

POSITIVE MENTAL HEALTH IN SPORTS: DEVELOPMENT OF THEORETICAL CONSTRUCT FOR POSITIVE PSYCHOLOGICAL TREATMENT IN ATHLETES

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Abstract

A theoretical model is proposed to address positive mental health in sport (PMHS) under the documentary review technique. The model is focused on the protective factors of athletes and positive indicators of health in sport, whose dimensions are theoretically based on physical wellbeing, prosocial relationships, personal project, emotional management and self-control, and sporting well-being. This study presents sport as a suitable field with direct inference of mental health through which the relationship between sport and mental health is identified to be treated from the field of psychology with bases of salutogenesis and eugenics to obtain a superior mental health. There are few studies in sports psychology from the positive approach, which gives support to generate an instrument that allows the measurement and validation of what is theoretically proposed.

Keywords: Mental health, sport, eugenics, psychology, wellbeing

Resumen

Se propone un modelo teórico para abordar la salud mental positiva en el deporte (SMPD) bajo la técnica de revisión documental. El modelo está enfocado hacia los factores protectores de los deportistas e indicadores positivos de salud en el deporte que tiene como dimensiones fundamentadas teóricamente el bienestar físico, las relaciones prosociales, el proyecto personal, la gestión emocional y autocontrol, y el bienestar deportivo. Este estudio presenta al deporte como un ámbito idóneo con inferencia directa de la salud mental mediante el cual se identifica la relación existente entre el deporte y la salud mental para ser tratados desde el campo de la psicología con bases de la salutogénesis y la eugenesia para obtener una salud mental superior. Son escasos los estudios en psicología deportiva desde el enfoque positivo, lo cual da soporte para generar un instrumento que permita la medición y validación de lo aquí planteado teóricamente.

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Palabras claves: Salud mental, deporte, eugenesia, psicología, bienestar

Resumo

É proposto um modelo teórico para abordar a saúde mental positiva no desporto (PMHS) utilizando a técnica de revisão documental. O modelo está centrado nos factores de protecção dos atletas e indicadores positivos de saúde no desporto, cujas dimensões se baseiam teoricamente no bem-estar físico, relações pró-sociais, projecto pessoal, gestão emocional e auto-controlo, e bemestar desportivo. Este estudo apresenta o desporto como um campo adequado com inferência directa da saúde mental através do qual a relação existente entre desporto e saúde mental é identificada para ser tratada a partir do campo da psicologia com bases de salutogénese e eugenia para obter uma saúde mental superior. Existem poucos estudos em psicologia do desporto a partir da abordagem positiva, o que dá apoio para gerar um instrumento que permita a medição e validação do que é teoricamente proposto aqui.

Palavras chave: Saúde mental, desporto, eugenia, psicologia, bem-estar

Introduction

It is possible to conceptualize an individual's mental health from different perspectives (Ojeda et al., 2021), as it is a polysemic concept that has been approached from various angles throughout history, such as psychiatry, psychotherapy, and critical approaches, which in turn, stem from viewpoints from medicine, psychology, sociopolitics, and spirituality (Miranda Hiriart, 2018).

The premise of the World Health Organization (WHO) that "there can be no health without mental health" is a statement that has been supported by various international organizations (Tortella-Feliu et al., 2016). On the other hand, the problems arising from the absence of mental health become significant as it directly impacts all aspects of an individual's life without discriminating gender, age, culture, or population group (JanéLlopis & Anderson, 2005). Thus, it is paradoxical that despite its evident increase, there is a lack of resources invested in addressing this issue, especially in low- and middle-income countries (Prince et al., 2007; WHO, 2022). It is also important to highlight that the approaches to individuals suffering from mental illnesses and the perspectives proposed to address the problem have not been mostly successful (Carraza, 2002; Tortella-Feliu et al., 2016; Vázquez-Colunga et al., 2017; Trejos-Gil & LlanoCastaño, 2023).

