

**Chess as a therapeutic medium in a substance  
abuse rehabilitation centre:**

*A Narrative study*

**by**

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## DECLARATION

I, Denise Frick, hereby declare that **Chess as a therapeutic medium in a substance abuse rehabilitation centre: A Narrative study** is my own work and that this work has not been submitted at any other tertiary institution for any degree.

Denise Frick

28/09/2006

## ACKNOWLEDGEMENTS

I dedicate this work to my good friend Robert who won his battle but was taken from us too soon. To his parents Steve and Helena, your unconditional love, faith, strength and determination in your path with Robert were significant. I know that God's grace and your trust in Him will always be present in your lives. To Annette, Charles and Helene, may you always carry Robert's true spirit in your hearts.

## OPSOMMING

Hierdie navorsingsprojek is 'n narratiewe studie wat handel oor die gebruik van skaak as 'n terapeutiese middel in 'n substansie-rehabilitasiesentrum. Die terapeutiese sessies het plaasgevind by Stabilis Behandelingsentrum waar die data sodoende ingesamel is.

Stabilis Behandelingsentrum is bekendgestel deur middel van 'n ondersoek en opsomming van die sentrum se huidige programme. Die navorsingsprobleem en daaropvolgende navorsingsvrae en doelwitte is gestel en 'n literatuurstudie is gedoen waar inligting vervat is rakende dwelmgebruik en skaak se rol in verskeie kontekste. Die navorsingsmetodologie is hersien en die narratiewe praktyk bekendgestel en ondersoek.

Drie deelnemers aan hierdie navorsingsprojek is voorgestel en hul ervarings van skaak speel is ondersoek en uitgebrei na hul ervarings van die lewe en relevante situasies. Hierdie proses is vervat in briefformaat waarin ek as navorser, deur middel van briewe aan elke deelnemer, reflekteer op hul ervarings van skaak en sodoende gebruik daarvan om hul persoonlike stories weer te gee.

Hierdie navorsingsprojek kom tot 'n slotsom waar ek die resultate van die studie saamvat en voorstelle vir toekomstige studies aanvoer.

## **SLEUTELBEGRIPPE**

Voorligtingsielkunde, sportsielkunde, substansafhanklikheidsentrum, terapeutiese aktiwiteitsprogram, skaak, oefensielkunde, terapeutiese programme, narratiewe praktyk, psigo-analise, ervaring.

## SUMMARY

This research project is a narrative study on the use of chess as a therapeutic medium in a substance abuse rehabilitation centre. Stabilis Treatment Centre served as the rehabilitation centre where the data was collected and the therapeutic sessions conducted.

In this research report I introduced Stabilis Treatment Centre by exploring and providing an overview of their existing programmes. I have stated the research problem and the subsequent research question and goals. A literature review is included where information with regards to drug abuse, exercise psychology and the use of chess in various contexts is provided. The research methodology is examined and narrative practice is introduced and explored.

The three participants in this research project are introduced and their experiences of playing chess are explored and extended to their experiences of life and relevant situations. This process is documented in letter format where I as researcher wrote letters to each participant reflecting on their experiences of using chess to narrate their personal narratives.

This research project concludes where I summarize the results of this study as well as providing recommendations for future studies.

## **KEY TERMS**

Counselling psychology, sport psychology, substance abuse rehabilitation centre, therapeutic activity programme, chess, exercise psychology, therapeutic programme, narrative practice, psychoanalysis, experience.

## Contents

	<b>Page number</b>
<b>CHAPTER 1: INTRODUCTION</b>	<b>1</b>
<b>1.1 Problem</b>	<b>1</b>
1.1.1 Stabilis Rehabilitation Centre	1
1.1.2 Stabilis Therapeutic Programme	2
1.1.3 Stabilis Activity Programme	4
<b>1.2 Question</b>	<b>6</b>
<b>1.3 Goals</b>	<b>7</b>
1.3.1 General goal	7
1.3.2 Specific goals	7
<b>1.4 Structure</b>	<b>7</b>
<b>CHAPTER 2: LITERATURE REVIEW: SUBSTANCE ABUSE</b>	<b>9</b>
<b>2.1 Definitions</b>	<b>9</b>
2.1.1 Stimulants	10
2.1.2 Opiates	10
2.1.3 Hallucinogens	10
2.1.4 Depressants	10
2.1.4 (a) Alcohol	10

<b>2.2 Overview of substance abuse in South Africa</b>	13
<b>2.3 Causes of drug use</b>	14
2.3.1 Biological dimensions	15
2.3.2 Psychological dimensions	15
2.3.3 Social dimension	16
2.3.4 Prescribed medicinal drugs	16
2.3.5 Causes of alcohol abuse	18
<b>2.4 Effects of drug and alcohol abuse</b>	18
<b>2.5 Treatment planning</b>	20
2.5.1 Intervention strategies	21
<b>CHAPTER 3: LITERATURE REVIEW: CHESS AND EXERCISE PSYCHOLOGY</b>	25
<b>3.1 Exercise Psychology</b>	25
3.1.1 Psychological benefits of exercise	26
<b>3.2 Chess, Education and the Clinical Context</b>	31
<b>3.3 Chess and life</b>	37
<b>3.4 Chess and Psychology</b>	38
3.4.1 Chess and the Psychoanalytical approach	38

▪ Mentality	38
▪ Bobby Fischer	40
<b>CHAPTER 4: RESEARCH METHODOLOGY</b>	<b>42</b>
<b>4.1 Context</b>	<b>42</b>
4.1.1 Time	42
4.1.2 Place	43
<b>4.2 Participants</b>	<b>44</b>
4.2.1 Chess players	44
4.2.2 Supervisor	45
<b>4.3 Position</b>	<b>46</b>
4.3.1 Experience	46
4.3.2 Experience and narrative	47
4.3.3 Experience, narrative and history	48
4.3.4 Experience, narrative and culture	49
<b>4.4 Method</b>	<b>51</b>
▪ Phase 1: Introduction to chess and determination of research participants	51
▪ Phase 2: Playing and narrating the chess experience	51
▪ Phase 3: Reflecting on the chess experience	52
▪ Phase 4: Transcribing experience	54
▪ Phase 5: Analysing experience	56
▪ Phase 6: Reporting experience	56
4.4.1 Relevance	58

4.4.2	Ethics	58
▪	Informed consent	59
▪	Confidentiality	59
▪	Consequences	60
<b>CHAPTER 5: THE NARRATIVE OF “E”</b>		61
▪	On being a leader or follower	
<b>CHAPTER 6: THE NARRATIVE OF “G”</b>		71
▪	On being a family at war	
<b>CHAPTER 7: THE NARRATIVE OF “T”</b>		85
▪	On being a devastating and devastated queen	
<b>CHAPTER 8: CONCLUSION AND RECOMMENDATIONS</b>		96
<b>REFERENCES</b>		102
<b>APPENDIX A</b>	- Chess package: how the chess pieces move	
<b>APPENDIX B</b>	- Stabilis: letter of approval	

# CHAPTER 1

## INTRODUCTION

### **1.1 Problem**

This research project started as a small seed of thought about new ways of doing research and conducting therapeutic sessions. It therefore involves a growth pattern that is different from the standard process of research.

In order for the reader to develop a full grasp of what gave rise to the proposed study, the problem identification will consist of three parts wherein the specific treatment centre and its therapeutic and activity programmes will be discussed in separate sections.

#### **1.1.1 Stabilis Treatment Centre**

Stabilis is a substance abuse rehabilitation centre in Pretoria, South Africa. The Centre provides detoxification facilities, an in-patient programme and after-care services for people with alcohol, medication or drug dependency. Stabilis accommodates people between the ages of 10-65 from both genders and all nationalities and religions. It provides a multi-professional service, including highly qualified psychiatrists, psychologists, nurses, dieticians, a minister, doctors and social workers (Stabilis, n.d.).

A break down of the daily schedule at Stabilis is as follows:

- Breakfast every day: 07:30
- Group therapy: 8:00 – 11:00
- Lunch on weekdays and Saturdays: 13:00
- Individual therapy and free time in the afternoon: 13:30 – 17:30
- Dinner every day: 17:30
- Sunday lunch: 12:00

Visiting hours for people in the drug programme are as follows: Monday to Friday: 17:30 – 18:30 and Saturday – Sunday from 09:00 – 10:00 and 14:30 – 15:30.

### **1.1.2 Stabilis Therapeutic Programme**

Apart from marital counselling, telephonic counselling, individual and group counselling and religious programmes, the centre also provides adventure therapy for the <sup>1</sup>patients in the drug rehabilitation programme. High and low rope courses are used as part of the adventure activities through which individuals can experience personal growth. This activity takes place once every five weeks.

Treatment services at Stabilis also include information services and motivation counselling, training courses, seminars and workshops. Relaxation therapy is provided on a weekly basis where patients learn and enhance their skills of relaxation. Marriage groups focus on improving

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<sup>1</sup> Personally I prefer to use the word ‘client’ because the word ‘patient’ implies the individual to be ill. For the sake of this study I will use the word ‘patient’ because it forms part of the terminology at Stabilis.

and healing the relationship between the patient and his/her significant other. If the person is single, a close friend or relative is invited to participate. New ways of dealing with problem situations are explored and attention is given to the understanding of everyone as an individual (Staanvas, n.d.).

Counselling focuses on the patient identifying and expressing feelings and regaining self-respect. Emphasis is also placed on discovering and establishing meaningful communication. Learning to enjoy a 'sober' life and gaining peace of mind are important aspects of counselling, which also aims at the empowerment of the patient so he/she can start to live fully.

On Sundays, patients are required to listen to, watch or attend a church service of their choice. Stabilis bases its intervention and rehabilitation on religious routes and therefore highlights participation in this form of activity. The religious programmes are based on Christian principles but also accommodate patients with other religious convictions. The Centre encourages visits from the patient's own spiritual leader. Voluntary devotional meetings are held in the chapel each day and personal pastoral conversations emphasize the importance of faith, forgiveness and the integration of the patient's lifestyle.

The aftercare programme entails the patient and significant other being provided with telephonic and individual counselling as well as relevant literature. The duration of this programme is eleven months. The minimum duration of the in-patient drug programme is 35 days.

The Centre also provides the following activities which can be enjoyed during leisure times: Snooker, darts, volleyball, table tennis, watching television, gym equipment and board games.

Kitchen and braai facilities are available for use by the patient and his/her family. A tuck-shop is readily available during scheduled times (Stabilis, n.d.).

### **1.1.3 Stabilis Activity Programme**

The University of Pretoria has worked closely with Stabilis in developing an activity session that is of therapeutic value to the patients. Two M1 Psychology students, Theo Bezuidenhout and myself, who are currently completing our Masters Degree in Counselling Psychology (2004-2006) with specialisation in Sport Psychology, undertook this endeavour.

Individuals residing at the rehabilitation centre appeared to have few leisure activities to keep them busy in between therapy sessions or at weekends. The activity programme included activities ranging from the physically exhausting play of football, running and the setting up of obstacle courses, to the more cerebral pastimes of role-playing, discussion groups, activities with clay, and the adrenaline filled arena of chess. These sessions were held once a week and then followed up with a discussion session on the following day during which patients shared their experiences, opinions and ideas about the activity session and the process of the group during the activity. These discussion sessions were approached from a narrative perspective and the two therapists facilitated these sessions accordingly.

Chess was one of the more frequently presented activities at the Centre. It appeared that this activity opened many areas of discussion among patients. It would sometimes be presented to the group with the instruction that a patient who knew how to play the game was to face an opponent

who knew nothing about the rules of chess. That way of setting things up forced the patients to talk and share experiences and knowledge, sometimes to the benefit of the opponent!

Another scenario involved each patient being given a chessboard and chess set and requested to create a 'beautiful' position and 'ugly' position on the chessboard, using any chess pieces. Chess is sometimes described as a work of art, a piece of creativity the mind unconsciously creates. Having completed the task each individual then got the opportunity to explain what he/she had created and the relevance of it to his/her own life narrative. This proved to be very insightful not only for the individual, but also for the other patients in the group. Through the sharing of each experience and the meaning of it, they also created meaning and insight for other patients who often found themselves in the same situation, be it with family, friends, religion or drug lords.

We found chess provided the patients with an experience they didn't expect, and also in which they didn't think they would be able to participate. Through my own involvement in chess, I came to realise that there is an assumption among a large number of non-players that chess is only for intelligent people. It seemed that the participants at Stabilis had the same experience of chess which might suggest their disbelief in their own abilities. This was quickly overcome when the participants managed to learn the moves and play along.

A number of chess coaching projects have been put into place in prisons across South Africa where inmates and wardens get to learn the game in order to improve their critical thinking and decision-making skills. South Africa has been making inroads into establishing a prison league for wardens, and the number of participants is growing rapidly. Pollsmoor Correctional Facility in the Western Cape is the leading team in this initiative. A former SA Chess Champion,

International Master Kenny Solomon, was involved in teaching chess to inmates at this facility, which is located in Cape Town. It seems that the inmates are not only enjoying the activity but also gaining self-knowledge through the process (L.J. Bouah (President of Chess Western Province), personal communication, October 25, 2003).

The possibility arises then, if chess can assist in the therapeutic process, it can be extended to other areas where creative storytelling and meaning of experiences can be developed and nurtured. The possible future application of chess in various therapeutic contexts, in which I, as researcher, believe, motivated this research project.

## **1.2 Question**

This research project included two questions, an activity-based question and a research-based question: The activity-based question (first question) related to the actual playing of chess by the participants: "How did the participants experience playing chess?"

The research-based question (second question) related to the way the participants used chess to narrate their life stories: "How did the participants use chess to narrate their personal narratives?" The first question was not used for research purposes, but merely to facilitate the debriefing process after the activity. The second question was used for research purposes.

## **1.3 Goals**

### **1.3.1 General goal**

The general goal of the study is to describe how the patients used chess to narrate their personal narratives.

### **1.3.2 Specific goals**

**The specific goals of the research project are:**

- To review the literature for this research project.
- To describe the research methodology of the research project.
- To conduct a research project at Stabilis, a drug and alcohol rehabilitation centre in Pretoria, South Africa.
- To write a research report based on the research project.

## **1.4 Structure**

The framework of the chapters in this study is as follows:

- Chapter 2 introduces substance abuse and the relevant literature applicable to this research project.
- Chapter 3 includes literature on chess and exercise psychology.

- Chapter 4 presents the research methodology in terms of research design and data collection.
- Chapters 5, 6 and 7 introduce E, G and T and contain the subsequent analysis and interpretation of their separate narratives.
- Chapter 8 contains a conclusion of the research. Recommendations for future studies are also presented.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **SUBSTANCE ABUSE**

In 1999, the then President of South Africa, Nelson Mandela, expressed concern about the growing problem of drug abuse in the country (Drug Advisory Board, 1999). He indicated the importance of incorporating a holistic approach in dealing with drug abuse and the associated social problems, family disintegration and crime. President Mandela urged the entire country to unite in the challenge against drug abuse and to not underestimate the intensity of this challenge. Drug abuse is a global problem, as the subsequent literature study indicates. It is important to understand a few concepts and definitions in the study of drug problems and this clarification of concepts will serve as the ideal start off point for this literature study.

### **2.1 Definitions**

#### **Substances**

A drug is defined as a substance used in medicine or as a stimulant or narcotic (Stoppard, 2000). Barlow and Durand (2001) define a substance as a chemical compound that is ingested to change mood or behaviour and divides the substances into four categories according to their effect on the central nervous system:

### *2.1.1 Stimulants*

An increase in alertness and activity, and mood elevation are results of the use of these substances. Amphetamines, appetite suppressants, Ritalin, cocaine, caffeine, ephedrine, adrenaline and nicotine form part of this group (de Miranda, 1987).

### *2.1.2 Opiates (Narcotics)*

The substances reduce pain and produce euphoria. Included in this group are heroin, opium, codeine and morphine (Barlow & Durand, 2001).

### *2.1.3 Hallucinogens*

Alterations of sensory perception are a result of the use of these substances. Paranoia, delusions and hallucinations are familiar occurrences. Dagga, LSD, South African plants and seeds, and Phencyclidine forms part of this group of substances (de Miranda, 1987).

