

**Queen's Gambit Case Study : Elizabeth Harmon**

**Kirklynn Patterson**

**The University of Texas at Austin - Steve Hicks School of Social Work**

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**Professor Nicollette Violante**

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## Introduction

My client is Elizabeth Harmon, *The Queen's Gambit's* lead. She prefers to go by Beth, and the pronouns she/her. I chose this client because Beth had lots of success in her chess career, but has struggled severely with personal success in romantic, familial, and platonic relationships. She has also struggled with addiction, which also caused issues with her mental health. I believe it would be interesting to delve into these experiences that Beth faces.

In regards to Beth's upbringing, she grew up with no consistent parental figures during her developmental stages. Her mother had many mental and financial struggles that made it hard for her to take care of Beth. Beth has recurring memories of watching her mother struggle, from the ages of five to nine, when her mother tragically died by suicide via car accident with Beth in the car. Beth holds this memory of her mother's last moments with her, but it is unclear to Beth what she feels when recalling these moments. She acted out of rage when she remembered how her mother abandoned her and put her in danger when killing herself. Her father gave up on trying to help during the time her mother was alive, and is now considered dead to Beth as well, as he is not a part of her life.

Following the tragic accident, at age nine, Beth is taken to the Christian Girl's Home of Methuen. She stays there with twenty-one other girls where she has little privacy and control over her situation. In the 1950s when Beth first arrived, it was not yet illegal to give children tranquilizers. Beth was given these tranquilizers for several years. She then exhibited withdrawal symptoms when they later became illegal. After the illegalization of tranquilizers, she began to steal them, and eventually overdosed at age twelve. This caused her to become a child addict. She felt outcasted and punished after that event and it became apparent that this event affected her adolescent behavior. Her only connections at Methuen were with another girl her age, Jolene,

who was the only African-American girl at Methuen, and the maintenance man, Mr Shaibel, who taught her how to play chess. At age thirteen or fifteen — her age was changed at Methuen to make her more desirable to families looking to adopt her — she was adopted by the Wheatley's.

Quickly after being adopted, Mr Wheatley abandoned Beth and Alma Wheatley. Alma Wheatley reminded Beth of her birth mother, as she was also abandoned by her husband and fell into a mental and financial crisis. Beth and Alma bonded however, out of necessity for companionship and financial dependency to one another.

A notable aspect of Beth is that she is quite intelligent, and a chess prodigy. She used chess as an escape at Methuen and then began to use it for financial gain for herself and Alma, her adoptive mother. Alma and Beth traveled the world to chess tournaments and became very close, until Alma tragically passed away. Beth was unable to grieve properly, and resorted to isolation, alcoholism, and addiction to tranquilizers. She has a small community of chess players that are there for her, but she still pushes them away when she goes through any kind of grief. Although she has great success in her chess career, and a community of friends and chosen family, her anger issues and addiction remain when she is met with hardships.

Her anger and addiction can be explained by a multidimensional approach, to which the triggers can be identified and intervened in order to prevent Beth from hurting herself and others. We must take into account the biological and psychological dimensions, familial dimension, and the dimensions of social structure. Her biological and adoptive mother both suffered from depression. Her birth family, chosen family, and adoptive family all seemed to want the best for her but exposed her to tragic events and maladaptive coping strategies. Her familial bonds were often lost in tragic ways, which she was unable to fully process because she had to continue to support herself financially and emotionally through her chess career. Beth is often looked down

upon in her field for being in her twenties, an American, and a woman. She worked with many different governments and social structures through her career, where she was outcast in almost all of them. Through further examination of her environment and detailed analysis of her grieving processes, we shall discover how to help her anger and addiction moving forward.

## Engagement

When engaging with Beth, a strengths-based and empowerment approach is very viable because Beth has many strengths, should she choose to apply them. To begin rapport with Beth and begin to explore her thoughts and feelings surrounding various aspects of her life, I would allow Beth to talk about her interests and identify the strong traits that she must have in order to pursue those hobbies.

Beth's interest in chess and her love for her friends make it clear that she has many strengths. To be so excellent in chess, she is strong, resilient, intelligent, determined, and focused. These traits that are required to win a chess match are also qualities that she can identify in herself and use in her other aspects of life, possibly while fighting addiction, if she is willing to take that on. To continue to build up her self esteem, we can identify that because of how she was raised, she has become very independent and self sufficient, and while that may feel like her downfall, we can identify where those traits are actually strengths in her life.