Mental health from normality and abnormality

In Ancient Greece, to address mental health they referred to it as "soul" or "psyche," and it was believed to be a separate element from the body (Bremmer, J.N., 2022; Pinillos Díaz, 2016). Furthermore, mental health was understood in terms of mental illness, and it was defined based on criteria of normality and abnormality. Normality was seen as the ability to establish relationships with the environment to achieve cognitive-affective balance promotion, while abnormality was defined as an idea indicating suffering in the individual (Mebarak et al., 2009). (Figure 1)

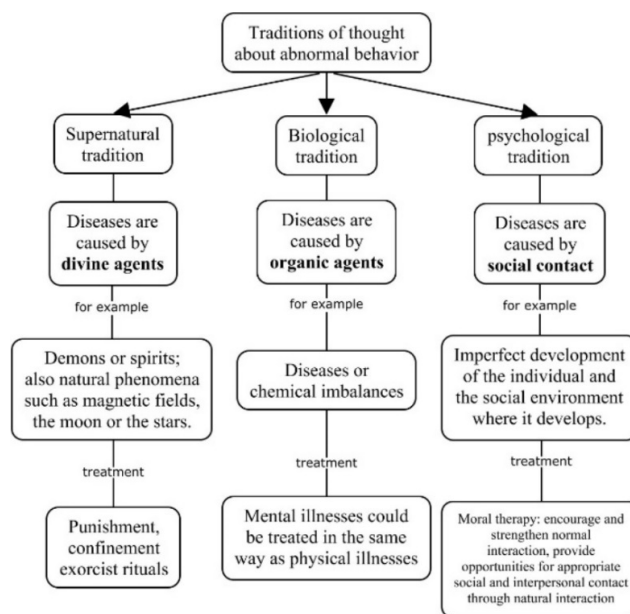


Figure 1. Traditions of thought about abnormal behavior. Made by the authors based on Barlow & Durand (2001), Mebarak et al., (2009), Rosa-Dávila & Mercado-Sierra (2021).

Mental health and its study from the observable and measurable perspective

In the 19th century, once psychology was separated from philosophy, the mental processes of individuals were initially understood through introspection (Mora, 2008), which means that internal factors of the individual were considered. Bruno (2007) defines this process as an autonomous observation that a person makes of their inner world (cognitions, emotions, motivations, and behaviors). However, over the years, more recent perspectives addressed mental health under strict factors, and those definitions that aimed at internal balance referred to the physiological aspect of the individual (Miranda Hiriart, 2018).

Behaviorism and cognitive psychology, which emerged from experimental psychology, completely rejected introspection as a scientific practice due to the impossibility of observing and measuring internal processes such as thought and motivation (Guamán Gómez et al., 2020; Sandia & Baptista, 2020). These approaches understand mental processes when internal factors of the individual are isolated, they are objective, and they maintain that only maladaptive behaviors exist, their interest lies in predicting and controlling human reactions without investigating the essence of the human being, which influenced the way mental health was conceived at that time (Skinner, 1994; Arias Gallegos, 2021).

Since there are several perspectives in psychology, it can be inferred that there is no single way to approach the concept of mental health from a psychological perspective, this point is important for mentioning that there are noteworthy intermediate or mixed perspectives. For example, the approach of mental health from public health, where it is common to speak of both: promotive and preventive actions (Miranda Hiriart, 2018).

However, it is important to highlight that the problem lies in the fact that there have been more efforts to understand mental disorders (Tortella-Feliu et al., 2016), as health has not only been interpreted as the absence of illness, but also the focus has been more on the recovery and rehabilitation of illness rather than the promotion of habits that allow individuals to achieve well-being (Carraza, 2002).

The validity of subjectivity, the individual's perception, and approaches to positive mental health

With the emergence of the concept of "consciousness" in 1960, defined by John Locke as "the perception of what happens in a person's own mind" (Ballin, 1989), a new perspective was considered for studying mental processes from both internal and external aspects (Ribes, 1995).