### *2.1.4 Depressants*

These substances have behavioural changes as a result and include ethanol, the barbiturates and benzodiazepines. Examples include alcohol, narcotics, hypnotics, tranquillizers, analgesics, inhalants and anesthetics (de Miranda, 1987).

#### *2.1.4 (a) Alcohol*

Although Alcohol is indicated as a depressant, some of its aspects will be discussed in full due to the fact that alcohol is the dominant substance of abuse in South Africa and viewed as a legalized substance (Parry, Pluddemann, Bhana, Harker, Potgieter, Gerber & Johnson, 2006, Lewis, Dana & Blewis, 2002).

Alcohol refers to a large group of organic molecules that have a hydroxyl group (-OH) attached to a saturated carbon atom. The common form of alcohol is called ethanol which is used for drinking (Sadock & Sadock, 2003). Fermented ethanol beverages have been traced back to the year 800 BC and the distillation of alcohol can be traced back to the year 800 BC when it was first used in China, India and Arabia. It is the oldest psychoactive substance known to the human race (de Miranda, 1987).

In South Africa, the Canna plant was used by the Khoikhoi people as a drug and to make an alcohol. This intoxicant was used on special occasions to produce trans-states in rituals and was known to intoxicate when chewed immediately after fermentation (Brady & Rendall-Mkosi, 2005). Sadock and Sadock (2003, p. 396) provide the following descriptions for alcohol abuse and alcohol dependence:

Alcohol abuse can be constituted as one or less of the following events in one year:

“Recurrent use resulting in failure to fulfill major role obligations, recurrent use in hazardous situations, recurrent alcohol-related legal problems (e.g., citations for driving under the influence), continued use despite social or interpersonal problems caused or exacerbated by alcohol.”

Alcohol dependence can be constituted as three or less of the following event in one year:

“Tolerance; increased amounts to achieve effect; diminished effects from same amount; withdrawal; a great deal of time spent obtaining alcohol, using it, or recovering from its effect; important activities given up or reduced because of alcohol; drinking more or longer than

intended; persistent desire or unsuccessful efforts to cut down or control alcohol use; continued use despite knowledge of a psychological problem caused or exacerbated by alcohol.”

The DSM-IV-TR differentiates between substance dependence, substance abuse, substance intoxication, substance withdrawal and various substance induced disorders (Sadock & Sadock, 2003):

Substance dependence refers to the continuing usage of a substance despite significant substance-related problems. Tolerance, withdrawal and compulsive drug taking behaviour may be the result of a pattern of self-administration. At least three symptoms of the maladaptive pattern must be present in the same twelve month period. The user continues the use of the substance although the user is aware of the impairments caused by the use of the specific substance.

Substance abuse refers to a pattern of substance use that leads to clinically substantial:

“impairment or distress as manifested by one or more of the following symptoms within a 12 month period: recurrent substance use in situations that cause physical danger to the user, recurrent substance use in the face of obvious impairment in school or work situations, recurrent substance use despite resulting legal problems, or recurrent substance use despite social or interpersonal problems. To meet the criteria for substance abuse, the symptoms must never have met the criteria for substance dependence for this class of substance” (Sadock & Sadock, 2003, p. 1287).

Substance intoxication is a substance-specific syndrome that is caused by the use of a particular substance. Substance withdrawal refers to a substance-specific syndrome that is caused when the individual terminates the usage or lower the intake of a prolonged substance (Sadock & Sadock, 2003).

## **2.2 Overview of substance abuse in South Africa**

The Commission of Narcotic Drugs from The United Nations' report (United Nations EcoSoc, 2006) on the abuse of illicit drugs in the period from 1998-2004, indicates that heroin and cannabis are the two drugs that cause the most negative health and social consequences. The demand for treatment for the abuse of heroin by injection and cannabis have shown a steadily increase. The abuse of cocaine has been stable and seemingly decreasing.

During 2004, Ecstasy was the primary drug of choice in less than 1% of treatment centres in South Africa. This tendency changed in the later years. A dramatic increase for the abuse of methamphetamine is indicated in Cape Town to such an extent that clients in Cape Town now report that methamphetamine is currently their primary or secondary drug of abuse. 41% of these client report daily use (United Nations EcoSoc, 2006).

South African Community Epidemiology Network on Drug Use (SACENDU) (Parry et al., 2006) is an alcohol and drug sentinel surveillance system in South Africa that monitors substance abuse use on a six monthly basis. Data is obtained from the following areas: Gauteng (Pretoria and Johannesburg), Eastern Cape (Port Elizabeth), Kwazulu Natal (Durban, Pietermaritzburg, Underberg), Mpumalanga and Cape Town. It's January – June 2006 report is compiled from data

obtained from 7542 patients who have been seen by 63 treatment centres across the country during the first half of 2006 (Parry et al., 2006). I will provide a brief summary of the 2006 findings, but the reader is advised to study the complete and detailed research report provided by SACENDU (Parry et al., 2006).

Statistics indicate that alcohol remains the dominant substance of abuse across the country, except for Cape Town. An increase demand for the treatment of alcohol related problems is shown in PE and Mpumalanga. During 2006 the treatment demand for cannabis stayed stable or went slightly up in all other areas except for a decrease in Cape Town and Durban. The treatment demand for Mandrax remained stable in Gauteng, but has shown a substantial decrease in all other areas (Parry et al., 2006).

An increase for the treatment demand of cocaine related problems is evident in Gauteng, Mpumalanga and the Eastern Cape. The treatment demand for heroin has shown a substantial increase in Gauteng, Mpumalanga, Cape Town and the Eastern Cape. Treatment demand for club drugs and methamphetamine (for example Ecstasy, Tik and LSD) as primary drugs of abuse are low in all sites, except in Cape Town. 46 % of drug users in Cape Town use Tik as their primary drug of abuse. The abuse of prescription medicine and over-the-counter medicine seems to have remained stable across centres (Parry et al., 2006).

### **2.3 Causes of drug use**

Barlow and Durand (2001) state that drug abuse and dependence are influenced by biological and psychosocial factors. The following four dimensions will be discussed according to the outline

provided by Barlow and Durand (2001): Biological dimensions, social dimensions, psychological dimensions and cultural dimensions. The role that prescribed medicinal drugs play in addiction will also be included.

### **2.3.1 Biological dimensions**

“The rationale for outlawing many drugs is: If you can’t get it, you can’t become addicted” (Barlow & Durand, 2001, p. 358). Therefore it is not a predetermined fact that someone with a genetic vulnerability will use and abuse drugs. The presence of the drug must be available for usage. If the drug is available, a decision must still be made to take or not to take the drug. It must also be kept in mind that someone with a genetic vulnerability may use a drug, but not become dependent on it.

### **2.3.2 Psychological dimensions**

Every drug is unique in the effect it creates. The resulting experiences and feelings obtained by using drugs are pleasurable in some ways and people might continue to take a certain drug in order to recreate the state of pleasure. Apart from the initial state of euphoria drugs provide, it is also used to reduce physical pain, cope with stress and escape from anxiety states (Barlow & Durand, 2001). Depression, curiosity and experimentation are also factors that increase the risk of drug use. Low self esteem and a loss of identity can spur an individual to seek pleasure in order to compensate or develop a sense of self. This search for enlightenment can result in the individual resorting to the use of drugs (Pretorius, 2000).

### **2.3.3 Social dimension**

The media plays an important role by exposing people to drugs (Barlow & Durand, 2001). By watching movies and programs where drug abuse is included, viewers are exposed to the pleasures the use of drugs provides and it might develop curiosity in such a way that when the viewer is confronted directly with drugs, he/she may succumb to the temptation. Other social influences include parental drug use, peer pressure, lack of parental monitoring and cultural expectations (Barlow & Durand, 2001).

Loneliness and boredom are factors that also contribute to the possible use of drugs. The adolescent can also use drugs as a way to oppose authority (Pretorius, 2000). Young people who attend late night parties are also at risk for drug use. Partygoers can take drugs to increase their experiences of music and dancing. The use of drugs can assist them in helping stay up all night and reduce their inhibitions in order to be more acceptable and have a good time (Stoppard, 2000).

### **2.3.4 Prescribed medicinal drugs**

The South African Medicine Control Council schedules prescription/medicinal drugs on a scale from one to seven whereby a schedule seven drug will be the most habit forming and dangerous drug. These prescription drugs can only be obtained with a medical prescription (de Miranda, 1987). Medicinal drugs are seen as a rising industry. Statistics show that by the year 2000, the world had used 50,000 tons of antibiotics that were designed to fight bacterial infections. In 1994 alone, global sales for the pharmaceutical industry reached \$256 billion (Parselle, 2001).

The statistics for the use of Ritalin are shocking: In the United States of America (USA), Ritalin was a \$350 million a year industry by the year 2000. It was prescribed to 500,000 children at the start of the 1990's. In 2000 it was used by 9 million children (Parselle, 2001). Prolonged use of drugs like sedatives, tranquilizers and anti-depressants can be addictive. Statistics indicate that in the USA, more than five million people are using the benzodiazepine: Valium, annually. Almost twenty years ago, in 1988, 400,000 people in Britain were dependent on benzodiazepines (Parselle, 2001).

Though medicinal drugs are helpful in the use of fighting diseases, one can not help to wonder at the underlying cause of the extremely high rate of medicinal drug use in the above mentioned statistics. De Miranda (1987) indicates a well known fact on the ease by which these medicinal drugs can be obtained illegally. Dependents forge prescriptions, steal and even order these medicines via the internet.

Over-the-counter drugs are readily available for any dependent. Some of these drugs include analgesic preparations that include tablets for headaches, pain and tension; cough preparations that contain codaine and appetite suppressants such as slimming tablets (de Miranda, 1987).

The presence of one factor is not enough to create abuse or dependence (Barlow & Durand, 2001). Abuse may result from multiple paths. The continued use of a drug results in dependence because of the level of tolerance reached. Conditioning also plays a vital role. If the pleasurable effect of the drug is associated with a certain place, then returning to that place may cause a person to crave those same earlier experienced effects which can lead to the use of the specific drug (Barlow & Durand, 2001).

### **2.3.5 Causes of alcohol abuse**

As stated above, alcohol is a depressant that induces behavioural changes because of the feeling of euphoria it provides. According to Brady and Rendall-Mkosi (2005) positive reasons to consume alcohol are to enjoy refreshments in a sociable way, to show hospitality and to relax. Negative origins of drinking are to drown one's sorrows, get acceptance from peer groups, to improve self-esteem and to talk about hidden feelings.

Family influences can also result in the abuse of alcohol. These can include family conflict, following behavioural patterns of parents who abuse alcohol and same sex identification with the parent who abuses alcohol (Pretorius, 2000). Generic theories suppose that close relatives to persons with alcoholic problems have a higher risk for developing alcohol related problems. The number of alcoholic relatives, the severity of their alcoholism and the closeness of the generic relationship between the persons increase the rate of alcoholic problems (Sadock & Sadock, 2003).

### **2.4 Effects of drug and alcohol abuse**

Every drug provides its own unique effect, depending on the content of the substance. Furthermore, the effects that are produced and the intensity thereof are partially dependent on the amount of the drug that is ingested (Lewis et al., 2002). Because of drugs' multiple effects, these authors have categorized the effects of drugs into two categories: The therapeutic effect encapsulates the desired effect and the reason for which the drug is used. The second category includes the adverse drug reactions also known as side effects. The drug's effects that have a

frequency of occurrence and ability to anticipate the occurrence are known as allergic effects. Highly unusual effects are known as idiosyncratic effects. A toxic effect refers to the more common known term: overdose. To illustrate this, Lewis et al. (2002, p. 202) provides the following encompassing example:

“The therapeutic effect of morphine is pain relief; the side effects include pinpoint pupils and nausea; an allergic effect might be a mild skin rash; idiosyncratic reactions might include excitation and stimulation; and the toxic effects could include respiratory depression, coma, and death”.

The effects of drugs are influenced by the manner in which the drug is administered. The way of administration affects not only the onset of effects, but also the peak effects and the durations of effects. Orally administered drugs take about 15 minutes to produce an effect. Drugs that are swallowed produce a lower peak, but longer duration of effect than drugs that are inhaled or injected. Injected drugs take a few seconds to have effect, have a very high peak and are of short duration. The inhalation of a drug has a quick, high effect that is short in duration (Lewis et al., 2002).

The composition of drugs is of a chemical nature and therefore has chemical reactions on the functioning of a user's organs, cells, tissue and systems such as the central nervous system (Lewis et al., 2002). Ethanol, along with the barbiturates, general anesthetics and tranquilizers belong to the sedative-hypnotic drug family. The initial effect of this family is to deduce the inhibitory synapses function on the brain. The effects of this depression of inhibitory synapses are feelings of euphoria and a care free feeling. The progressive effects of sedative hypnotics

with increasing dosage are anxiety reduction, disinhibition, sedation, hypnosis (sleep), general anesthesia, coma and finally death (Levin, 1995). Further symptoms of the prolonged consumption of large amounts of alcohol include “liver damage, ulcers, diarrhea, amnesia, vomiting, brain damage and internal bleeding” (CIAP, 1997).

## **2.5 Treatment planning**

A comprehensive treatment plan is essential for effective treatment and rehabilitation. It allows an opportunity to set goals and establish a structure for treatment. Lewis et al. (2002) maintain that a treatment plan should be individualized to the patient and that the treatment plan should include short and long term goals, addressing substance abuse and the relevant issues in the person’s life.

Some of the most frequently used methods used in counselling include:

“behavioral self-control training, contingency management, relaxation, assertion, social skills training, couple and family therapy, career counseling, cognitive restructuring, assistance with problem solving and decision making, aversive conditioning, stress-management training, group counseling, lifestyle and recreational planning, provision of information about the effects of psychoactive drugs; and referral to self-help organizations” (Lewis et al., p. 11).

The initial treatment phase includes detoxification. It involves the process whereby the patient can withdraw safely from the addictive substance. This initial period of abstinence may result in very uncomfortable psychological and physical experiences (Lewis et al., 2002). Physicians in

detoxification centres may offer medication to assist a patient in the safety of his/her withdrawal.

At Stabilis, medical personnel provide 24 hour care and supervision (Stabilis, n.d.).

### **2.5.1 Intervention strategies**

Intervention strategies differ from rehabilitation programme to rehabilitation programme and are used according to a drug counsellor's personal preference or knowledge. The intervention strategies supported by the National Institute on Drug Abuse (Lewis et al., 2002) are the following:

2.5.1 Supportive-expressive therapy involves supportive and expressive techniques in the dealing of interpersonal relationship aspects and is successful for the treatment of heroin and cocaine addicted patients.

2.5.2 Individualized drug counselling focuses on a patient's employment status, interpersonal relations and on the reduction of drug use.

2.5.3 Behavioural therapy entails stimulus control and help patients to develop social control techniques.

2.5.4 Multi-systemic therapy focuses on the context in which the individual functions. This can include the individual's school, family, neighbourhood, friends and work.

2.5.5 Incentives and vouchers are used to reinforce abstinence from drugs in the community reinforcement approach. Patients are rewarded for successful abstinence and counselling areas include family relationships, developing skills in order to minimize drug use and social and recreational activities.

2.5.6 The Matrix Model focuses on the promotion of self esteem, dignity and self worth through a variety of supportive interactions.

A multidimensional treatment model involves the focus on the specific drug-use behaviour combined with the patient's psychological, social and vocational functioning. In so doing, multiple life problems that were created by drug abuse and other independent problems can be assessed and handled (Lewis et al., 2002).

Lewis et al. (2002) provides the Community Reinforcement Program as a good example of a multidimensional treatment program. This program includes areas such as career counselling, couples counselling, resocialization and recreation, problem-prevention rehearsal, early warning system, supportive group sessions, "buddy" procedures with recovering peer advisers and written contracts between patients and counsellors. It is clear that this type of program is inclusive of all areas of functioning. A patient will be confronted with his/her environment and circumstances once he/she leaves a rehabilitation centre. I am of the opinion that a treatment program should be comprehensive in it's inclusion of all aspects of a patient's life as is suggested by Lewis et al. (2002).

