Reactive Attachment Disorder - The Queen's Gambit

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The Queen's Gambit is a novel published in 1983 and written by Walter Tevis. The story was adapted and produced into an absorbing seven-episode dramatic mini-series on Netflix. "The Queen's Gambit is not just a love letter to a specific moment in American history — it's a condemnation of the cultural tendency to romanticize — or worse, normalize — mental illness and substance abuse among brilliant female characters." (Milner & Milner, 2020) The story spans through the conservative '50s and into the counterculture of the '60s. In general, the story is the coming of age story of Elizabeth (Beth) Harmon.

Character – (Person)

At the age of 9, Beth becomes orphaned after being silently rejected by her father, who wants nothing to do with her mother. This rejection leads her despondent and manic mother to drive her car into an oncoming truck on a bridge. Beth miraculously survives the accident, as her mother intends on murder-suicide as she utters to her daughter, "close your eyes." This is the last selfish act of a long string of damage her mother inflicted on Beth for her entire young life. After the accident, she was taken to an orphanage for girls. Although the orphanage has caring and decent people, it is a desolate, controlled, and lonely environment. Beth's reaction to her mother's death leaves her emotionally vacant and adds to a growing attachment disorder.

Disorder

Beth shows little to no engagement with her peers or with the staff. She pulls in more and more into an emotionless child. Beth suffers from Reactive Attachment Disorder with symptoms including failure to smile, observing others and not engaging, not seeking comfort or closeness with others, poor impulse control, and eventually addiction. Interestingly, the character does not have oppositional behavior but seems to turn all of this inward emotionally.

During this era, many orphanages used sedatives daily to manage and control the environment. In this story, the children receive two-toned green sedatives called Xanzolam. The fictitious sedative appears to be much like benzodiazepine marketed as Librium at the time. After Beth experiences these drugs' side-effects, she hides them and uses them to her advantage.

Occupation

Beth discovers chess after watching Mr. Shaibel, the custodian, set up a chessboard and play alone in the basement. Shaibel is first annoyed and then intrigued by the 9-year-old's awe of the game as she quickly begins to study the patterns and strategies. Beth notices that when she takes the Xanzolam at bedtime, it leads to hallucinations of a chessboard on her ceiling. Eventually, the chess pieces move in sequences that she is trying to work out in her head. Beth covets the drug to get better at chess through the chessboard's vision and pieces upside down on her ceiling, moving at the will of her mind. After a few years of playing daily games with the custodian in the basement during the day and hallucinating strategies at night, Beth becomes a chess prodigy. Chess is her life, her motivation, her obsession. Playing this game becomes her most meaningful occupation as a child and into her adulthood.

Progression of the Disorder

As a teenager, Beth is adopted by a couple with marital problems looking for something to fill their loveless marriage. Once Beth is settled into her new home, she develops an odd peer-like relationship with her adoptive mother as her adoptive father abandons them both. It is as if history may repeat itself, but Beth has chess, and the game leads to a world of completion in a male-dominated arena. Beth learns that her adoptive mother also takes the sedative Xanzolam and helps herself to whatever she needs. Her addiction issues grow as her mother also allows her to consume alcohol as they travel the country and eventually, the world competing in chess

tournaments. Beth's detachment disorder symptoms mature as she does with issues related to continued withdrawal from connections, a lack of empathy, an inability to maintain significant relationships (romantic and platonic), a failure to show love, an inability to grasp emotions, resistance to receiving love, control issues, impulsivity, depression, and loneliness.

Reactive Attachment Disorder (RAD) can continue into adulthood if the child does not receive treatment or is not effective. RAD in adults can lead to significant impairment and can interfere with the individual's ability to fully experience relationships and lead to other mental health complications.

Frame of Reference

If I had the opportunity to treat Beth Harmon as an adult, I would use *Role Acquisition* as a Frame of Reference. Beth lacks empathy and fails in developing personal, meaningful relationships. With this in mind, developing and encouraging social skills and roles may benefit her and allow her to let a few of her walls down. She was shown little to no comfort as a baby, child, or teenager and cannot form bonds. Developing new social roles for her to work on in social settings may open new emotional growth opportunities. Using this frame of reference, the two roles we will work on in therapy will be caregiver and mentor. To allow Beth a comfort level to develop these new social roles, we will interweave her love of chess into one of these roles as a mentor. The role of caregiver will follow without the use of chess.

Goals

1. Establish new social skills through mentoring a high school chess club.

The rationale behind this goal is to use Beth's chess skills to pass them on to others in a proactive and positive environment.

- 2. Be able to recognize others' needs by caring for a small animal by becoming a part-time caregiver. The rationale behind this is to allow for the opportunity for Beth to bond and attach to a being that needs her for survival. It will also demonstrate to her positive emotions attached to partaking in such a role.
- 3. Demonstrate positive social experiences to increase social skills and increase emotional sensitivity to develop healthy attachments. The rationale behind this goal is to improve the patient's meaningful occupation by allowing others to engage. As the participant does not show signs of aggression, using a small animal to begin the development of bonding appears to be a safe option in treatment.

Treatment Plans

Introduction to Mentorship — This treatment plan would first occur in an outpatient treatment center and then move into a community setting (high school). The first part of this treatment would include introducing mentoring teens who have a common interest in chess. The participant would engage in role-playing sessions with the therapist to develop the social skills needed to mentor teens. Attention to patience, eye contact, facial and body language would be included in treatment. This treatment would be a one-on-one treatment therapy and consist of six sessions, with the last two sessions culminating in joining in at high-school chess club meetings to engage with the teens using the social skills practiced in earlier sessions. Particular regard concerning the learning of social roles will be required of the individual in the environment. I would use the Comprehensive Occupational Therapy Evaluation Scale to monitor the participant's progress in each session.

<u>Kitten Care – Group Setting</u> – This treatment plan would be in a group setting with other adult participants with attachment disorders and lack interactive social skills. The group would include

Beth Harmon and others that do not exhibit aggression. This treatment would take place in an outpatient treatment center with a maximum of six participants. The treatment sessions would include the participants in a large multipurpose room, and each participant would be assigned a kitten. There will be stations set up throughout the room, including feeding, grooming, playing, relaxing, and training. Two participants and their kittens would go to one station for the entire session. The therapist would be at each station to assist. The participants would be encouraged to work together at the station with their kittens to engage in each station's activity. This activity encourages the development of caretaking. The last session would be held in the room without the station's set-up. This session would promote engagement with all of the participants and their assigned kittens. In the end, the participants could opt to adopt their kitten. This treatment plan also uses the Role Acquisition Frame of Reference in that it is encouraging becoming a caretaker, and role-playing will be encouraged between the participants and their kittens. It can be an introduction to a role that many may not touch with based on their disorder. A short survey will be issued before the treatment plan beginning, and once the last session has been completed. The survey will include questions regarding the care of others and how they rate their emotions about taking on the caretaker's role. One essential goal in this treatment is to engage with the emotion of empathy. This can serve as a stepping stone from a kitten's care to the care of another human being. This could increase meaningful emotional contact and bonding opportunities with others.

Recommendations:

RAD in adults is a complex and challenging disorder to treat, and I believe it would best for the patient to be involved with multi-discipline therapies simultaneously. Cognitive-behavioral therapy and occupational therapeutic methods could be used in concert to assist in

developing bonds and increasing physical and emotionally meaningful relationships and bonds.

All of this must be conducted in a trusting and safe environment for the client.

Resources

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