Some authors emphasized that the concept of health has not been clear, and it is not correct to use it as a homogeneous term. Instead, it should be related to the particularities of each individual (Davini, Gellon De Salluzi & Rossi, 1978). From the field of health psychology, mental health involves the development of various personal, interpersonal, social, and work-related aspects that lead to an integrated concept of biopsychosocial well-being. Therefore, health should not be reduced to the absence of disease (Mebarak et al., 2009).

Similarly, humanistic-existential psychology states that individuals should be understood as both: individuals and social beings, and their well-being requires the involvement of biological, economic, social, political, and environmental factors to ensure an optimal balance between physical, intellectual, and emotional spheres (Carraza, 2002).

Community psychology emphasizes the control that individuals acquire over their environment, giving importance to individual and collective development through reciprocal transformative actions, where individuals can produce changes in their surroundings and vice versa (Montero, 1984). It also develops a comprehensive approach that arises from promoting and protecting mental health through participatory and investigative methodologies (Camas Baena, 2018).

Other positive perspectives (outside the field of psychology) emerge with the theory of salutogenesis, first presented by Aaron Antonovsky in his book "Health, Stress, and Coping". This theory reversed the traditional question about the causes of diseases and instead questioned what factors influence people to keep and develop their health (Forbech Vinje et al., 2017; Suominen & Lindstrom, 2008). Salutogenesis and eugenics are different disciplines that lay the foundations for human health, with distinct approaches and objectives. It is important to consider that any approach to mental health should be treated with caution and ethics.

Salutogenesis is based on the idea that mental health is not simply the absence of mental illness but a state of complete well-being that includes physical, mental, and social aspects. It includes interventions such as therapy, exercise, meditation, and mental health education (Vázquez-Colunga et al., 2017; Rivera de los Santos, 2011). On the other hand, eugenics focuses on improving mental health through genetic selection and enhancement. It is often associated with

controversial practices such as forced sterilization and the elimination of individuals considered "genetically inferior" (Carrizosa, 2014; Castro, 2014). However, currently, there are discussions about the possibility of improving mental health through techniques like genetic editing, but these are still controversial topics that require careful and cautious study (Avenidaño, 2019; Braun, 2020; Donato, 2021; Gartner et al., 2020; Walker, 2022).

According to Antonovsky (1979), the development of a strong sense of coherence (SOC), which helps people perceive life as integrated, manageable, and meaningful, is associated with good health, especially mental health. Additionally, those who have developed a strong SOC can manage mental, physical, or social illness better than those with a weak SOC.

Moreover, Uphill et al. (2016) claim that there is accumulated evidence suggesting that the absence of mental health does not imply the presence of mental illness, and the presence of mental illness does not imply the absence of mental health. This relates to the model proposed by Keyes (2002), which suggests that mental illness and mental health are two entirely distinct dimensions, which leads to several possibilities from this perspective.

Positive mental health, therefore, cannot be achieved only through the treatment of mental disorders (Jané-Llopis & Anderson, 2005; Trejos-Gil & Llano-Castaño, 2023). In this regard, Cabanyes & Monge (2017) remind us of the importance of understanding the individual as a bio-psychosocial and spiritual being to avoid falling into reductionism or fragmentation of the individual. In this sense, there has been identified that indicators pointing to optimal mental health are closely related to the capacity for change, the achievement of projected goals, a good relationship with reality, and openness to new experiences that encourage individuals to overcome their limits (Reyes Neyra et al., 2021).

Positive Mental Health in Sports

Some authors have demonstrated a strong association between physical activity and the reduction of psychological distress (Gulliver et al., 2015; Hamer et al., 2009). Airasca & Giardini (2009) identify the existing relationship between physical activity and mental health in a mixed component:

- Rehabilitative perspective: physical activity for recovering bodily faculties that may have become sick or injured, with the aim of replace medication.
- Preventive perspective: physical activity for reducing health or injury risks at the physical level.
- Well-being-oriented perspective: physical activity as a promoter of personal or social development.

