitative data were analysed using thematic analysis to explore participants' experiences, perceived impacts, and recommendations.

## Findings

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### Participant outcomes

Quantitative findings showed a 38.1% increase in participants' confidence in managing daily life with chronic pain over the course duration. Weekly pain ratings demonstrated only small, short-term reductions, suggesting that benefits were cumulative rather than driven by individual sessions alone.

Qualitative findings strongly supported these results, with participants consistently reporting:

- Improved psychological wellbeing, including better mood, increased confidence, enhanced coping, and greater sense of control over pain

- Strong social benefits, including reduced isolation, increased social confidence, friendship formation, and a sense of belonging and safety within the group
- Physical benefits such as reduced tension, improved breathing, distraction from pain, and increased relaxation
- Practical self-management skills, particularly breathing, humming, and warm-up exercises that many participants continued to use outside the sessions
- Some participants reported reduced reliance on pain medication, attributing this to greater confidence in managing pain flare-ups by using the tool learnt in the programme.

### **Programme evaluation**

Overall evaluation of the course was overwhelmingly positive. Participants described the programme as enjoyable, inclusive, and accessible. The songwriting component was particularly valued, offering a sense of achievement and creative fulfilment often absent in the context of chronic illness.

Facilitation was identified as a critical success factor, with the facilitator praised for creating a compassionate, non-judgemental, and flexible environment that accommodated diverse physical, emotional, and cultural needs. This environment enabled participants to feel safe, confident, and willing to engage.

### **Areas for development**

Participants identified several areas for improvement, including:

- Accessibility during singing activities (e.g. use of a projector for lyrics)
- Additional support around creative vulnerability during songwriting
- Stronger take-home resources and reminders to support use of tools between sessions
- Venue considerations to ensure comfort, neutrality, and inclusivity

### **Conclusion**

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The pilot demonstrates that a structured singing and songwriting programme can offer meaningful psychological, social, and physical benefits for people living with chronic

pain. While immediate pain reduction was modest, participants experienced improved wellbeing, coping ability, and social connection over time. The programme supported participants to develop practical self-management tools, fostered a strong sense of community, and reduced isolation, highlighting its value as a complementary intervention alongside clinical pain management.

The findings indicate strong feasibility, acceptability, and alignment with Arts on Prescription and NHS priorities, with clear potential for further development and integration.

## **Recommendations**

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Based on participant feedback and evaluation findings, the following recommendations are proposed for future delivery:

1. Integrate accessibility enhancements, including projected lyrics and flexible participation options.
2. Strengthen support for creative vulnerability, ensuring consistent grounding exercises before songwriting and offering varied ways to contribute.
3. Improve take-home resources, such as early introduction of digital content (WhatsApp), visual prompts, and printed materials to support daily tool use.
4. Review venue selection, prioritising neutral, comfortable, and fully inclusive spaces.

## Introduction

Chronic pain is a complex, multifaceted condition that affects physical functioning, emotional wellbeing, and social participation, often resulting in reduced quality of life and increased healthcare utilisation (Irons et al., 2020b). The term chronic pain is nowadays used as an umbrella term referring to a wide range of clinical conditions, such as fibromyalgia, migraine, or long-standing pain states without an actual known cause, and is defined by its persistence for more than 3 months in one or more parts of the body (Irons et al., 2020b; Raffaelli et al., 2021). Chronic pain patients frequently depend on a wide range of medications to control their pain, many of which have serious unwanted side effects (Kenny & Faunce, 2004).

Therefore, in addition to pharmacological and clinical approaches, there is growing recognition of the value of arts-based interventions that address the multidimensional nature of pain (Irons et al., 2020b; Kenny & Faunce, 2004). Singing, in particular, has emerged as a promising, low-cost, and accessible intervention that simultaneously engages the body, mind, and social self. As an embodied, emotional, and frequently collective activity, singing has the capacity to influence physical processes such as breathing and muscle tension, psychological states including mood and coping, and social factors such as connection and belonging (Campbell et al., 2022; Hopper et al., 2016; Moss & Lynch, 2018).

A substantial body of research has documented the benefits of group singing for general wellbeing, benefiting both the general public and individuals with various long-term health conditions. Research indicates that group singing is associated with improvements in psychological wellbeing, mood, confidence, and quality of life, alongside physical benefits such as improved respiratory function and relaxation (Campbell et al., 2022; Moss & Lynch, 2018). Singing has also been shown to promote rapid social bonding and increase pain thresholds through mechanisms associated with endorphin release, sometimes described as an “ice-breaker effect” (Pearce et al., 2015; Weinstein et al., 2016). These findings underscore the significant physical, psychological, and social benefits of group singing, highlighting its potential as a valuable tool for enhancing overall wellbeing.

While the literature specifically focused on singing and chronic pain remains relatively limited, particularly prior to 2010, findings to date are consistently encouraging. Qualitative and mixed-methods studies suggest that group singing can reduce both actual and perceived pain, enhance active coping strategies, and shift participants' relationship with pain through distraction, empowerment, confidence and social connection (Irons et al., 2020a; Kenny & Faunce, 2004). A systematic review by Irons et al. (2020b) identified complementary physical, psychological, and social benefits of group singing across diverse long-term health conditions associated with persistent pain, including reduced pain intensity, improved mood, increased self-esteem, and strengthened social connection.

Importantly, several studies emphasise that participants often experience singing as a time when pain fades into the background, enabling moments of relief, enjoyment, and personal growth (Hopper et al., 2016; Irons et al., 2020a). One study observed that while singing initially boosted active coping strategies among some individuals right after the sessions, these effects did not persist at the six-month follow-up. Despite this, participants still showed higher coping levels than before the intervention. They conclude that while singing may support active coping in some people with chronic pain, its long-term benefits may diminish, influenced by factors such as their mental and emotional baseline (Kenny et al., 2004).

Alongside academic research, a growing number of practice-based initiatives within healthcare and community settings have explored singing as a support for people living with chronic pain, including programmes delivered by NHS Trusts, arts organisations, and national cultural institutions. A project run by the Welsh National Opera (2025) found that its programme reduced pain and improved functionality, provided mental health benefits, achieved high participant engagement, was cost-efficient, and delivered additional benefits such as holistic therapy through music, joy and positivity, empowerment, and acceptance. Similarly, a study by Leeds Teaching Hospital NHS Trust (2023) found that surveys indicated increased activity, enjoyment, and mood, along with reduced feelings of isolation. Interviews highlighted themes such as social connection, fun, emotion regulation, the impact of pain, relaxation, spirituality, and mindfulness. Participants also discussed making friends, maintaining musical activities, and the relationship between time and pain.

Based on the academic studies and projects that shared their approaches, programmes typically involve one-hour sessions delivered weekly over six to ten weeks, often featuring small group sizes due to availability and drop-off. Each session generally consists of warm-up exercises such as relaxation, breathing, and vocal warm-ups, followed by singing (Irons et al., 2020a; Kenny et al., 2004; Leeds Teaching Hospitals NHS Trust, 2023; Welsh National Opera, 2025).

Learning from previous programmes emphasises the importance of allowing participants to choose or assist in selecting songs, as studies have shown that self-chosen songs are more likely to reduce pain levels than songs chosen for them (Irons et al., 2020a). Additionally, using an overhead projector can encourage good posture and help prevent participants from looking down while singing. Participants should also be free to sit, stand, lean against a wall, or lie on the floor for short periods during sessions to alleviate any discomfort caused by their pain conditions (Kenny et al., 2004).

In response to this emerging evidence base, this pilot project was designed to explore the feasibility and impact of a structured singing intervention for people living with chronic pain, with outcomes defined at both participant and organisational levels.

### **Aim of Project**

The aim of the pilot project was to address the following participant and organisation/sector outcomes:

#### Participant outcomes

- (a) Reduced perceived pain and fatigue
- (b) improved wellbeing
- (c) increased confidence
- (d) Able to sustain improvements using resources / tools for daily use
- (e) reduction / change in use of medication
- (f) increased social connection and sense of purpose.

#### Pilot project outcomes for org/sector

- (a) A co-produced, refined course integrated into the wider Arts on Prescription programme (subject to budget)
- (b) Improved team & sector understanding of how, & for how long, singing supports pain management & wider wellbeing
- (c) evidence of impact influences NHS pain programme / investment.

## **Background**

Artlift™ is a UK pioneer in delivering Arts on Prescription programmes including, since 2017/18, a Living Well with Chronic Pain programme. The interventions are co-produced with Experts by Experience and members of the chronic pain team at Gloucestershire Hospitals NHS Foundation Trust. The programme is funded by Gloucestershire NHS Integrated Care Board (ICB).

Until 2022, Artlift's Living Well with Chronic Pain programme drew primarily on visual arts, crafts activities, with some creative writing elements. Following pain management team suggestions, Artlift's Artist Facilitators worked to integrate more elements of movement and music into their Arts on Prescription course plans. Thanks to an additional research and development grant from NHS Gloucestershire ICB, the Artlift team and co-producers co-designed a course to test the impact of Dance on adults living with chronic pain. This resulted in an ongoing course called 'Dance Translations', which has attracted national interest, including a sharing of learning and approaches at the National Centre for Integrative Medicine's healthcare forum 'Integrative Approaches to Chronic Pain' in October 2024.

The 'Sing & Song' research and development project was subsequently co-designed in 2025 following interest expressed by chronic pain participants and Artist Facilitator Lisa Jenkinson who had witnessed positive health benefits of singing and songwriting in a wellbeing choir she led for another arts organisation. This aligned with Artlift's policy of maximizing choice and flexibility within Arts on Prescription programmes to enable the widest possible diversity of adults to benefit.

