

Physical health/Chronic pain case study

Introduction

Meet Jeremy, a 42-year-old building site manager who received acceptance and commitment therapy (ACT) following a long-standing back injury.

Before his injury, Jeremy was highly active and physically hands-on at work; managing large projects, mentoring younger workers, and priding himself on his resilience. His role wasn't just a job; it was central to his identity. Alongside this, he had clearly defined roles within his family unit. These includes jobs at home such as doing the physical tasks (DIY, bin duties) as well as playing and being generally active with his children. He loved taking them to football games, and getting involved on the side lines.

Initially, Jeremy was forced to take extended time off to recover. The injury itself involved hairline fractures of the bony spurs in his spine (osteocytes). When the injury occurred, Jeremy had to attend his local A&E where he was seen in resus until they could rule out spinal instability. Thankfully, Jeremy's spine was noted to be stable and he could be discharged home with a clear rehabilitation plan. He was only in hospital for one night as an inpatient, and did not require inpatient rehabilitation; this was managed on an outpatient basis. His initial recovery went well; he needed some help at home with some aspects of personal care involving twisting, but otherwise, he was mobilising early albeit with significant pain. He was somewhat physically limited and in fluctuating but constant pain for a while.

Psychologically, Jeremy struggled with the sudden loss of purpose and routine. When he did initially return to work, he was reassigned to a more administrative role, overseeing projects from a distance. It was hoped that having this purpose, Jeremy would feel more engaged and this would improve his mental wellbeing. Though this position was necessary to accommodate his physical limitations, Jeremy felt detached, ineffective, and resentful, particularly towards his employer; as though he had been sidelined in his own career.

To cope, Jeremy increasingly turned to avoidance strategies. He withdrew emotionally from his family, spending long hours isolated at home, disengaging from hobbies and social activities that once gave him joy. Alcohol became an unhealthy coping mechanism, offering short-term numbness but deepening his feelings of frustration and shame. This also impacted his abilities at work, and he was increasingly sluggish mentally, and physically, due to the aftereffects of alcohol use.

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Formulation

Jeremy exhibits strong cognitive fusion with highly self-critical and inflexible thoughts such as, "I am useless now," and "Without my strength, I have nothing to offer." These cognitions are treated as literal truths rather than transient mental events, leading to maladaptive behavioural patterns; in response to perceived threats to his identity, Jeremy has engaged in significant experiential avoidance. He has increasingly withdrawn from family activities, social engagements, and previously valued roles, attempting to evade the emotional pain associated with his perceived loss.

Alcohol use has developed as a prominent avoidance strategy, providing short-term emotional numbing but ultimately exacerbating his physical discomfort, emotional dysregulation, and occupational functioning. His reliance on alcohol further entrenches a cycle of avoidance, shame, and disengagement, reinforcing his negative self-concept and feelings of hopelessness.

Jeremy's difficulties are compounded by a rigid attachment to a narrow and idealised conceptualisation of self: namely, that his worth is contingent upon his ability to complete tasks; his physical prowess and tangible, hands-on contributions. This limited self-view is psychologically inflexible, preventing him from adapting to changed circumstances. Jeremy's family had previously had quite fixed roles within the family unit, which worked well whilst functioning was 'normal'. These were very much goal-oriented outcomes, and there was a lack of touch with any underlying values which have driven these actions previously. Furthermore, his attention is often dominated by rumination on past losses and fears about future incapacity, resulting in diminished contact with the present moment and a reduced capacity to engage meaningfully with his environment.

A prominent feature of Jeremy's emotional response has been persistent anger and blame directed toward his employer. He holds the belief that inadequate safety measures contributed to his initial injury and feels betrayed by the organisational response following his return to work. The reassignment to an administrative position is experienced not as supportive but as punitive and marginalising, intensifying his sense of injustice and personal devaluation. This anger serves both as a defensive response to his underlying grief and as a further barrier to acceptance, maintaining his emotional distress and inhibiting constructive re-engagement with work and other valued domains.

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Formulation

From an ACT framework, Jeremy's presentation can be understood as a function of cognitive fusion, persistent experiential avoidance, and disconnection from valued domains of living. His patterns of withdrawal and substance use, while serving as attempts to manage distress, have paradoxically maintained and intensified his psychological suffering. He remains disengaged from core personal values such as family involvement, mentorship, contribution, and resilience — values that historically provided a foundation for meaning and vitality.

Here is a useful table of key points across the Hexaflex to consider for this case:

ACT process	Jeremy's experience
Cognitive fusion	Fusion with thoughts like "I am useless now," "I'm no longer needed," and "I'm a failure if I can't work physically." These thoughts are treated as literal truths, leading to distress and withdrawal.
Experiential avoidance	Attempts to avoid emotional pain (loss, shame, frustration) through emotional withdrawal, social isolation, and increased alcohol use. Short-term relief reinforces long-term disconnection from values.
Attachment to the conceptualised self	Strong attachment to a pre-injury identity: "I am the strong, resilient worker and family man." Struggles to adapt to a broader, more flexible sense of self post-injury.
Loss of contact with the present moment	Focused on ruminations about the past ("before the injury") and anxieties about the future ("I'll never be the same"), limiting engagement in the present.
Values disconnection	Disconnect from previously important values: family involvement, meaningful work contribution, resilience, security, health
Inaction / impulsivity / avoidance	Avoidance leads to inaction (emotional withdrawal, passivity), impulsivity (alcohol use), and rigid avoidance of new opportunities for valued living.