On the other hand, there is increased visibility of the mental health challenges experienced by athletes in general and elite athletes in particular (Uphill et al., 2016). In this context, it is important to recognize the difference between physical activity and sports. While the first one refers to any movement involving energy consumption, even during leisure time (WHO, 2022), the second one involves a practice that requires training and adherence to rules (Real Academia Española, n.d., definition 2). Therefore, although moderate physical activity is relevant for preventing mental disorders, it can also compromise health when performed at competitive levels (Hughes & Leavey, 2012), as athletes not only exert physical efforts but also constantly face significant pressures to succeed in their discipline (Schaal et al., 2011).

The main finding in the search for authors who address mental health in sports is that most studies are developed using instruments, models, or methods already existing from other authors, which are mainly developed under a negative approach (Table 1). Furthermore, these instruments are not designed for the sports context.

Despite the growing interest in the mental health and psychological well-being of athletes, there is comparatively less research regarding their mental health (Table 2). This is due to the lack of specific care models supported by interdisciplinary collaboration through early intervention principles (Rice et al., 2016). Additionally, studies detailing help-seeking behaviors for mental disorders specifically in high-performance athletes are limited, and the few available indicate that athletes are less likely to seek help compared to non-athletes (Gulliver et al., 2012; Rice et al., 2016).

Therefore, it is necessary to consider the potential of individuals from the perspective proposed by positive mental health, becoming a fundamental tool for the acquisition and maintenance of habits that lead a person to optimal personal development (Gómez-Acosta et al., 2020). Consequently, there should be a better alignment between the perceived priorities of stakeholders (such as athletes, coaches, managers, and policymakers) and those of the scientific community (Jané-Llopis & Anderson, 2005). Currently, considerations about athletes' mental health often focus on the language of mental illness, contributing to stigmatization, denial, and the prevention of effective care

Table 1. Authors and their approaches to mental health in Physical Activity.

Author	Method or Model used to address mental health	Construct	Approach
Veit & Ware (1983)	MHI	Mental health condition such as anxiety, depression, behavior control, positive effect, and general discomfort.	Negative
Connor & Davidson (2003)	CD-RISC	Resilience	Positive
Hamer et al. (2009)	GHQ-12	Emotional symptomatology	Negative
Schaal, Karine et al. (2011)	DSM-IV	Classification by categories of mental disorders	Negative
Fouilloux et al. (2021)	Life satisfaction Resilience scale AC-2 Commitment scale IPAQ (short version)	Life satisfaction Resilience Self-concept Commitment	Positive

Note: MHI: Inventario de Salud Mental; CD-RISC: Escala de Resiliencia de Connor-Davidson; GHQ-12: Cuestionario de Salud General; DSM-IV: Manual de diagnóstico estadístico de los trastornos mentales. AC-2: Escala de autoconcepto; IPAQ: Cuestionario internacional de actividad física. Fuente: Elaborado por los autores

Table 2. Authors and their approaches to mental health in sport.

Author	Method or Model used to address mental health	Construct	Approach
Gulliver, et al (2015)	K-10: Kessler 10 scale	General psychological discomfort	Negative
Uphill et al. (2016)	Keyes' two continuum model of mental health (Keyes, 2002)	Mental illness and mental health status	Mixed
Turner (2016)	REBT: Rational emotive behavior therapy (Ellis, 1957)	Identifies irrational beliefs and negative thought patterns that can lead to emotional or behavioral problems.	Negative
Díaz-García et al. (2020)	CCMDE, VAS, RPE	Physical, cognitive, emotional and affective demand. Mental fatigue. Effort perception	Negative
Freire et al. (2020)	SMPS-2 y TEOSQ	Organization/personal rules; Worry about mistakes; Perception of parental pressure and lack of action. Task Orientation and Ego Orientation	Negative
Cortez-Saldarriaga et al. (2021)	IPED: Psychological Inventory of Sports Execution	Self-confidence; Negative coping control; attentional control; Visuo-imaginative control; Motivational level; Positive coping control; Attitudinal control.	Positive Negative
López-Gutiérrez et al. (2021)	Perceived Stress Scale Kessler Psychological Distress Scale (K 10)	Perceived stress and symptoms of anxiety and depression	Negative
Han (2021)	Mental Health Checklist (PHI); Athlete Sports Fatigue Questionnaire; SSRS; PSSS	Sports fatigue, Assessment of social support, Assessment of perceived social support	Negative
Mosqueda et al. (2022)	ED-MCQ-C: (Empowering and Disempowering Motivational Climate Questionnaire-Coach	Empowering and Disempowering: Satisfaction of competence, autonomy, psychological basic needs (SBN), relationship; SBN frustration; future intentions	Negative