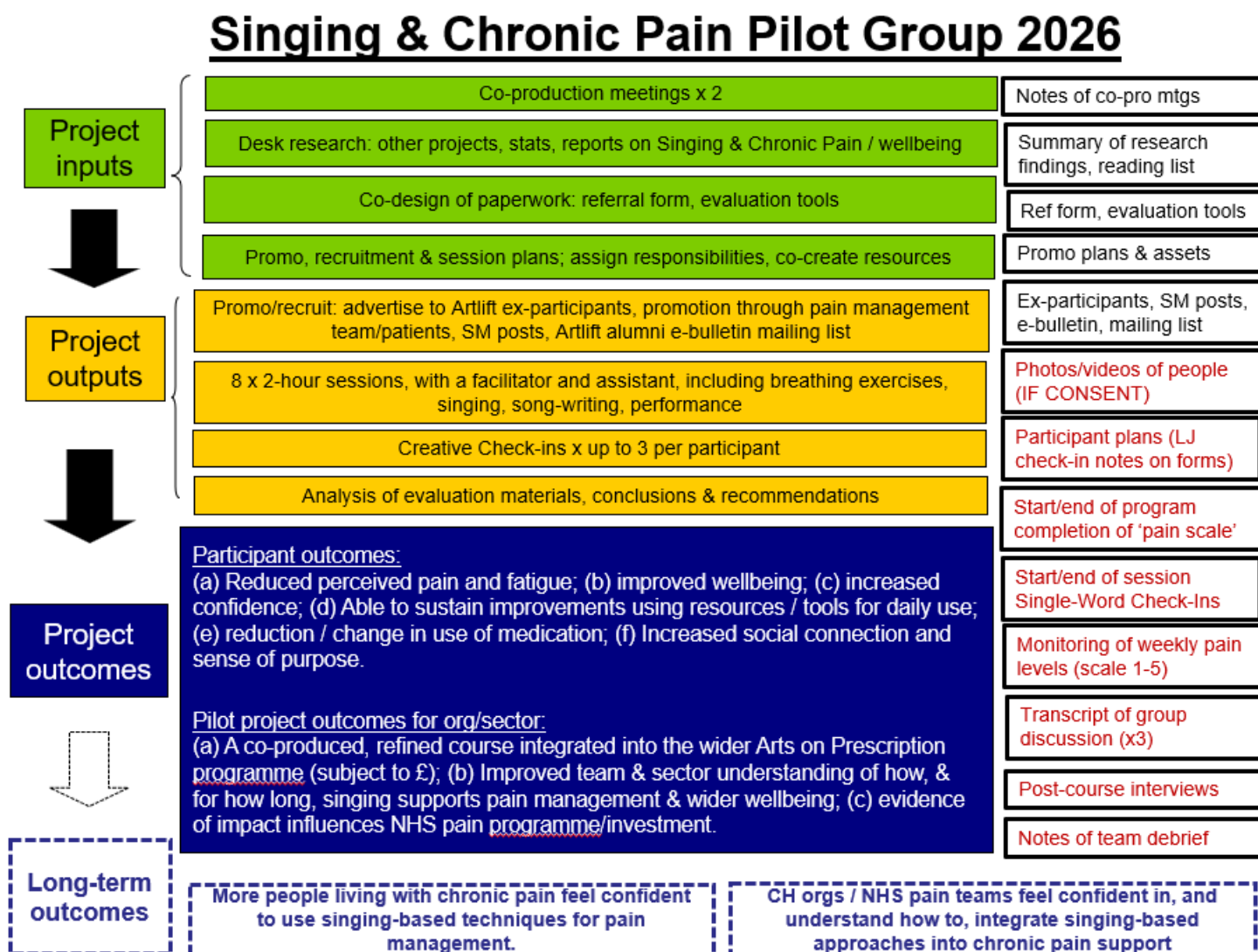
## Project Design

### Background to the Research & Development (Nov 2025 - Jan 2026)

Lisa Jenkinson was the Artist Facilitator, with assistance from Karen Julke, Artlift's Arts on Prescription Programme Manager and an Expert by Experience in chronic pain. The co-production group also consisted of Cath East (project management) and Jazmine Parrot (Researcher / Evaluator), alongside Emma Chiyokichi & Louise French (Experts by Experience), Maggie Grady (Mindsong) and Becki Harvey, Pain Nurse Specialist with Gloucestershire Hospitals NHSFT's pain management service.

Session content included exploring how breathing and vocal warm-ups, singing, and songwriting impact pain management.

Co-producers agreed on the following Logic Model:



## Session Schedule

A series of eight sessions was facilitated by Lisa Jenkinson and supported by Karen Julke. These sessions ran from January 2026 to March 2026.

Table 1

### 8 Sessions- Singing & Songwriting to Build Confidence & Wellbeing

Session	Content
Session 1	<p><b><u>Introduction to singing</u></b></p> <ul style="list-style-type: none"> <li>-How to stand and breathe</li> <li>-Deep diaphragmatic breath</li> <li>-box breathing</li> <li>-out on a hiss</li> </ul> <p><b><u>Bodywork</u></b></p> <ul style="list-style-type: none"> <li>- Arms up breath in / arms down breath out</li> <li>-Head twist each side</li> <li>-Circular head breath in front out at back</li> <li>-Ear to shoulder</li> </ul> <p><b><u>Introduction to a VWU</u></b></p> <ul style="list-style-type: none"> <li>- Yawn /cough/lip rolls/vowels</li> </ul> <p>conductor gestures</p> <p>Sound making- Ahumm/dododo</p>
Session 2	<p>Equal part breathing</p> <ul style="list-style-type: none"> <li>-Ocean Breath</li> <li>-Breathe into a hum</li> <li>-Bodywork</li> <li>-Continue to explore the VWU.</li> <li>-Focus on “Ya-ya” and “Uh-uh”</li> <li>-Exploring the diaphragm-where it is and what it does.[ out on a hiss]</li> </ul> <p>Practicing VWU and learning to sing as a group.</p> <ul style="list-style-type: none"> <li>-Exploring a simple scale using the song Do-Re-Mi</li> <li>-Exploring song “Walking”</li> <li>-Exploring song “You are my Sunshine”</li> </ul>

Session	Content
Session 3	<ul style="list-style-type: none"> <li>-Deep diaphragmatic breath</li> <li>-box breathing</li> <li>-out on a hiss</li> <li>-Bodywork</li> <li>- Practice VWU</li> <li>-Fricatives</li> <li>-Exploring tongue twisters and how they can help with pronunciation.</li> <li>- Exploring singing in a round- Belle Mama/ If you listen/ Dododo</li> <li>-Practicing 2-3 songs with emphasise on pronunciation</li> </ul>
Session 4	<ul style="list-style-type: none"> <li>Equal part breathing</li> <li>-Ocean Breath</li> <li>-Breathe into a hum</li> <li>-Bodywork</li> <li>- Practice VWU</li> <li>-Rounds</li> <li>- Introduce “3 little birds”</li> <li>Practicing 2-3 songs with emphasise on emotion</li> </ul>
Session 5	<ul style="list-style-type: none"> <li>-Deep diaphragmatic breath</li> <li>-box breathing</li> <li>-Breathe into 3 spaces (belly, heart, head)</li> <li>-Bodywork</li> <li>-Practice VWU</li> <li>-Rounds</li> <li>- Exploring Harmonizing.</li> <li>What notes work together?</li> <li>-Ah-Umm in 3 parts</li> <li>-Harmonies on songs</li> </ul>
Session 6	<ul style="list-style-type: none"> <li>Equal part breathing</li> <li>-Ocean Breath</li> <li>-Breathe into a hum</li> </ul>

Session	Content
	<ul style="list-style-type: none"> <li>-Bodywork</li> <li>-Practice VWU</li> <li>-Rounds</li> </ul> <p>Exploring words- what words express how we feel?            Putting together lines and words to collectively create a song.            Developing a melody</p>
Session 7	<p>Deep diaphragmatic breath</p> <ul style="list-style-type: none"> <li>-box breathing</li> <li>-Breathe into 3 spaces (belly, heart, head)</li> <li>-Bodywork</li> <li>-Practice VWU</li> <li>-Rounds</li> <li>-Exploring stage craft and how best to achieve a great performance.</li> <li>-Practicing group-written song &amp; 3 other songs</li> </ul>
Session 8	<p>Deep diaphragmatic breath</p> <ul style="list-style-type: none"> <li>-box breathing</li> <li>-Equal part breathing</li> <li>-Ocean Breath</li> <li>-Breathe into a hum</li> <li>-Bodywork</li> <li>-VWU</li> </ul> <p>Bringing all learning together in a performance</p>

## Method

### Design

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A quantitative and qualitative multi-method design was utilised in the current research. Methods of data collection included a chronic pain survey, weekly pain levels, single-word check-ins, group discussions, individual interviews and journals. The combination of diverse data types created a comprehensive understanding of the perceived impact participants experienced on their pain management, as well as provided areas for development and recommendations moving forwards as the singing course transitions from a pilot project to a fully integrated Artlift course.

### Participants

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Participants were recruited for the pilot course via a promo leaflet emailed to those on Artlift's participant alumni email list, shared on Artlift's social media, and through Gloucestershire Hospitals' pain management team, as well as word-of-mouth advertising by the Artist Facilitator and assistant.

Fourteen adults enrolled in the pilot course. Of these, eight participants had previously been referred to Artlift, while six had no prior experience with the service. Nine participants had engaged with Gloucestershire Hospitals NHS Pain Management Service, four had not, and one participant was unsure whether they had engaged with the service.

The sample comprised eleven participants who identified as female, two as male, and one as non-binary. Participants' ages ranged from 32 to 81 years (mean age = 53 years). Ethnicity was reported as White British/Irish (n = 11), Asian/Asian British (n = 2), and Black African/Caribbean/Black British (n = 1).

Eleven participants reported that they did not identify as members of the LGBTQ+ community, one identified as LGBTQ+, and two preferred not to disclose this information. Eight participants considered themselves to have a disability, five did not, and one preferred not to say. Three participants were in employment (full-time, part-time, or self-employed), eight were not working due to disability and/or health-related reasons, and three were retired.

Of the fourteen participants who initially enrolled, nine completed the pilot course.

## Method of data collection

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Data collection included a chronic pain scale survey, weekly pain levels, start and end of session single-word check-ins, group discussions, individual interviews and journals.

Artliff's existing Pain Scale survey (see Appendix I), which is based on the Gloucestershire and Herefordshire NHS Pain Management Service questionnaire, was administered during the first and final sessions to assess participants' pre- and post-course ability to manage day-to-day life. Participants were asked to rate their confidence on a Likert-type scale ranging from "Completely confident" to "Not at all confident" in relation to their ability to carry out specific daily activities despite living with chronic pain.

Survey items included statements such as: "I can enjoy things despite the pain," "I can socialize with friends or family members as often as I used to, despite the pain," and "I can cope with my pain without medication."

Weekly pain levels were recorded to capture short-term changes associated with each session. Participants were asked to rate their pain on a 0–5 scale, where 0 indicated no pain and 5 indicated high pain. Ratings were collected at the start and end of each session, with the exception of sessions 1 and 8. This measure was used to assess the immediate impact of individual sessions on participants' perceived pain levels.

Single-word check-ins were also used as a simple and visual method for capturing session-level impact. At the beginning and end of each session, participants were asked to summarise how they felt at that moment using one word, enabling comparison of emotional or experiential shifts across sessions.

Group discussion and individual interview questions (see Appendix II and III) were developed by the researcher and informed by existing literature in the field of creative health. All questions were designed to address the research aims and focused specifically on participants' pain-related outcomes, wellbeing, confidence, self-management, medication use, and social connection, as well as on the co-production of a refined singing-based course, enhanced sector understanding of singing in pain management, and the generation of evidence to inform NHS practice and investment. Draft questions were shared with the co-production group for feedback and were subsequently amended and refined in collaboration with the group.

