

WINNING the mental battle

Positive psychology has helped some elite athletes to realise their potential and win gold medals, but it could have applications in mainstream mental health services too. Richard Shrubbs reports

Of all the gold medals won at the London 2012 Olympics, the greatest psychological game was arguably in Ben Ainslie's sailing regatta. Never in the lead on the medal table for the first nine races, he had the mental strength to fight to the end and, in the 10th and last race, to take the gold and become the greatest ever sailing Olympian with his fifth medal in five games.

Mental strength can be the crucial difference between success and failure in sport. "The importance of psychology in sporting competition at the highest level should never be underestimated, as athletes have claimed that up to 90% of their performance is down to the psychological side of their game," says James Beale, a senior lecturer in sport and exercise psychology at the University of East London.

Yet there are still some misconceptions around sports psychology, as Team GB's sailing team sports psychologist, Ben Chell, says in an interview on YouTube: "The misconception of sports psychology is that it is sitting on a couch in the dark having your head shrunk." Chell's job is to ensure the entire environment for individuals and the team as a whole during training and competition is suitable for the athletes, as well as one-to-one work.

Anger management

During the Olympics, commentators spoke of the way Ainslie reacts to being irritated after a vexatious complaint in the second to last race – when angry he goes out to win. Sadly for the Dutch and Swedish competitors who played that card, his anger defeated them in their aim of the highest prize.

"90% of my one-to-one work with the athletes is proactive: firstly, it is getting the athlete to understand how their brain works, creating an awareness around that, and looking at strategies that help them play to their strengths," adds Chell. One cannot be sure whether someone once told Ainslie to beat his antagonists in competition rather than on the dock, but this comment shows that he used positive psychology in his game.

Beale explains that: "Elite athletes bear themselves up when they do not achieve to their expectations. It gets to the point where this does not work. They should focus on what went well. This relieves stress and by focusing on the right things they can achieve huge turnarounds."

Proof positive

Why, then, is this idea not more widely used in clinical settings? One may argue that every service user is playing a high stakes game to achieve mental wellbeing. To go from the pits of despair and internal torment to success in the self and society is a journey that can be as challenging as a schoolboy from Jamaica becoming arguably the greatest sprinter the world has ever seen, as Usain Bolt has.

Positive psychology was developed in the 1990s by Professor Martin Seligman at the University of Pennsylvania. Seligman saw that traditional psychology is purely about focusing on problems and resolving them. On his website (www.ppc.sas.upenn.edu/faqs.htm) he argues: "Psychology has little to say about what makes life most worth living. Positive psychology proposes to correct this imbalance by focusing on strengths as well as weaknesses, on building the best things in life as well as repairing the worst. It asserts that human goodness and excellence is just as authentic as distress and disorder, that life entails more than the undoing of problems."

Beale adds that: "Up until 1999, psychology was about taking someone from minus five to zero. To patients with depression this often meant that when they reached zero they just felt empty. Positive psychology is about taking someone from zero to plus five. With this new thought process, so they go on to feel fulfilled and happy."

New ways of working have come from this. For example, post traumatic stress disorder (PTSD) is often hard to treat and a recent survey of psychiatric medicines in development revealed that there is very little in the pipeline in the next decade to replace Seroxat as medication for it, according to business intelligence organisation GlobalData.

However, Professor Stephen Joseph, from the University of Nottingham, has written a book suggesting positive psychological techniques may be a radical way forward in treatment for PTSD. *What Doesn't Kill Us: The new psychology of post-traumatic growth* suggests the old proverb may actually be true, as well as ways of encouraging people to become stronger from trauma. In Amazon's book description it is argued:

"Conventional wisdom holds that trauma scars us for life, wreaking psychological havoc that affects everything from our sleep cycles to our relationships to our very will to live but this popular conception of trauma ignores a startling fact: many people emerge

from traumatic experiences stronger, more and more fulfilled, despite having endured great adversity in life?"

Joseph explains: "It is about finding new ways to grow in life. Growth is about thinking differently about the problems we're experiencing and going on to flourish."

Does this clash with the medical model? In some ways it does. Joseph points out that the medical model "Sees the diagnosis not the person, where the humanistic model sees the person and the problems. The medical model reduces practitioners to thinking in terms of diagnostic criteria, a very negative approach to helping people."

Even the concept raised by Beale of minus five to plus five doesn't work in Joseph's opinion. "This is a linear model which sits within the concept of the Diagnostic and Statistical Manual (DSM). You need a different way of thinking to understand what 'plus five' is within schizophrenia, for example. To do that you would need to take the DSM and throw it in the bin!"

Others aren't so radical. Dr Roger Kingerlee is a clinical psychologist at Norfolk and Suffolk NHS Trust. "If you're aware of a tool that works well, then bring it on!" he says. "Pragmatists will draw on whatever works, even if [its] not in the NICE guidelines. I use it [positive psychology] as part of a large and growing menu of techniques."

Cutting medication use

Positive psychology could also help to cut down on the use of medication, as Joseph argues: "Post-traumatic growth requires no medication. If widely applied the concept of positive psychology will result in the use of drugs being used in the long term."

But psychology is generally viewed as an expensive option in comparison to treating someone with medication – a £5 a day course of pills is cheaper than £100 an hour for a top psychologist. Joseph says: "Big Pharma has a lot of influence on the NHS, and psychotherapy isn't cheap!"

Some argue that cost has been a barrier to established psychological techniques being widely used throughout the system. Kingerlee says: "There are always issues around funding about everything on the NHS. This [positive psychology] is a new concept and it takes time for things to get a foothold."

But Kingerlee stresses that positive psychology isn't the magic bullet to cure all psychological ills. For example: "If someone has a complex grief reaction, positive psychology could be misapplied. Their feeling of loss needs to be heard, and positive psychology doesn't have the language for it. I'm not sure it would be a one size fits all technique to that extent."

Nevertheless, seeing how positive psychology works in elite sports and clinical settings, there is a lot to be said for it. Whether going for gold at Rio de Janeiro in four years time, or simply coming out of the psychological mire of mental illness, this promises a way to achieve in both clinical and elite settings. ■

Joseph S (2012) *What Doesn't Kill Us: The new psychology of posttraumatic growth*. London: Parkes.

To view the Best Chell interview go to: http://www.bestchell.com/watch?v=2311wZZyS7U&list=PL9F8C4810D0020538702E5037&feature=player_video

Amazon.co.uk's book description can be found here: http://www.amazon.co.uk/What-Doesnt-Kill-overcoming-adversity/dp/0349400016/ref=ast_ep_dp