We can then continue building rapport by talking about those she loves: her friend Jolene from the girls' home, her adoptive mother, her friends she has made on her chess journey; and we can talk about those connections. She loves them and they love and support her, and that is a great asset and strength that she should use.

I would also like to use empathy and reflection to validate Beth's struggles so that she knows that her experiences that she has faced thus far were difficult, and that speaking about her strengths doesn't undermine those experiences. She had a very difficult childhood where she was exposed to addiction, faced many losses of friends and family, and had to face loneliness. Those experiences were devastating, and the way she coped with them made sense to her at the time. She had to fight so many emotions and practical matters, and that felt impossible to do sober. To further build rapport, I will disclose that I have loved and lost many siblings through being in a foster home, so I understand that being moved from one place to another can feel like loss as well.

Another engagement strategy will be to initiate services by scheduling the appointments ahead of time, and to call Beth to remind her about the appointments. This is an engagement strategy that is recommended for individuals who have substance use issues. (Rockville (MD), 2009) A routine and understanding of when the next scheduled appointment is ahead of time can add structure to Beth's life and build trust. When she knows when she is coming back, she can have a weight lifted off her shoulders, because she is not responsible for calling when things get bad.

This would hopefully establish a connection of trust with Beth, so that she feels comfortable exploring her addiction and anger management difficulties in future sessions and through the intervention stages of assistance.

## Assessment

Rather than approaching Beth's struggles through the lens of exclusively addiction, I believe that it is best to assess her case through the psychodynamic perspective that can encompass both her addiction and her emotional processes in relation to her childhood. The psychodynamic theory is commonly defined as "the belief in the importance of development to understand individuals and the conviction that there are unconscious mental processes that influence human behavior and emotions." (Werkmeister Rozas, L., & Grady, M., 2011) This means that the experiences individuals undergo as children shape their emotions and behaviors through their unconscious thought processes.

As explained in the introduction, Beth lost many important people in her life and experienced lots of changes very quickly. A psychodynamic perspective can utilize that information in order to explain her addiction. "Psychodynamic approaches can help those in AA, and other fellowship groups, to better see those internal obstacles to change and how fear of an uncertain future, without the substance," meaning that psychodynamic theory can assess the roots of the internal struggles to better explain substance use issues. (Weegmann, M. 2017) As seen in Beth's previous experiences with abusing alcohol and tranquilizers in many times of distress, the internal obstacles were always the root cause. Whether it be feelings of grief, strife between friends, or failure in her chess career, the negative experiences with these substances were connected to her internal struggle of not knowing who she is due to her unstable childhood.

A psychodynamic perspective may also assess Beth's life by focusing on her unconscious mental processes that are a result of those childhood experiences, and can assess the unconscious

intuition that makes her chess playing so profound. A book by Obholzer considers psychodynamics as an explanation to unconscious mental troubles and intelligence. (Carslake, P. 2021) While the book focuses on workplace actions, it is applicable to Beth's chess career and the assessment of her thinking in relation to her childhood.

Beth's past has shaped her mental processes, and they have caused her to make decisions and daily actions that can be explained using psychodynamic theory. Her addiction and aggression can be assessed by these shaped mental pathways that stem from her past experiences introduced earlier in the introduction and engagement.

## Intervention

Keeping her childhood trauma in mind, with the combination of addiction, the intervention should help Beth be able to have a little more control over her emotions and help her to feel empowered. The best way to do this is to use Trauma Focused Cognitive Behavioral Therapy (TF-CBT). "Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is a conjoint parent-child treatment developed by Cohen, Mannarino, and Deblinger that uses cognitive-behavioral principles and exposure techniques to prevent and treat posttraumatic stress, depression, and behavioral problems." (de Arellano, M. A., Lyman, D. R., Jobe-Shields, L., George, P., Dougherty, R. H., Daniels, A. S., Ghose, S. S., Huang, L., & Delphin-Rittmon, M. E. 2014) Although Beth is no longer a child, the core of the intervention may still help improve her anger management skills and substance abuse. It includes "psychoeducation, gradual exposure, behavior modeling, coping strategies, and body safety skills training... TF-CBT was designed to be delivered in 12–16 sessions of outpatient treatment, depending on the needs and abilities of

the child and caregivers.” (de Arellano, M. A., Lyman, D. R., Jobe-Shields, L., George, P., Dougherty, R. H., Daniels, A. S., Ghose, S. S., Huang, L., & Delphin-Rittmon, M. E. 2014)

While this is designed for young children, I believe that it can be easily tailored to suit Beth and help her develop healthy coping skills in her current life stage. Beth, being in her twenties, can easily understand the psychoeducation and reasoning behind the coping strategies. It will also be modified to not rely on the involvement of caregivers, as Beth is fully independent.