Group discussions were conducted during sessions 3 and 8. The purpose of these discussions was to identify perceived and experienced impacts on participants' health and wellbeing, gather immediate feedback on specific course elements, and provide an opportunity for participants to offer recommendations for improvement. These group discussions were conducted within the two-hour course sessions, facilitated by JP and CE, and audio-recorded and transcribed verbatim for analysis. The group discussion in session 3 lasted approximately 21 minutes, while the session 8 discussion lasted approximately 32 minutes.

Following completion of the course, participants were invited to voluntarily take part in individual semi-structured interviews, with six participants choosing to participate. The purpose of the interviews was to explore in greater depth participants' perceived and experienced impacts on health and wellbeing, alongside feedback on course elements and suggestions for improvement. Due to the more personal nature of one-to-one interviews, participants were asked more sensitive or individualised questions related to their health and wellbeing that may not have been addressed within the group discussions. The interviews also provided participants with the opportunity to speak more openly about their experiences of the course, as course facilitators and members of the co-production group were present during the group discussions. Participants were offered the option of an online, telephone, or face-to-face interview; all six interviews were conducted by telephone. The interviews were conducted by the researcher and ranged in duration from approximately 16 to 49 minutes, resulting in a total of approximately 2 hours and 59 minutes of interview data.

Participants were also encouraged to keep a reflective journal throughout the pilot course. They were asked to record reflections after each session and to note how they were feeling in the days following each session. Seven journals were returned at the end of the course and included in the analysis.

### **Data analysis**

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Pain Scale survey data were analysed by summing participants' responses, with "Completely confident" scored as 7 and "Not at all confident" scored as 1. An average score across participants was then calculated, and mean scores from the first and final sessions were compared to assess overall change over time.

Weekly pain levels were analysed by calculating the average pre- and post-session pain scores across participants for each session. These averages were then compared to assess changes in perceived pain levels associated with individual sessions.

Data from the single-word check-ins were used to create word clouds, providing a clear and accessible visual representation of frequently recurring words. This approach facilitated the identification of patterns and shifts in participants' emotional states across sessions.

Group discussions and individual interviews were analysed using Thematic Analysis (TA), following the six-phase framework outlined by Braun and Clarke (2022). These phases included: (1) familiarisation with the data, during which transcripts were read and re-read; (2) initial coding, whereby potentially meaningful or relevant excerpts were identified and coded; (3) generating initial themes by organising codes into broader patterns aligned with the study aims; (4) reviewing and refining themes in relation to both the coded extracts and the full dataset; (5) defining and naming themes to capture the core concepts reflected in the data; and (6) the write up.

These phases were conducted separately for the group discussion data and the individual interview data. Once preliminary themes had been identified within each dataset, overlapping themes were compared and integrated. While there was insufficient journal data to warrant a standalone thematic analysis, reflective journal entries were used to support and contextualise the themes identified through the group discussions and interviews.

Participants' anonymity will be protected throughout the report through the use of pseudonyms.

## Findings

### Pain Scale survey

Thirteen participants completed the 'Pain Scale' survey during session 1, however seven were completed during session 8. Looking only at those who completed the survey in both sessions 1 and 8 (see Tables 2 and 3) reveals an average score of 23.9 in session 1 and 33 in session 8. Revealing an average increase of 38.1%.

This finding suggests that participation in the pilot course was associated with a meaningful improvement in participants' confidence in managing day-to-day activities despite chronic pain, indicating the potential for longer-term benefits that may build progressively over the duration of the course rather than resulting from individual sessions alone.

*Table 2*

#### *Chronic Pain Survey - Pre Artlift Course*

Chronic Pain Survey - Pre Artlift Course											
Participant No.	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Total
1	2	2	3	1	1	2	1	1	1	1	15
2	2	2	2	2	2	2	1	1	1	2	17
3	3	2	1	4	3	5	4	1	2	2	27
4	4	4	4	4	3	4	2	3	3	4	35
5	4	4	3	4	4	3	3	2	4	4	35
6	3	2	2	3	1	2	2	2	1	2	20
7	3	2	3	3	1	2	1	1	1	1	18
Average=											23.9

*Table 3*

#### *Chronic Pain Survey - Post Artlift Course*

Chronic Pain Survey - Post Artlift Course											
Participant No.	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Total
1	7	2	3	2	2	3	3	4	2	3	31
2	3	3	3	3	3	3	3	2	2	2	27
3	5	3	4	6	3	3	5	3	3	4	39
4	5	5	5	5	6	5	6	6	5	5	53
5	7	3	7	3	3	3	3	3	3	3	38
6	4	2	3	3	2	3	3	2	3	2	27
7	2	1	3	2	1	2	2	1	1	1	16
Average=											33

## **Weekly pain levels**

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Outcomes of the weekly pain levels, in which participants were asked to rate their pain on a 0–5 scale (where 0 indicated no pain, and 5 indicated high pain), showed the following outcomes over sessions 2 to 7:

There was an average reduction of 0.6 in pain levels per session. The most significant reduction occurred in session 2, which saw a decrease of 1. This finding suggests that individual sessions were associated with only minimal short-term, immediate reductions in perceived pain levels. However, when considered alongside the Pain Scale survey results, these findings indicate that while single sessions may not produce substantial immediate pain relief, cumulative participation over time may contribute to broader, longer-term improvements in pain management and coping ability.

## **Single-word check-ins**

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The word clouds below (see Figures 1 and 2) illustrate changes in words participants selected at the start and end of each of the sessions. At the beginning of sessions, participants most commonly chose words that reflected physical discomfort and fatigue related to living with chronic pain, such as “tired” and “exhausted.” Some also expressed a positive attitude towards attending the course, with words like “excited” appearing frequently.

By the end of sessions, the words selected shifted noticeably towards more positive emotional states, including “happy,” “better,” and “lifted.” This change suggests that participants’ mood and emotional state improved following each session, demonstrating the immediate positive emotional impact of the course.

Figure 2 - Start of Session

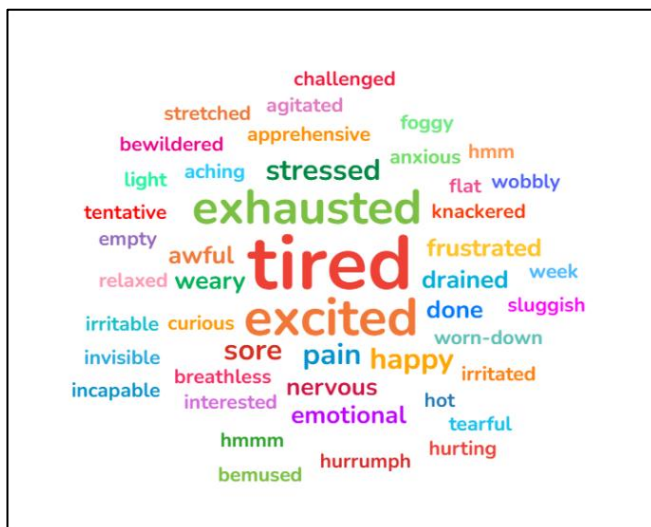


Figure 1 - End of Session



### Group discussions, individual interviews and journals

This section presents the integrated findings from the group discussions, individual interviews, and participant journals. Using thematic analysis, two overarching themes were identified in response to the research question: How do people living with chronic pain experience participation in a singing programme, and how do they perceive its impact on pain, wellbeing, and everyday life?

The two themes identified were: (1) Influence on participants' health and wellbeing and (2) Participant evaluation of the programme. Overall, participants primarily reported a positive influence on their health and wellbeing, particularly in relation to psychological, social, and physical domains. The majority of participants also expressed satisfaction with the course content and facilitation. However, views regarding the venue were mixed, with some participants reporting satisfaction while others expressed dissatisfaction. In addition, participants identified some areas for development and offered recommendations to inform future improvements to the programme.

### Influence on participants' health and wellbeing

The theme Influence on participants' health and wellbeing was prominent across the group discussions and individual interviews. This theme comprises three subthemes: (1) influence on psychological health and wellbeing, (2) influence on social health and wellbeing, and (3) influence on physical health and wellbeing. Overall, participants

described experiencing perceived impacts across psychological, social, and physical aspects of health and wellbeing.

### **Influence on psychological health and wellbeing**

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Participants reported that taking part in the singing pilot had a noticeable influence on their psychological health and wellbeing. These influences were experienced in a variety of ways, including improved ability to cope with chronic pain, increased positive emotions, enhanced self-esteem, feelings of empowerment and liberation, and renewed engagement with previous hobbies.

Several participants described feeling better equipped to manage their chronic pain as a result of taking part in the singing pilot. This experience is illustrated in the following quote from Sophie:

“It's not going to be insurmountable if, I do find myself in pain, there's a way out of it that isn't sort of it doesn't escalate really, really badly” (Sophie, interviewee)

In this extract, Sophie describes a sense of hope gained through the tools she learned during the singing pilot. Previously, experiences of pain were perceived as “insurmountable,” suggesting feelings of hopelessness and a lack of control. Following participation in the programme, Sophie felt that she now had strategies to manage pain when it occurred, preventing it from escalating further. This reflects a shift towards a more positive psychological mindset and an increased sense of confidence in managing chronic pain, supported by the tools learned during the singing pilot.

A similar experience was described by Lucy, echoing Sophie's account of developing greater confidence and hope in managing pain:

“My mood and my pain levels are definitely improved from when I get to the singing group to afterwards. Definitely improved. Um, because like sometimes I've gone there and I've just like feeling... so bad I can't explain to you how bad I've been feeling and I've come out feeling, you know, I can, I'll be able to manage, you know” (Lucy, interviewee)

Like Sophie, Lucy explicitly describes a shift from arriving at the session feeling overwhelmed by pain to leaving with a stronger belief in her ability to cope. Both accounts highlight a movement away from experiencing pain as all-consuming or

unmanageable, towards feeling more equipped to handle it. Lucy's emphasis on being "able to manage" reflects a similar sense of psychological reassurance and control gained through participation in the singing pilot. Together, these accounts illustrate how the programme supported participants in developing coping strategies and a more positive psychological mindset in relation to living with chronic pain.

This sense of increased control and confidence in managing pain was also evident in the group discussions. Participants described how specific elements of the singing pilot, particularly breathing exercises and humming, helped reduce anxiety associated with rising pain levels. They also reported feeling more present and grounded after sessions:

"I sometimes when I can feel my pain setting in, I can get a little bit anxious. And then I can start spiralling. So I've noticed that with the breathing, it can bring me back down. And I don't need to take any painkillers or anything. It just gets me back into the right. Just from doing the breathwork and the humming and stuff."  
(Group discussion session 3)

"Puts you a bit more in the moment." (Group discussion session 3)

"Definitely losing the tension and just sort of makes you feel grounded and yeah, aware of, you can pinpoint where you're feeling worse, but then just being like, I acknowledge it, but I'm not going to let it take over." (Group discussion session 8)

"It makes me feel happy and it relaxes me and it takes some other pain away."  
(Group discussion session 8)

Together, these accounts closely mirror the experiences described by Sophie and Lucy, highlighting a shared pattern of psychological reassurance and improved coping.

