

Conceptualising Brainwashing: Corporate communication in a concussion crisis

Abstract

Rugby union is one of several sports that is increasingly associated with both short-term and long-term health risks related to traumatic brain injuries sustained while playing the sport. Also in recent years, various sport governing bodies have been shown to have promoted misleading claims about injury. These issues have contributed to what is commonly referred to as a 'concussion crisis'. In 2021, World Rugby, the global governing body of the Rugby Union, released and promoted a video called "Staying on top of your game: Rugby and brain health". This video provides an insight into how World Rugby frames the issue of brain injury in the sport of Rugby Union in relation to brain health of players and former players. In this paper we present an analysis of the video, guided by the principles of discourse analysis and Benoit's (1997) theory of image restoration discourse.

Our analysis critiques how rugby union is presented as positive and beneficial for brain health, with its potential to contribute towards neurodegeneration downplayed. Frames of *family*, *inevitability of brain injury*, *responsibility and balance* are used by World Rugby to shape thinking about brain health. Concurrently, the strategies of *bolstering* and *evasion of organisational responsibility* are employed to manage the crisis. We build on discourses of *washing* by proposing the term *brainwashing*, to describe the tactic of image repair employed by (sport) organisations to focus attention on positive discussions around brain health and away from negative discourses.

Keywords

Brainwashing, concussion, rugby union, brain health, brain injury

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Introduction: The concussion crisis in rugby

Rugby union (hereafter rugby) is a sport involving frequent collisions between players. Organisations governing the sport are facing numerous, serious issues, which appear detrimental to the sport's sustainability and integrity. While participation rates in some countries have decreased in recent years (Statista.com 2022), World Rugby has an expansionist agenda as exemplified by the title of its 2021-2025 strategic plan 'A Global Sport for All...' (World Rugby, 2021). More scientific evidence is emerging about both the short-term and long-term risks of playing the sport (Hume *et al.* 2017, Hind *et al.* 2020, Salmon *et al.* 2020). In the UK, Ireland, Australia and New Zealand media, there have been many prominent interviews with former players suffering from serious ill health that has been connected with their competing in the sport. Legal action against governing bodies regarding negligence and not showing a duty of care is also an ongoing possibility (Bull 2020). Further, numerous former players have voiced concerns about their own children playing the sport. Recently the so-called 'consensus statement' on concussion, previously endorsed by numerous sport governing bodies, has come under intense criticism for academic misconduct claims associated with its lead author (Belson 2022). Cumulatively, these issues in rugby and other sports such as Rugby League, American Football, Ice Hockey, and Association Football, have come to be referred to as a concussion crisis (Malcolm 2019).

Implicated in this crisis are governing bodies of rugby. While governing bodies have claimed for many years that player welfare is of paramount concern, a UK Government committee concluded in 2021 that sports have problematically been allowed to 'mark their own homework' in terms of concussion risks, and they have not done enough to 'address a long-term failure to reduce the risks of brain injury in sport' (UK Government 2021). One of the many ways it appears governing bodies are responding to this concussion crisis is through education and training courses for people involved in the sport.

In this article we critique the way in which a trans-national governing body, World Rugby, attempts to manage the concussion crisis through an attempt at 'education'. The specific element of this education that we examine is a 17 minute 44 second documentary/educational style video. Our analysis of this video is informed by discourse analysis, which allowed us to examine how ideas and knowledge related to brain health are both created and communicated by World Rugby. Drawing on corporate social responsibility and various forms of 'washing', we propose the term *brainwashing*, to describe a form of image repair employed by (sport) organisations to focus attention on positive discussions around brain health and away from negative discourses.

Theoretical framework: CSR and 'washing' in organisational crisis responses

Corporate social responsibility (CSR) is a well-known concept in sport and mainstream industries. While definitions abound, McWilliams and Siegel (2000) note that CSR represents a set of actions that appear to advance a social good, extend beyond pecuniary interests, and

are not required by law. Whether sport CSR initiatives should be viewed as benevolent efforts to create a better world, protectionist practices by organisations to ward off regulation, or a complex entanglement of these two beliefs, is ultimately a political and personal judgement (see Bradish and Cronin 2009, Godfrey 2009).

For this article, we adopt a critical lens to rigorously interrogate the veracity of CSR initiatives. We note that critiques of CSR campaigns have often utilised the frame of *washing* to indicate both a process of corporate image repair and a soft power tactic which redirects negative discourses towards positive ones through an association with pro-social practices. Various types of *washing* are associated with allegations of less-than-transparent actions that skew public sentiment in an actor's favour. In politics, to allege a *whitewash* has occurred is to claim a 'cover up'; knowing deceit by people or groups in power. *Greenwashing* is a term first coined to reflect hotels passing off their policy to not wash towels (an act of cost cutting) as environmentalism. In *greenwashing*, claims made by organisations may be deliberately misleading or employ selective disclosure to 'cleanse' or 'green' their images and direct attention towards companies or practices that are, on the face of things, only weakly connected to their organisation (Orange and Cohen 2010). A range of sectors and sports have been critiqued for being implicated in this (eg: Pearce 2012, de Freitas Netto *et al.* 2020, Boykoff 2021). Gelles (2015) argues that *greenwashing* has intensified recently and that in the rush to be seen as green, companies can exaggerate claims, or simply make things up.

