Discouraging Truth:
Pre-Performance Examinations and Collegiate Student-Athlete Mental Health

Hannah Marie Ballowe

Thesis submitted to the faculty of the Virginia Polytechnic Institute and State University in partial fulfillment of the requirements for the degree of

Master of Arts
In
English

Julie M. Gerdes, Chair
Kelly Pender
Avery Wiscomb

(April 15th, 2024)
Blacksburg, Virginia

Keywords: mental health, athletics, environment

Discouraging Truth:
Pre-Performance Examinations and Collegiate Student-Athlete Mental Health

Hannah Marie Ballowe

ABSTRACT

This study examines how yearly pre-performance examinations (PPEs) for collegiate student-athletes support holistic student-athlete health. Specifically, the study evaluates PPE documents within the ambient environment of intercollegiate athletics and uses ambient rhetoric to demonstrate how PPE documents reify values from the collegiate athletics environment that a student-athlete's physical health and athletic participation is more important than their mental well-being. I argue that the influences of the collegiate athletics environment on the PPE documents inhibits the documents from adequately fulfilling their role of identifying pre-existing health conditions. I highlight three key features of the PPE documents—an underrepresentation of mental health questions, a prioritization of athletic participation, and the use of binary question framing—that do not support student-athlete mental health. These three features on PPE documents discourage student-athletes from being truthful on the documents and guide them to choose between prioritizing their health or their athletics participation. Finally, I connect my scholarship to social justice in technical communication and advocate for the use of ambient rhetoric and the consideration of environment in future rhetoric of health and medicine studies that evaluate institutional medical documents.

Discouraging Truth:
Pre-Performance Examinations and Collegiate Student-Athlete Mental Health

Hannah Marie Ballowe

GENERAL AUDIENCE ABSTRACT

Collegiate student-athletes experience many mental health concerns at higher rates than their non-athlete peers and face unique barriers to treatment because of their status as athletes. Despite the ubiquity of mental health concerns among student-athlete populations, the National Collegiate Athletic Association (NCAA) and participating institutions prioritize athlete physical health over athlete mental health. This is evident on the pre-performance examinations (PPEs) that student-athletes must complete each year to participate in athletics, as these documents emphasize physical health and athletic participation far more than mental health. I argue that the use of a typical medical intake form like a PPE is not a useful tool for identifying mental health concerns in this environment because the documents are associated with contributing to athlete participation and do not emphasize athlete mental health. I evaluate the documents in the context of the collegiate athletics environment and explore how the document features inhibit their ability to support student-athlete mental health.

Acknowledgements

My thesis could not have been completed without the support of both the Virginia Tech (VT) English Department and Athletic Department. I am incredibly grateful to my advisor and committee head, Dr. Julie Gerdes, for her guidance in this process and throughout my undergraduate and graduate studies at VT. I also want to thank my committee members, Dr. Kelly Pender and Dr. Avery Wiscomb, for their contributions to this thesis and to my academic career in general. In addition to my committee members, I want to thank Dr. Jim Dubinsky, Dr. Carolyn Commer, and Dr. Cana Itchuaqiyaq for their contributions and support throughout my career at VT. On the athletics side of campus, I would like to thank my coaches, especially Eric Johanningmeier, Jay Cusack, and Ben Thomas, for their support throughout my career and Mike Goforth, head athletic trainer, for his excitement about and help with this thesis research. I could not have completed this thesis without the support of my parents, David and Julie Ballowe, as well as my brother, grandparents, the rest of my family. Thank you to Harrison, who has always been supportive of my academic and athletic careers, and of everything else that I do. I am lucky to have an incredible support system among my family and my friends who have become family, and I could not have completed my time at VT without them. My teammates also offered invaluable support throughout my time at VT and during this process, for which I will always be grateful. This research was ultimately completed for student-athletes like them. I hope that it can support improved student-athlete mental health resources for many Hokies and student-athletes yet to come.