Stabilis treatment centre has incorporated adventure therapy into its treatment programme. High and low ropes courses are used in this phase of the treatment programme (Stabilis, n.d.). As stated earlier in the introduction, these physical activities form an integral part in an individual's experience of personal growth.

The disease model to substance abuse is used by Narcotics Anonymous in their 12 step approach. The disease model addresses addiction as a relapse illness and the only cure for this disease is to maintain abstinence from relevant substances (Luty, 2003). This is the same 12 step approach use by Alcoholics Anonymous (AA) and it entails the following (Luty, 2003, p. 283):

*The 12 steps of Narcotics Anonymous:*

- 1 We admitted that we were powerless over our addiction, that our lives had become unmanageable.
- 2 We came to believe that a Power greater than ourselves could restore us to sanity.
- 3 We made a decision to turn our will and our lives over to the care of God as we understood Him.
- 4 We made a searching and fearless moral inventory of ourselves.
- 5 We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
- 6 We were entirely ready to have God remove all these defects of character.
- 7 We humbly asked Him to remove our shortcomings.
- 8 We made a list of all persons we had harmed and became willing to make amends to them all.
- 9 We made direct amends to such people wherever possible, except when to do so would injure them or others.
- 10 We continued to take personal inventory and when we were wrong we promptly admitted it.
- 11 We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
- 12 Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts and to practice these principles in all our affairs.

The AA requires the patient to acknowledge being an alcoholic and the destructive consequences of drinking as well as the acknowledgement of a higher power in life. The process is build on sharing experiences and hope among group members (Luty, 2003). The AA has been criticized for maintaining that abstinence is the criteria for success and the programme's lack of research support. These 12 steps seem to be best utilized when combined with medical treatment and individual and group therapy (Abadinsky, 1997). By using an integrative approach the patient can benefit from a variety of intervention techniques and approaches.

Motivational enhancement therapy is focused on promoting a favourable attitude change in patients. This therapy model is based on theories of cognitive dissonance and it encourages patients to provide their own reasons for giving up substance abuse, rather than informing patients of the consequences of substance abuse and the importance to abstain from substance abuse (Luty, 2003).

It seems that a variety of approaches, techniques and interventions exists in the treatment and rehabilitation of drug and alcohol abuse. In my opinion none of these can claim to be the best approach, technique or intervention. Lewis et al. (2002) also conclude this as was discussed at the beginning of this chapter, stating that treatment plans should be individualized to the needs and circumstances of the individual.

## CHAPTER 3

### LITERATURE REVIEW

### CHESS AND EXERCISE PSYCHOLOGY

#### 3.1 Exercise Psychology

“Most people study sport and exercise psychology with two objectives in mind: (a) to understand how psychological factors affect an individual’s physical performance and (b) to understand how participation in sport and exercise affects a person’s psychological development, health, and well-being” (Weinberg and Gould, 2003, p. 4). Weinberg and Gould (2003) combine Sport and Exercise Psychology as one field due to the broad population field it applies to. The two objectives mentioned above, in my view, also illustrates the use of chess as an exercise activity and not a sport in the research project as I try to understand how participation in chess affects the participant and more specifically, how the participant experience the playing of chess.

Exercise has been used in clinical populations to improve mental health and contribute to recovery processes. The evidence of the psychological benefits derived from exercise is stronger for clinical populations than for mentally healthy individuals (Daley, 2002). A positive relationship exists between exercise and mental health in cases such as alcohol misuse, schizophrenia and clinical depression (Daley, 2002). Martinsen and Stephens (1994) also include disorders such as certain anxiety disorders and conversion and somatoform pain disorder in the list of clinical disorders that can benefit of the inclusion of exercise in the treatment plan.

In a study done by Hays (1999) the focus is on narrative responses from respondents as a means of finding out more about the experience of thinking differently while exercising. The questions raised included the respondents' thoughts while they were exercising and also if there were any qualitative differences between their thinking while they were exercising and their everyday thinking. Some individuals mentioned that it is the opportunity not to think that is part of what makes exercise refreshing. This seems in contrast to chess that is renowned to be a game of thinking and that is supposedly meant only for intelligent people.

I would point out that the process of thinking during any activity, and any benefits associated with it, are inextricably linked to the distraction of one's mind from real life and everyday issues. For example, a runner still has to think about the route he/she is running, consider traffic etc. Some people describe powerful shifts of thought. Observation of a sequence shift can occur where initial mundane thinking turns into body scanning and associative thoughts, and then to the experience of the sensation. Meditation during exercise can also lure out creativity (Hays, 1999). Exercise can become another part of an individual's life narrative; it can even take the form of a sparkling event – an event that shine or stand out in contrast to the dominant narrative (Morgan, 2000).

### **3.1.1 Psychological benefits of exercise**

Psychological benefits of exercise in clinical and non-clinical populations include an increase in assertiveness, confidence, emotional stability, intellectual functioning, internal locus of control, self-control and perception (Weinberg & Gould, 2003). Exercise brings numerous benefits, whether as part of a daily or even weekly routine. These benefits are often categorized into three

categories: physical effects, general emotional well-being and mental and cognitive effects (Hays, 1999).

Physical benefits include general feelings of well-being and good health, weight loss or maintenance of required weight, healthy digestion and metabolism. General emotional well-being includes stress relief, meditation, calmness and emotional release of tension and peacefulness. Even though some people use exercise competitively, it still serves as a breakaway from everyday life. Cognitively, some of the benefits include cognitive clarity, a sense of control and a clearer head, self-esteem and control (Hays, 1999).

Before the growth of rehabilitation units, patients in need of extended treatment went to psychiatric hospitals or wards (Levin, 1995). The following excerpts provide a clear indication of a patient's experiences of an activity as part of his rehabilitation programme at a psychiatric hospital. This is the self-analysis of John, an alcoholic, about his experiences during two activities during his recovery period:

“I also opened up physically, with my body. I had played volleyball only with the greatest reluctance and only when pushed by the recreational therapist. I played fearfully, self-protectively, holding my body tight and closed. Naturally my playing was awful. A few days after that community meeting, I was cajoled into playing volleyball. This time it was different. I could feel myself leaping into the air. I felt myself coming down hard. I felt myself taking risks. The closeness, the tightness, the self-protectiveness fell away. It was wonderful. They say that how you play the game is a picture of yourself; it's true. I was not self-conscious while it was happening, but afterwards I processed what had occurred, and that helped too; it was part of my changing my self-image” (Levin, 1995, p. 227).

“I remember being in the gym, totally overwhelmed by rage and fear and something like despair as I stared at the punching bag. Suddenly my visual field narrowed to a patch of pebbly brown; this was about ten percent voluntary and 90 percent involuntary. I tried to open my visual field, but it didn’t happen. I thought, so be it; I’ll be stimulus bound, and I started pounding that patch of pebbly brown with the pent-up rage of a lifetime. When I stopped, wringing wet and exhausted, my point world gradually expanded to encompass the gym and my fellow patients. That was scope enough for me. I knew that something important had happened, but oddly I didn’t feel much relief” (Levin, 1995, p. 224).

Including exercise into a therapy programme enables the patient to be more actively involved in his/her recovery and treatment process. Taking part in exercise requires physical and mental effort and therefore allows for the patient to develop a sense of control and influence in his/her rehabilitation (Daley, 2002).

It seems that the participation in an exercise activity is of more value than the actual acquisition of a fitness level (Martinsen & Stephens, 1994). If the mere participation in an activity can be responsible for the improvement of mental health, the way is paved to include exercise activities that do not necessarily incorporate the physical effects obtained from aerobic type exercises. Danish and Nellen (1997) explained that the experience of playing a sport is more influential in the process of personal growth than the actual acquisition of sport-specific skills. They stress the importance of transferring skills obtained in the sport setting to the non-sport domain of the individual.

The distraction hypothesis constitutes that exercise provides an individual ‘time-out’ from the patient’s daily stressors and therefore reduces anxiety. Patients in a clinical setting can find the participation in an exercise activity a useful strategy to focus on something other than their particular life circumstances (Daley, 2002). It is important that an activity renders a challenge to the participants (Wankel, 1988). Wankel states that exercise provides the individual with an opportunity to test their skills and subsequently improve and develop their abilities. In this regard, chess provides ample opportunity for patients to challenge not only their own abilities, but also those of their opponents. Solomon in Potgieter (1999) asks how deeply one can worry about work when one is worried about getting the next breath (or in this case of playing chess, not being checkmated)? Is it possible to think quite as much about the kids when one is in doubt of getting over the next hill?

Exercise provides a social dimension. This is not generated exclusively by the group effect of the exercise, but may be embodied in the individual interaction between competitors. During a previous recent chess playing session at Stabilis, one of the chess players commented that he hadn’t expected his opponent to show and teach him the moves. He found the patience and kindness of his opponent remarkable, as it was in complete contrast to what he had experienced with people outside of the rehabilitation setting.

Self-esteem can be defined as the value the individual places on his/her self-perception. Through training, practice and especially mastering of an activity, self-esteem is inclined to improve. The effect of exercise training on disabled children has supported the hypothesis that participation in a physical activity programme can result in increased self-esteem, internal locus of control and decreased anxiety and depression. A general conclusion from this research, conducted by Gruber (1986) is that the greatest gain to be found in intervention programmes is evident in those who

are lowest in the variable that is targeted for improvement. Here, the drug users are low in variability as to their unique way of dealing, lying and trying to improve their experience of the world by using chemicals (Seraganian, 1993).

Playing chess is not a physical exercise in comparison to other sporting codes, though it must be kept in mind that the adrenaline rush experienced by chess players during games is believed to be rated among the peak experiences of an adrenaline rush. Therefore, it does provide the body with a definite physical experience. The adrenaline rush - the anxiousness when fighting on in a desperate position, the excitement while winning, and the tensed muscles and sweaty palms when playing an important game, are well known to me and other chess players. Apart from the adrenaline rush, chess also enhances the development of social and leadership skills that are typical of other major sports. Evaluations have been carried out on high level chess players and the results were instructive of the sporting nature of the game. A chess players' energy consumption during a single tournament game is the equivalent of the energy consumption of an athlete in a football or boxing match (Blanco, 1999).

Both professional and amateur players have studied chess for centuries. It is not only an intriguing game, but the nature of this sport paves the way for players to play competitively or to just enjoy the game as a hobby or fun activity with friends. Currently it seems that this intriguing sport also provides the opportunity for players to draw educational value by their participation in this sport.

### **3.2 Chess, Education and the Clinical Context**

The Executive Director of the National Council on Alcoholism and Drug Dependence, Inc. (NCADD) in New York, Nathan Liebowitz, PhD, has launched the “ChessChild” programme for children. This has the main aim of preventing drug and alcohol abuse. Liebowitz believes that “a child who is doing well in school, a child who develops self confidence by becoming good at a difficult game, a child who can control impulse decision-making and delay gratification, a child who can resist peer pressure – these children have the tools to say ‘no’ to drugs and mean it” (ChessChild, 1995).

For the purpose of this study I will use the following definition of life-skills by the PlayLikeBrazil life-skills model: “Life skills are abilities individuals can learn that will help them to be successful in living a productive and satisfying life” (PlayLikeBrazil, 2005). The PlayLikeBrazil life skills model is a soccer-themed life-skills education programme that helps develop key life-skills, motivates, promotes self-esteem and facilitates character development. It contributes towards a reduction in anti-social behaviour. This programme is based on the fact that soccer has developed into a world-wide phenomenon and is therefore a source of inspiration for young minds. Various soccer-themed programmes and activities for 5-18 year olds have been developed through which participants have the opportunity to learn and develop essential life-skills.

The following study also focuses on teaching life-skills. Fernando Moreno, a student counsellor, uses chess to teach life skills at Rolling Terrace Elementary School in Takoma Park, Maryland (Lite, 2005). In his classroom chess is used to stimulate the development of academic and social

skills. Students are encouraged to offer suggestions to fellow players and also to listen to those of classmates.

In Mr. Moreno's view, chess can be utilized to address behavioural problems and other situations that can occur in and out of the classroom. He explains that playing and thinking about chess in the classroom provides novel ways of investigating familiar problems. He backs up his theories with various research on the benefits of chess that suggests improved social and cognitive skills in children (Lite, 2005).

In a study conducted by William Levy in 1980-1987, New Jersey, it was found that student's self-esteem was consistently promoted after only one year of playing chess (Ferguson, 1995). Sultan Yusufzai, a student at one of the chess education programmes in the United States of America gave the following summary of his experience of playing chess:

“The skills chess offers to those who play it are gold mines. It teaches the faithful players how to approach life. It teaches people that are having dilemmas that there is more than one answer to a problem. While your adversary is looking at the issue through a single point, you as the great chess player that you are, can take a step back and look at the picture through many points” (Ferguson, 1995, p. 7).

The use of chess seems diverse. Aspects of the game are used in the treatment of neuropsychologically impaired alcoholics at a neuropsychological assessment and cognitive rehabilitation hospital in Dublin (Gordon, Kennedy & McPeake, 1988). Gordon et al. (1988) have developed a problem solving skills package that focuses on the retraining of an individual's logical analysis, abstract reasoning and hypothesis testing. These skills are necessary for a

patient to adapt to new and complex situations. One of the programmes in the package is called Knight's Challenge which requires a patient's use of reasoning and logic in order to solve complex and abstract problems. Knight's Challenge is a computer program wherein the patient is presented with an onscreen chessboard, two chess pieces: a white knight and a black knight. The object of the program is for the patient to avoid his white knight being caught by the black knight of the computer. In order to be successful at this program, the patient needs to consider all possible moves by his own chess piece, as well as that of the computer's. In this exercise, patients learn to consider their options and the consequences of their behaviour (Gordon et al., 1988).

Chess has also been used as a way of improving object relationships in narcissistic teenagers (Gaines, Berkovitz and Kohn, 2000). An education based programme was developed for at-risk children in the context of a normal high school. These children presented with narcissistic character dynamics, a history of family conflict and varying degrees of asocial behaviour. Playing chess with the school's senior psychologist was included as an incentive for children who finished a certain amount of school work or earned credit points in other work areas at school. At the outset of the chess playing exercise the children understood that chess will be seen as a metaphor for life. In the case studies discussed by Gaines et al. (2000) both the children and the psychologist were competent chess players. The following excerpt of one of their case studies gives a clear indication of the use of chess in the therapeutic context:

“Saul was a 17-year-old Armenian American who showed strong narcissistic character traits. He presented as extremely self-centered and lacked a sense of consideration for others, including teachers and peers. Frequently truant from school, he fell behind in credits necessary for

graduation. His work effort in the alternative education program was, at best, inconsistent. In the chess game, Saul developed very powerful and concentrated attack positions. Typical of his self-centered orientation, however, he rarely paid attention to my own attack plans. He played chess as if what he did was all that mattered or that was worthy of consideration. The therapeutic interventions for Saul were to point out and demonstrate his failure to attend to my game plan. This served as a metaphor for his failure to attend to his peers' or teacher's needs as well. This self-centered behavior got him into trouble in school as well as in the chess games. Fortunately, through the year, Saul became better at listening to and following teachers' directions and respecting other individuals' needs. He began to use his class time more wisely, and was able to make up enough credits to graduate. His behavior in class was less disruptive and more respectful of all those around him” (Gaines et al., 2000, p. 5).



