

The use of chess for social adaptation for kids and adolescents with intellectual disabilities

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To help kids with development delays, emotional and behavioral disorders, along with traditional medical means, new forms of psychotherapeutic care are being used today. Play therapy is recognized as one of the most promising areas of work with children with such disabilities. This article was written with the intention to popularize the experience of the authors in the field of play therapy for children and adolescents with intellectual disabilities.

The idea of using game methods for the purpose of therapeutic and corrective influence on the child's system of views is based on the willingness of teachers, parents, and psychotherapists to use the game as a means of communication with them. Most experts agree that play activity is a natural means of self-expression for a child, as well as an indispensable tool with universal capabilities for the child's mental and social development.

A prerequisite for the emergence of game psychotherapy as a way to correct emotional and behavioral disorders in children with intellectual insufficiency, was the recognition at the beginning of the last century, that the game is an active form of mental activity, which inevitably leads to the development of the child. Various forms of play therapy were begun to be actively used by psychotherapists in the period of 1920-1930.

Play is the main activity of the child. It is the child's natural way of understanding the adult world. According to the definition of Western psychotherapists, the game is "the arithmetic of social relations." In the process of playing activity, children acquire new knowledge, skills, qualities, skills. Only in the game they master the rules of human communication. Without it, a full-fledged moral, volitional and social development of the individual, would not be available.

Undoubtedly, play is the best way for young children to express their thoughts and feelings. The direct therapeutic value of play therapy is to create conditions for the creative self-expression of children, the free expression of their emotions, the acquisition of communication skills and productive interaction, the targeted impact on the social adaptation of children and adolescents with intellectual disabilities by creating a “zone of proximal development”.

The theoretical substantiation of play psychotherapy is based on the recognition of the well-known postulate, that children can independently solve their psychological problems in connection with their ability to self-knowledge and self-healing through the process of play activity.

The human body is an inexhaustibly complex, but unified and integral system both in its structure and functional characteristics, nature itself has programmed the highest harmony of all its organs and systems. The functional activity of any organ, especially such an important one as the cerebral cortex, naturally affects the state of the whole organism. This inner harmony originates in the harmony of nature itself, the laws of its development.

We are deeply convinced that chess is one of the most suitable games for the purpose of therapeutic and corrective influence on children with intellectual disabilities. The use of chess as one of the modern forms of game psychotherapy is based on the mobilization of the intellectual and creative potential of the individual, the inclusion of the internal mechanisms of self-regulation and self-healing inherent in the human psyche.

It is generally accepted that, as a method of psychotherapy, chess is a structured situation with rigidly defined rules. At the same time, educational, competitive, creative, and communicative elements are harmoniously intertwined in it. Chess provides a sufficient field of activity for self-awareness as a developing personality, creative self-expression, training of memory and attention, solving the problem of choice, overcoming difficulties, instilling teamwork skills. Chess allows you to establish psychotherapeutic contact with a child with disabilities at an intellectual level accessible to him, considering the general development, the main diagnosis, the existing emotional and behavioral disorders.

Chess is often seen as a simplified model of the human community. And this is no coincidence. They successfully combine elements of novelty and tradition, develop the ability to predict events, help to find the relationship between cause and effect, provide rich opportunities for modeling various situations. The nature of chess is such that it inevitably “provokes” those involved in it to specific independent actions.

The main goals of using chess as a method of game therapy for children with intellectual disabilities can be:

- development of self-understanding and positive perception of oneself
- increasing the self-esteem of the child
- the formation of interest in creative and meaningful pastime
- development of the ability to concentrate
- strengthening memory
- development of new forms of life experience
- development of communication and teamwork skills
- formation of planning skills and achievement of goals
- development of the ability to foresee the course of events when committing certain actions.

Teaching chess in the charitable society for helping the disabled and people with intellectual disabilities “Dzherela” was conducted for more than 4 years. During this time, classes were attended by 25 children with autism, Down Syndrome disease and mental retardation of varying degrees of debility.

Classes were held 2 times a week, in groups of 3-5 people. The duration of the classes was limited by the interest and concentration of children's attention, but usually did not exceed 45-50 minutes. The authors tried to maintain a calm, friendly atmosphere in the classroom. In the process of classes, we constantly noted any, even the most insignificant success of the students. The groups were formed taking into account the wishes and mutual sympathies of the children. The cycle of classes began with the study of the names and moves of the pieces, as well as the arrangement of the initial position. With the most capable students, some questions of the theory, tactics and strategy of chess were further dealt with. The main form of conducting classes is the game of students among themselves and with the teacher. Problem solving, position analysis, special exercises and homework tasks were also used.