“The three phases of TF-CBT are stabilization, trauma narration and processing, and integration and consolidation.” (Cohen, J. A., & Mannarino, A. P. 2015) With this in mind, the ideal intervention for Beth would include outpatient therapy with a focus on processing her trauma and uplifting her so that she can continue her day to day life. This should allow for stability, and it should be effective in healing her trauma, managing her anger, and working on her addiction.

It is important for this intervention that it takes into account Beth’s trauma and allows for her to heal in many ways instead of focusing solely on her addiction. Beth has not only had a traumatic life up to this point, but is also a woman and faces the struggles of being woman, which means many addiction focused interventions would not be as effective. “Historically, substance abuse treatment has developed as a single-focused intervention based on the needs of addicted men... However, treatment for women's addictions is apt to be ineffective unless it acknowledges the realities of women's lives.” (Covington, S. S. 2008)



## Evaluation

In order to evaluate the effectiveness of the interventions, I will be utilizing the behaviorist perspective. This should provide accurate insight into if the TF-CBT strategies are working for Beth. To evaluate the effectiveness of the interventions described above in the previous section, I will have Beth self-report using a daily journaling task or daily note taking so that she is actively monitoring her own actions. I will also use behavioral monitoring during the session to assess the mental state that Beth is in before, during, and after the sessions.

Beth will have gained coping strategies from the intervention, such as mindfulness by breathing exercises, awareness by education, and ability to mentally reframe her situation. Improvements in the targeted areas through TF-CBT could look like improved mood, report of no emotional breakdowns causing strife in personal and professional relationships, a decrease in substance use including alcohol and tranquilizers, a better conscious understanding of her emotions, and reporting positive reactions to the use of the techniques learned during intervention. The engagement and intervention should lead to an overall improvement in Beth's happiness and stability where she feels that she can better manage her anger and addictive behaviors.

The progress Beth will make should yield positive results that are evident in her quality of relationships, her chess career, and her overall satisfaction with her life. I believe that Beth will be very successful, and that she will truly benefit from the interventions. Beth is a one of a kind person with a bright future ahead of her, and I am happy with the proposed intervention and evaluation strategies in her case.

## Citations

Carslake, P. (2021). *Workplace intelligence: unconscious forces and how to manage them*: by Anton Obholzer, Abingdon, Oxon, Routledge, 2021, 154 pp., £120 (hb), £24.99 (pb), ISBN 978-0367225599. *Psychodynamic Practice*, 27(3), 345–348.  
<https://doi.org/10.1080/14753634.2021.1937290>

Cohen, J. A., & Mannarino, A. P. (2015). Trauma-focused Cognitive Behavior Therapy for Traumatized Children and Families. *Child and adolescent psychiatric clinics of North America*, 24(3), 557–570. <https://doi.org/10.1016/j.chc.2015.02.005>

Covington, S. S. (2008). Women and addiction: A trauma-informed approach. *Journal of psychoactive drugs*, 40(sup5), 377-385.

de Arellano, M. A., Lyman, D. R., Jobe-Shields, L., George, P., Dougherty, R. H., Daniels, A. S., Ghose, S. S., Huang, L., & Delphin-Rittmon, M. E. (2014). Trauma-focused cognitive-behavioral therapy for children and adolescents: assessing the evidence. *Psychiatric services (Washington, D.C.)*, 65(5), 591–602.  
<https://doi.org/10.1176/appi.ps.201300255>

Rockville (MD). (2009). *5 Treatment Engagement, Placement, and Planning - Substance Abuse Treatment: Addressing the Specific Needs of Women*. NCBI. Retrieved October 16, 2023, from <https://www.ncbi.nlm.nih.gov/books/NBK83238/>

Werkmeister Rozas, L., & Grady, M. (2011). Making Room for Dynamics in Evidence-Based Practice: The Role of Psychodynamic Theory in Client-Centered Approaches. *Journal of Teaching in Social Work*, 31(2), 210–223.

<https://doi-org.ezproxy.lib.utexas.edu/10.1080/08841233.2011.560534>

Weegmann, M. (2017). Life after addiction: understanding recovery. *Psychodynamic Practice*, 23(3), 293–304. <https://doi-org.ezproxy.lib.utexas.edu/10.1080/14753634.2017.1333588>