Participants described learning tools that allowed them to interrupt cycles of anxiety and pain escalation, remain present, and acknowledge pain without feeling overwhelmed by it. This reflects a newly developed sense of control, contributing to a more positive psychological mindset and an enhanced ability to cope with chronic pain.

Several participants described experiencing increased positive feelings as a result of taking part in the singing pilot. For some, these positive emotional changes extended beyond the sessions themselves and influenced how they felt for the rest of the day.

This experience was described by Lucy:

“I think it improved sort of like the rest of the day really. And my outlook on, on the day, if you know what I mean” (Lucy, interviewee)

In this account, Lucy describes an improvement in her mood following participation in the singing pilot, which positively shaped her outlook for the remainder of the day. Rather than being limited to the session alone, the emotional benefits appeared to carry over into her everyday life, suggesting a sustained improvement in psychological wellbeing. This shift towards a more positive outlook may also support participants' ability to manage the challenges associated with living with chronic pain.

Similarly, Charlotte described experiencing increased positive feelings as a result of taking part in the course:

“And more relaxed. Um, you know, I don't, you know, I look at life in a different in a better way now than I used to” (Charlotte, interviewee)

Here, Charlotte reflects on feeling more relaxed and developing a more positive perspective on life. Her account suggests that participation in the singing pilot contributed not only to short-term mood enhancement but also to a broader shift in how she viewed herself and her circumstances. This change indicates an improvement in emotional wellbeing and a more optimistic psychological outlook.

This sense of increased positive feelings was also widely reflected in the group discussions. Participants described emotional warmth, uplift, and enjoyment during sessions:

“It gives you a warm, fuzzy feeling.” (Group discussion session 3)

“I really like the vibrations that we can feel in the room. I like everyone's like the different levels of vibrations. I don't know how to put that in words properly, but it actually it makes me feel really lifted and happy because I don't know what it is about it, but it just it makes me feel kind of energized, I guess.” (Group discussion session 8)

Together, these accounts closely align with the earlier findings presented by Lucy and Charlotte, further illustrating how participation in the singing pilot fostered positive emotional experiences. Participants described feelings of happiness, relaxation, uplift, and energy, which contributed to an improved psychological state. These positive

feelings appear to complement the increased sense of control and coping described previously, reinforcing the role of the singing pilot in supporting participants' psychological health and wellbeing while living with chronic pain.

In addition to improved mood and emotional wellbeing, several participants described gaining increased confidence as a result of taking part in the singing pilot. This confidence was experienced both within the sessions themselves and in participants' everyday lives, influencing how they viewed themselves and their willingness to engage in activities outside the programme. Alex described a confidence boost arising from positive feedback received during the sessions:

“Um I would say, the only thing I could say is there's a minor confidence boost with the compliments, getting you receive from singing” (Alex, interviewee)

Although Alex described this increase as a “minor confidence boost,” the acknowledgment of compliments suggests that recognition from others played a meaningful role in shaping self-confidence. For people living with chronic pain, who often face low confidence because of restrictions, stigma, or self-doubt, even minor compliments can help challenge negative self-views. This indicates that the supportive and encouraging environment of the singing pilot helped participants feel valued and capable, reinforcing a more positive sense of self.

Sophie also described feeling more confident as a result of taking part in the singing pilot, noting changes in both her mood and behaviour:

“Um, not as miserable and, uh, yeah, more confident to go out and do things” (Sophie, interviewee)

Here, Sophie links improved confidence with feeling less withdrawn and more willing to engage in activities outside the home. This suggests that confidence gained during the singing pilot may have supported participants to overcome feelings of isolation or avoidance. Increased confidence appears to enable participants to re-engage with everyday activities, reflecting not only emotional improvement but also greater belief in their ability to cope with the demands of daily life. This growing confidence was further reflected in Sophie's motivation to continue singing after the programme ended:

“Yeah, I'm desperate to join a choir now so, um, yeah, I think we're gonna try and find, uh, Lisa's one to, to go to a few of us. So, um, looking forward to that.”

(Sophie, interviewee)

Sophie's desire to join another choir suggests that the confidence developed through the singing pilot extended beyond the immediate context of the programme. Rather than viewing singing as something limited to the pilot, she now saw herself as capable of participating in similar activities independently. This points towards a shift in self-identity, from someone managing pain through the programme to someone confident enough to seek out new social and creative opportunities. Such re-engagement may be particularly significant for individuals whose pain has previously restricted participation in valued activities.

Similarly, Charlotte described experiencing increased confidence:

“Yeah, that's like I, I've been saying my confidence is now boosted.” (Charlotte, interviewee)

Although brief, Charlotte's reflection reinforces a shared pattern across the dataset, indicating that increased confidence was a commonly experienced outcome of participation in the singing pilot. Her statement suggests an awareness of change over time, further supporting the idea that confidence developed through repeated involvement and positive experiences within the sessions.

Taken together, these accounts suggest that the singing pilot facilitated confidence by providing a safe, supportive space where participants could engage, receive encouragement, and experience success without fear of judgment. This increased confidence appears closely connected to earlier findings related to improved coping and positive feelings. For participants living with chronic pain, confidence may act as a key psychological resource, supporting engagement in activities, fostering social connection, and enhancing overall psychological health and wellbeing.

Alongside improvements in coping, mood, and confidence, several participants described how taking part in the singing pilot supported them to re-engage with hobbies and interests that had been lost or set aside following the onset of chronic pain or

illness. For many, declining health had disrupted their ability or motivation to participate in meaningful activities, which had previously played an important role in their lives.

Laura described how ill health had limited her ability to participate in singing groups and other hobbies, despite singing remaining an important part of her identity:

“So just singing at home and stuff. I'm always singing. I always have songs in my head or whatever. I'm always singing and I do singing lessons as well... I used to be like part of choirs and things, but I've just been too ill to be able to join anything.” (Laura, interviewee)

In a later reflection, Laura described how participation in the singing pilot had supported her to reconnect not only with singing, but with other hobbies she had stopped engaging in due to low mood and fatigue:

“I already had hobbies, but I've just been kind of too fed up to do any of them and I've started doing them again... it has kind of lifted me up a bit and I've not been quite so down” (Laura, interviewee)

These accounts suggest that the singing pilot may have acted as a catalyst for re-engagement, helping to lift mood and motivation enough to allow participants to return to aspects of life that had previously felt inaccessible. Rather than creating entirely new interests, the programme supported participants to reconnect with activities that had once been meaningful but were disrupted by illness.

Similarly, Sophie reflected on rediscovering singing after having left it behind when she became unwell:

“Yeah, I did a lot of singing when I was younger, before I got sick, and I kind of, I don't know, I just kind of left it behind once I got sick and it's been really nice to find it again” (Sophie, interviewee)

Sophie's account highlights how her chronic illness caused her to lose a valued part of her identity. Re-engaging with singing during the pilot program seemed to restore a sense of connection to her pre-illness self, fostering emotional renewal through an activity she associated with enjoyment.

Charlotte similarly described how participation prompted her to revisit hobbies she had disengaged from following health challenges:

“It has helped me to focus on the hobbies I had before my health issues started, um, you know, that has improved a lot... but at a point, because of what I've been through... I wasn't into it. I couldn't care less. I just couldn't be bothered. But since, you know, we started the singing thing... It has changed my perspectives” (Charlotte, interviewee)

Charlotte's reflection indicates that the singing pilot helped foster a change in outlook, boosting her motivation and rekindling interest in activities she valued before. This shift in perspective seems to reflect enhanced psychological wellbeing, as Charlotte emphasizes how her increased motivation enabled her to reconnect with a previous interest she had abandoned because of her health issues.

Accounts from the group discussions further reinforced the emotional significance of reconnecting with music and singing:

“...like I said earlier, my vocals was gone. I usually sing in the choir, church choir... But since my surgery, I don't do that, because what was in my head, and what was coming out were two different things. It was really sad. And I thought, oh, God, you'll never sing again. And this has really uplifted my singing. Last time I went to church in Birmingham, I had to join them in singing. And it was like, wow, is that me singing again?” (Group discussion session 8)

“I used to love music and music was in my day, in my life every day. And then I got sick and music kind of left my life for a long time. So finding it again has been really beautiful.” (Group discussion session 8)

Together, these accounts illustrate how participation in the singing pilot supported participants to reconnect with meaningful hobbies that had been disrupted by chronic pain and illness. Re-engagement with singing and music appeared to offer emotional fulfilment, reinforce personal identity, and contribute to improved psychological wellbeing. This process of rediscovery complements earlier findings on coping, positive emotions, and confidence, highlighting the role of the singing pilot in supporting participants to reconnect with valued aspects of everyday life.

Overall, the findings illustrate that participation in the singing pilot was associated with a range of perceived psychological benefits for participants living with chronic pain. Across interviews and group discussions, participants described improved coping with pain, increased positive emotions, enhanced confidence, and renewed engagement with meaningful hobbies. Together, these experiences reflect a shift towards greater psychological reassurance and self-belief. The singing pilot appeared to provide participants with tools, encouragement, and supportive experiences that helped them feel more in control of their pain, more positive in outlook, and more connected to valued aspects of their identity and everyday life, contributing to improved psychological health and wellbeing.

### **Influence on social health and wellbeing**

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Participants reported that taking part in the singing pilot had a noticeable influence on their social health and wellbeing. These influences were experienced in a variety of ways, including the enjoyment of singing together, the benefits of regular social interaction, improved social morale through connecting with others who shared experiences of chronic pain, the development of friendships, and opportunities to share and discuss what they learned on the course with friends and family.

Participants described how, over the course of the eight sessions, they developed a sense of connection with those they were singing alongside, which contributed positively to their social health and wellbeing. During their interview, Alex reflected on enjoying the strong community aspect of the singing pilot:

“I definitely enjoyed, uh, the community aspect and the very social nature and the fact that we're all talking and we're all on the same page and we're all there for the same reason.” (Alex, interviewee)

In this account, Alex highlights the importance of the social environment created within the singing pilot, emphasising the value of being connected with others who share a common purpose and similar experiences. For many people living with chronic pain, opportunities for social engagement can be reduced due to physical limitations, fatigue, or low mood, as expressed by those on the course. Thus, participation in a supportive group environment with others who share similar challenges may have a meaningful positive impact on social wellbeing.

