CHESS AS A FORM OF RECREATIONAL THERAPY.

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ALTHOUGH chess sets are usually to be found in the games cupboards of the male wards of a mental hospital, it is a rare sight to see two patients indulging in this game. Nevertheless, it may be a humiliating experience for any medical officer to challenge a patient to a match unless he is a fairly good player.

How is it, then, that such an enjoyable indoor pastime is not more frequently played in institutions where time is plentiful and where cross-word puzzle addicts are seen in plenty? Surely the intricacies of chess should have a special appeal for those whose minds are absorbed with abstract problems, particularly schizophrenics. The fact is that this appeal is very strong, but the schizophrenic is by nature unsociable, and may prefer to work out imaginary games by himself or solve the problems found in newspapers. There are no organized chess "drives" for him to meet other players, and even if an opponent is found, there could be little pleasure in persistently winning or losing against the same adversary.

Although I have suggested that chess is a game for schizophrenics, the idea of having a patients' chess team was evolved after several unsuccessful attempts on my part to defeat a case of recurrent mania, who for many years had been regarded as invincible. If no one in the hospital could defeat him, then someone outside had to be found who could. He was therefore taken to the Lancaster Chess Club and introduced to the "top board" player. He lost, but was put in the City team and played for them regularly throughout the season. In the meantime our games, which were played in the open ward, had aroused considerable interest among the bystanders; several other players were discovered, and new players were taught by the experts. Moreover, the frequent appearance of Mr. A—'s name in the local paper stimulated a hunt for further talent.

In due course a match was arranged between an "A" team from the City club and eight patients. The result was a draw (4 wins each), and the evening, which was concluded with food, tea and speeches, was a social success.

It was now obvious that such matches had to continue, and I seldom passed a party of male patients in the grounds without being plagued by the question of "When's the next match?" Fortunately the City of Lancaster possesses several organizations (clubs, factories, etc.) having their own chess teams, and matches were not only played "on the home ground" but also "away." The latter were very popular with the patients, who enjoyed the outing as much as the games themselves, especially on one occasion when our hosts provided beer instead of tea!

During the last winter season there were ten matches played against outside clubs. Two of these were won by teams consisting of eight or nine patients, but when the number of players increased to fourteen, the team as a whole

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was found to be weaker on account of the large "tail" of mediocre players. In the final match, however, against a teachers' training college, we played a side of seventeen, which included three medical officers, and obtained a draw (8½ points each).

There were also inter-ward matches and knock-out competitions at Xmas time, but in addition to organized chess, there was regular play almost daily in the parole ward, with often three sets in use at the same time.

Up to the present no attempt has been made to introduce chess on the female side, as the game is not generally popular with women. I have, however, played several games with a female paraphrenic who was quite good until she deteriorated.

In the table are included the bare essentials concerning patients who have won at least two of their individual match games against normal opponents. These results demonstrate that a few good players may be found among chronic cases of long duration, especially schizophrenics.

Table showing Results of Individual Chess Match Games in Relation to Type of Mental Disorder and Chronicity.

Initials.	Age.	Date of admission.	Date of discharge.	Diagnosis.	Position in team.	Matches.			
						Played.	Won.	Drawn.	Lost.
S. A— (captain)	56	1936	..	Recurrent mania	1–3	10	6	0	4
J. V. G. B—	47	1933	..	Schizophrenia	1–4	10	4	2	4
H. B. B—	66	1920	..	,,	2–5	10	6	0	4
R. L. M—	68	1909	..	,,	2–5	10	5	2	3
W. H. L—	41	1937	..	,,	3–6	10	4	0	6
E. E. M—	60	11.ii.47	7.iii.48	Manic-depressive	6–7	7	2	0	5
C. T—	47	1942	..	Schizophrenia	7–12	5	2	1	2
W. C—	19	16.xi.45	3.vii.48	,,	7–10	7	2	0	5
W. A—	53	1929	..	High grade defective	6–15	7	2	0	5

Although the object of this article is mainly to stimulate similar activity in other mental hospitals and to bring chess into line with cricket and football, so that inter-hospital matches could be arranged, I would like to put forward the suggestion that chess, from the psychiatric point of view, is not merely another form of recreation therapy, but that it is an intelligence test of which much use could be made. Supposing, for instance, a player were to play a series of recorded games both before and after a leucotomy, it might be possible to detect changes, not only in the intelligence, but in the personality, e.g. the cautious player might become reckless, or the man who plays a good attacking game might change to a defensive policy. It would be also interesting to know whether Golla (1943) is correct in supposing that a leucotomized chess player "would be able to see moves ahead as before." I am already convinced, however, that an attack of insanity does not necessarily interfere with the competence of a good chess player.

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Reference.

Golla, F. L. (1943), *J. Ment. Sci.*, **89**, 189. (April.)

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