As a result of observations of students in the course of game chess psychotherapy, the authors came to the following conclusions.

The vast majority of children with intellectual disabilities are able to perceive chess and enjoy playing it. Several students showed a level of mastery of chess significantly higher than the authors expected (taking into account the general development) from them after the first lessons.

The next important observation is that chess aroused sincere interest in children. This was expressed by their emotional reaction to the course of events in the party, attempts to give each other hints, and undisguised surprise at the violation of the natural (from their point of view) course of the party. The most typical cases are the implementation by the teacher of castling and the transformation of a pawn into a piece.

In addition, thanks to the unique atmosphere of the game, in the process of joint play activities, children receive a big “charge” of love and other positive emotions from adults.

The positive impact on the kids' lessons in chess, were also noticed by the parents, some of whom asked for help in buying chess books in order to conduct additional lessons at home.

Note that children love to play with adults. Apparently, what matters here is the fact that in a chess game adults and children act as equal partners, perform an equivalent role, they interact with chess material in exactly the same way. The factors of age, height, weight, physical strength, and the ability to speak well are not essential in chess. It cannot fail to attract children.

The following observations relate to the differences in the play of children with intellectual disabilities compared to ordinary children. In our opinion, they manifest features of thinking and behavior that are typical for patients with developmental delays, autism, and other psychopathological conditions (isolation, isolation from the outside world, social passivity, unwillingness to change the status quo). Unlike ordinary children, who usually strive to get to the enemy king from the very first moves, actively exchange, and sacrifice their pieces and willingly destroy the opponent's pieces, many of the children prefer to maneuver pieces in their camp without going beyond the barrier of their own pawns. This barrier is set on the 3rd-4th, and if possible, on the 5th horizontal. A lot of the children like to bring pieces to the extreme verticals (Knight on a3; h3 and Rook on h2; b6 and Bishop on a6).

We saw it so often that they could not be regarded as a mere coincidence. Most likely, children with disabilities subconsciously feel that in this position their figures retain a much lower probability of contact with the enemy than with the recommended central development.

In the game of the children, another pattern has been noticed, which is rare in ordinary children: they prefer to play with black pieces! Undoubtedly, this is one of the symptoms of social passivity, characteristic of autism and some other mental disorders.

During chess game therapy, children with developmental delays showed a persistently low level of conflict, repeatedly demonstrated high mutual tolerance, and gave examples of a sensitive and attentive attitude towards each other. They were extremely friendly to comments about their game and mistakes made by both teachers and more experienced partners. Many participants became friends.

In our opinion, one of the attractive features of chess for children with developmental delays is their low verbal nature. They provide patients with a rare opportunity to feel in a team and engage in joint activities without having to talk a lot. Nevertheless, we have repeatedly witnessed how children with speech impairments, carried away by the game, began to express thoughts and feelings in articulate words and whole sentences.

It was extremely interesting to observe the growth of self-consciousness in the most capable students, caused by the strengthening of their game. This manifested itself in condescending permission for a weaker partner to take back erroneous moves.

However, the authors received satisfaction not only from communication with the “excellent students”. Specialists will correctly evaluate the efforts and understand the feelings of teachers who managed to transfer a child with disabilities from a state where he cannot play to a state of ordinary play activity.

CONCLUSIONS

1. Chess, as a technique of game psychotherapy, can be recommended for widespread use in children and adolescents with intellectual disabilities for the purpose of rehabilitation and social adaptation.
2. Playing chess as a technique of game psychotherapy makes it possible to humanize the practice of treatment and social adaptation of children with developmental delays, improve the quality of life of patients, and create prerequisites for their more stable and worthy social compensation.
3. The game of chess provides unlimited opportunities for the development of psychotherapeutic programs for individual and collective orientation.
4. Playing chess helps a child with disabilities to realize himself, contributes to the development and strengthening of healthy personality traits, enriches his emotional sphere, instills in him social incentives, helps to form a style of behavior that is acceptable both for society and for the individual self.

5. Chess classes cause an increase in vitality in children with a developmental delay, contribute to the development of intellectual and speech capabilities.

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