This emphasis on shared experience was echoed across the group discussions, where participants repeatedly described a sense of empathy, understanding, and feeling “in the same boat”:

“You know, you're all in the same kind of boat as well. So you have to explain the empathy is the connection that way as well.” (Group discussion session 3)

“Yeah, I really, I think what I really enjoy about the groups in general is being together with people that we like, we might be different, but we're all going through similar things. And it's really nice to be able to sort of, we don't even have to say anything. We just know that we're all we all know what's going on. and it's really nice... I actually noticed that as the weeks have gone on, even though it's only been a short course, we've really come together as a group and really supported each other and like we've kind of bonded over during the singing.”(Group discussion session 8)

“it just brings you all together. And like [retracted] said, we're all together and in the same boat, basically.” (Group discussion session 8)

“I like being in a group because we're all going through similar things.” (Group discussion session 8)

“It just is a couple of hours of being with people that, you know, you can come into a room and just feel safe that you're with with like-minded people and whatever. And we're all just doing something together to make ourselves feel better.” (Group discussion session 8)

Together, these accounts highlight how shared lived experience of chronic pain supported participants' social wellbeing. Being with others who were experiencing similar challenges appeared to foster empathy and understanding, reducing the need to explain or justify their pain. This sense of shared understanding created a supportive social environment where participants felt accepted and understood, which may be particularly important for individuals who commonly experience isolation or misunderstanding in other social settings. Participants reported feeling socially secure within the group. Being able to enter the space and “just feel safe” with like-minded individuals indicates that the group offered emotional security, enabling participants to

relax and interact more comfortably. This feeling of safety is essential for social wellbeing because it fosters authentic connections and reduces social anxiety.

Beyond shared experiences of chronic pain, participants also spoke more generally about enjoying the sense of community created through the singing pilot:

“It's always good to have community.” (Group discussion session 3)

“Yeah, so camaraderie really.. and have a laugh.” (Group discussion session 8)

These reflections emphasise the enjoyment, camaraderie, and positive social atmosphere experienced during the sessions. Shared laughter and enjoyment indicate that the group was not only a supportive space but also a source of pleasure and connection. Enjoyable social interactions can strengthen relationships and contribute positively to social wellbeing by reinforcing a sense of belonging and encouraging continued engagement. Together, these experiences illustrate that the singing pilot supported social health and wellbeing by creating a safe, empathetic, and enjoyable group environment. Through shared experience, emotional understanding, and community connection, participants engaged socially in meaningful ways, supporting feelings of belonging and reducing social isolation.

During the individual interviews, participants discussed friendships that began to form over the course of the singing pilot. This experience is illustrated in the following quote from Hannah:

“Yeah, we've all started kind of gelling and you know, that's when the little the jokiness and the laughter and all started being really easy and flowing.” (Hannah, interviewee)

In this quote, Hannah describes how relationships within the group began to develop naturally over time, as participants became more comfortable with one another. She identifies humour, joking, and shared laughter as key indicators of these emerging friendships, suggesting that social interaction became easier with time. The ease and flow of conversation reflect growing social bonds and a sense of familiarity within the group. This development of friendship and informal social interaction highlights how the singing pilot supported participants' social wellbeing by fostering connection, trust, and enjoyment within a supportive group environment.

A similar experience was described by Laura:

“I was feeling a lot more comfortable being around other people. Um, especially the people that were on the course. I feel like we, we really sort of got to know each other quite well and, um, sort of bonded a little bit towards the end of the course.” (Laura, interviewee)

In this account, Laura describes becoming more comfortable being around other people, particularly those participating in the singing pilot. This increased comfort suggests a growth in social confidence over the duration of the programme. Laura’s reference to getting to know others “quite well” indicates that repeated social interaction within a consistent group helped reduce initial discomfort and foster familiarity. Laura also reflects on developing a sense of bonding with other participants by the end of the course. Although she describes this bonding as occurring “a little bit,” this nonetheless suggests the early stages of friendship formation and the development of social bonds. For individuals who may have previously found social interaction challenging, even small increases in comfort and connection can represent meaningful improvements in social wellbeing. Overall, Laura’s experience highlights how regular, supportive group participation within the singing pilot contributed to enhanced social confidence, connection, and improved social health and wellbeing.

Another participant further illustrated the strength of the bonds formed within the group:

“We are so in tune with each other that when we don’t see one of us, we worry. Oh, is she okay? Why hasn’t she come? You know, like that we feel that a part of us is missing that’s how we feel.” (Charlotte, interviewee)

In this quote, Charlotte describes the genuine bond that developed among participants, expressed through mutual care and concern for one another. She reflects on situations in which a fellow participant missed a session and how this prompted worry about that person’s wellbeing. Feeling that “a part of us is missing” when someone did not attend suggests that participants had begun to see themselves as part of a cohesive group, where each individual was valued and their absence was noticed. This further illustrates the development of friendships grounded in shared care and empathy.

Overall, participants' accounts demonstrate that the singing pilot supported the development of friendships and social bonds through regular, shared participation in a supportive group environment. Over time, participants described increased social comfort, humour, mutual care, and a growing sense of connection with others. These experiences highlight how the programme fostered trust, familiarity, and enjoyment, contributing positively to participants' social health and wellbeing. The development of emerging friendships and feelings of belonging further illustrate the value of group-based activities in supporting social engagement for individuals living with chronic pain.

Participants frequently described the isolating nature of living with chronic pain and emphasised how the regular sessions provided valuable opportunities for social interaction. This experience was highlighted by Laura in the following quote:

“I was going through a pretty rough time emotionally. When the course started and sort of towards the end as well. And I think towards the end, it did lift, I started to feel supported and seen... just the singing, just the like going and being with people and singing each week with everybody and singing lovely songs like really happy songs together, and laughing together about it and whatever. By the end of the, of each session, I felt a lot better, so I definitely feel like it's improved my mood” (Laura, interviewee)

Laura's account highlights the emotional vulnerability she experienced at the beginning of the pilot course and demonstrates how consistent, structured social interaction contributed to an improvement in her wellbeing. She describes the sessions as supportive and emphasises feeling “seen,” suggesting that the group environment fostered a sense of belonging that had been missing from her daily life. The weekly opportunity to connect with others through shared singing and laughter appears to have played a central role in elevating her mood. This demonstrates the benefits participants experienced from increased regular socialisation in the pilot course.

Sophie described a similar experience of social isolation and the positive impact of the pilot course on her social wellbeing:

“I've been doing more. So I've been out more. I've been doing things, like I said, I wouldn't normally do... I, am, incredibly isolated, generally because I moved from

Scotland a few years ago and the only connections, I really had were my parents and my sibling... so being able to get out and do this, it is broadening my social horizon, shall we say. So, yeah, it's definitely been beneficial." (Sophie, interviewee)

Sophie explains that her isolation arose both from her chronic illness and from relocating to Gloucestershire, which left her with very limited social networks. She notes that participation in the course has broadened her "social horizon," indicating that the sessions provided a meaningful route back into social engagement. The course appears to have encouraged her to leave the house more frequently and take part in activities she "wouldn't normally do," suggesting a shift in confidence and motivation linked to the regular group environment. Her reflections show how the pilot sessions offered a consistent point of connection that helped counteract the isolation she had been experiencing. By providing a safe and welcoming space to meet others, the course helped her rebuild social connections, thereby improving her overall social wellbeing.

This experience also emerged strongly within the group discussions:

"One another thing that got me out of the house. So it's giving me more activity, but I'm not more tired for it. And I'm finding like it's quite invigorating." (Group discussion session 3)

"...so this is like it for me. Like getting out and meeting people because I don't work anymore because my MS and stuff. So, yeah, it's really nice to actually get out and speak to people. And I think my voice is so rusty because it's amazing. I can go days without actually physically using my voice. And you don't realise at the time until you know, I go home and I'm like croaky for the next five days, sort of thing. But it's totally worth it." (Group discussion session 3)

"I've had that exact experience where it's just like I've not spoken to anyone in several days. Or I've not seen the sun that's another one." (Group discussion session 3)

Across these accounts, participants consistently described the extent of their isolation and the ways in which the weekly sessions provided a meaningful opportunity for social contact. One participant noted that the course offered "another thing that got me out of

the house,” while another reflected on how infrequently she used her voice due to long periods without speaking to anyone. A third participant described going several days without seeing the sun, indicating how rarely she left her home. The regularity of the pilot sessions appears to have played a crucial role in interrupting these patterns of isolation. By offering a predictable, supportive space to meet others, talk, and sing together, the course enabled participants to reconnect socially and experience a sense of shared activity. These accounts illustrate how the sessions contributed to improved social wellbeing by encouraging participants to leave their homes, engage with others, and rebuild social confidence.

Overall, the findings show that the singing pilot contributed meaningfully to participants’ social health and wellbeing by fostering connection, reducing isolation, and creating a supportive sense of community. Across interviews and group discussions, participants described feeling socially safe, understood, and increasingly comfortable within the group, reflecting a growing sense of belonging and mutual support. The programme also encouraged regular social engagement, helping individuals counteract the isolation associated with chronic pain. Together, these experiences illustrate how the singing pilot enabled participants to build confidence, form emerging friendships, and re-establish meaningful social connections, contributing to improved social wellbeing.

### **Influence on physical health and wellbeing**

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Participants reported that taking part in the singing pilot had a noticeable influence on their physical health and wellbeing. These influences were experienced in a variety of ways, including noticing physical benefits from the breathing, humming and vocal warm-ups, as well as from the course as a whole. These benefits included reduced body tension, increased energy, distraction from pain, and a sense of agency from less reliance on medication.

Participants reported a range of physical benefits from the course content, particularly the breathing exercises, as well as humming, vocal warm-ups, and group singing. Across interviews and group discussions, the breathing exercises were consistently described as especially beneficial.

This was illustrated by Laura, who described a strong physical and emotional response during the breathing exercises:

“There was a lot of times when we'd be breathing where I'd feel sort of tears coming up to my eyes, where I could feel like this emotional release... as we are doing this breathing and the movements, like I said, they really loosened up the tension. I tended to be by the end of that section, I tended to be in a lot less pain than I was when I arrived.” (Laura, interviewee)

Laura's account highlights how the breathing exercises, combined with gentle movements, helped to release physical tension and reduce pain. She also describes an “emotional release,” suggesting an interaction between physical relaxation and emotional wellbeing. Significantly, she often left sessions feeling less pain than when she started, demonstrating both immediate and noticeable benefits for individuals with chronic pain.

Similar experiences were reported by other participants. Sophie, for example, emphasised the lasting impact of the breathing exercises beyond the course itself:

“The breathing exercises have been something that I've been able to implement outside of the course. So they have been incredibly helpful” (Sophie, interviewee)

Sophie's quote demonstrates the ability of these courses to have long-lasting positive effects on participants, as she has now implemented the breathing exercises in her daily life outside the course, due to finding them “incredibly helpful”. Sophie's experience highlights how the benefits can extend beyond the structured sessions, providing participants with tools they can take home and use to self-manage their chronic pain.