Note: CCMDE: Mental Load in Team Sports; VAS: Visual Analog Scales for the assessment of mental fatigue. RPE: Rated Perceived Exertion and Heart Rate; SMPS-2: Sport Multidimensional Perfectionism Scale-2; TEOSQ: Task and Ego Orientation in Sport Questionnaire; SSRS: Social Support Rating Scale; PSSS: Perceived Social Support Scale. Made by the authors based on (Gulliver et al., 2015; Turner, 2016; Uphill et al., 2016).

(Hughes & Leavey, 2012; Turner, 2016).

Bauman (2016) asserts that a collaborative system is needed, incorporating education for athletes, coaches, and parents at the early stages of sports and continuing throughout the athlete's career. Similarly, authors like Henriksen et al. (2020), in the Consensus Statement on Improving the Mental Health of High-Performance Athletes, present six propositions and recommendations to inspire researchers in their efforts to understand and study athletes' mental health and to help elite sports organizations create an environment that optimally fosters athletes' mental health:

- Mental health is a central component of a culture of excellence.
- Mental health in a sports context should be better defined.
- Research on mental health in sports should expand the scope of assessment.
- The athlete's mental health is an important resource for the entire sports career and post-athletic career.
- The environment can nurture or deplete the athlete's mental health.
- Mental health is everyone's concern, but it must be overseen by specific members.

The theoretical model is proposed as an approach to Positive Mental Health in Sport (PMHS) (Figure 2) which is based on Positive psychology that addresses human virtues, strengths, happiness and well-being; and the contributions of salutogenesis as a generator of virtuous circles and increased health and eugenics focused on the genetic improvement of the population to achieve superior mental health. In the same way, from humanistic-existential psychology, community psychology and sports psychology.

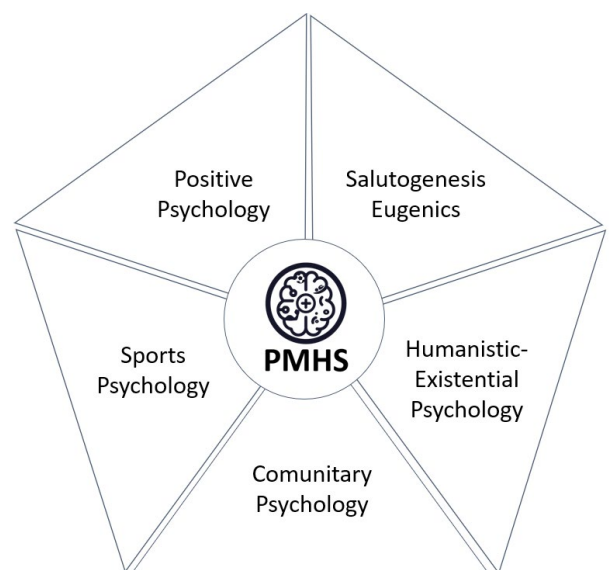


Figure 2. Theoretical model of Positive Mental Health in Sport (PMHS).