Discussing the use of *greenwashing* by sports organisations, Miller (2018) states that they "engage in greenwashing to cover themselves, and are beneficiaries of others using *them* as cover - that is, sports like to *look* green, and polluters like to associate with them" (p. 20). Further, the polluters draw on the ostensibly healthy and virtuous connotations of sport to redirect attention away from issues that should be of concern to the viewing public.

Relatedly, the term has been adapted to *healthwashing* to describe the "semiotic mystification by inflated credentials and misleading achievements" that deflect away from the consumer's health (Stan 2017, p. 51). Heiss *et al.* (2021) define it as "the strategy of presenting genuinely unhealthy products in a misleading context of fitness, sports or other activities related to a healthy lifestyle" (p. 1030). Echoing the practices of *greenwashing*, *healthwashing* may include making misleading or inappropriate claims about the healthiness of products, or the health impacts of them. A variety of manipulative discursive tactics are employed, including: "confusion, vagueness of promises and ambiguous statements of good intentions, fronting and posturing" (Stan 2017, p. 51). The process may also involve image transfer from a sports product (event or team) to a company and the products that they offer.

Finally, Chadwick (2018) has identified *sportswashing* as "being employed by authoritarian regimes that use mega-sports events to reboot their reputations and distract audiences from their horrific human-rights records" (p. 1). Marin and Lee (2020) also note that it can be viewed as a soft power tactic that detracts from issues such as human rights abuses through association with sporting organisations and particularly the hosting of mega-sports events. In such a way, countries attempt to rebrand themselves via an ongoing mixture of deception, misleading, diversion, and obscuring (Chadwick 2018).

Brainwashing as image repair by sport organisations

In this article, we propose another form of washing, *brainwashing*, as a tactic of image repair employed by (sport) organisations to focus attention on positive discussions around brain health and away from negative discourses. In this instance, these negative discourses include a) that participation in rugby has an increased risk of brain injury compared to other sports, and b) the growing evidence of the contribution of brain injuries to neurodegenerative diseases.

We proceed with two assumptions. At an *individual* level, we assume that employees involved in health and safety for sports are well-intentioned and wish to improve the health of participants. However, we also assume that *institutional* interests, such as pecuniary gain, membership growth, and increasing and protecting organisational power can contribute to shaping the marketing and promotion of a sport. It has been argued that numerous sport governing bodies have previously trivialised, concealed, and diluted the importance of various aspects of player safety (Piggin 2019), and claims made by various sport organisations have either been misleading, opaque or distorted (Piggin & Bairner 2019, Parry *et al.* 2021, White *et al.* 2021, Piggin *et al.* 2023). In the USA, Fainaru-Wada & Fainaru (2013) showed how organisational tactics could involve denial and downplaying the significance of head injuries in American Football.

In the sport of rugby, both the global governing body and England Rugby have been shown to have promoted false and misleading claims about injury rates in the sport (Piggin and Pollock 2016, Piggin and Bairner 2017). More recently, in December 2020, in the midst of the recent concussion crisis, the England Rugby CEO was quoted in various media outlets as saying “Our evidence shows that rugby is no more dangerous than other sports” (Foy 2020, Kitson 2020). In this case, no specific evidence was used in the media articles by the England CEO to support it, but also a wide range of evidence shows a different situation; a scoping review recently concluded that “contact rugby union has high injury and concussion incidence rates relative to other sports across the spectrum of participation” (Griffin *et al.* 2021). With an array of misleading injury claims made by rugby governing bodies in the past, rather than accepting organisational claims, we proceed on the basis such claims deserve critical scrutiny. The aim of such scrutiny is to ultimately help sport participants, including adult players, children, their parents, coaches and teachers understand more about the injury risks involved in sport.

Therefore, while sport organisations often make claims about player safety, the ways in which these claims manifest in marketing material and day-to-day actions are always worthy of critical reflection. In the case of brain injuries we proceed on the basis that sport organisations’ claims cannot be completely neutral or objective. Instead, we view claims as situated, mediated, and informed by specific interests. Meanings and management of brain health are particularly worthy of examination. Brain health is deeply personal, with implications for people’s life experiences and chances. Moreover, when discussed by sport organisations, there are potential implications for the organisation’s duty of care.

Method

Case Study - Rugby and Brain Health

The ongoing brain injury/concussion crisis in rugby has led many organisations to either defend or increase their safety messaging. A predominant example occurred in 2021, when World Rugby proclaimed that “World Rugby, national unions and International Rugby Players are launching the Brain Health Initiative today, a global education campaign to increase understanding of the importance of brain health within the rugby family” (World Rugby, 2021b). We identified a video from the campaign as a rich and potentially useful text to analyse how brain injuries are framed by World Rugby. The video was called “Staying on top of your game: Rugby and brain health” (World Rugby 2021c). It was in the form of a 17 minute 44 second documentary/educational style on World Rugby’s website.