This art work is displayed at the Bethlem Royal Hospital Archives and Museum. It serves as a celebration of the arts, mind and psychiatry (Howard, 2002). It was produced by Allan Beveridge in 1987 and called: Me, Myself, I. In 1991, Allan wrote the following, explaining what he has created (Howard, 2002, p. 180):

“There is a symbolic structure to the picture. The clowns' faces represent aspects of myself. The **chess** board and **chess** men represent intelligence and the exposed brain with the dagger represents the ill mind. The rest of the picture is biographical in nature. The arrangement of needles, pills and cigarettes used to promote harmony and at the bottom left of the picture the uneven surface where the pills are being straightened out by the injection (Modecate which kept me well for years). The clown faces are from left to right sad and anxious, note the hairstyle, middle, the ‘smile of reason’ with spiky logical hair, and lastly round and jovial with curly wispy

hair lightened by bubbles. All these are different aspects of self. Execution of the picture took place in three stages. Firstly it was started on a plain piece of scraperboard with no guidelines, just dots to delineate the brain. The brain on being completed was left, and the second stage, the **chess** board and surrounds were completed. This left me with a semi-complete picture. Think of the challenge, all done except the clowns' faces, but they drew themselves and tied the picture together as a harmonic whole."

It is interesting to note how Allan has included chess in his representation of himself. He used chess to symbolize his intelligence. Note how he placed the chess board as a central piece in the picture with everything around or on top of it. From this illustration it is apparent that chess can be used as a symbolic tool by which an individual can relate a certain entity to.

The transference of knowledge gained through playing chess to other areas of life can be seen in cognitive neuro-psychologist, Dr. Stefurak, comment: "...chess instruction informs the mind and the emotions in such a way as to structure an emergent mental circuit where motivation and ability multiply to produce achievement in chess and school and life" (Ferguson, 1995, p. 5). Chess develops not only cognitive skills but also adds to the player's social development. This aspect of social development can be of significant importance in a rehabilitation facility. Jerome Fishman, Guidance Counselor in Queens, New York, emphasizes the role of chess as a social development tool: "You get into a friendly, competitive activity where no one gets hurt... Whenever we get a child transferred from another school who may have maladaptive behaviour, we suggest chess as a way of helping him find his niche... it makes them feel they belong" (Milat, 2004).

Family sculpting is a technique developed to assist in family counseling (Athabasca University, 2005). Family members have the opportunity to create a physical entity that represents their positions in the family and the family relations. Family sculpting assists in helping a family to get unstuck by means of the distances and relationships that become visible and when underlying beliefs are identified. A variation in the sculpting technique consists of using a chess board and pieces to sculpt family relations and positions that family members hold within the family. This variation is used successfully in small office space areas or when family members feel awkward to represent their positions in the family by means of a sculpture, or when not all the family members can attend a session (Athabasca University, 2005).

Female inmates at the Taconic Correctional Facility in New York play chess on a weekly basis. This programme is called “ChessChallenge” and was given the name by the prisoners themselves. The programme focuses on inmates gaining self confidence by solving chess problems. Gene Hanna, the prison’s substance abuse counsellor puts emphasis on the women’s ability to solve problems that they think are impossible to solve and so helps them to assess other situations in their lives where they might think that no solution is possible (ChessChild, 1995).

Another interesting quote from Dr. Calvin F. Deyermond, Assistant Superintendent for Curriculum Instruction for the North Tonawanda City School District in America, is significant in the demonstration of the benefits of playing chess:

“...chess develops intellectual, esthetic, sporting, decision making, concentration, and perseverance skills. We have seen the effects of this wonderful game in our classroom and as an extracurricular activity. Not only is it mentally challenging but it attracts not only gifted pupils but also students at all levels of learning” (Ferguson, 1995, p. 6).

Educator, Rob Roy of Connecticut, also gives testimony of his first hand experience of the benefits of playing chess:

“Children with special problems can also learn chess. I taught a successful course for emotionally and educationally disadvantaged children in Waterbury schools and used chess as a way for them to learn and practice self-control. It was like turning on switches in their heads. You see the child looking at a problem, breaking it down, and then putting the whole thing back together. This process involves recall, analysis, judgment and abstract reasoning.” (Ferguson, 1995, p. 6).

From the above studies and comments, it is clear that chess has been used in a variety of educational contexts. The influence of playing chess seems remarkable on participant’s functioning in other life areas.

### **3.3 Chess and life**

My view on chess and its applicability to life is reflected in the words of the late Martin Serfontein, distributor of chess equipment and chess administrator in SA: “Chess can be regarded as a character builder in that it resembles life. You have to face facts, plan, take decisions and learn to accept the consequences of your decision” (Barnett & Morkel, 2004, p. 5).

This growth experience happens on a 64 black and white square board. Sometimes these processes are of a painful nature when plans fail, facts are difficult to face and games are lost. This is life indeed - a frantic battle to survive, realise one’s dreams and strive for the supreme.

Self-actualization in a chess game is achieved when a player's pieces are well co-ordinated for the accomplishment of a set task or goal. As in life we try to combine our aims and opportunities in order to reach our goals. This is chess. It is an intelligence exercise, a mental battlefield, and an adrenaline rush. It involves the art of thinking and provides the context and form for various kinds of mental combat (Wenzhe, 2002). Wenzhe (2002) explains further that any game related to chess is a symbolic model. He states that it represents a reflection in the human brain of the outside world. Human beings transform this reflection into an artificial creation on the chessboard. According to this view human beings recreate their real life experiences in their evaluations and playing styles on the chessboard. The chess pieces are used as metaphors in the recreation of these narratives and in the development of a new narrative in a different world: the world of chess.

### **3.4 Chess and Psychology**

#### **3.4.1 Chess and the Psychoanalytical approach**

##### **Mentality**

The chess mentality offers rich pastures in which psychoanalysts may happily graze. Freudians, in particular, have delighted in speculating about what subconscious drives govern the average chess player. The pupil and biographer of Freud, Ernest Jones, as well as chess Grandmaster (GM) Reuben Fine, a psychoanalyst, focused attention on the sexual connotations of the game of chess. They proposed that the king is a father figure who arouses castration anxiety in male players. GM Reuben Fine discarded and ignored female players, explaining that a battle between

two men exists across the board and that this battle arouses considerable ego involvement. To quote Fine: “In some ways it certainly touches upon the conflicts surrounding aggression, homosexuality, masturbation, and narcissism” (Edmonds & Eidinow, 2004, p. 69).

Renowned and controversial world champion, Bobby Fischer, once exclaimed that he would like to live the rest of his life in a house built exactly like a rook. On hearing this, GM Reuben Fine remarked that the libidinal undertones in Fischer’s desire are impossible to ignore. Fine’s explanation focuses on the symbolic meaning that the rook is the strong penis for which Fischer apparently finds so little use in real life and secondly the castle resembles something “in which he can live in grandiose fantasy, like the kings of old, shutting out the real world” (Edmonds & Eidinow, 2004, p. 70).

Quite a number of chess players have fallen prey to the classification of being insane or not in touch with reality, having escaped the real world through the life of their chess pieces. Most elite players live a life that is well balanced on a social, business and sporting level. And yet some have crossed the fine line between genius and insanity. The reasons for mental breakdown among chess players are often searched for in the game itself. International Master (IM) and Psychologist, Bill Hartston, seems to be of a different view when he exclaims: “chess is not something that drives people mad; chess is something that keeps mad people sane” (Edmonds & Eidinow, 2004, p. 69).

I believe this to be the case with controversial GM Bobby Fischer. He was the World Champion from 1972 to 1975. He was notoriously insensitive to other people though it was a different story once he got to the chessboard. Soviet GM Nikolai Krogius summarized Fischer’s personality

type as resembling that of a French Marshal who was unable to pull himself together before a battle but was transformed when the battle began. His biographer, Frank Brady, stated that the only objects Fischer seemed to have expressed emotional affinity with were his chess pieces (Edmonds & Eidinow, 2004).

## **Bobby Fischer**

Psychoanalysis is what dominates the psychological themes on the chess scene and the view of the non-chess playing community. In my opinion it results in the players being mere representatives of their pieces, their society and not of themselves.

Fischer stated in an article published in the magazine *United States Sports Illustrated*, 1962 that the Russians have fixed world chess (Kasparov, 2004). He accused three of his opponents (all USSR citizens at that time) of making a pact by drawing all their games against each other in the World Championship Candidates tournament, 1962, leaving Fischer to fight hard in every game and therefore take all the mental strain on himself of trying to win the tournament. This pact was later referred to as the Russian pact (Kasparov, 2004). Kasparov is of the view that Fischer's well-known anti-Semitism mania was closely connected with the dominant position in the chess world of 'Soviet-Jewish' chess players. In Fischer's view, it seemed that they might have been trying to prevent him from becoming World Champion. Kasparov refers back to the statement of GM Jan Hein Donner after a tournament in Bled: "I ascertained that everything I have heard about him in recent times is true: Fischer's view on the world has assumed morbid forms: he

thinks that everything evil in the world comes from Jews, communists and homosexuals” (Kasparov, 2004, p. 280).

It does raise the question as to what would have become of Bobby Fischer if his sister Joan had brought him a violin instead of a chess set? What would the conversation be like between this proposed ‘hobby of playing the violin’ and the one, chess, he eventually invested in? Would the external factor of the Soviets have had the same detrimental effect on Fischer’s musical career? These are all questions to ponder on.

Up to now, it seems that the narrative of the world and Soviet politics have dictated and scripted the life of GM Fischer. The ‘pure’ Fischer story told only by him and only to himself might put a different spin on matters and the view that the world holds of him. Fischer developed a discourse about the Soviets and their impact on world chess (Kasparov, 2004). Where did this discourse originate? Who originated it? It would have been interesting and valuable to have been able to explore his position with him from a narrative point of view. How did the discourse of the Soviet’s chess rule inflame his views and who or what fed this on an emotional level?

In this study I hope to explore specifically the experience and meaning that people derive from playing chess. I hope to provide the field of psychology and alcohol and drug rehabilitation with a possible new avenue of mediation.

## CHAPTER 4

### RESEARCH METHODOLOGY

#### 4.1 Context

The context of this study will be discussed in terms of the time frame, place where the study took place, participants in this study and the position from which the researcher conducted the study.

##### 4.1.1 Time

This study was completed during 2005 as part of my Masters degree training in Counselling Psychology at the University of Pretoria. I have been a chess player for the past 13 years, competing at different levels of strength. I came to know this game as an activity which, once you become engrossed in a specific encounter, has the ability to overpower your thoughts in such a way that it leads you away from reality and leaves you to your own thoughts, plans and imagination. Now that I am doing my post-graduate study in the field of counselling psychology with specialization in sport psychology, I have the opportunity to explore what I believe is the therapeutic value of my sport.

This study fits in with my narrative of exploring my own intuition. Ambition and New Ideas have always had close relationships with me. We prefer to tread where the area seems uncertain. We prefer to explore unknown territory where we can achieve a full realisation of our ideas and we can come to our full realisation. This is what this study also entailed. In assessing the value

that chess may have for research, therapy, human interaction, personal value, insights, and exploration of creative ideas, I came to examine my own experience of this limitless game.

This attends to my, as researcher's, own awareness of the phenomena studied here. Shaw (2001) includes in her suggestion of research procedure that the researcher should first attend to his/her own awareness of the phenomena to be studied. I believe the reason for this is that the researcher can explore the phenomena qualitatively, because he/she has already thought and questioned related aspects of the phenomena that he/she would like to study. This results in a more critical study. I developed, through my observation and thinking, a perception of reality concerning the aspects I studied. And so I came to consider, when I first started at Stabilis, the value of the experience that people, especially those at Stabilis, gain from playing chess. This also served as part of my research question for this project.

This awareness of this intended research might possibly be due to a certain preoccupation with observations by me. It was therefore important that I, as a researcher be sensitive in my explorations in order to consider meaningful phenomena or objects for which new ideas and values could be created (Shaw, 2001).

#### **4.1.2 Place**

As mentioned previously, Stabilis is a substance abuse rehabilitation centre in Pretoria, South Africa. The Centre provides detoxification facilities, an in-patient programme and after-care services for people with an alcohol, medication or drug dependency. (Stabilis, n.d.). Stabilis provided approval for the study to be conducted (Appendix B).

I managed the research project under the auspices of the University of Pretoria, and in particular the Psychology Department. The psychology students at the University of Pretoria are trained in the following approaches regarding counselling: narrative, cognitive-behavioural and the systems approach to therapy. Within their training in counselling psychology, psychology students can opt to focus on sport psychology with the goal of further specialization. Supervision, by a senior psychologist from this department, was provided during the completion of this research project.

## **4.2 Participants**

The participants consisted of patients from the Stabilis Treatment centre. The supervisor to this study will also be introduced in this section.

### **4.2.1 Chess players**

Drug rehabilitation patients at Stabilis stay for a duration of five weeks, of which three weeks are compulsory without having the benefit of leaving the premises. An activity session was introduced to the drug rehabilitation patients at Stabilis. It was made clear to the patients that the session was part of research with the possible aim of improving the rehabilitation process. The entire group was invited to play chess and the invitation to participate in the research process was given to the group members.

It was the aim that four drug-rehabilitating candidates would be found that would be willing to share their experiences for the research project. These would hopefully comprise of two females and two males in order to make the participants equally representative of both genders.

It was hoped that the participants would also be representative of different age and racial groups where possible. This would add to the range of individual experiences across the group, and facilitate the exploration of the possible effects of differences in age and race on the chess experience.

The race, gender and age were subject to the number, availability and consent of patients at Stabilis during the time the research project was conducted. Three patients (one female and two males) actively took part in the study.

Participants did not need to be chess players, as this would limit the research to those rehabilitating patients who could play chess. The three participants who attended nearly all the sessions understood the basic rules of chess. The reader is reminded that this research project had the goal of describing how the patients used chess to narrate their personal narratives. Therefore, the ability to play chess was of no significance.

#### **4.2.2 Supervisor**

I was supervised by Dr. L.H. Human, senior psychologist in the Department of Psychology at the University of Pretoria. My supervisor has completed a doctoral study wherein he explored his narrative with sport psychology. As a highly respected psychologist and also experienced

sportsperson, his experiences in this field of study added immense value to the qualitative nature of this research project.

### **4.3 Position**

The research position falls within the field of narrative psychology and it will be discussed according to the narrative approach and appropriate research procedure.

#### **4.3.1 Experience**

In my opinion, experience is the one facet of life that occurs continuously. Whatever we do, be it sleeping, studying, using drugs, talking, keeping quiet or playing chess, we are experiencing the moment. The question arises as to what we do with these experiences? Some experiences seem habitual, others are life changing. For some of them we create memories which we take with us or they get left behind for some reason.

The times are moving, new ideas transform the nation and world on a daily basis. It is so easy to be swept along by the ideas and experiences of another individual or society. Let us not forget the personal interpretations of our experiences each of us are carrying, but sometimes can't find the way to express. Narrative thinking and practice focuses on people's expression of their experiences. People must take part in acts of interpretation to express and give meaning to their experiences (White, 2000).

Experience derives new meaning when it is talked about: that is, when knowledge of gained insights through an experience is shared, or even in a one-way conversation. We tell our experiences according to our own unique life narrative, the narrative we've been shaping through our experience of the world and its people (White, 2000). In this study, playing chess might have been an experience that was out of character for some people, especially when time is mostly spent in night clubs and struggling to get the money to buy more drugs. In this context it was a unique experience.

During chess playing sessions at Stabilis (as part of the initial activity programme prior to this study), it had been noted that some individuals remembered the person who taught them chess. This often evoked discussions about that person or the circumstances that the patient was in at the time. Such recollection opened up a space to create alternative narratives and possibly remember previous special moments or occasions that had significant meaning for them.

Experience forms the basis of any interpretation and it is my understanding that experience is the prerequisite to feeling, understanding and developing meaning. Narrative practice highlights these memorable experiences; the patient can re-author these or build upon them in more detail (Epston, 1998).

#### **4.3.2 Experience and narrative**

Narrative thinking and practice seeks to centre people as the experts of their own lives. It is aimed at being a respectful, non-blaming approach. Problems are externalized from people, and

the approach assumes that people can reduce the influence of problems in their lives by utilizing their skills and various assets (Morgan, 2000). Furthermore, the narrative approach follows a postmodern worldview in its attitude about reality. It therefore considers the language that is used to constitute the world and beliefs and invites people to describe their experience in new language and develop new worlds of possibility in the process (Freedman & Combs, 1996). From this it can be deduced that the narrating of experience provides a sense of continuity and meaning in people's lives, and that the ordering of daily lives and interpretation of further experiences relies upon this.