This sentiment was shared by those in the group discussions, highlighting both the breathing and warm-up exercises:

“I'd say first session for me was the most significant because I did notice during the humming that I had a fairly instantaneous reduction in some pain.” (Group discussion session 3)

“I find that [the warm-up exercises] really helps and I usually find that it like it really loosens everything up and then, you know, that helps to like, and I do it during the week as well. I do those at the shoulder rolls and then I do them during the week when I'm feeling stiff and sore.” (Group discussion session 8)

“I struggle with my breath quite a lot, since I had a cardiac arrest and got resuscitated, and I find that doing these exercises really helps out being with when I'm getting that. It helps it be less frequent, you know. I do find it helpful.” (Group discussion session 8)

“When I came in this morning, I just couldn't breathe, couldn't breathe down... I could only take a short breath but not deep. But since the exercise, it has actually improved.” (Group discussion session 8)

Collectively, these accounts highlight a range of physical benefits associated with the course activities, including reductions in pain, stiffness, and soreness, as well as improvements in breathing. This also suggest that these exercises were beneficial for participants with diverse health challenges, demonstrating the adaptability and relevance of the course for individuals experiencing different forms of chronic pain and physical limitation.

Participants described how engaging with the course content provided a temporary distraction from their pain, allowing them to focus on something else for short periods of time. With this being evident across both individual interviews and group discussions.

Lucy explained how specific breathing and vocal exercises helped divert her attention away from physical pain:

“When you're breathing into the diaphragm and pushing it down, and out... and your humming to let it out and stuff. It's just, it's distracting to your pain.” (Lucy, interviewee)

In this account, Lucy highlights how the structured nature of the exercises, such as focusing on breathing techniques and diaphragm movement, requires concentration on physical sensations unrelated to pain. This attentional shift enables her to direct both her mind and body away from discomfort.

Similarly, Sophie described using vocal warm-up exercises at home as a strategy to distract herself from chronic pain:

“I think I do some of the, like the lip rolls and stuff....To try and just make myself laugh a little bit. So released a few endorphins that way. Um, stand in front of the

mirror and make myself look like an idiot. Um, so yeah, just try and use it to distract myself, which, which helps a lot as well.” (Sophie, interviewee)

Sophie’s account illustrates how exercises learned during the course were transferred into her daily life. By engaging in playful activities such as “lip rolls” and allowing herself to laugh, she creates moments of emotional relief and distraction from pain. This demonstrates how the course equipped participants with practical tools that could be used independently to support self-management of chronic pain outside structured sessions.

Participants within the group discussions also emphasised the importance of focusing on the activity rather than their pain:

“It’s about concentrate about the singing. Not the pain.” (Group discussion session 3)

“And it takes my mind off the pain for a little while.” (Group discussion session 8)

“That it makes you. You’re distracted, it brings your pain down. Sometimes you can’t say it will every time, it depends on your pain that day, but the distraction is enough for you to not concentrate on it.” (Group discussion session 8)

Together, these accounts demonstrate how concentrating on singing exercises or group activities functioned as a meaningful distraction from pain. For some participants, this distraction was associated with a reduction in perceived pain intensity, although they acknowledged that this effect was not consistent and depended on their pain levels on a given day. However, even when pain reduction did not occur, the act of distraction itself was described as valuable, as it prevented participants from constantly focusing on their pain.

Within the interviews, some participants described becoming less reliant on pain medication as a result of using the techniques learned during the singing pilot. Rather than immediately turning to medication when experiencing pain, these participants reported using breathing and vocal exercises to manage their symptoms. This shift highlights how the tools introduced through the course supported greater agency, enabling participants to feel more in control of their chronic pain management.

One participant, Hannah, described this experience in detail:

“Um, so I was prescribed morphine and actimorph... I got it on prescription to help me with my fentanyl reduction and I've not touched any... because when I started getting more pain, I've implemented the breathwork and the humming that really helps” (Hannah, interviewee)

Hannah, who had been participating in a singing group prior to joining the pilot course, explained how engaging with singing and learning specific techniques gave her the confidence to reduce her use of pain medication. In this extract, she describes being prescribed morphine and Actimorph to support her reduction in fentanyl use, which she had previously taken for chronic pain. However, rather than relying on these medications during periods of increased pain, she chose to implement breathing exercises and humming techniques. This account illustrates the sense of agency Hannah developed, allowing her to self-manage her pain with increased confidence and reduced dependence on medication.

A similar experience was shared by Sophie, who reflected on how breathing techniques became her preferred strategy during pain flare-ups:

“The breathing techniques I have become a firm favourite whenever I've got pain flaring, I will take myself through them. Um, and they really, really help. I am a lot less reliant on pain relief because I know that I have this tool to now implement and use.” (Sophie, interviewee)

Here, Sophie explains that she now uses breathing exercises as a primary method for managing pain. During flare-ups, she actively guides herself through these techniques, which has made her “less reliant on pain relief.” Sophie expanded further on both the physical and psychological impact of having access to these non-medical tools:

“I have been on a lot of really, really high dose opiates for years. Um, and I have recently weaned off near enough everything. So having a tool to use that doesn't involve medications is really, really helpful... It feels a lot less hopeless, like, rather than reaching for medication, it's like actually I have control of this situation and I have it within myself to be able to help myself.” (Sophie, interviewee)

In this account, Sophie reflects on her experience of weaning off long-term opioid use for chronic pain management. She describes the emotional relief of having an alternative tool available during pain flare-ups, emphasising that it “feels a lot less hopeless” and that she now has a sense of “control of this situation.” These statements highlight not only the physical benefits of the techniques but also their psychological and emotional impact. Being able to self-manage her pain non-medically contributed to an increased sense of autonomy, enabling her to help herself.

Although this experience were shared by only a small number of participants, they demonstrate the potential for individuals to gain greater agency when provided with appropriate, accessible tools to support self-management of chronic pain.

Overall, the findings indicate that participation in the singing pilot had a positive influence on participants’ physical health and wellbeing. Across interviews and group discussions, participants reported reductions in pain, tension, stiffness, and breath-related difficulties, particularly in response to the breathing, humming, and vocal warm-up exercises. The course also provided meaningful periods of distraction from pain, enabling participants to shift attention away from physical discomfort and, at times, experience reduced pain intensity. Importantly, some participants described becoming less reliant on pain medication by using these techniques during pain flare-ups, which contributed to a greater sense of agency and control over their condition. Together, these findings suggest that the singing pilot supported immediate physical benefits, while equipping participants with practical, accessible tools to self-manage chronic pain and enhance their overall physical wellbeing.

### **Participant evaluation of the programme**

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Within the group discussions, individual interviews and journals, participants gave insight and feedback on the course content, facilitation and venue. They also provided insight into areas for development and participant-lead recommendations, to aid in improving the course as it transitions from a pilot to a fully integrated Artlift course.

### **Positive Evaluation of course content and facilitation**

Overall, participants evaluated the singing pilot very positively across group discussions, individual interviews, and participant journals. Feedback focused on participants’ enjoyment of the course content, its accessibility and structure, and the

meaningful outcomes it offered. Participants not only reflected on the physical benefits of the activities, but also described the sessions as engaging, inclusive, and rewarding, contributing to a high level of satisfaction with the programme overall.

As outlined previously in the section 'Influence on Participants' Health and Wellbeing', participants spoke highly of the breathing, humming, and warm-up exercises, frequently attributing these activities to reductions in pain levels. This sentiment was also strongly reflected in the participant journals, where individuals regularly wrote about experiencing lower pain levels following the exercises. Many participants additionally noted that none of the exercises felt difficult or inaccessible, and several commented that there was nothing they did not enjoy. One participant wrote:

“This course is going to benefit so many people, and I can see it being open to a diverse community, not only those with chronic pain” (Participant Journal)

This reflection highlights participants' perceptions of the course as both enjoyable and inclusive, with potential relevance beyond the immediate pilot group.

Positive evaluations of the course content were also evident within the individual interviews, where participants described the programme as engaging, well structured, and different from other health-related interventions they had experienced:

“Just to say that I actually think it's a really positive course really.” (Lucy, interviewee)

“I believe [the singing course is] more engaging in many respects because you have to actively participate... also that as with many things related to pain management and other medical conditions, a lot of it is a mentally fought battle. And because you interact with differently, it allows you to have a different mindset going in and during.” (Alex, interviewee)

“It felt perfectly balanced in what we did, what we, what we approached and, and the process that we went through and the natural sort of development of it, the way that it kind of blossomed into that final sort of performance, I thought it was wonderful.” (Sophie, interviewee)

“Physiotherapy has its place, you know, for me... but to me, it doesn't have the depth that what we are doing in the singing group has.” (Charlotte, interviewee)

Taken together, these accounts demonstrate high levels of satisfaction with both the content and structure of the programme. Participants valued the active and participatory nature of the sessions, the balance between different activities, and the gradual progression towards a shared outcome. These positive evaluations suggest that the design of the singing pilot was engaging, accessible, and well suited to participants living with chronic pain, contributing to their overall enjoyment of the programme.

Beyond the exercises themselves, participants were particularly impressed by, and complimentary of, the songwriting aspect of the course. This component was frequently described as both enjoyable and meaningful, offering participants a sense of achievement that extended beyond the singing exercises alone. Reflections in participant journals and interviews emphasised the emotional impact of collaboratively creating an original song, particularly for individuals living with chronic health conditions:

“It was fascinating to watch it happen and the sense of achievement throughout the room was palpable. It’s not often as someone with chronic health issues that I get to experience that feeling anymore, so that made me feel good.” (Participant journal)

“I was a bit dubious of it at the beginning. But yeah, I mean... it amazed me that we turned that into a really nice song” (Lucy, interviewee)

“But the most positive thing so far for me is the fact that we wrote songs ourselves and it's fantastic.” (Charlotte, interviewee)

Collectively, these quotes highlight not only participants’ enjoyment of the songwriting process, but also the pride and satisfaction that emerged from creating something tangible together as a group. The collaborative nature of songwriting appeared to foster a shared sense of achievement, creativity, and validation, providing participants with an opportunity to experience accomplishment that they described as uncommon within the context of chronic illness.

Reflecting this overall satisfaction, participants also emphasised that they would recommend the course to others living with chronic pain. In group discussions, participants highlighted the importance of being open to trying something new and encouraging others to look beyond fears about musical ability:

“I have definitely said what I'm doing and you know how benefit it is for the breath work and just singing, and people say but I can't sing. I say, I can't. I thought I couldn't sing, but you, it's not about that. Honestly, you should give it a try. That's how I always say.” (Group discussion session 8)

“I mean, as a matter of fact, something I've put down is even here [in the group song], so I'm happy about that. So, yeah, I definitely, yeah, it's important, yeah, ask people to have a go and... you know, just give yourself a chance to think out-of-the-box.” (Group discussion session 8)

These accounts highlight participants' satisfaction with the course and their willingness to actively recommend it to others. By sharing their own initial doubts and subsequent positive experiences, participants framed the course as accessible and beneficial, even for those who may not see themselves as “singers.” The emphasis on trying something new and thinking “out of the box” reflects how the programme challenged expectations and encouraged openness, reinforcing participants' belief that the potential benefits for managing chronic pain made the course well trying.