The video includes several speakers being interviewed, scenes of rugby being played, and various graphics. Most of the video consists of ‘conversation’ between the speakers, with the camera switching between various ‘talking heads’. The speakers are host Sene Naoupu, Dr Fiona Wilson, Professor Craig Ritchie, Dr Willie Stewart, Karen BK Chan and Dr Jamie Roberts. These speakers are a variety of former rugby players, academic experts, medical doctors and health professionals.

Data collection and selection

For this study, the transcript of the video was the main text used for analysis, with various graphics shown during the video also informing the analysis. Other aspects of the video (such as style and editing aspects) are not focused upon. We make no claims about the decision-making power (if any) that the speakers had over the final content of the video. It is apparent the video is edited, as opposed to a full, free flowing conversation, and it is possible that not everything the speakers were recorded discussing was featured in the video. Relatedly, the topics discussed in the video were also mediated by the questions being asked. This mediation, combined with the editing of the video, and the assumed sanctioning of the final edited version prior to being made publicly available by World Rugby, creates a specific story about brain health ultimately authored by World Rugby, within a wider narrative of a concussion crisis.

Discourse analysis method

The analysis of the video transcript was informed by discourse analysis (Marks 2002, Hodges *et al.* 2008). Discourse analysis examines how ideas and knowledge are created and communicated (in this case through organisational media). It is concerned with who creates knowledge about a given phenomenon, which ideas are prioritised, how organisational power is deployed and which ideas might be marginalised or omitted (Motion and Leitch 2015). The aim is to question assumptions which may not have previously been tested, and to offer insight into the power relations (Piggin 2014). As previously noted, since pecuniary gain is a

goal of many sport governing bodies, the ways in which a health crisis is managed is worthy of examination, to see how power dynamics manifest throughout the crisis. The World Rugby video straddles various domains; medicine, education, sport, policy, marketing, and so applying a discipline-specific lens would be potentially limiting. Therefore, a broad discourse-analytical approach was employed, whereby questions were asked of the text relating to health, safety, risk and transparency, and emphasis or marginalisation of various ideas (in both qualitative and quantitative elements, such as number of mentions and duration of discussion). Based on concerns from our initial viewing, we constructed questions to further interrogate and illuminate the ways in which knowledge about brain injury and brain health are framed by World Rugby. The guiding questions are addressed in the following sections.

An iterative approach was taken to the analysis of the video. Following initial discussions about the project, the three authors watched the video in its entirety. Next, further discussions were held to share reflections on reactions to the video. Discussions were focused on whether there were any concerns with the messages within the video, and how it might be analysed. In subsequent viewings, the authors made notes on what was emphasised or marginalised. As with many such polished, edited videos, we assume the creators are a specific editorial team responsible for selecting specific questions and answers from the speakers involved. These “creators” then select which of the various responses appear in the final version of the video. We note that various responses from speakers might be cropped or deleted from the final version of the video for a variety of reasons, all in the aim of creating a specific story. We structure the following analysis around three questions, regarding who the target audience of the video is, what problem is being solved, and how is the issue framed. We ask these ostensibly straightforward questions to allow us to highlight issues within the video, and follow this with a discussion of how these elements can be problematic for corporate communications regarding safeguarding.

This study involves sensitive and controversial issues. Throughout the writing and peer review processes for this article, we actively attempted to ethically and fairly represent both the identities of speakers and the claims that were made in the video. We were informed by our academic duty to critique that which we find problematic, and any *institution* which makes claims about human health should be able to be critiqued. Regarding *individuals* who are implicated in any critique, we acknowledge there are both benefits and potentially consequential aspects of naming media presenters and critiquing their comments in research such as this (such as psychological discomfort from being critiqued). We feel we are obliged to name the speakers in a video such as this, given that this promotional campaign by a global governing body is intended for public consumption (by virtue of the PR resources given to producing and promoting it). One way of managing any potential discomfort that a presenter might feel from being implicated in a critique could be to anonymize the speakers. However, this type of campaign by organisations often relies on named, well known people, and much is often made of ‘expertise’ in this area, so we proceed on the basis that the content of the video is ethically able to be critiqued. Further, omitting names would lead to an ethical issue of inappropriately disconnecting the speakers’ messages from their voices and identities.

Analysis

Who is the video aimed at?

Media communications, such as this video, can be powerful influences of attitudes, particularly for younger viewers (Lines 2000). As such, media outputs are typically carefully constructed to convey specific messages to specific audiences. Therefore, when analysing the messages, it is important to consider that intended audience.