“Since we can't objectively know reality, all we can do is interpret experience” (Freedman and Combs, 1996, p. 33). It remains therefore that there exist many ways that an experience can be interpreted and this interpretation will vary according to the interpreter. As the experience is re-told from different viewpoints, the meaning will also differ. This then leads to the notion that no interpretation can really be the only truth, because the interpretation is true to every teller of the experience. White (2000) notes that the structure of narrative provides the frame through which people make meaning and sense of their experiences. The interpretative resources available to them determine the meanings that people develop by interpretation. With regards to this, the meanings are negotiated within the social network of communities and culture.

### **4.3.3 Experience, narrative and history**

When experiencing, each individual will construct a certain narrative to give meaning to the experience. The experience has numerous ways of being narrated. The individual will choose according to his/her history of experiencing how he/she will narrate the experience. When

looking at the narrative of an individual, the individual's culture must be borne in mind. The narrative will be shaped by the individual's history, current life and future (Epston & White, 1992).

Discourses can develop and distinct perspectives can exist whereby matters are viewed and experiences assessed and given meaning. It is also vital to take notice of the fact that we learn from the experiences of historical figures. It seems then that actions have indeed been lived as narratives to the extent that they have entered the experience of historical individuals. These past actions can be traced to the narratives that people have told about their own and possibly also about other's actions (Polkinghorne, 1988). Epston (1998) argues that discourse is always situated in a cultural and historical context. It is through culture that our history takes shape and by which we mould and narrate our experiences that evidently become our history. It is within the social structures and institutions that appropriate narratives about personhood and relationships are historically constructed (Epston & White, 1992).

#### **4.3.4 Experience, narrative and culture**

As seen from the above text, culture influences existing stereotypes, perspectives and acceptable norms and values. Although culture serves as a distinguishing unit among people's narratives and subsequent realities, it largely influences the meaning we attribute to our experiences (Freedman & Combs, 2002). The expression 'objective human spirit' refers to the values, norms and rules of culture that are necessary for individuals to achieve an understanding of each other's expressions and evidently also their environment and experiences (Polkinghorne, 1988).

Individual life narratives are shaped and determined by cultural narratives. Certain narratives will be dominant over other narratives in any culture. It is these dominant narratives that specify the ways of behaving and believing within the specific culture (Freedman & Combs, 2002). But what is culture? Where does it originate and who or what laid down the specifics of belonging to a particular culture? The Collins Dictionary (2004) defines culture as “the total of inherited ideas, beliefs, values, and knowledge, which constitute the shared bases of social action.”

White (2000) explores the culture of children and gives reference to the adult culture by stating that the ways of adults and children can be understood to be a product of respectively children’s and adult cultures. Abels and Abels (2001) state that cultural factors are a strong influence on the worldview of people, both as individuals and as members of a group and society. Narrative practice assumes that people’s narratives about themselves shape their self-views and their behaviour. Re-authoring is the process of deconstructing and breaking away from past harmful narratives and the feeling of failure in order to start developing a new narrative, and construct a preferred way of life (Morgan, 2000).

The rehabilitating patient might find it useful to break away from being part of the drug culture, and the accompanying influence of the views of other drug addicts that are part of this culture. This can be done by narrating their future hopes, dreams and actions and by re-authoring those narratives that keep them from living life to their potential.

## **4.4 Method**

The method by which this study was conducted was conducted in six phases which will be discussed in this section.

### **Phase 1**

#### **Introduction to chess and determination of research participants**

All the patients being treated for drug addiction were briefed on chess as a sport as well as a leisure activity. After the group was informed of the nature of chess and given general information about it the patients were invited to become part of the research. Information regarding confidentiality and ethical considerations was also discussed.

During this phase the participants in the research process were determined. This phase entailed the participants becoming familiar with the game of chess and enjoying the experience of playing the game. The group was handed the rules of the movements of the pieces (See Appendix A).

### **Phase 2**

#### **Playing and narrating the chess experience**

##### **Activity 1: *Playing chess***

During this phase the participants had the opportunity to set up the board and pieces and play the game. Players were asked to organise themselves in such a way that at least one of the players at a board knew how to play the game. This was done in order for the participants to have the

opportunity to share their knowledge and also be open to receiving knowledge from another participant. Games were completed according to the available time. More than one game was played and players changed partners for the second game.

### **Activity 2:** *Symbolic experience of playing chess*

The second activity involved the participants having had the opportunity to share their experiences of playing chess. This was done by the players each receiving his/her own chessboard on which each player had the opportunity to create a representation of his/her chess experience by using the chess pieces to illustrate his/her experience. This illustration could take on any form of metaphor or subsequent representation that the player wished to use to illustrate his/her experience of playing chess. These created positions were left open for interpretation by the participants and subsequent interpretation by me as researcher and reflecting team.

This phase was concluded by discussing and sharing the experiences of the players during the phase. Phase II was the subject of focus during the reflection and transcribing phases of this research.

## **Phase 3**

### **Reflecting on the chess experience**

During reflection on the sessions, discussion focused on the content and meaning of proposed information given by any participant from the chess group or from the reflecting team.

The aim was to assist the chess group in gaining valuable insight into their experience of life by using the narratives that they derive through playing chess. The reflecting team consisted of three MA II Counselling Psychology students (two females and one male) who were trained in narrative thinking and practice. They reflected on and added to the experiences and interpretations of the chess-playing group. In doing so they contributed to the quality of the research.

Freedman and Combs (1996) explain that it is through reflection that we make meaning of our experiences. In the reflecting team format, the members of the reflecting team retell what they have heard or seen happening in the session. This retelling involves questions and comments between the group members in order to contribute to a rich description of the communication that took place in the session. Focus is put on any events or conversation that caught their attention. The members ask questions about this and express their curiosity about aspects of the conversations that they would like to understand better (Morgan, 2000).

During such conversations the team members may also embody their interests in the lives of these patients by acknowledging the ways in which the patients' expressions have touched upon their own lives. This also involves acknowledging the way in which these expressions have contributed to the possibility of them gaining new insights and changing their ways of living and thinking (White, 2000). It is important for the reflecting team to create ideas that the patients may be interested in or sometimes discard (Freedman & Combs, 1996). The process of building and exploring these new insights will then come to the fore.

Shaw (2001) explains that the awareness of a reality is put into words and being put forward as a narrative in this process of playing and telling about their play and what they experience: in effect, narrating their experiences.

A telling has distinct characteristics:

Characters, setting and an unfolding plot are created through the description of the experience. The individual attempts to derive coherence and sense from the experience. A shared narrative starts to exist once the listener reacts to the telling. This happens when the reflecting team reflects on the experiences they saw, and which they might themselves have experienced. Because this research was done in group format, each individual's narrative began to develop when they themselves described their created positions and other experiences to the group. When people describe their experiences it is difficult to find words to explain the ideas and values that the person came across while experiencing the experience. To give meaning to an experience, it has to be verbalised. Interaction influences the meaning people attribute to experiences. The teller of the narrative can adapt the meaning according to the listener (Shaw, 2001).

#### **Phase 4**

##### **Transcribing experience**

The sessions were video-recorded and used by the reflecting team to reflect on the sessions. These reflection sessions were also video-recorded and played back to the chess group after which their feedback on the reflecting group was also video-recorded. This feedback was put

forward to the reflecting team for yet another reflection after which this feedback was given to the chess group for a final discussion session and closing remarks.

In summary, three sessions were held with the participants. The first two hour long session was to play chess and familiarise themselves with the pieces, and to create positions whereby they represented and interpreted their chess playing experiences on their own chessboards. This was followed by two sessions of reflection in response to the two reflecting sessions by the reflecting team.

Two sessions took place with the reflecting team. The session with the chess group was reflected on, followed by another reflecting session in order to respond to the feedback of the chess group. The way in which the text was presented formed a basis for future discussions on the content of sessions. The reader will incorporate the written knowledge exactly how it is portrayed, unless room for interpretation is provided in the way the experience was being recorded and transcribed.

As researcher, according to my awareness and personal values I intended making use of video recordings as a way of including as much off-the-record information as possible. With this I refer to the inclusion of body language as an added script to what the patient would narrate verbally. The video material was where the validation of content was concentrated and taken from and utilised (Shaw, 2001).

## **Phase 5**

### **Analysing experience**

After the completion of the five sessions with the chess group and the reflecting team, I analysed the transcribed texts, and tried to derive meaning and understanding of how the participants made sense of activities through attending to their experiences in their lives (Shaw, 2001).

This refers to the process of narrative analysis. It places the emphasis on the narrative as the object of the investigation (Riessman, 1993). This narrative refers to the experience as told by the individual. In this regard, note is taken of the way in which individuals organise their experiences in order for them to derive sense of activities and happenings in their lives. Narrative analysis therefore examines the teller's narrative and how it is analysed when put together, the linguistic and cultural resources it draws on, and how it persuades the listener of its originality. The goal of narrative analysis is thus to understand how culture and history can be used to construct dominant and alternative narratives (Riessman, 1993).

## **Phase 6**

### **Reporting experience**

After the recording has been transcribed and analysed, it was possible to read a new account of the experiences as the text was open for interpretation. I was during the course of the research process, part of both the reflecting team and facilitator of the chess group. In this regard I was in a position to share my own personal meaning and interpretation throughout the sessions. It should be borne in mind that the text was subject to the interpretation of each single individual or

group within the context that they viewed the world or thought that it should be viewed (Shaw, 2001). I prefer to call this last step in this research process: the experience of narrating in a subjective fashion.

According to my view, experiences are subjective. It is subjective to the nature of our humanity. Each individual gives meaning to experiences from their own frame of mind. The participants in the chess group played the game; they experienced the experience, they told about it, and explored the retellings of the reflecting team. All this happened from their accounts of meaning and understanding of what life is all about. The same happened within the reflecting team. And drawing the line closer to me as researcher, the same subjective experience was undertaken by me. Not because I wanted to, but because I'm human.

And so, during this last phase of research, I provided my own personal meaning that I have derived from participating in this research process. I discussed what I experienced and what I saw and felt others experienced or might have experienced within this context of research, and accordingly I drew conclusions. As the reader, you will also interpret the experience of reading the transcribed text of sessions in terms of your own view of reality and from your own rich history of experiences.

A detailed report, based on the analysis and experiences of individuals, has been provided. Recommendations were put forward in order for further investigations to take place and improvements on the study to be made.

#### **4.4.1 Relevance**

It is of some concern to me as the researcher that rehabilitation processes might become stuck in the routine process of providing therapy and informing patients about physiological, financial and familial consequences of using drugs and other substances. I wonder to what extent we as professionals can assist in providing them with different, positive avenues that they can explore.

#### **4.4.2 Ethics**

The proposal for the research project was approved by the Ethics Committee of the Faculty of Humanities, University of Pretoria. The goal of the research project was to describe how the patients used chess to narrate their personal narratives. This was made clear to the participants in order for them to have clarity as to the reason why they would be willing to participate in this project. It is possible that they, by their participation, would play a crucial part in the rehabilitation process of individuals in future.

The methodology of this study was explained to the participants. They were made aware that the process focused on their narratives of experience. The positions of the researcher were explained to the participants, as well as the procedure by which the research would take place.

I will touch on a few related areas of ethics. Ethical codes and theories provide guidelines that should be judged according to the relevance to specific situations (Kvale, 1996). The American Psychological Association (Kvale, 1996) makes it clear that psychologists must respect the dignity and worth of individuals and make it their duty to strive for preservation and protection of

fundamental human rights. The association also stipulates that the psychologist has a commitment to increase knowledge of human behaviour and of people's understanding of themselves and others. They also have a commitment to utilise such knowledge for the promotion of human welfare. In response to these commitments that psychologists have to adhere to, I refer to three ethical guidelines for human research as discussed in Kvale (1996): informed consent, confidentiality and consequences.

### **Informed consent**

Kvale (1996) states that informed consent entails informing the research subjects about the overall purpose of the investigation and the main features of the design and possible risks and benefits from participating in the research project. It also means that voluntary participation of the subject should be obtained, including the subject's right to withdraw from the study at any time. This is done as a means to counteract undue influence and coercion.

Participants in this research project were given a consent form to be signed before the research process started. Information regarding the nature, purpose, process and possible consequences of the research project was stated in the consent form and it was also explained to the group before the first session.

### **Confidentiality**

Confidentiality in research implies that private data identifying the subjects will not be reported. The protection of a participant's privacy must be taken very seriously by changing his/her name

and identifying features (Kvale, 1996). It was made clear to the participants that their information will be kept confidential. Participants were asked for permission to publish the results of this study. This was included in the letter of informed consent.

## **Consequences**

Kvale (1996) makes it clear that a study needs to address the expected benefits and possible harm to the participants in the study. In this study I offered benefits to the participants through their participation. Through the sessions and feedback the participants might have obtained benefit from listening to their fellow participants and also learned from their own experiences and the reliving of these experiences.

The participation of the individuals might also have assisted greatly in improving the situation of future rehabilitation patients. These future patients might, due to the participation of these few participants, experience and enjoy rehabilitation in a meaningful way by participating in a therapeutic, creative and interesting activity.

## CHAPTER 5

### THE NARRATIVE OF “E”

#### On being a leader or follower

E is a young, white male (22 years old) who at the time of this research project, had been in Stabilis for four weeks.

E,

This letter is meant to be my reflection on the conversation we had regarding your participation in chess during your stay at Stabilis. It would seem to me that your narrative gradually unfolded. Firstly, you used chess to depict the world as having two sides, secondly, you employed chess to indicate that there are two kinds of people in the world, and lastly, chess allowed you to depict yourself as having two narratives, the one narrative being that of follower, with the second narrative being that of leader. I would like to spend some time on each one of the aspects.

#### Two sides of life

From our conversation it would seem that you are of the opinion that life has two sides. It is interesting to see how you draw on chess, not as a sport, but as a metaphor, to construct the world as having two parts, as seen in the following text:

E:     1     So is die swart ook die slegte kant en wit die goeie kant. In skaak moet ‘n speler verdedig en  
       2     die ander speler aanval. So is daar ‘n goeie kant en ‘n slegte kant net soos in die wereld daar

3      buite.... The good and evil.

On the chessboard you use the two colours and subsequent two sides of the chessboard – the black and white pieces - to illustrate the ‘good’ and ‘evil’ sides of the world. You relate this further to the one side attacking and the other side defending. It seems then that regarding the ‘good’ and ‘evil’, one of them is always attacking and the other defending against the attack. This is reinforced in the following text where in relating your life to your position on the chessboard, you once again refer to the two sides – good and evil:

- E:      1      Ek is maklik beïnvloedbaar, kan in die slegte kant val dan kan ek swart word of ek kan aan die  
          2      goeie kant bly of ek kan aan beide van altwee kante wees. En ek is altyd die stryd tussen goed en  
          3      sleg. Dis my stryd in die lewe.
- D:      4      Mmm, wat laat jou aan die een kant bly en wat laat jou na die ander kant toe gaan? Wat laat  
          5      jou van kleur verander?
- E:      6      ’n Gevoel van jy is verwelkom daar. Jy’s belangrik. Watse kant gee vir jou die meeste  
          7      confidence oor jouself? Watse kant laat jou maar basies net goed voel oor jouself? Waar voel  
          8      jy die veiligste? En dit kan enige kant vir jou gee. Hang af van watter oog jy dit sien.
- D:      9      En waar voel jy nou die veiligste?
- E:      10     Op die oomblik is ek nog in die struikel tussen die twee. Ek voel veilig aan beide kante maar  
          11     ja, ek wil graag hierdie kant uitskuif (wys na swart kant).

You state that you are easily influenced. It seems that by this statement you give power to the ‘good’ and ‘evil’ sides’ influence in your life. It further seems that while being on the ‘good’ side of life, one stands on level ground whilst moving over to the ‘evil’ side means that one ‘falls’ into the ‘evil’ side, into the blackness (illustrated by your use of the black chess pieces) that represents ‘evil’.