Participants were also particularly complimentary of the course facilitation, with participants praising the facilitation staff for how the course was run, the supportive environment they created, and how well they accommodated different people's individual needs.

Participants often credited the artist facilitator (Lisa) with doing a good job running the course:

“The course was led very well and not intimidating.” (Participant journal)

“Lisa is a very good teacher! Also funny and kind. She puts you at ease.”  
(Participant journal)

“Oh, it was all very run very well. And um, the content was excellent Um, and the way Lisa, um puts it all across is in, well, she's very compassionate.” (Lucy, interviewee)

“Lisa always runs an excellent course, no matter what she does Um, I think half of it comes from her as a person, as as well as obviously her knowledge base as well.” (Sophie, interviewee)

In the above quotes, the facilitator is credited not only with leading the course effectively and demonstrating strong knowledge of singing, but also with creating a supportive, compassionate, and non-intimidating environment. Participants emphasised how the facilitator's personal qualities, such as kindness, humour, and approachability, helped them feel at ease and confident to participate, regardless of prior experience or ability. This suggests that the quality of facilitation played a central role in shaping participants' positive experiences of the programme, supporting engagement and accessibility, particularly for individuals living with chronic pain.

The course was also often credited as having a supportive environment:

"I still feel awkward and self-conscious but Lisa is skilled at putting those feelings to rest." (Participant journal)

"I just think Lisa's just, she just brings people out of themselves. I honestly, I've never met anybody that seems to just be able to reach into people and bring themselves out of themselves. I think she's just perfect for, for what she does."  
(Hannah, interviewee)

"They're both very welcoming... They put a lot of effort into making sure everyone felt welcome and that they removed the awkwardness of knowing that you're all there to sing and, and how many people may not be familiar with that experience" (Alex, interviewee)

"She just makes everybody so comfortable and explains everything so well, and let's us take it at our own pace." (Sophie, interviewee)

The quotes above highlight the supportive environment created by those facilitating the course, with participants describing how feelings of awkwardness and self-consciousness were actively reduced through the facilitators' approach. Participants emphasised that the facilitators made deliberate efforts to help individuals feel comfortable, welcome, and at ease, encouraging them to engage at their own pace. By fostering an atmosphere that was inclusive, non-judgmental, and reassuring, the facilitators enabled participants to feel confident enough to participate fully, even when singing felt unfamiliar or intimidating.

Finally, facilitators were also recognised for creating an accommodating and inclusive environment throughout the pilot course. Participants described feeling able to express their individual needs without fear or discomfort, and highlighted how adjustments were regularly offered:

“Everyone's already done a good job of saying you don't have to do X or you don't have to do Y. Yeah, and I've not ever felt any fear of speaking up and just going, "I need this," hence why every session I'm asked, "How are the lights no today?" Yeah, in case if I had to go, "No, no, I need, I need this dimmed. This is painful right now.” (Group discussion session 8)

“Very understanding. Of people having different um needs, disabilities and things that helps a lot.” (Lucy, interviewee)

These accounts illustrate how the facilitators actively created space for participants to tailor the sessions to their physical needs, removing pressure and expectations around participation. For example, one participant who experiences light sensitivity described how facilitators regularly checked whether adjustments were needed, demonstrating a proactive and responsive approach to accessibility. This flexibility enabled participants to engage in ways that felt safe and manageable, supporting participation across a range of disabilities and physical limitations.

Inclusivity was also described in relation to social and cultural belonging. One participant reflected on their previous negative experiences in group settings and contrasted these with their experience within the pilot course:

“One thing that I would have put me off is if, um, we were not working as one with one spirit... because of my ethnic background, you know, maybe I'm ostracised somehow and forming cliques around me that would have put me off straight away. I wouldn't have come back...I've been in groups where, you know, they form cliques and all that. It's not for me. And I just left, you know, but this one wasn't like that so far. All the groups have been in nothing like that. Everybody has been wonderful.” (Charlotte, interviewee)

This account highlights the importance of the inclusive atmosphere fostered by the facilitators, not only in terms of physical accessibility but also social and cultural

inclusion. Feeling welcome, accepted, and part of a unified group was described as central to continued engagement. Together, these findings demonstrate that the facilitators prioritised inclusivity in multiple forms, contributing to a supportive environment that was accessible, respectful, and welcoming to participants with diverse needs and backgrounds.

Overall, participants provided overwhelmingly positive evaluations of both the course content and facilitation. The singing pilot was perceived as enjoyable, accessible, and meaningful, with participants valuing its engaging content. High levels of satisfaction were closely linked to the quality of facilitation, with facilitators praised for creating a compassionate and inclusive environment that accommodated individual needs and reduced feelings of self-consciousness. Together, these findings suggest that the combination of thoughtfully designed content and skilled, person-centred facilitation was central to participants' positive experiences, supporting engagement, accessibility, and sustained participation among individuals living with chronic pain.

### **Evaluation of the course venue**

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Participants' evaluation of the venue was mixed. Some voiced positive feedback for its location, accessibility and parking:

“Parking. Easy accessibility. And not too far away from main areas that people would know of... And the, the mass of the car park as well.” (Hannah, interviewee)

“The venue was fine. Yeah. Good parking. And it was all accessible.” (Lucy, interviewee)

“I mean, it was accessible. Plenty of parking. It was private enough. We didn't feel overlooked or overheard or seen. So that was nice. We had our own little hideaway to do it in, because I know personally, like I get quite nervy about stuff like that.” (Sophie, interviewee)

The quote above shows the participants' positive feedback about the venue. Participants praised its accessibility, which is important for those with chronic pain who may require walking aids or a wheelchair. They also appreciate its parking, location, and privacy. One participant mentions feeling nervous about trying something new, but the private setting, occupied by only one other group during the pilot course, helped participants feel more relaxed and less self-conscious. This private environment eliminated concerns about others being able to overhear the singing group.

However, some participants did have feedback regarding it being a religious setting (located within a Mormon Church) and the restrictions that came along with that, as well as the heating within the location:

“There is an oddity that it is a, it is a place of worship.. It's for a religion that I don't believe in, so there is that sense of when you're not necessarily welcome there, but yeah, it wouldn't be my choice of a location due to it being a place of worship.” (Alex, interviewee)

“The fact that it's in a religious place, not for any reason of, you know, you, I just thought like the fact that we couldn't have caffeine, because of where it was held, but that would be my only negative.” (Hannah, interviewee)

“I think the only thing that was wrong with that particular room was it did keep getting either really hot or really cold” (Laura, interviewee)

These quotes collectively reveal three possible disadvantages of the chosen course venue. Although only one participant expressed discomfort with the location being a religious setting, it still made that person feel unwelcome, which could have potentially resulted in disengagement. A non-religious venue might be more inclusive for diverse attendees. Additionally, the religious setting prohibited caffeine on-site, which several participants cited as a drawback. Lastly, multiple participants reported heating issues, describing the room as either too cold or too hot, creating discomfort for the participants.

### **Areas for development and participants' recommendations**

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Feedback gathered through group discussions, individual interviews, and participant journals highlighted several areas where the course could be improved, alongside practical suggestions from participants on how to strengthen future delivery. These findings are outlined below, followed by participant-led recommendations and priority areas for development.

Areas for Development Identified by Participants:

- **Awareness and Inclusivity Within the Group**

One participant highlighted the importance of increasing awareness of the range of invisible disabilities present within the group. They described a distressing experience during the final session in which they misnamed another participant due to memory difficulties. Being corrected publicly during the discussion was experienced as embarrassing and had a significant emotional impact on the participant for the remainder of the session. This feedback highlights the need to

establish clearer group expectations from the outset around inclusivity, language use, and mutual understanding.

- Using tools outside the Sessions

Several participants reported difficulty remembering to use the tools introduced (for example, the breathing/humming/warm-up exercises) once outside the sessions. This indicates an opportunity to strengthen take-home support, such as printed prompts, reminders, or reflective materials, to help participants embed learning into daily life.

- Clarity Around Promotional Material

One participant was uncertain about whether the course was available to them, particularly in relation to previous engagement with Artlift, having only recently finished a course. This suggests that clearer messaging in promotional materials would be beneficial, explicitly stating that pilot courses are open to all eligible participants, regardless of when they last took an Artlift course.

- Creative Vulnerability and Songwriting Activities

While songwriting elements were generally well-received, several participants noted discomfort during exercises involving generating words or ideas. This highlights the emotional vulnerability involved in creative tasks and suggests the need for additional reassurance, optional approaches, or alternative ways to participate during these activities.

- Comfort Levels with Performance

One participant reported feeling uncomfortable singing in front of others during the final session, having understood that this would not be required. This indicates the importance of clearly communicating expectations around performance and ensuring participants can opt out of activities that feel exposing.

- Framing of the Songwriting Process

One participant felt the term “songwriting” did not accurately reflect their experience, describing the process as more facilitator-led. Reframing this element as “collaborative songwriting” may better align expectations with participants’ perceived level of involvement.

### Participant recommendations:

- Use a projector to display lyrics during singing activities (multiple participants).
- Provide a way for participants to share anonymous feedback during the course (one participant).
- Consider extending the length of sessions (one participant).
- Provide bottled water during sessions (one participant).
- Make public performances an optional part of the course (one participant).
- Establish the WhatsApp group at the start of the course (one participant).
- Allow more dedicated discussion time for participants to get to know one another and reflect on how they are feeling (one participant).
- Invite song suggestions from participants (one participant).

### Key Priorities for Future Development

Based on this feedback, three main areas stand out for future development: improving accessibility during singing activities, supporting participants through creative vulnerability, and helping participants remember and use course tools outside the sessions.

The use of a projector was raised by multiple participants as a way to improve accessibility during singing activities. One participant with memory difficulties explained that holding lyric sheets while trying to remember melodies and instructions felt cognitively demanding, describing the task as a form of multitasking that was “complicated” for them. Another participant noted that singing without a visual focal point increased feelings of self-consciousness, particularly due to eye contact from others. They suggested that a projected display of lyrics could provide a shared focus, reducing discomfort and supporting engagement. Overall, participants felt that introducing a projector to display lyrics would make the sessions more accessible and supportive for different needs.