At the start of the video the speaker, Sene Naoupu, states: “while this discussion focuses on former players, this information has relevance to all members of the rugby family”. (The rhetoric of ‘family’ can be a powerful framing technique of people involved – particular attention will be given to this aspect later). This opening statement suggests that the intended audience is former players who no longer play rugby. At various times throughout the video reference is made to these former players with questions such as this one from Jamie Roberts: “I’ve heard of a number of former players who are concerned about their brain health” positioning them as the intended audience. The references to “retirement”, either explicit or implied by referring to later stages of life further position the intended audience as this group. This also correlates closely with the recent threats of a lawsuit against World Rugby, the producers of this video and England Rugby by former players.

However, the speakers also make frequent reference to “society”, “community”, “the wider public”, and the generic world of “sport” which are all claimed to benefit from discussions on brain health. At one point Craig Ritchie also suggests that there is:

an opportunity for the younger generation of players to be well informed, to learn and be empowered about what knowledge is out there to make good decisions while they’re playing the game.

This broadening, away from former players, repeats throughout the video. The use of the present tense *players* and *athletes* by various speakers suggests that they also expect this information to be viewed by those still playing the game. Craig Ritchie indicates that a key website with “regular updates on new research findings, research opportunities, and educational outputs like webinars” is “really for current players, as well as health care professionals ..., families, parents with kids who are playing rugby, as well as retired players themselves.” The expansion from the audience of former players indicates an acknowledgement that these issues are not restricted to post-sporting life. There also appears (from some speakers) to be a specific targeting of their messages towards *professional rugby players*. For example, at one point Craig Richie says:

So, avoiding beige foods, as we call them, is something that would be useful not just when you're playing the game, when your diet has probably been well controlled and managed, but also after you've retired.

This sentiment seems only likely to be the case for professionals, who might have specific diet plans. Similarly, Fiona Wilson says: “This might be the first time that you've had to organise your own meals, that you've had to organise your exercise programme”. So, it is apparent at times only specific cohorts associated with rugby are the intended audience of the video.

What is the problem that World Rugby is addressing?

The video featured on a page of the World Rugby website on November 17th 2021. The page explained that World Rugby was implementing “a global education campaign”, and that this “Global initiative includes new videos featuring leading independent experts outlining 12 modifiable risk factors for dementia and how rugby can play a positive role in reducing many of these” (World Rugby 2021c). The title of the video is framed positively, with reference to “Staying on top of your game” and “Rugby and brain health”. We argue that the connotation and denotation is a strong positive connection between the sport and brain health. For example, had the title been “Rugby and brain *injury*”, the framing of the video would have likely been different.

For context, in the months leading up to the publication of the video, there was significant media attention about legal action being taken by many former players who were accusing various governing bodies of failing their duties of care for players, as we noted above. Thus, it was worth noting that early in the video, there is some specific reference made to CTE (Chronic Traumatic Encephalopathy), and some specific claims are made about CTE in particular:

But the, this CTE is one that we know is associated to exposure to brain injury. So previous exposure to brain injury often talked about in sports potentially leads to this long progressing, degenerative brain disease where the functional cells of the brain are lost and that leads to all the different symptoms we see. *Now that's a process that begins in mid-life. We know that that's where the process begins and it presents much later in life.* Now what we want to do is try and address this bit in the middle, before the symptoms develop (italics added).

This remark is intriguing since it has been established that behavioural and mood symptoms associated with CTE can have been reported much earlier than typical ‘mid-life’ (Alosco *et al.* 2018). Following this remark in the video about ‘mid life’, the video by World Rugby presents a wider array of risk factors to discuss and consider (which we suggest here may or may not be effective to reduce sport-related dementia/CTE).

At one point, the narrator, Sene Naoupu asks “Willie, where does brain injury come into play with brain health?”. Willie Stewart’s reply focuses specifically on brain injury as a “risk factor for dementia”. However, by focusing only on dementia in this response, many other significant impacts of brain injury are omitted. Further, there are many distinct immediate, short- to long-term consequences of concussion. These include headache, nausea or vomiting, balance problems or dizziness, double or blurry vision, confusion, concentration

or memory problems, and for some, concussion symptoms will last for a month or longer. (Centre for Disease Control 2022). Research by King *et al.* (2022) found in women's rugby the pooled mean days lost because of concussions was 33 days. Research by Hind *et al.* (2020) found a significantly higher prevalence of adverse mental health and sleep disruption in former athletes who reported a higher number of concussions. Recent research shows that receiving a concussion/brain injury is an independent risk factor for both ischemic and haemorrhagic strokes (Liu *et al.* 2017). Therefore, by only focusing on a risk for dementia as a possible consequence of brain injury, many other possible detrimental consequences are omitted. It is unknown whether other consequences were discussed by the speakers and then edited out of the final video. However, we argue that narrowing the discussion of brain injury to only being a risk factor for dementia is insufficient in the context of a discussion on brain health. Brain injury can have many other detrimental consequences, not just for the injury sufferer, but their work, their relationships, and their family (Sarlaslan *et al.* 2016, Smith *et al.* 2022). We suggest this omission of other consequences might be a result of World Rugby focusing only on dementia in this instance. And we argue here that this focus on dementia in the video is heavily influenced by the convergence of several pressures on World Rugby, including significant media attention on concussion in sport, the threat of legal action against World Rugby, and criticism of collision sport governance by organisation such as the UK Government. Thus, only a partial picture of the effect of brain injury on brain health is presented by World Rugby.