You seem to feel that you are still struggling between the two sides and you represent this by keeping the two sides (white and black pieces) separate on the chessboard. It seems there is no interaction between the two sides because you place the pieces of the two sides on opposing sides of the chessboard, indicating that you are either on the ‘good’ side of life or the ‘evil’ side. Although you mentioned earlier that you can be on both sides of life simultaneously, it seems that according to your illustration on the chessboard the two sides cannot mix. You illustrate the fact that you want to be on the ‘good’ side of life by using the black chess pieces as representatives of the side that you want to get away from, indicating that you want to move over to the white side.

The struggle between the dualities of ‘good’ and ‘evil’ that you experience within your life seems to be your dominant story line. There is a ‘good’ and ‘evil’ side in life and the temptations and comforts of each side are always temptingly near. You further differentiate these two sides by including the metaphor of a war:

E: 1            I think it’s a war making decisions. Making the right or the wrong.

The inclusion of the war metaphor indicates the seriousness of your struggle between ‘good’ and ‘evil’ and serves as a further chess metaphor by which you seem to try and reinforce your idea of the two sides of life. War usually consists of two sides fighting against each other, just like in chess, as described in the Collins Dictionary (2004): “Open armed conflict between two or more parties, nations or states.” It seems that you tend to view life as a continuum of good and evil, right and wrong, two extremes. With the use of the war metaphor, you use the nature of the game of chess to emphasise your distinction between the two sides of the world. You also draw on the metaphor of a war to represent your difficulty in making decisions. This is an indication of the

way you experience decision-making. It doesn't seem easy for you. You seem to indicate the dynamics of war by introducing decision-making skills.

Your two-sided view of life is highlighted by your use of the usually two-sided events such as war, playing chess and making the right or wrong decisions. You continue to explore your experience of the two sidedness of life by including your experience of support and how this is needed for you to get and stay on the 'good' side.

### **Two kinds of people**

As mentioned above, you continue indicating that there are two kinds of people in this world by including another movement in your narrative, namely that drawn from your experience of support.

Where you use the colours of the chessboard to illustrate the previous movement, you now become more specific in your use of chess by using the chess pieces to explain the role and significance of support in your life as can be seen by the following text:

- E:
- 1 Alles gaan oor die koning. Hy's die belangrikste stuk op die bord maar sonder sy ander stukke
  - 2 beteken hy niks... Mense wat hulle verdedig, pionne wat hulle verdedig... Maar sonder die
  - 3 ander stukke beteken hy op die ou einde niks... 'n mens het ook ander mense nodig in jou lewe.
  - 4 Anders beteken jy ook maar niks. Mens kan nie die lewe alleen deurgaans nie. Maar dit moet
  - 5 ook die regte, regte mense wees, nie slegte mense nie.

You seem to be drawing the picture of your narrative more precisely. In the previous movement you drew a distinction between the global ‘good’ and ‘evil’ sides of life. In this movement you intensify your experience of this duality by narrowing the ‘good’ and ‘evil’ sides down to ‘good’ and ‘evil’ people. The narrative is starting to become more personal.

You seem to be of the viewpoint that one cannot go through life alone and that people not only protect but also create meaning in one’s life. You illustrate this by surrounding the king with other pieces on the board. In your previous description of the ‘good’ and ‘evil’ sides, you used the description of the ‘good’ side to strongly link it to the movement of support, by indicating that the ‘good’ side is the side where you feel welcome and safe. This will be the side where the king is defended by his pieces from the other side’s forces. You distinguish between ‘right’ and ‘wrong’ people and indicate the need for the ‘right’ people in one’s life. This is emphasised by repeating the word: ‘right’. It seems that the image of the king is used to strengthen and build your narrative of support by reinforcing the king’s need for support and other people around him.

In the text you make repeated use of the word ‘niks’ (meaning ‘nothing’). Such nothingness will be the result of not having somebody in one’s life. This indicates another duality with togetherness on the one side and loneliness on the other. Having no one in one’s life will mean that a person has no meaning.

You seem to identify with the king by being a person who is in need of support. You build on the metaphor of the king not able to be on his own, which is also the reason why you added other pieces on the board:

E: 1 Everything goes about the king and only the king but then I realised the king can't be, the king  
2 can't carry on, on his own. He needs support. That's mainly why I added the other pieces...

It is possible that you indicate your realisation that you need support in your own life. You might have found that although you were the most important figure in your own life, the chessboard was empty and the king had no companions. You seem to use the pieces to symbolise that you have allowed other people onto your chessboard and therefore into your life.

Within the following section in this chapter one comes to experience your interaction with people on your chessboard and how the king suddenly takes on a persona of one of the other pieces.

### **Two types of identity**

After you had told me that there are two sides to life and that the world is made up of two kinds of people, your narrative brought us to you. You introduce this third dominant narrative of being a follower by using the horse (knight) chess piece as the identification figure for yourself:

E: 1 Okay, ek is die perd. Die rede daarvoor is ek is maar 'n tipe persoon wat volg die rigting  
2 waarin ek gelei word. Hmm, ek is maklik beïnvloedbaar...

D: 3 Die perd is 'n sterk stuk.

E: 4 Ja, maar net aan die regte kant, net die regte besluite neem in die lewe. Maar ek sal ook nooit 'n  
5 leier kan wees nie. Ek sal dit los vir mense wat leiers is. Ek volg maar net. Maar ek wil ook nie  
6 in die verkeerde rigting volg nie.

D: 7 Maar moet perde altyd volg?

E: 8 Perde kan wild hardloop ook. Kan vry wees, wild. Maar hoe se hulle, moet ook nie te wild wees

9     nie. Anders gaan jy in die afgrond afval. So jy moet maar bietjie van ‘n rigleiding he erens langs  
10    die lewe. Anders byvoorbeeld as jy nie skool toe gegaan het nie hoe sou jy ooit werk kon kry.  
11    Dis maar riglyne in jou lewe wat jou help vorentoe. Jy word soontoe gelei. Meeste van ons  
12    kinders wou nie skool toe gaan nie. Ons is soontoe gestoot. So is die wêreld. Moet gestoot  
13    word. Gelei word.

The horse tells the story of you being a follower, somebody who is easily influenced. Making the right decisions in life will result in the horse being on the right side of life, presumably the ‘good’ side, and this will lead to the horse being a strong figure. Again you build further on the duality of life that is also the focus of your first and second movements. You maintain your narration of the ‘good’ and ‘evil’ sides of life and the narrative becomes even more personal now that you have taken on the identity of one of the chess pieces, namely the horse.

You do not seem to identify with a leader role. You would rather follow and you want to follow in the right direction. Your introduction to your experience with leadership is achieved by firstly identifying with the horse as a follower figure and then by downplaying yourself as a leader, saying that you would rather leave that to people who are leaders.

It seems to indicate a possible experience where you did not succeed as a leader. You include society in your explanation by saying that society functions by imposing guidelines on people which must be followed in order to be successful. In the same way the horse is playing out this story by following the path on which it is guided through society and culture. The horse can therefore be intimidated by society, by the right and wrong sides of the world.

E, you use the horse chess piece to symbolise your role as a follower. In the chess game the horse is the only figure that can jump over other pieces and obstacles in its way. The horse is a good piece in chess positions that are blocked and where the movement of the pieces is restricted. The horse will struggle to keep up with other pieces once the position becomes more open and dynamic because of its comparatively slow movement ratio. It is then easy for a horse to be left in the dark and prove hopeless against other pieces that can move quicker from one side of the board to the other. This uniqueness of the horse seems to be related to your view that the horse can run wild but that it must be careful to not to run too wild.

In that case the danger exists that the horse might fall into an abyss and be lost. You seem to imply the need for guidelines in your life so that you can stay clear of falling down an abyss.

You seem to add more meaning to the previous two narratives of your uncertainty of the side you are on by saying that you have an equal amount of both sides and both colours in you. You do this by relating to the two colours of the chessboard.

The two sides of the chessboard are referred to by your inclusion of the two sidedness of the world:

E:     1     And it's basically if you look at the colour of the board, that's the colour of my horse. It's black  
       2     and white. Something of everything. A little bit of black and a little bit of white. So, it's got  
       3     both. So if I could paint half of the horse black and the other half white I think that will be me. I  
       4     actually tried to stand the two horses on top of each other and it didn't work.

This narrative of the two sides is thickened when you give value to both sides through your experience of both sides. The ‘good’ and ‘evil’ sides are both playing equal roles in your life. It feeds the horse, and the king from the previous movement feels supported on both sides. You seem to have unsuccessfully tried to incorporate both sides of the world, the ‘good’ and ‘evil’, into your life by trying to place the two horse figures from the two opposing sides of the chessboard on top of each other. You seem to feel that you are made up of the two opposing sides by which you distinguish life. The struggle between the ‘good’ and ‘evil’ for the king is continuing in the life of the horse.

I would like to conclude my letter by firstly reflecting on the impact of your narrative on my life, and then secondly making some suggestions for possible future therapy.

To me your narrative was one of duality, and it made me wonder what my relationship with duality is in my life. I think my view of life as consisting of dualities is largely shaped by society. We are judged by our association with opposing dualities of accepted views and society uses ridicule and shame to try and ‘force’ us to conform to the more accepted and known duality poles of any given matter.

Your narrative of dualities has made me think more about the fact that I (and we as the new generation) can instigate new meaning to dualities and reevaluate what is acceptable and also practical in life and society.

In the end I think that dualities and their dynamism are relative to each individual and culture and the inclusion of multiple narratives represented by the grey areas between the poles of dualities in

one's life can only enrich one as an individual in terms of living a fuller life. I have allowed and am still allowing to some degree the stigma of society to influence my thoughts on the inclusion of multiple dualities in my life.

It seems that you have difficulty in including and incorporating multiple narratives into your life. In your narrative you have moved from the duality of life as being 'black' or 'white' to the duality of people being 'good' or 'bad' where the 'good' people support you. If you should consider entering therapy in the future, I wonder if integrating the opposites in life might be beneficial – a move from an “either/or” to a “and” way of relating to your world. Therapy will therefore center on integrating these dualities which means changing the 'or' to 'and'. Life is 'black' and 'white', there are 'good' and 'bad' people and you can be a 'follower' and a 'leader'.

Regards

Denise

## CHAPTER 6

### THE NARRATIVE OF “G”

#### On being a family at war

G is a young white male (25 years old) who by the time of the research programme, had been in Stabilis for two weeks.

G,

I am writing this letter to you regarding the chess that you participated in during your stay at Stabilis in 2005. This letter contains my interpretation of your narrative. It is noteworthy how you transformed chess as a sporting activity into chess as a metaphor in order to convey something about your family. This you did firstly by portraying your family structure, secondly conveying something of your family’s dynamics and thirdly, describing your way of coping with your family’s dynamics. Allow me to elaborate on each one of these aspects.

#### Family structure

You started off by using certain chess pieces to illustrate how your family was structured. In your words:

G: 1 Ja. Hierso is ekke (loper).

D: 2 Wat is jy? Die bishop?

G: 3 Ja, die bishop. Maar hy staan op ‘n stoel want anders is hy te kort. Want die queen staan langs

4 hom. Hy moet so bietjie langer as sy wees. En hierdie is my vrou langs my. Sy staan langs my

5 met die twee kastele agter ons. En die pionnetjies is familie rondom. Hulle is bietjie naby  
6 (moves them slightly away). En die een hou ek nie van nie. Hy moet daar wees (moves the  
7 white king away)... Dis maar net ek voel daar is baie standvastigheid wat deur die kastele  
8 gerepresent word. Die swart hou ek nie van nie. Hulle moet wegkyk. Daaikant toe kyk. Almal.  
9 Ek hou net nie van hulle nie. Dis slegte goed. Slegte mense, dis slegte goed, slegte dinge, net  
10 sleg. Die perde is seker maar vryheid. Ek hou daarvan om vry te wees. Hulle kan daar staan.  
11 Nader aan altwee kante. Dis wat ek wil hê.

From your words it seems that you identify with the bishop, a bishop that feels he should improve his height in order to stand higher than the queen. You use the queen as representative of a person you can always rely on and continue to introduce your wife as the queen. She seems to be your supportive figure, the person who cares for you. You indicate this by placing her next to you on the chessboard. You have support which is indicated by the two castles standing behind you and your wife. Castles (rooks) are known as firm, stable figures in chess. You and your wife are surrounded by family and you introduce them as the pawns standing around you. It seems that you experience your family as standing too close to you and you illustrate this by moving the pieces away that resemble your family. You also introduce freedom into the text by identifying the knights with freedom. Your desire to have freedom is possibly illustrated by your placing of the two knights closer to your bishop and queen on the board.

Your dislike of the king is confirmed, not just by saying that you do not like him, but also by putting the king in the corner of the board. You then continue to identify with the white pieces. The black pieces seem to represent all that is bad in your life. You do not identify with them and turn the faces of the black pieces to look away from your symbolised figure. Your repetitive use of the word 'sleg' which means 'bad' indicates your dislike of people and things that you see as

'bad'. There seems to be a distinction between the role of the black and white pieces in your life since you describe the people represented by the black pieces as negative and bad. It was also interesting to note that in your representation on the chessboard you used the white pieces as your family members and the black pieces specifically had a place either next to the board or on the very outskirts of the board.

You have so far introduced you and your wife and the freedom you need. The other figures on the board now also acquire more specific identities. You bring in other not so immediate family members:

- G: 1 Die sal my ma wees en dan sal die ene my suster wees (2 torings). En die ene sal my broer wees, hy  
2 moet daar wees (skuif hom na reg langs hom) en dan sal die ene my ander suster wees, stiefboetie  
3 wees en my ander ouer stiefbroer wees. Die is die jonger stiefbroer (almal pionne). Daar kan my  
4 stiefma wees (vat die loper wat langs bord gestaan het en sit hom langs sy ma-figuur).
- E: 5 En jou stiefpa?
- G: 6 My stiefpa is, ja hy is, hmm, hy's (strek na bord langsaan en neem 'n toring daarvan). Hy kan hier  
7 wees (plaas stuk agter sy ma en sussie). Nee wag, hy moet hier wees (neem toring en sit dit aan  
8 ander kant). Ja. So dit is maar net my situasie dink ek.
- D: 9 Wat verteenwoordig die koning wat daar lê?
- G: 10 Ek weet nie. Seker... ek weet nie (Vat koning en skuif hom bietjie nader na middel van bord).

You give identities to all the figures except the king. The rooks that support you and your wife represent your sister and mom. You use the pieces that are known in chess to be the steady and

unwavering pieces to identify your mom and sister. This might indicate the supportive role that they play in your life. It is interesting to note how you identify your brothers and other sister with pawns. Pawns are the pieces that generally have the least value (one point) in a game of chess. They don't seem to play as significant a role as your mother and sister because they are placed further away from you. The king is the only figure on the board that remains without an identity. He seems to be allowed to remain a spectator in your life. It seems that you can't decide how involved you want the king to be in your life. You move him closer to the family center, then away again, right into the corner. It seems that you want him to be a part of your life, but not too involved.

### **Family dynamics**

After you explained your family structure to me by using various chess pieces, you continued to expand on the dynamics within your family. You build further on this narrative of structure by using the metaphor of war, which is illustrative of the nature of chess, as a means to explain the family dynamics.

The outcome of your decision whether to go to your mother or father during Christmas is indicative of the dynamics in your family:

G:     1     Just making decisions on who you go to for Christmas is a hell of a war. You must see my  
       2     parents. Jissie. So I will just go with my friends and after Christmas I'll come back... If I tell  
       3     my dad I'm going to him, then my mom them are like 'die moer' in or ja this or you did this last

- 4 year and this and this and this. So I decide to go to my mom. Then my dad goes off: ja, 'maar'
- 5 this and this and this. So I decided I'm not going to you or to you. I'm going my own way.
- 6 Then nobody can fight.
- D: 7 What effect does that have?
- G: 8 It pisses me off, quite much. I don't like that. It's actually sad ne. Because I haven't seen them.
- 9 I think last year was the first time in about 8-9 years that I've been to somebody for Christmas. I
- 10 always leave. So I went to my mom last year. Last year or the year before? Then I decided I'll
- 11 go to my dad for new years because my mom didn't like me drinking so. We can get pissed a
- 12 bit because it's on the farms so that's okay. So we have a bit of a party. But it's not nice. I
- 13 don't like it. So yeah, life is like war. Decisions. If you make the wrong decisions, you going
- 14 to go down. If you make the right decisions you will keep on standing, I think.