Multiple participants described feeling creatively vulnerable during the songwriting exercise that required them to write down three words; these words would then form the beginning stages of the song. For those who struggled to engage, this vulnerability was linked to factors external to the session itself, including arriving already feeling

emotionally vulnerable or having had previous negative experiences with creative activities. As a result, some participants disengaged from the task. One participant described being unable to contribute at all due to feelings of vulnerability, which they reported had a lasting impact on their experience of the course. They explained that in subsequent sessions, hearing the song performed and receiving praise for its creation was upsetting, as they felt disconnected from the process and aware that they had not contributed. This participant suggested that beginning each session with familiar grounding, breathing, and warm-up exercises would have helped them feel safer and more able to participate in the songwriting activity. While the songwriting element of the course was praised overall, these experiences highlight the importance of maintaining consistent session routines, particularly before potentially vulnerable creative tasks. They also underline the value of providing additional reassurance, optional approaches, and alternative ways for participants to engage in songwriting activities.

Finally, although many participants described successfully using course-introduced tools, such as breathing, humming, and warm-up exercises, in their day-to-day lives with noticeable benefits, several participants reported difficulty remembering to use these tools outside the sessions. Participants attributed this to factors including not thinking to use the tools proactively, health-related memory difficulties, and ADHD. The participant who identified as having ADHD explained that without experiencing high levels of pain, they often forgot to use the tools and required visual or environmental prompts to remind them. They described needing something “right in front of” them to support habit formation and reflected that, while the videos shared in the WhatsApp group were helpful, they were unlikely to use the tools unless prompted.

Similarly, a participant with health-related memory difficulties reported struggling to remember how to carry out exercises independently, but found the facilitator’s shared videos particularly supportive and wished the WhatsApp group had been introduced earlier. Another participant also reported forgetting to use the tools, despite finding elements such as the humming soothing during the sessions. These experiences indicate an opportunity to strengthen take-home support through earlier introduction of digital resources, alongside visual prompts, reminders, or printed guidance. Enhancing this support may help more participants embed the tools into daily life, particularly given the positive impacts reported by those who were able to use them regularly.

## Conclusion

Overall, the findings suggest that participation in the singing pilot had a positive and meaningful impact on people living with chronic pain. Quantitative measures, such as the pain scale survey, demonstrated an increase in participants' confidence in managing daily life with pain throughout the duration of the programme, whereas weekly pain ratings reflected only minor short-term changes. Taken together, these results suggest that the benefits of the pilot were cumulative, developing over time rather than through single sessions alone.

Qualitative feedback from group discussions, interviews, and journals strongly supports these findings. Participants consistently described improvements in psychological wellbeing, including increased confidence, improved mood and a greater sense of control over pain. Many participants reported learning practical tools, such as breathing, humming, and warm-up exercises, that helped them manage pain, reduce anxiety, and feel more grounded.

The pilot also had a clear positive influence on social wellbeing. Participants described feelings of connection, empathy, and belonging, particularly valuing the opportunity to take part in a shared activity with others who understood the challenges of chronic pain. Regular attendance helped reduce isolation, encouraged people to leave their homes, and supported the development of friendships and mutual support within the group.

In terms of physical wellbeing, participants reported reduced tension, improved breathing, moments of pain relief, and valuable distraction from pain during sessions. While these effects varied day to day, the exercises were widely seen as accessible, allowing participants to engage at a level that suited their individual needs. Some participants found that incorporating the breathing, humming, and warm-up exercises into daily life helped reduce reliance on pain medication, strengthening their sense of agency and self-management.

Participants evaluated the course content and facilitation very positively. The programme was described as enjoyable, inclusive, and well structured, with facilitation playing a central role in creating a safe, welcoming, and supportive environment. The facilitator's compassionate and inclusive approach helped participants feel comfortable,

reduced self-consciousness, and encouraged participation regardless of ability or experience.

Alongside these positive outcomes, participants identified clear areas for development, including the need for improved accessibility during singing activities, additional support around creative vulnerability, and stronger support to help participants remember and use tools outside the sessions. Practical recommendations, such as introducing a projector, beginning each session with familiar grounding, breathing, and warm-up exercises, setting up the WhatsApp group earlier, and providing clear take-home resources, outline achievable ways to strengthen future delivery.

In summary, the singing pilot was experienced as a valuable, engaging, and supportive intervention for people living with chronic pain. By offering practical pain-management tools, fostering social connection, and supporting psychological wellbeing, the programme demonstrated clear potential as a long-term support option. With relatively small adjustments based on participant feedback, the pilot could be further strengthened to improve accessibility, inclusivity, and sustained impact.

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## Appendices

### Appendix 1: Pain Scale Survey

#### Welcome to Artlift's Chronic Pain survey!

We are asking all Artlift participants to complete this survey before (pre) and after (post) taking part in an Artlift Living Well with Chronic Pain course, to help us to evaluate the impact of Artlift's Arts on Prescription programme.

This survey is based on Gloucestershire and Herefordshire's NHS Pain Management Service questionnaire and should take less than 5 minutes to complete.

Below are some statements about feelings and thoughts. Please rate how confident you are that you can do the following things at present, despite the pain. This questionnaire is not asking whether or not you have been doing these things, but rather how confident you are that you can do them, despite the pain.

Please click the box that best describes your experience of each over **the last 2 weeks**.

#### 1. Please insert your unique Artlift ID number here:

#### 2. When are you completing this questionnaire?

Pre Artlift course

Post Artlift course

#### 3. I can enjoy things, despite the pain

Not at all confident

Rarely confident

A little more confident

Somewhat confident

A lot more confident

Mostly confident

Completely confident

**4. I can do most of the household chores (eg. tidying-up, washing dishes, etc.) despite the pain**

- Not at all confident
- Rarely confident
- A little more confident
- Somewhat confident
- A lot more confident
- Mostly confident
- Completely confident

**5. I can socialise with my friends or family members as often as I used to do, despite the pain**

- Not at all confident
- Rarely confident
- A little more confident
- Somewhat confident
- A lot more confident
- Mostly confident
- Completely confident

**6. I can cope with my pain in most situations**

- Not at all confident
- Rarely confident
- A little more confident
- Somewhat confident
- A lot more confident

Mostly confident

Completely confident

**7. I can do some form of work, despite the pain ("work" includes housework, paid and unpaid work)**

Not at all confident

Rarely confident

A little more confident

Somewhat confident

A lot more confident

Mostly confident

Completely confident

**8. I can still do many of the things I enjoy doing, such as hobbies or leisure activities, despite the pain**

Not at all confident

Rarely confident

A little more confident

Somewhat confident

A lot more confident

Mostly confident

Completely confident

**9. I can cope with my pain without medication**

Not at all confident

Rarely confident

A little more confident

Somewhat confident

A lot more confident

Mostly confident

Completely confident

**10. I can still accomplish most of my goals in life, despite the pain**

Not at all confident

Rarely confident

A little more confident

Somewhat confident

A lot more confident

Mostly confident

Completely confident

**11. I can live a normal lifestyle, despite the pain**

Not at all confident

Rarely confident

A little more confident

Somewhat confident

A lot more confident

Mostly confident

Completely confident

**12. I can gradually become more active, despite the pain**

Not at all confident

- Rarely confident
- A little more confident
- Somewhat confident
- A lot more confident
- Mostly confident
- Completely confident

**13. How many times have you visited your G.P. over the last month about your pain?**

\_\_\_\_\_

**14. How many times have you called your G.P. out as an emergency (or visited an A&E Department) in the last month because of your pain?**

## **Appendix II – Group discussion schedule**

1. Please let us know if or how each activity impacted your pain levels:  
(participants were reminded of each activity, e.g. breath work, vocal warm up, exploring words and song writing, harmonizing)
2. Looking back over the few / 8 weeks, what would you say have been the main benefits of attending this pilot course?
3. How has participating in this course affected your approach to managing chronic pain (if at all)?
4. Is there anything we could have done differently to make the course even more helpful for your pain and/or general wellbeing?
5. If you could change or add one element to future courses, what would it be?
6. Would you recommend this course to others living with chronic pain? (show of hands?)
  - If yes, what would you say to them?
  - If no, what is it that would make you reluctant to recommend it?

## **Appendix III – Individual interview schedule**

### **Background:**

- This interview will help us understand your experiences, thoughts and ideas

- It will also help Artlift understand what works / what doesn't during this pilot course so that we can make improvements in the future
  - What you say will be transcribed and analysed by the researcher. It may be used anonymously to:
    - Provide content for reports to funders
    - Provide quotes for our promotional materials
    - To forward to referrers, potential funders or influencers to show evidence of impact
  - ***To enable us to accurately document this discussion, I need to record it.***  
We will not use your name or any of the recorded / audio material without your prior consent, and this will not be kept on Artlift's files for longer than 6 months.
- 

### **Questions/prompts:**

#### **Feedback and ideas on the promotion and administration of the pilot course:**

1. Did you face any difficulties in signing up for the opportunity? What could we change or improve?
2. What did you think about the self-referral form – was it easy, or not, to complete?
3. Was the welcome e-mail you received helpful? Could we change or improve that?
4. What do you think are the key 'selling points' of this course (if any) for people with chronic pain? How can we best persuade other people to give it a go?

#### **Thoughts on course facilitation and content**

1. Do you have any positive feedback or ideas for improvement relating to how the course was facilitated by Lisa and supported by Karen?
2. What do you think about the venue – was there anything you particularly liked or didn't like about it?
3. What about the timing of the sessions – did that suit you?
4. What are your initial thoughts about the content of the singing pilot course?
  - Was there anything that you really enjoyed/ that stood out for you?
  - Was there anything you didn't enjoy doing?
  - Was there anything you think we should have done differently?
  - If you could add something to the course, what would you want to add?

#### **Were there any physical benefits?**

1. How did the course influence the way you manage your pain?

- What techniques or activities from the course have you continued using in daily life (if any)?
- 2. How does this creative approach compare to other strategies you've tried, like medication or physiotherapy?
- 3. If you use pain medication, have you reduced or changed the way you use it, whilst or since taking part in this singing pilot?
- 4. If relevant, did visits to your GP about pain reduce whilst you were attending the singing sessions?

**Was there any wellbeing benefit?**

1. How has the course influenced your routines or behaviours outside the sessions?
2. What changes have you noticed in your mood or confidence during or after the course?
3. Would you say the course has made you feel generally more upbeat or positive? If yes, tell me about that.

**Were there any social benefits?**

1. Has being part of this group expanded your social connections and/or have you made new friends in our singing group?
2. Has your engagement in the singing group impacted positively on your social connections, family or friends outside the group in any way? If yes, how?
3. How has the course influenced your ability or willingness to socialise or join other singing, arts, or other social groups?
4. Did performing for friends and family change how you feel about yourself or your abilities?

**Closing question**

1. Before we end this interview, is there anything you would like to add or say about the course that we have not covered today?