The promotion of brain health is the explicit priority in the video. As an ostensible educational video for current and former rugby players, the language is accessible and (mostly) slowly paced. Aside from this accepted aim of the video, there are also other aims which we argue include a) the promotion of rugby as ultimately beneficial for brain health, and b) the downplaying of brain injury in rugby to a relatively minor contributor to ill health. Mentions of rugby in the video are overwhelmingly and glowingly positive. For example, rugby is mentioned as “a global community movement and family”, which “continues to partner with independent experts to advance player welfare”. Other claims include rugby “can have a really important influence on brain health”. Participation “through good physical exercise, through good nutrition, *is channelled if you like into protecting brain health*” (italics added). Rugby “reduces social isolation ... optimising cardiovascular health and fitness, and gives tools for dealing with life generally and brain health.” There is no direct mention of any negative consequences associated with rugby and these claims themselves are at times problematic. For example, while certain nutritional therapies may help with recovery from recovery from mild brain injuries (Finnegan *et al.* 2022) there is no evidence that the typical diet of rugby players can do so.

Early in the video, one of the speakers, Jamie Roberts says: “There's a lot of talk in sport and the wider public about dementia and CTE”. It is notable that the reference is to ‘sport’ in general and not rugby specifically. The downplaying of brain injury in rugby as a relatively minor contributor to ill health is done in various subtle ways by World Rugby. Twelve modifiable risk factors are presented in a graphic and via a speaker, and the role of brain

injuries inflicted in the sport of rugby is not explicitly stated, generalised instead to 'sport'. This is suggestive of an attempted broadening of the specific problem of *brain injury* and its potential consequences in rugby to a more general discussion of twelve risk factors and their consequences for *brain health*. It is important to note the timing of the video and situate this in a wider social-political context. Given the significant and potentially significant financial and reputational damage possible from the threat of legal proceedings against World Rugby for negligence about brain injuries in sport, it might be advantageous for World Rugby to avoid dwelling on rugby specifically as a contributor here, and thus use the term 'sport' instead. Overall, we argue that while the surface issue is the general brain health of retired players, there might also be a tacit, yet significant, organisational problem possibly being addressed - that of distancing rugby governing bodies from claims of negligence.

How is the problem and solution framed by World Rugby?

World Rugby employ numerous frames to tell their story (White *et al.* 2021). We identify four specific frames (family, inevitability of brain injury, responsibility and balance). Analysing how these frames are deployed in the video, we show how a) various claims in the video are contentious and/or contradict other claims in the video, and b) how particular ideas distance World Rugby from the concussion/brain injury crisis.

Family

World Rugby deploys many rhetorical devices such as metaphors and similes throughout the video. In the introductory sentence, the narrator, Sene Naoupu, states "rugby is a global community movement and family, and at the heart of the family are the players." This first sentence exudes a range of emotional, evocative terms (community / movement / family / heart / family) to position the sport as something much more than a competitive physical activity. This use of 'family' implies common values, care, and unconditional support for everyone involved. However, when used by corporations, the frame of family has been critiqued for serving "processes of regulation, discipline, and control of employee subject selves" (Casey, 1999). At the time the video was created and promoted, the concurrent threat of legal action by many former players against governing bodies (including World Rugby) indicates the precarity of this framing (Kitson 2021). The concern of former players planning for legal action against various governing bodies (including World Rugby) was that organisational negligence led to players suffering permanent brain damage. Therefore, the rhetoric of "family" is difficult to reconcile with allegations of negligence and failure to protect players from risks (Hyde 2020).

Inevitability of brain injury

There are portions in the video where brain injury is discussed. These portions are important because on both occasions brain injury in sport is conveyed as being "inevitable". First, Willie Stewart claims "But *inevitably*, some element of brain injury is still going to occur in sport, so people are leaving sport and having had their brain injury and that's a risk factor they carry"

(italics added). The second occasion is soon after this, where Stewart claims: “Now sports are doing fantastic things to try and reduce the risk of head injury and measure and reduce the risk of the head impacts. *But they are there and we need to recognize that*” (italics added). While the extent to which sports are reducing the risk of head injuries has been questioned (Daly *et al.* 2022), the very acknowledgment that risks are present is important for two reasons. First is the conflation of rugby with all sports. It is highly unlikely (to the point of implausibility) that “some element of brain injury” is going to occur in all sports, to all participants. The reference to “sport/sports” in this case, generalises to all sports as opposed to rugby specifically. Given this video was created by World Rugby, *rugby* is conspicuous by being unnamed in this part of the discussion. Second, there also appears to be a disjuncture between the claim of the *inevitability* of brain injury in rugby, or treating it as a *modifiable* risk factor, and dwelling on this in any further detail. In fact, the video instead shifts to a broad discussion of other modifiable risk factors. Our analysis suggests there is firstly, a distancing of referring to rugby participation specifically as a cause of many brain injuries. Secondly, there is a conflation between the ideas that brain injury is at once an *inevitability* in sport, while also being a *modifiable* risk factor. On this point, as researchers we would ask, in a video produced by World Rugby on brain health, why is this element so opaque and confused? What accounts for this lack of clarity produced by a global governing body of sport?