You seem to find the metaphor of life as a war fitting in regard to your family life. You use chess as the starting point for your perspective on life as a war. You intensify the war further by personalising the war in terms of decision-making during Christmas time. Rather than deciding who to go to for Christmas you rather go to friends in order not to disappoint anybody. You refer back to life as a war and the importance of making the correct decisions. It seems that deciding who to visit at Christmas is a decision of the same nature as that between drinking and not drinking.

You mentioned in the previous narrative that your mother is like a rook behind you and a supportive figure in your life. She does not seem to approve of your drinking.

When a war is over the side that wins is the side that is still standing. By using this strong metaphor you examine the consequences of making the wrong and right decisions in life. Making the wrong decisions will make one 'fall down' while making the right decision will keep one standing. It seems that you have your mother on the one side representing the decision not to drink and on the other side you have your father who represents your decision to drink which you indicate you do not like or enjoy.

It seems that your father allows you to drink. I wonder as to the nature of this behaviour. Is it possible that your father might be using alcohol to try and keep you on his side, rather than on your mother's side? Or is it possible that your father is hoping that you will self-destruct because you seem to be more inclined to choose your mother over him because your mother is the more supportive figure in your life? I can only wonder about this as your words in the text can possibly be interpreted in both ways.

You also seem to intensify your experience of your family's dynamics by exploring your need for freedom within your family:

G:     1     They (reflecting team) mentioned something about the horse and the freedom thing. That's  
       2     probably because I want freedom. I want a lot of freedom. I want more than I've got at the  
       3     moment. Especially, while I'm in here I would like freedom but this will pass. But outside I feel  
       4     like I get smothered. Jis, if I cross the street on the wrong side or doesn't matter what I do, my,  
       5     especially my parents. Jis they know about it, they all over me. Then it's my sister, then it's my  
       6     mom, then my dad, then. It just don't matter what I do. They smother me. I would like more...

7 just a bit to do something on my own, not screw it up, because I usually screw it up too much

8 but... I just want freedom.

You strongly state your need for freedom. You explain this lack of freedom by using the metaphor of smothering. Your family seems to smother you and three members of your family are playing a front row part in this smothering: the two rooks and your father. It is possible that you might be experiencing a feeling of helplessness and it is made clear by your usage of the metaphor of not being able to make any decision without getting smothered.

It is interesting to note that you introduce the identity of the king only at a late stage of the process. Your father enters the narrative as a person who you do not get along with very well:

G: 1 And the last one is they ask who is the king? I think I see my dad as the king. He's around but  
2 jislaaik. We don't get along that well. Even though he wants to but. I want to get along with  
3 him. We always did but I don't know. Jirre, he drinks a lot. Then he... I started my shit with  
4 him when... I started drinking with him when. You know he raised me since primary school to  
5 be his drinking buddy and stuff like that. It was hard getting out of it. Stopping that probably  
6 just changed it for everyone. I think that's it.

D: 7 How do you know he raised you to be his drinking buddy?

G: 8 Because I lived with him when I was in standard 5. Then he just started buying me beers and  
9 said it's okay if I want to drink but I have to drink with him and stuff like that. So in standard 6  
10 I started drinking outside and he started giving me his car in standard 6 to go to my parties and  
11 stuff. I would have, I would tell him that I'm going to drink tonight and he would say: 'Yeah,  
12 just don't fuck up my car.' And well we started buying beer, and lots of beer or stuff. I was  
13 always drinking with him. And he always, when I came to visit him he was like buying loads of

14 booze and brandy for me and whatever. And he always wanted to have a dop with me and, and  
15 he doesn't go out drinking to pubs or stuff. It's only when I'm around. Then he likes having a  
16 dop with me all the time. Ask me are we gonna get a dop for when you go home or are you  
17 gonna get a dop for this? Then I say ja I will. At that stage I was thinking about it and I didn't  
18 care.

A third party seems to be involved in your relationship with your father and that is alcohol. Your relationship seems to be defined in terms of drinking. The narrative begins in your primary school years with your father providing you with the party liquor. You use your father as the instigator for your drinking behavior because he was the one buying the alcohol and letting you use his car to go to parties. You then seem to have played the part of the drinking buddy very well. You describe your own and your father's drinking behavior as a companionship, the one thing you had in common.

I wonder how your observations about your drinking behaviour then and a few years later differ from each other? Do you understand the reasons why you might have been more inclined to comply with your father's drinking behaviour when you were still at school? I am also wondering how you construct your personal narrative about your self-image on the grounds of this relationship with your father? What happened to have made you care about your life? It might be possible that the following narrative might shed some light on these aspects because you seem to have developed a sense of awareness of all these dynamics and found a way to cope.

## Awareness of family dynamics

In this narrative you expand and intensify the movements you introduced in the previous narratives by illustrating your personal insight into the dynamics of your family. You use chess to explain your awareness of the two narratives above.

Your three narratives come to their full completion by you, after having moved from the structure of your family to the dynamics of your family (which is represented by war), to moving towards your personal handling and insight into the dynamics of your family:

- G:
- 1 I'm starting to understand why I am fighting wars and why I just don't want to let go of some
  - 2 things. And deal with a couple of things in different ways because not everything has to be a
  - 3 war. It can be just a little sort out. So I'm going to 'skaal' (downscale) of from them a bit.
  - 4 That's gonna be easier.

You continue with the chess-war metaphor. At the same time it seems that you are giving yourself an opportunity of making a decision to be part of wars depending on the situation. Your experience of wars seems to change as your understanding of the reasons you are getting involved in wars develops. It seems that you have made a decision to be involved in fewer wars which might make life easier for you.

You seem to be tired of fighting. It seems that in the past you have used drugs and alcohol to get away from the fights in your life. These coping mechanisms might no longer be suitable for you:

- G: 1 I've been fighting my whole life. I don't want to anymore. You get tired at it.
- D: 2 Where are you gonna rest? Where are you gonna find your solitude? That's just gonna be away  
3 from fighting?
- G: 4 I think that used to be in booze and in heroin and stuff like that most of the time for the last ten  
5 years. I will have to find something else especially not drugs or booze. That's no good. Mm, I  
6 don't know yet. I haven't thought of that. Probably work. I don't know. I enjoy my job. I  
7 really do.

You acknowledge an environment away from war. It seems you want to replace the solitude of alcohol and drugs with your work. You use your history of the past ten years to explain the realisation of having to find a refuge away from drugs. It hasn't worked this past ten years, which means that you might have to alternate the 'place' where you would like to 'rest'.

In moving away from alcohol and drugs you have come a long way towards taking responsibility for your actions and your own life. It seems that you now want the freedom back that was given so freely to you by your father when you were younger:

- G: 1 But anyway, have I told my family that I feel they are smothering me? No, I haven't. I told my  
2 sister that I feel the family is smothering me a bit and she said ja she knows what I mean because  
3 it happened to her before. She told them actually to back off on her and it worked so. But I feel  
4 a bit bad telling my mom jissie man, back off, my dad back off. But when I get out of here I will  
5 definitely have a chat with them and try to say to them in a nice way. Don't know how's a nice  
6 way yet but I will.
- D: 7 How far do you want them to back off?
- G: 8 Not too far.

- D: 9 So it's not like asking them to leave.
- G: 10 No, no, no, no, definitely not like that. Just a bit of breathing space and ja. Not too far. Cause
- 11 I think they enjoy being there for me. But they enjoy it so much that they're there too much
- 12 for me. Some things I just want to do on my own or just experience it on my own. Without
- 13 them showing me exactly what to do. But figure it out for myself. So I'd like them there but
- 14 not this close. Just a bit of breathing space you know. I need to get more focused on what
- 15 I'm doing, why I'm doing it and look at the bigger picture - the long run.

It seems that you understand what freedom and responsibility are about and you might want to have a trial with exploring this freedom. You use your sister as a role model in this situation because she has been through the same experience of wanting freedom from the family. Maybe it might be worthwhile to talk to her about how she handled the situation and how you can improve on her way of dealing with it? You also reinforce the importance of being focused on your own life. You place a lot of emphasis on your desire to stop 'screwing things up'. The bigger picture seems to be important to you and you seem to want to strike a balance by having the bigger picture in mind while you are focused on the here and now in your work and family life.

During the last part of this narrative you return to the chess metaphor of the horse that represents freedom. You also adapt the war metaphor. You reduce the size of the war from the vicious war to a battle, and then reduce it even more to a simple struggle between two people as in a chess game:

- D: 1 What is another way of looking at problems?
- G: 2 Yeah, they can be challenges that you... They mostly are challenges. Something that you have  
3 to win. Something that you have to beat. Like the horse that have to be won. But some of  
4 them just change them from wars into battles, and then into two men that fight. Then at the  
5 end of the day it's easier to win them. Ja, it's probably challenges. It's something in life that  
6 you have to sort out at some stage. And there's always, because I've got support, I can always  
7 like say, ask somebody else to come in and help me on this one.

In this text you are applying the chess metaphor by using the two sides of a chess struggle where two opponents face each other. You seem to find a battle easier to handle when the complexity is reduced. Support seems to be useful in your fighting of battles. You might use support from people by including them in your team in order to be victorious in your quest:

- G: 1 I'm going to be at the front. And I'll put my wife behind me. And then I'll put my sister and my  
2 mother definitely. And maybe my father. Because I heard my mom told me last night that and  
3 I don't know if it's true, that he actually stopped drinking the day I went into jail. Just before, I  
4 don't know. I don't know if he's gonna keep up, so first, I will have to see. I think, because he  
5 has got a lot of doubt in me and I've got a lot of doubt in him because I know him. And then  
6 again he knows me. I am going to be the one at the end that's going to be successful. I hope he  
7 will be good. That will be nice. So I might, fight back. Maybe I don't have to fight against him  
8 anymore.

Your father might be allowed back into your team. Your father's drinking behaviour seems to be the benchmark as to whether he will be in your team. It seems that you want to end the war with your father. Is it possible that you might be comparing yourself with your father by indicating

your doubts in each other and by confirming your idea that between the two of you, you might be the one left standing? Although you do not know how your father's life will continue it seems that you are sure of the fact that you have made the decision to win your war.

I would like to conclude this letter by saying firstly something about the impact of your narrative on me, and secondly by leaving you with a few thoughts regarding possible future therapy.

Your narrative took me to a place where I had to look at the war in my family and how I cope with that war that is in contrast with the ways that you have been coping with your wars by using alcohol and drugs and now by deciding to recover from your addictions. In my case I have decided sometimes to ignore the facts and childishly hope that things will just be 'okay' and work out fine. I am the one who initiated the war between me and my family so I can not look the other way. A decision must be made and it is clear that no matter what my decision, destruction will be the result – destruction of my family or myself. You have chosen yourself and your family and you have come to a point where you have assessed your position in life and where you want to be, and with whom. My current war involves the decision of whether to go forward with my family or without them. In my view you are wise to strive for a balance between living your own life and your family's nature of support. Sometimes this is not possible. Living a life without that support can be a war in itself.

You have displayed considerable insight into not only your circumstances, but also your respective position in your family and your ability to make a success of your life. This became apparent in your third narrative that indicates your awareness of your family's dynamics and future ways of coping.

Should you decide to engage in therapy, I think that it would be meaningful to look at various ways of coping with the war, so that alcohol and drugs become less and less a coping mechanism. You might benefit enormously through developing techniques that improve your self-image even further and assist you in exploring your unique identity that exists apart from your family. Narrative thinking and practice gives considerable attention to those narratives of your life that are unique and that you would like to pursue. In that way the narrative is thickened by exploration. In this regard I am thinking of your need for freedom that you illustrate by your identification of freedom with horses. It might therefore be of value to you for us to revisit the things that you have accomplished in this regard: for example by choosing to go to friends for Christmas you have established a sense of freedom away from your family. You have made the decision to stop drinking with your father and in that way establish freedom for yourself. Your decision to steer clear of wars might also indicate freedom. In this way we can thicken your experience of freedom and explore possible avenues that you can traverse in order to further experience freedom in your life.

Future therapy might also include coping mechanisms that boost your handling of tension and the specific family dynamics of your family. Although you are part of a family, you might benefit by developing your own life goals and setting appropriate boundaries.

Regards

Denise

## CHAPTER 7

### THE NARRATIVE OF “T”

#### On being a devastating and devastated queen

T is a young African woman (37 years old) who at the time of the research project was in her 5<sup>th</sup> and last week at Stabilis Treatment Centre.

T,

When I sit down to write this letter to you I think back on our conversation regarding chess. It is my understanding that on the one hand you have a dominant narrative of being a devastating queen, while on the other hand you also experienced being a devastated queen. Allow me to ponder on these two aspects a bit more.

#### Introducing the devastating queen

During the first group session while the group waited for every person to finish with their positions, you started talking about your position. You seemed quite involved in your experience of playing chess and packing your own chess position because you did not wait for the others to finish. You spoke about your position without waiting for anybody to listen to you. Your queen received a thorough description:

T:       1       My queen has got to be my favourite piece. Because she can leave so much devastation in her  
          2       way. You know how I kind of see it. I kind of see it as an irrational mother. You know it

3 doesn't matter what my kids have done. And I sometimes imagine these Victorian robes, long  
4 robes and cloaks, and she just Whfoop (gesture with arm in the air), as she doesn't care. What's  
5 coming, she just, it's there, I'm gonna sort it out now because you people can't do the job. She is  
6 a very good piece. Walks all over everybody.

The queen seems to represent a powerful figure to you that can cause 'devastation'. She can take action and try to sort things out in a way that other people are incapable of. You moved from identifying the queen as a chess piece to the queen as a person and then back to the identity of a piece. You moved from the external viewpoint of seeing the queen as an irrational mother to internalizing your own role as a mother by using the words: 'my kids'. As a chess piece, the queen does not have the ability to move over other pieces but can be blocked in by them. In your narrative the queen receives the power to 'Walk all over everybody'. The chess piece is once again personalized into a human being who doesn't have to let anyone stand in her way.

There seems to be an ironic description in the characterization of the queen. The irony seems to lie in the combination of the words: 'devastation', 'irrational mother', 'kids', 'good', 'doesn't care', 'walks all over everybody'. It seems that you still regard the queen as being 'good' although she can be a devastating, irrational mother. One can only wonder if it is possible that the devastation she leaves in her way is a reflection of the fact that she is an irrational mother who, by not caring what her kids do, will trample even over them to get what and where she wants to be?

It is interesting to note that the devastating queen who seems so powerful can also be a learning queen, a queen that uses an opportunity of moving chess pieces around to learn more about herself:

T: 1 I just felt irritated, annoyed, impatient. I also found out that I'm flexible and I can plan. And I  
2 can take defeat. And I hate unnecessary competitiveness. And some people are more stubborn  
3 than I am.

Despite the fact that your experience of playing chess was marked by three negative words namely 'irritated', 'annoyed' and 'impatient', the experience also seemed to have taught you a few things about yourself. You acknowledge that you are a stubborn person by means of rating other people above you in terms of intensity levels when it comes to stubbornness. You seem willing to compete when you feel that it is necessary to do so.

You also emphasize frankly that you will let nobody stand in your way:

T: 1 But I do tend to get defensive, aggressive and protective having said all of that. And I will  
2 trample all over anyone to get what I want.  
D: 3 Okay, does it come in with the metaphor of the queen?  
T: 4 Ja

Up to now your characterisation of the queen has been cold and clinical – referring to your acknowledgment of the queen’s intellectual capacity to learn new things and her destructive nature. You now move on to introduce the ‘softer’ queen in exploring your narrative further.

You use chess to convey the seemingly serenity of your willingness to sacrifice by using the smallest piece on the chessboard to illustrate that you value small things:

D: 1 Okay, and what is this representing?