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Intervention

Primary goals:

- Increase psychological flexibility to allow for a more adaptive response to pain, emotional distress, and (temporary) occupational changes.
- Reduce reliance on experiential avoidance strategies, particularly emotional withdrawal and alcohol use.
- Facilitate reconnection with core personal values and promote value-consistent behaviour.
- Support the development of a broader and more flexible self-concept beyond physical capability.

When Jeremy started therapy, the focus was not on eliminating his pain, but on transforming his relationship with it. There were also themes around repairing the rupture in his relationship with his work, as well as in his home environment. He noted significant blame placed on his work, both for the accident itself and then for the changes in his job role.

Jeremy first explored the cost of his ongoing struggle to resist reality: the more he fought against his limitations, the more trapped he felt.

Through creative hopelessness exercises, he saw how avoidance and alcohol were keeping him stuck.

With acceptance work, Jeremy began to make room for the persistent physical pain, rather than constantly bracing against it.

Defusion techniques helped him notice painful thoughts like "I'm useless now" without buying into them automatically. He practiced seeing these thoughts as passing experiences and not absolute truths.

Crucially, Jeremy reconnected with his core values. He realised that what mattered most wasn't how he worked, but why; contributing, leading, and supporting others. This shift opened the door to committed action: small, meaningful steps toward rebuilding a life aligned with his values, even if the form looked different now.

As he adopted healthier coping strategies, a positive cycle began to take hold. Jeremy gradually opened up to his family again, sharing his struggles instead of hiding them. He started pacing his physical activity carefully, listening to his body instead of ignoring or punishing it. Compassionate self-talk replaced harsh self-criticism. Over time, Jeremy rebuilt a sense of pride through resilience, flexibility, and connection.

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Intervention components

Here is a list of the key components of the intervention, including the 6 core processes to showcase the many facets of the intervention piece. Note, these are not necessarily in the intervention order but instead broken down by concepts.

- **Psychoeducation**
 - Education on the ACT model, this highlighted the roles of cognitive fusion, experiential avoidance, and values-based living.
 - Normalised emotional responses to injury, loss, and role disruption, emphasising that struggle with these changes is understandable. Included touching on illness beliefs, past experiences of being injured / unwell.
- **Cognitive defusion**
 - Introduced and practiced cognitive defusion techniques (e.g., "observing thoughts," labelling thoughts as "just thoughts") to help Jeremy unhook from rigid self-critical narratives such as "I am useless now."
 - Metaphors included "Passengers on the Bus," "Leaves on a Stream") to illustrate the distinction between thoughts and actions.
- **Acceptance and emotional willingness**
 - Supported Jeremy in developing a willingness to experience difficult emotions (e.g., anger, grief, shame) without resorting to avoidance strategies.
 - Used mindfulness and exposure exercises to build tolerance of emotional discomfort.
- **Present moment awareness**
 - Developed present-moment awareness skills through mindfulness practices, reducing rumination on past losses and anxieties about the future.
 - Practice grounding and attentional focus exercises during sessions and as homework.
- **Self-as-context work**
 - Introduced the concept of a flexible, observing self to help Jeremy shift away from a narrow, achievement-based identity.
 - Use exercises that separate "the thinker" from "the self" to promote a more compassionate and stable sense of identity.
- **Values clarification**
 - Conducted a structured values clarification exercises to help Jeremy reconnect with meaningful life domains (e.g., family, mentoring, contribution).
 - Explored ways that these values can still be expressed meaningfully within his current physical limitations; whilst promoting flexibility for these to grow and change as his physical abilities changed.

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Intervention components

- **Committed action**
 - Identified and supported small, manageable steps toward value-driven activities (e.g., attending children's sports games in a supportive, non-physical role; offering mentorship to younger workers remotely).
 - Developed behavioural goals linked explicitly to identified values, ensuring that actions feel personally meaningful rather than externally imposed.
- **Alcohol use**
 - Explored the function of alcohol use within the avoidance cycle.
 - Collaborated on strategies for reducing reliance on alcohol as a coping mechanism, such as substituting value-driven or mindful activities during high-risk times.
 - Was not required in depth but some brief Motivational Interviewing (MI) interventions integrated into the ACT framework was used to enhance commitment to change.
- **Workplace reintegration and relationship repair**
 - Processed the anger and resentment toward the employer within an acceptance framework, distinguishing between feelings and values-consistent responses.
 - Identified possibilities for re-engagement with work in ways that align with Jeremy's values, while addressing perceived losses with compassion.

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Outcomes

By the end of the therapeutic input, Jeremy was still working in his adapted role. There was a clear plan for him to resume his usual duties, but he was still not back at his role. However, there was a transformation of his emotional experience to the injury sequelae. He noted that these self-critical thoughts continued to show up, but he was able to acknowledge and allow them to be there and reconnect with his values. Functionally, he was more present in family life and found new roles within his family system. His alcohol use had significantly reduced. Overall, Jeremy reported that he felt that the accident still cost him a lot "back then", but the ongoing costs and suffering was more limited. He showed a more hopeful outlook on his future, even if his pain continued.