Just like other models in mental health, the present proposed model is not static but dynamic. This means that each athlete may represent a level of positive mental health at a high or lower degree, interpreted as high-quality and high-quantity positive mental health in sports or vice versa. It is essential to highlight that this construct of positive mental health is not focused on

illness but on positive indicators of health in sports.

Materials and Methods for the Proposal of the Positive Mental Health Construct in Sports

After conducting the previous review and the respective analysis of theoretical components, relevant aspects in sports psychology, and the most representative indicators of positive mental health that could be applicable to sports, the need for the existence of positive components/dimensions of mental health in sports is inferred. Therefore, this study proposes the theoretical construct of Positive Mental Health in Sports (PMHS) (Figure 3).

Likewise, each of the dimensions of the PMHS is based on and supported by previous studies that argue for each dimension or aspect being directly related to the proposed components (Table 3). Each dimension deserves to have a theoretical foundation that has a direct impact on positive aspects of mental health.

Considering the theoretical relationship with the proposed components to create a new construct of PMHS, each component must be understood based

on its theoretical foundation and its significance in the sports context. In this way, the conceptual definition of each dimension is presented, explaining its meaning as part of the construct. Additionally, the operational definition of each dimension is provided to understand how to assess and measure each athlete. The conceptual definition of each dimension that constitutes the PMHS construct is presented in Table 4, describing each one in detail. It is worth noting that the order in which they are presented in (Table 4) does not imply any hierarchical significance; one dimension is not more relevant than the others. All dimensions complement each other and are part of the same construct.

The evaluation of an athlete based on the proposed construct may show greater emphasis in one dimension or another. Each individual may have stronger indicators in one or multiple dimensions due to their unique characteristics. The essential aspect of creating this construct is to identify the stronger or weaker dimensions in each athlete, allowing the development of different intervention programs to work on those dimensions effectively.

Discussion and Conclusions

Based on the theoretical review, it is concluded that an individual who lacks mental health lacks integral health, in other words, well-being, and this deficiency affects all areas of the person's life, including family, social, work, sports, and others, regardless of their age, gender, or culture. The present study argues for the positive position of psychology, especially positive mental health, a position theoretically supported by salutogenesis and eugenics, highlighting the need for a profound study of positive mental health in the different spheres in which the individual operates. It is also noted that there is a lack of studies in sports psychology from a positive perspective. However, this does not imply low relevance for the discipline; on the contrary, it highlights an existing gap with many subtopics to define, especially in an activity that requires high levels of concentration, physical conditioning, endurance, support, financial resources, stress management, impulse control, and athletes' character, among many other aspects that undoubtedly also require mental health prevention and promotion programs.

The proposed model in this study offers opportunities to rethink mental health from a positive perspective and to reshape PMHS, allowing for the development of instruments for its measurement and validation based on the theoretical foundations. Consequently, there is a very conducive atmosphere for generating mental health prevention and promotion programs in sports from this genuinely positive perspective.

Finally, for future studies, it is proposed to validate the present proposal through instruments that faithfully apply the theoretical-conceptual and

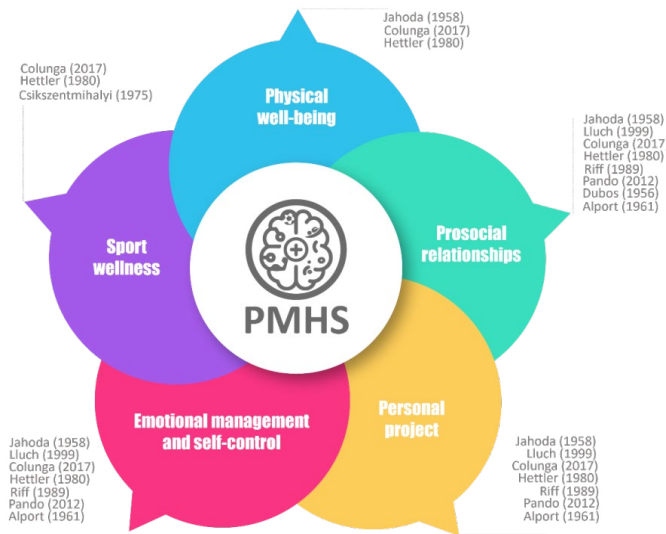


Figure 3. Construct of Sport Positive Mental Health.