T: 2 This. That it doesn’t matter how big or how small a thing is, if it’s mine I tend to be very  
3 protective. Hmm, but I will sacrifice what I need to sacrifice for the greater good. And that’s  
4 why there is this pawn over there. I actually wanted to put another bigger piece but I just then  
5 thought its okay because I tend to get precious about small things as well.

Protectiveness seems to play a part in your experience of things that belong to you and about things that you value. Your explanation that the small pawn also represents the larger things in your life that are of value to you is also indicative of the irrelevance of the size of these matters. You seem to follow a holistic approach in your willingness to sacrifice something. You indicate a willingness to sacrifice as long as it will assist the greater cause.

When you proceeded to set up one last position representing yourself you explained it as follows:

T: 1 I added 2 knights and a castle. This (1 knight) is to always remind me that I’m vulnerable  
2 even if I can trample all over people or whatever. I added these three pieces just to remind

3 myself that if I'm left to my own devices I have the potential to be reckless and pretty much  
4 do whatever I want so I need something outside of myself to always remind me that I could be  
5 threat to myself and not just to others around me.

D: 6 Mm, which 3 pieces did you add? How are they assisting?

T: 7 Oh, this one can take that one down. I leave it here and pretend there's nothing there. And  
8 this one can take that one down. You know what I mean. But this one is looking out for her  
9 (the rook looking after the queen). As I say, that being left to my own devices I can pretty  
10 well do whatever I want but need to remember that I'm not, tell me the word, that I'm not  
11 infallible.

D: 12 Okay, and you still the queen there?

T: 13 Ja, for sure. Always. Because I think I am important. I am important and I take advantage of  
14 that. And that is why I pretty much do whatever I want to do, I check. But now I need to put  
15 extra things to make sure that I'm kept to check.

You use the chess pieces as reminders of your own human nature. The knight reminds you that you are vulnerable and the other three pieces serve as reminders of your own potential to follow your own mind and be reckless. It is interesting to note how you choose the only 'animal figure' (knight) of the chess pieces to illustrate your vulnerability. It might be that the softness of an animal is also a representation of what will be the opposite of the destructive pieces. One of the three pieces, a rook, is the piece that looks after you. It seems that your own infallibility keeps a check on your irrationality.

The queen seems to be an important figure for you, and because you see yourself as important you feel that you have the right to be seen as the queen on the chessboard. You seem to use your position of being important to your advantage and your position as the queen to give reason to your behaviour to justify doing whatever you want to do.

It seems though that you feel that you need something in your life to keep you from being reckless. It seems that by being vulnerable you might be taken advantage of by the devastating nature of the queen. Reminders in terms of chess pieces are used to remind yourself of your dominating, devastating nature which is the devastating queen. This devastating queen also has another side to her being and that is the devastated queen.

### **Introducing the devastated queen**

Your description of the queen continues as you merge the aforementioned characteristics in your discussion of the queen's various qualities:

T:       1       The devastation I keep eluding to is what I have done with and to my life yeah. And I think  
          2       that is why it's so fascinating for me. The queen and how she is just able to sweep through  
          3       because she's got lots of power and lots of energy and my life is just for me to recheck that  
          4       power and that energy into undevastating, if you will, what I've done.

You identify with the queen as you personalise and internalise the qualities of the queen in that you feel that you have to assess the power and energy you have and use it constructively to

correct the devastation you have created in your life. The queen seems to have the capacity you need to correct the devastation you have caused in your work and life. It is a figure whose characteristics seem to fascinate you. This fascination might be due to you being able to identify with this strong chess piece. In a chess game the queen is one of the most important and powerful pieces and it is not uncommon for chess players to resign their games if they lose their queens for no particular reason.

It is interesting to note how you continue to use this chess piece throughout your description of your life narrative. You not only use the piece but in the next text also incorporate the nature of the chess game into your experience:

T:     1     And my use of the metaphor of war. And I say that it's all war. All of it. We, it might be low  
       2     level but whatever it is, but there is always going to be a struggle and for me in my addiction,  
       3     it is a war I can never win. Except for me to win the war, I need to surrender. To be weak in  
       4     order to be stronger in a sense, or not even in a sense, at this, which is like that. I need to be  
       5     humble and get out of my way and say you know what, I can't win this. I'm gonna stop trying  
       6     to win this war with my addiction. I'm just gonna say you know what: "white flag, I give up."  
       7     You know I'm not gonna fight this because the harder I fight my addiction, the worse I make  
       8     things for myself. You know, so I'm just gonna accept that this is something bigger than me.  
       9     I can't do it on my own and just accept defeat gracefully. You know and say, okay, now that  
      10     I'm, now that you're stronger than me, what do I do? And what do I do? I get the hell away  
      11     from it. But just stay away from those addictive forces yeah.

You use the metaphor of a war to indicate your understanding of your addiction. It seems that you will always be fighting against your addiction. You already forecast the outcome of your war and it is that you will never win it. You have been trying to win your war with your addiction but you haven't overcome it. Even though you feel that you cannot win against your addiction all is not lost. You seem to find a midway in that you identify the only outcome of the war and that is to surrender. This notion of surrendering is intensified by your use of the white flag. It seems that you have been trying to stand your ground against your addiction and you have now come to the realisation that you need to surrender yourself and in your eyes show yourself to be weak. It seems that being weak is the first step in the recovery process. It is only after you have shown your humbleness that you can start building yourself up again.

T, it seems that you are going to give up in a graceful manner which is in accordance with the queen you identify with. You acknowledge that you need assistance in fighting your addiction. By surrendering you are acknowledging that the addiction is stronger than you. You personalise the addiction by asking it what you should do now that it is stronger than you and you opt to get away from the addictive forces.

The surrendering queen seems to be the part of you that realises the reality of your situation. This is the characteristic that seems to give the wakeup call for you to be able to give attention to your alternative story which is that of the devastated queen. This devastated queen's experiences now become alive since you realise that you are devastated because of drugs. You seem to realize here that although you see yourself as a devastating force that can 'trample all over anybody', you cannot trample over drugs. You once again become aware of your vulnerability because of

drugs. In realising your inability to overcome your drug addiction you acknowledge the strength of drugs. Drugs seem to be the true devastating force in your life.

In the following text you make it clear what you mean about not being able to win the war against addiction:

T: 1 I'm talking about we need help in order to get our addiction in control. Yeah, in order to get our  
2 addiction in control, we need help to get there. Yeah. But we can never win. When I say it's a  
3 war that we can never win our addiction is much more powerful than us. And in, with all the  
4 help there is nothing in the whole world that's ever gonna say, to make it possible for us to be  
5 successful ever. And that's what I'm talking about.

D: 6 So it can't be won?

T: 7 Yes, and that's why I'm saying just wave the white flag and say you know what, I'm never  
8 gonna win this so let's just be buddies. Okay, I'll stay away from you, you stay away from me.  
9 That kind of buddies usually call it a trous.

Once again you give the addiction credit for the power it has. It is so strong that you will never win against it. You seem to need help in order for you to control your addiction. Your helplessness in beating the addiction is intensified by your use of the phrase in line 4: 'there is nothing in the whole world... to make it possible for us to be successful ever'. Winning the war seems hopeless. Rather than being enemies you want to embrace your addiction as a 'buddy'. You rather want to agree with this new 'buddy' on the prevalence of addiction in your life and together with this 'buddy' decide to stay out of each other's way.

Another devastating force seems to be the colour black. It seems that black is a devastating colour since it ‘can never make something’, indicating the devastation of its path:

T:     1     Black, because it’s a strong colour. Black can only make colours darker. It can never ever make  
       2     something... so it’s a very, very strong colour and I believe in not just my own strength, but in  
       3     the strength of people, of human beings. I believe that they’re resilient and for me is very  
       4     symbolic.

You use chess further by referring to the colour of one of the sides. Black seems also to represent strength in that it has the power to influence other colours by its darkening force. The colour is symbolic of the strength that people have. It seems to remind you of your own strength and resilience. It seems that even though you are willing to surrender and show your humility towards your addiction, you still maintain your faith in your strength as an individual.

I would like to end of this letter by firstly indicating the influence of your narrative on my life and secondly make some suggestions regarding therapy.

I think the aspect of your narrative that struck me most was the fact of “surrendering to drugs” to be able to defeat drugs. This is a paradox. You need to give up in order for you to experience victory. Victory does not lie in conquering drugs, but in acknowledging that they are stronger than you and in you surrendering and in choosing not to fight.

Your narrative of devastating and devastated forces in life has made me aware that those two forces are prevalent in our every day lives. I am wondering to what extent we have a choice as to

the inclusion of these forces in our lives. You are aware of their conflicting presence in your life and that makes it possible for you to act according to what you think is best.

T, you seem to be an independent individual who will, like the devastating queen, take matters into your own hands and carry out the things that you want. You seem to distinguish between the two narratives of being a devastating queen and a devastated queen. You give the devastating queen the dominant role in your life and the devastated queen plays the alternative story. I am wondering if it wouldn't be beneficial if in therapy we focus on you striking a balance between the roles of these two queens. Both these queens are a part of you and it is possible for you to have both as part of your life narrative. You do not have to choose one to be dominant. You started your narrative by introducing yourself as the devastating queen. You introduced other parts of yourself as well whereby the learning queen, vulnerable queen, sacrificing queen and surrendering queen all came to the fore.

You became the devastated queen through your use of drugs. Drugs seem to have devastated you. Your unique outcome lies in the fact that you choose to surrender in order to win. In your eyes you are not able to win but you are able to take control of drugs. It might be an enlightening experience for you if you can also with the help of therapy identify and learn about other roles of the queen in your life and how to use your strengths to win your 'quiet' war.

Regards

Denise

## CHAPTER 8

### CONCLUSION AND RECOMMENDATIONS

#### 1. Conclusion

The goal of this research project was to describe how the patients used chess to narrate their personal narratives. This study was therefore focused primarily on the therapeutic setting and indications are that this study is unique in that regard. The fact that the study was conducted in a substance abuse rehabilitation centre adds to its significance.

It is my conclusion that this study did in fact answer the question of the usage of chess as a therapeutic medium in the identified context very clearly. During the project three individuals shared their unique experiences of chess and their lives through the metaphoric use of chess. It is interesting to note that all three participants (by their own choice) included chess in their life narratives which answers positively to the research question: “How is chess experienced as a therapeutic medium in a drug and alcohol rehabilitation centre?”

I will briefly provide an overview of each participant’s narrative and their subsequent inclusion of chess in their explorations:

*On being a leader or follower – the narrative of E:*

E’s experiences in terms of his struggle with dualities were introduced, explored and built upon by reference to the world, the people in the world and himself. E’s metaphor of war was

explained as a war between good and evil. This metaphor was further described as a process of decision-making. For E it is a war between good and evil, between the two sides of life.

This description was enriched by his retelling of his experiences of being a leader and the role that competition plays for him in being a leader. The horse figure is symbolic of his explanation of the duality of his life. He used the horse to explain a part of his identity and to illustrate his role as a follower that seems to be the dominant story in his life; while being a leader is his alternative story.

The usage of chess was apparent throughout E's experiences. In the first movement, E's experience of the world as having the two sides of 'good' vs. 'evil' was explored. The two colours of the chess game were used very generally to illustrate this duality of life. During the second movement E became more specific in his experience by distinguishing between 'good' and 'evil' people. The use of chess also became more specific in that E referred to the king as the figure who needs support. In movement three, E became very specific in terms of his own life by identifying with the horse. The role of chess therefore became even more specific.

*On being a family at war - The narrative of G:*

It is noteworthy that G transformed chess as a sporting activity into chess as a metaphor in order to convey something about his family. He did this firstly by portraying his family structure, secondly by conveying something of his family's dynamics and thirdly by describing his way of coping with his family's dynamics.

In exploring his narrative, G made use of not only the colour of the pieces, but also the specific pieces and the nature of the game. He used the black pieces to indicate those matters and people that are negative in his life. The chess pieces were used to identify his family members. Each family member was identified with a specific piece and he himself identified with the bishop. G identified a need for freedom and he used the horse as a representative of this freedom. He included the war-like nature of the chess game to explore his experience of making decisions.

*On being a devastating and devastated queen – the narrative of T:*

T seemed to have distinguished between the two narratives of being a devastating queen and a devastated queen. She gave the devastating queen the dominant role in her life and the devastated queen played the alternative story. She seemed to have become the devastated queen through her use of drugs. Drugs seem to have devastated her.

She strongly identified with the queen and by doing so she incorporated chess into her narrative. Her identification with one of the chess pieces was apparent throughout her exploration of her life narrative. She also included one of the colours of chess namely the colour black in her narrative.

As researcher and facilitator during the sessions, I feel that the use of chess contributed to the experiences and thickening of the patients' narratives. In the metaphorical link between their lives and chess they created a meaning for their experiences, and by using the chess pieces and the nature of the game they externalised their experiences and people involved in their lives. Chess seemed to have provided the participants with the opportunity to clarify their narratives and also to set a platform for discussing and exploring these narratives. After the conclusion of the research project, G told me that the use of chess provided him with the opportunity to talk

about something that he never wanted to bring up in therapy or discuss with anybody (which was the narrative of him and his father). He was amazed at himself for introducing that specific subject as it was something that he kept to himself. He found the use of chess specifically helpful in dealing with this matter.

I think to a large degree the use of chess makes it easier to talk about aspects since the participant reflects his/her experiences upon the chessboard. In this externalizing the participant has the opportunity to create a representation of his/her life and 'view it from a distance'.

Using chess as a therapeutic medium also provides assistance for the therapist. Incorporating a medium such as this provides the therapist with possible avenues to explore that which the patient introduces on the chessboard or through the use of chosen chess pieces. It is a creative medium and much can be explored in terms of the chosen usage of pieces by the patient. It is also a safe avenue for patients to identify and introduce experiences into therapy which they otherwise would not have included in therapy sessions. Patients can use the pieces to do the talking and represent themselves and in this way, by using the third person form of communication, they might feel more comfortable in talking about themselves or about issues at hand.

The use of chess in the therapeutic sessions assisted me as a therapist in exploring the participants' narratives. Body language, interaction with fellow group members and handling and usage of chess pieces gave considerable information and avenues that could be explored in therapy. A vast amount of information was obtained about these participants in the very short time span of three group sessions. I feel that the inclusion of chess as a therapeutic medium was

of great benefit in these therapeutic sessions. It provided a different angle of approaching therapy for those patients who are used to individual one-on-one therapy and group therapy. The inclusion of chess in the therapy programme served as some excitement to them as it was something they were not used to. One of the participants was surprised how quickly he shared his experiences with the group and with me as an outsider of the Centre. I believe that chess provided an informal context where the participants could use their own creativity to share their narratives.

## **2. Recommendations**

The length of this study was limited due to the participants' programmes at Stabilis and also due to their length of stay at Stabilis. One participant could only attend two sessions because she was in her final week at the Centre. In this regard it would have been interesting to have concluded the research study with her. It is therefore my suggestion that a programme such as this, where chess is used as a therapeutic medium, be incorporated into a consistent therapeutic programme with adequate time allocated to the sessions and programme in full.

The participants included three young participants - two white males and one black female. Unfortunately at the time of the study, all the possible participants at the Centre were young adults. It might have enriched the study if older people could also have been represented in the study and I would also have liked to include other races and more females.

During the chess playing sessions games were long and the players took a long time to move and complete their games. It is therefore my suggestion that one should consider introducing chess

clocks into these sessions so games can be set to last for a certain amount of time and sessions do not become overextended. The inclusion of a chess clock might add some tension to participants because they will be playing against time and might even lose their games if they take too long to make a move because their time will run out. The clock might add to the participants' therapeutic explorations with regards to their chess experience.

It might also be beneficial to the participants and chess experience if the facilitator is known to the individuals. In this research study I was an outsider, whereas I think that more Stabilis patients might have participated in the study if I had been a familiar individual to them. It is not easy or comfortable for people to engage in an activity where they might feel reluctant to self-disclose to a stranger.

In this regard I would like to state the benefit of having a programme like this run on a regular basis at a therapeutic centre. Patients would then know what to expect in terms of the programme and facilitator.

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