Responsibility

An important issue to understand is who is responsible for one’s brain health? To what extent can an organisation be blamed for historic (or current) failings in a duty of care towards participants in a sport? This is indeed a complicated and contentious question, especially so when World Rugby presents a video about brain health at a time of legal threats facing their own organisation about issues of negligence and harm. It is not our goal to answer these questions here. However, it is possible to scrutinise the way in which World Rugby (in 2021) frames responsibility for players’ brain health.

Certainly, in terms of the time allotted to discussion of brain injuries derived from rugby, it is our contention that World Rugby *minimises* the associations between rugby and brain injuries. We further argue the video places responsibility on the *individual*. This positioning of responsibility is, at times, subtle. For example, in the excerpt below, by stating that neurodegenerative diseases begin in midlife, distance is created between brain injuries and rugby, since playing careers are typically finished by this life stage and so rugby is absolved of blame and responsibility. Subsequently, it is the *player’s lifestyle choices after their playing career* that are identified as most important in managing brain health. In the video, Craig Ritchie stated:

It's also important to recognize that we've learned that the diseases that lead to dementia in later life, um, probably start at least in midlife, if not even earlier. And there's lifestyle decisions that we can make around various risk factors for dementia that may have a really positive impact on our risk of developing dementia later in life.

This theme is repeated throughout the video by various speakers:

...how we act in society, how we react to circumstances, and the choices that we take will have an impact on brain health both, you know, good choices can improve brain health and maybe also not-so-good choices can have a negative impact (Craig Ritchie).

it's also important to see your doctor or health care professional, who can also support you, particularly if you have any old injuries, which many people do on retirement (Fiona Wilson).

The evidence shows that you can make a number of lifestyle adjustments to support your brain health. So, the time is, actually, right now to be informed and to take action. Looking after your brain health in the short term will better enable you to perform in the game. In the long term it will better enable your health and well-being to thrive beyond the game (Sene Naoupu).

So, in order to really tackle this problem and to be proactive about brain health, we have to break the taboo around isolation that many people, many players put on themselves (Karen BK Chan).

But it's [managing risks and improving brain health] really about an individual working out their own risk profile, if you like, and working with health care professionals to help do that, and identifying areas where you say, "Look, I can work on that. I can train on that. I can make that one better. And I can maybe do less of that one which is negative for me" and this risk profiling, this individual risk profiling is critically important as we manage our own brain health for the future (Craig Ritchie).

This responsabilisation upon the individual, and away from the organisation, is a common practice in many work and governmental settings (Dowding 2020). Seen within a wider neo-liberal context, the implications of apportioning responsibility onto the individual becomes apparent. As an externalising practice it can lower costs and resource allocation for the organisation, removing them from dealing intensively with an issue, thereby removing them from being blamed for detrimental outcomes. Therefore, 'responsibilising' former athletes means removing responsibility from governments and institutions (Cradock 2007). As an important reminder, using these quotes above does not mean we accuse any of the speakers in the video of consciously 'responsibilising' away from World Rugby. We acknowledge that of course, individual behaviour change is an important element of health care. However, at an institutional level, organisations may have interests in, and risk management strategies to, externalise causality, blame or fault for harm away from themselves and towards others.

Balance

Another frame used in World Rugby's video, specifically in reference to brain health, is the idea of 'balance'. This metaphor has been critiqued in other industries, such as 'work-life balance' in corporations (Smithson and Stokoe 2005) and ideas about 'dietary balance' in the food industry (Freedhoff 2014). The metaphor of balance implies a) there are beneficial or detrimental factors which can be added to either side, b) a balance can be achieved between the two sides, and c) the balance can be tipped in favour of the beneficial aspects. Therefore, the way in which this metaphor is deployed (including associated claims of causality) is worthy of critique, particularly because of the potential to downplay, conflate or camouflage some factors rather than others (inadvertently or otherwise). This metaphor frames much of what follows in the video. Speaker Willie Stewart said:

One way to think of this is like a set of balancing scales okay. And the balance can tip towards adverse brain health or dementia and what could tip that balance? There are things that we're not in control of, for instance age. Age is one of the strongest risk factors, if not the strongest risk factor for dementia. There's nothing we can do about getting older, that just, that just happens so that's tipping the balance one way. Genetics, you know, what our parents have given us in terms of our genes can also provide us with a risk for dementia and nothing we can do about that. So it begins to tip the balance. Now we can add into that, things like, for instance, brain injury and exposure to head impacts. And that can again just push us towards a slightly higher risk of dementia. Now sports are doing fantastic things to try and reduce the risk of head injury and measure and reduce the risk of the head impacts. But they are there and we need to recognize that. But what can we do perhaps to tip the balance the other way? And that's these other modifiable risk factors that we recognize that if we can address these and improve on these, we might be able to just tip the balance back in favour of good brain health. And now that's things like again thinking about hearing loss, thinking about depression, mental health and how we address these.

