



Do You Play?

Kelly Chen¹

Received: 25 March 2021 / Accepted: 8 April 2021 / Published online: 29 April 2021
© Academic Psychiatry 2021

“How much do you get paid to be here?” He asked gruffly.

“Nothing!” I answered, startled. “I’d just like to spend some time with you, if that’s ok.”

He broke my gaze and looked towards the window, silent. Sparse white hair covered his wrinkled brow. His back was hunched with age. Although diagnosed with Alzheimer’s disease, he still possessed profound insight of what he believed to be his place in society: an old man living in long-term care, alone. Someone who did not have anyone to see him unless they were being compensated. At the time I felt helpless, I had nothing to offer him; I was simply a medical student in the geriatric psychiatry ward.

Over the next several weeks, I gleaned bits of information from the nurses — how he never had any family visitors, how he stayed in his room while the other residents gathered in the common area to watch reruns of *The Brady Bunch*, how he napped most of the day away.

Small talk never managed to get more than a few words out of him. I tiptoed the line of being an unwelcome stranger and a welcome reprieve from his usual routine. Our breakthrough came from a simple observation of a chess board tucked away in the corner of his room.

“Do you play?” I asked. He nodded.

For many afternoons, we would not speak a single word to each other, but knew exactly what the other was thinking. All of our communication could be made across the chess board. A chuckle to acknowledge a good move by the opponent. A smirk when someone fell for a tactical trap. A set of sharply raised eyebrows when a blunder had been made. With time, our chess games parlayed into him sharing more of his life and interests. He showed me a

photograph of him as a young man in his army uniform. His posture was erect, hair shaved neatly, wearing an expression which was stern yet kind, humble yet proud. I learned his favorite chess openings, the types of cars he had owned, and the stories behind his tattoos.

I came to understand that what he needed from me wasn’t intensive conversations or medical expertise, but rather simply knowing that someone was there and understood him as more than just a patient. He had a diagnosis and a prognosis, but he could be reminded that he was so much more. I could not prevent the inevitable progression of his disease or resolve his trepidation about his future, but I could offer my presence.

To me, this experience underscores the beauty of the field of psychiatry. I was just a medical student. I was not the psychiatrist providing the medication which could affect the course of his disease. I was not the nurse carefully monitoring his dietary intake and activity levels. I was not the counselor offering him cognitive behavioral therapy. But I had a small contribution to make. Psychiatry, more than any other field, recognizes these small contributions and the impact they can have on a patient’s wellbeing. At the time, I did not know that chess has been shown to be a mentally stimulating activity able to affect cerebral perfusion and neuronal response in patients with dementia [1, 2]. It was simply a stepping stone which transcended age and social contexts, an individualized approach that no treatment algorithm could predict. At a time when psychiatry is burgeoning with necessary and exciting advancement in pharmacology, procedures, and therapy, the field also stays true to the humanistic approach which makes management all the more synergistic.

✉ Kelly Chen
Kchen195@uab.edu

¹ University of Alabama School of Medicine, Birmingham, AL, USA

Acknowledgments The author acknowledges the ethical considerations for this manuscript and declares full adherence to confidentiality standards.

Declarations

Ethics approval and consent to participate This work is exempted from institutional review board approval.

Conflict of Interest The author declares no competing interests.

References

1. Dowd SB, Davidhizar R. Can mental and physical activities such as chess and gardening help in the prevention and treatment of Alzheimer's? Healthy aging through stimulation of the mind. *J Pract Nurs*. 2003;53:11–3.
2. Edwards JD, Xu H, Clark DO, Guey LT, Ross LA, Unverzagt FW. Speed of processing training results in lower risk of dementia. *Alzheimers Dement (N Y)*. 2017;3:603–11.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.