Table 3. Theoretical dimensions that contributed to the construction of the SMPD components.

Dimension	Jahoda (1958)	Lluch (1999)	Colunga (2017)	Hettler (1980)	Ryff (1989)	Pando (2016)	Dubos (1959)	CSMihaly (1990)	Allport (1961)
Physical well-being	Attitudes towards self	-	* *Personal strengths *Empowerment at work	Physical Well-being	-	-	-	-	-
Prosocial relationships	Environment domain	*Interpersonal relationship skills *Prosocial attitude	*Behavioral dimension *Interpersonal relationships	Social Well-being	Positive relationships with others	Ability to give and receive affection (affective relationships at work)	Ecological perspective	-	Warm or affectionate relationships
Emotional management	Growth *Self-actualization	*Autonomy *Self-control	*Socio-affective dimension * Personal well-being at work	Emocional Well-being	*Self-acceptance *Autonomy	Self-esteem	-	-	Ability to objectively perceive oneself (Insight)
Personal project	*Autonomy *Integration	*Self-satisfaction *Troubleshooting and self-update	*Espiritual dimension * Work Life Philosophy	Espiritual Well-being	*Personal growth *Purpose in life	Life Proyect	-	-	Life philosophy
Sport wellness	-	-	*Cognitive dimension *Workflow or immersion in the task	Ocupacional Well-being	-	-	-	Complete immersion in the task	-

Table 4. Operationalization of the dimensions of the Positive Mental Health in Sport constructs (PMHS).

Dimension	Conceptual definition	Operative definition
Physical Well-being	It refers to a set of positive traits at the biophysical level of the athlete that directly affect the enjoyment of their discipline, and optimal physical health that contribute to the enjoyment of a quality of life.	It contains the following elements: healthy habits such as a balanced diet, prophylaxis, good rest, no consumption of psychoactive or alcoholic substances, and self-esteem.
Prosocial relationships	It refers to the ability to consolidate satisfactory interpersonal relationships with the people who surround the athlete in his sports circle, in addition to the fact that the athlete is interested in the well-being of his team and develops in his environment under criteria of reciprocity.	It contains the following elements: family, social, affective and sports relationships, where the athlete's behavior is characterized by empathy, respect for others, affective responsibility, and leadership.
Emocional management	It refers to the athlete's optimistic attitude towards himself, recognizing good, favorable aspects, so he is not only aware of his strengths and abilities, but also of his shortcomings, which he assumes as opportunities for improvement.	It contains the following elements: ability to manage emotions, openness to dialogue and feedback, resilience, self-esteem, self-control and self-acceptance.
Personal project	It refers to the athlete's ability to project himself into the future, understanding the meaning of his discipline as a transcendent element for the development of his life project. In addition, he continually seeks his development and continuous growth, open to experiences that enrich his purposes and aspirations.	It contains elements such as: the athlete's psychic balance, autonomy to define his philosophy of life, determination to establish personal goals and objectives, and discipline in fulfilling them.
Sport wellness	It refers to the athlete's ability to understand the meaning of his discipline, which directly affects the optimal development of skills such as flexibility, speed, coordination, balance, strength as well as his physical abilities, which directly influence sports performance. In addition, external factors that allow or facilitate the athlete to achieve the goals are included.	It contains elements such as: Opportunity to compete, satisfaction in the practice of sports discipline, achievement of sports goals, economic support and an interdisciplinary team, optimal training focused on objectives, and economic stability.

methodological approaches, providing positive indicators to improve the quality of life and well-being of athletes in different cultures and age groups.

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Interest conflict

The authors declare that there is no potential conflict of interest related to the article.

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