The idea of "tipping the balance back in favour of good brain health" is repeated by Jamie Roberts who says "This idea of loading on benefits and tipping the scales in one's favour, it's a really interesting concept." This idea informs much of the subsequent discussion in the video. While this idea might seem consoling for any players worried about their brain health, it is potentially problematic given our assumption that many people might be watching the video because of their concerns about brain injuries already suffered, possibly throughout year or decades of rugby playing. For any players who have sustained brain injuries in the past, brain injury would not be a modifiable risk factor. This point is not clearly articulated within the video.

Indeed, one speaker, Ritchie, in response to the question: "Can you tell us more about the key modifiable risk factors that you've mentioned?" states that "Participation in rugby, through good physical exercise, through good nutrition, is channelled if you like into

protecting brain health". This particular framing of rugby as positive, with no mention of the brain injury risk from the sport, does not adequately reflect the specific brain injury risks in rugby. This speaker continues with the following claim:

Really important to recognize that one of those risk factors for dementia in later life, only one of them, is brain injury and I think if we can look at identifying how to improve or maintain the other eleven risk factors it will set us, you know, up well for reducing the risk of dementia in later life.

This remark is important in the framing of the overall argument since it does not explicitly link rugby with brain injury. While exercise and good nutrition *are explicitly* stated as "protecting brain health", it is reasonable (given the current social milieu) to also expect a similar clear acknowledgement that rugby-related brain injury would (by definition) damage brain health. At no point here is *rugby* explicitly linked with brain injury and brain ill health. In fact, the quote above moves attention away from brain injury as a potentially modifiable risk factor to the other modifiable risk factors. While subtle, we argue that diverting and broadening of the focus to other risk factors would be an important discursive tactic for an organisation that wanted to downplay the connection between rugby and brain injury relative to other factors.

Moreover, this portion of the video does not frame brain injury as modifiable (by referring to "the other eleven modifiable risk factors"). However, for current players, brain injury risk clearly is modifiable, yet players "looking after" that aspect, by ceasing playing rugby for example, is not offered as a suggestion by the speakers. (In fact, Sene Naoupu concludes the video by saying "Looking after your brain health in the short term will better enable you to perform in the game"). Lastly, Ritchie's claim is also at odds with the earlier claim by Stewart who said "So brain injury is one really important risk factor for dementia; one of these important, modifiable risk factors for dementia". We conclude that this portion of the video contains a mixture of contradiction, opaqueness and omission which seems to not give appropriate attention to the important issue of brain injury in rugby.

The framing of rugby as only positive regarding brain health is further reinforced later in the video when Fiona Wilson says:

Retirement from the game in itself can tip the scales. So, it's really important to think about what you might need in your toolkit for this phase of your life. This might be the first time that you've had to organise your own meals, that you've had to organise your exercise programme. And this can be a real challenge. It can be lonely and isolating.

Retirement from rugby is framed as a problem here in terms of "tipping the balance/scales", when in fact, retirement, or cessation of participation in a sport known for having a relatively high concussion rate, would instead lower the risk of brain injury.

Discussion

A video of this kind should not only be considered an educational resource but also a public relations strategy that communicates an organisational message to a public audience. In this case, given the negative media attention that rugby has received (Parry *et al*, 2021), the particular strategy employed is that of image repair, a form of crisis communication (Brazeal 2008). Applying Benoit's (1997) theory of image restoration discourse to this video identifies that several strategies were used.

Bolstering is employed through comments suggesting a desire to "advance player welfare" and the general association with the positive topic of brain health. The stressing of positive traits associated with rugby, such as "discipline, a willingness to persevere, patience, and an understanding and appreciation for the human body" focus attention on these rather than the risk factors involved in the sport. Similarly, Craig Ritchie stating that "playing rugby can have a really important influence on" brain health makes this association explicit. Generally speaking, *washing* is a form of bolstering that strengthens positive feelings from the audience towards the organisation in order to offset negative feelings. *Brainwashing* is no different. Its intention is to offset the negative association between rugby and brain injuries by creating positive associations between the sport/organisation and brain health. The use of bolstering can be further identified through a content analysis of the video transcript. The term brain injury is mentioned only ten times (in two consolidated portions) in almost 18 minutes, along with two mentions for head injury and two mentions for non-specified injuries. This can be contrasted with 58 references to health/healthy and 36 specific mentions of brain health.

The lack of focus on brain injury and no specific link to rugby itself can be considered as another strategy; evading responsibility. By identifying brain injury as only one of twelve modifiable risk factors, its significance is actively managed. This management is repeated when brain injury is stated to be only one of the risk factors associated with dementia and it is claimed that "if we can look at identifying how to improve or maintain the other eleven risk factors it will set us, you know, up well for reducing the risk of dementia in later life".

Building on previous discourses around *washing*, we now add *brainwashing*, defined as a tactic of image repair employed by (sport) organisations to focus attention on positive discussions around brain health and away from negative discourses. *Brainwashing* involves the use of image restoration strategies and manipulative discursive tactics as forms of soft power to achieve reputational gains. In this case, a variety of themes and strategies are present within the World Rugby video as part of their *brainwashing* attempts. First, rugby is presented as overwhelmingly and glowingly positive and beneficial for brain health. Second, rugby is downplayed as a relatively minor, potential contributor to ill health. Third, frames of *family*, *inevitability of brain injury*, *responsibility* and *balance* are used to shape thinking about brain health. Fourth, bolstering and evasion of responsibility are employed to manage the crisis. Framing brain injury and brain health in these ways are consequential. While we accept that educational videos in general can have positive aims, the mediation of independent

experts through the framing of questions and the editing of responses can contribute to elevation of corporate interests above participant interests.

We question whether the metaphor of “balance” and “tipping the balance” is appropriate given the nature of brain injuries and the specific risks associated with them. Some disabilities connected with brain injuries are both irreversible and degenerative, and this is difficult to reconcile with the idea that the “balance” can always be tipped back to an equilibrium or in favour of health.

There is no mention in the video of recommending individuals minimise or avoid future brain injuries (The closest to this is Willie Stewart saying that “sports are doing fantastic things to try and reduce the risk of head injury and measure and reduce the risk of the head impacts”). Given that brain injuries are well documented in the sport of rugby (Salmon *et al.* 2020), we suggest that part of the “responsibility” should include encouraging each person to decrease their own exposure to brain injury. This is currently conspicuous by its absence. For current players watching the video, surely a plausible health intervention is to recommend a player considers ceasing participation in a sport with a documented relatively high risk of brain injury (Salmon *et al.* 2020), which can have debilitating short-term *and* long-term consequences.

Practical and policy recommendations

We have two specific recommendations. Practically, we suggest there is space for a more detailed and specific video on the known risks of participation in rugby, the specific consequences which are correlated with particular injuries, and mitigation strategies for players (both current and former). This would be an important action for World Rugby to ensure due diligence on this matter.

We also recommend that employees of governing bodies of collision sports critically reflect on the potential of educational videos to downplay the problem of brain injuries from their specific sports by framing it within a wider discussion of brain health. As an additional step to ensure due diligence, the editing process of educational content should be rigorously scrutinised by reviewers from outside the rugby community or higher education institutions funded by them prior to publication to decrease the chance of problematic framing (see White *et al.* 2020).

We acknowledge the empirical and discursive analysis we offer here is situated both temporally and culturally. Various iterations of risk in sport appear to be unfurling over time, an interplay between social perceptions of risk, player perceptions of risk, scientific advances, and organisational claims. Indeed, this analysis is not removed from this milieu of rugby risk, and may itself contribute to how risk is perceived in this domain. We also reflect on how in studies such as this, various assumptions must be made, and some ‘behind the scenes’ corporate practices may never be disclosed.

The theoretical approach that we have adopted has revealed a number of disjunctures within the discourses that World Rugby presented around the topic of brain health that highlight the appeal of CSR activities when these are left unchallenged. For example, the

individual agency of current and former players to either remove themselves from harm or to influence positively their brain health, as the video espouses, is limited by institutional structures that bind them into potentially harmful activities within their sport. Similarly, through the use of soft power tactics and CSR initiatives, players are 'responsibilised' by institutions for any harm that they have suffered. As such, we encourage more scholars to critically challenge CSR initiatives and the increasingly common use of soft power tactics by sporting organisations (and other bodies).

Conclusion

Much of the advice given in the World Rugby video, such as encouraging former players to keep active and continue social interaction can of course be commended. However, the conflation, downplaying and brevity given to brain injury as a significant risk factor for former (and current) players is concerning. Brain injury as a modifiable risk factor for brain health did not appear to be given the attention it deserves. Brain injury was conspicuous by its downplaying, not only in absolute terms, but also given that at the time of publication, World Rugby had been heavily criticised for its welfare practices regarding brain injuries.

While it is positive that World Rugby is concerned with brain health, this must not be done at the expense of downplaying the significant risks of brain injury because of participation in a particular sport, which Griffin *et al.* (2021) point out. While sport governing bodies must guard against harm, there is also a definite potential to trivialise the extent to which a sport is responsible for contributing to ill health. Based on our analysis of the video which included an enthusiasm for the benefits of rugby participation, and the marginalisation of discussion of rugby as a potential source of ill health, we argue that a fair account has not been achieved by World Rugby in this regard. Subsequently there is a significant risk of *brainwashing* by the creators of the video.

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