Contents

List of Figures

List of Tables

List of Abbreviations

ACC …….…… Atlantic Coast Conference
ANT ……...…..……...…..… Actor-Network Theory
FBS ……... Football Bowl Subdivision
FCS …….…… Football Championship Subdivision
NCAA …….. National Collegiate Athletic Association
MHRR ……...…..…… Mental Health Rhetorical Research
NCAA …….. National Collegiate Athletic Association
NIL …….. Name, Image, and Likeness
PED ……...…..…….....…..… Performance-Enhancing Drug
PPE ……...…..…….. Pre-Performance Examination
RHM …….....……...…..… Rhetoric of Health and Medicine
TC ……...…..……...…Technical Communication

Chapter One: Introduction

Student Athletes, Mental Health, and Pre-Performance Examinations

Collegiate student-athletes experience mental wellness concerns at higher rates than their non-athlete peers. Their status as athletes hinders their ability to receive treatment for these pathologies, as mental wellness concerns are often treated with medication that can decrease athletic performance or is banned by the National Collegiate Athletic Association (NCAA) (Knowles et al., 2021; Byrne and McLean, 2002, as cited by Gorrell et al., 2020; Sundrot-Borgen and Torstveit, 2004, as cited by Gorrell et al., 2020; Reardon, 2020). To address student-athlete mental health concerns, NCAA institutions include mental health screening questions on the required pre-participation examinations (PPEs) that student-athletes must complete each year. These PPEs serve as the first—and often only—screening tool that student-athletes are required to complete to be eligible to compete.

Collegiate student-athletes must complete PPEs at the beginning of each academic year before they can participate in intercollegiate athletics practice or competition. PPEs are crucial documents for athletic success and student-athlete health. These documents influence paramount aspects of student-athlete experiences each year. PPEs act as gateways to athletic participation, identify pre-existing physical and mental health conditions, and intend to provide pathways for physical and mental health treatment. PPE documents act as a barrier to athletics participation for student-athletes, a role that the documents assume alongside their stated goals to aid athletics departments in "providing the most efficient and effective interdisciplinary care for the student-athlete to improve performance" (Virginia tech Athletics, *Sports medicine*, para 1). PPE documents bear the role of identifying pre-existing health concerns for collegiate student-athletes

as well as the role of acting as gatekeeper to athletic participation, all while seeking to provide care that improves athletic performance.

PPE documents represent one clinical operation that influences student-athlete experience, and they reflect the desires and priorities of the collegiate athletics environment. Annemarie Mol (2002) argues for "investigation into clinical procedures and apparatuses" to "unravel medical knowledge" (p. 16). Investigating the PPE documents "foregrounds practicalities," as Mol calls for, and this investigation cannot be divorced from the specific context in which PPE documents exist (2002, p. 16). The world of intercollegiate athletics is a unique one—it differs from other forms of elite athletics competition because of the connection between athletics and academics and the finite period in which student-athletes can participate within the NCAA. The high-pressure intercollegiate athletics environment creates a unique situation for student-athlete mental health (Cassilo and Kluch, 2023). PPE documents are enmeshed in the collegiate athletics environment, and this environment guides the following analysis of the document.

To properly evaluate PPE documents, one must investigate how the "meanings and engagements" of the PPEs "emerge in encounters with other objects as well as humans" within their environment (Rickert, 2013, p. 204). Thomas Rickert writes that "if we want to give the object its due, showing that an object's meanings and engagement emerge in encounters with other objects as well as humans… we need a more finely honed sense of the vibrancy objects manifest" (2013, p. 204). One way that he addresses this "vibrancy" is through the investigation of the ambient environment in which the object exists. Rickert's theory of ambient rhetoric allows rhetoricians to study the contours of the context in which a rhetorical object exists and evaluate how rhetorical artifacts withdraw from, reflect, and act in relation with their

environment (Rickert, 2013, p. 204). PPE documents as rhetorical artifacts "engage" with the ambient environment around them both "practically and theoretically" (Rickert, 2013, p. 204), and therefore "must be understood as enmeshed and within" this environment (Rickert, 2013, p. 159).

Evaluating PPE documents through an ambient rhetorical lens reveals how they reflect the intercollegiate athletics environment and how the environment impacts how well PPE documents address holistic student-athlete health. PPE document content reifies the importance of physical health and performance that drives intercollegiate athletics, while the role that PPE documents play in this environment leads them to act as gatekeeper to athletic participation. This role as gatekeeper discourages student-athletes from being truthful on the documents as they must choose between responding honestly to the questions on the PPE documents their participation in intercollegiate athletics. The different functions of the PPEs—acting as a gateway to athletic participation, identifying pre-existing conditions, and providing pathways for medical treatment—exert pressure on student-athletes by guiding them to this impasse.

Firsthand Accounts

Because of my current position as collegiate athlete, I have had the opportunity to speak with other student-athletes about their experiences with PPE documents as medical screening tools. One athlete discussed how the document contains too many questions. They said that they do not read all of the questions and simply mark answers to get through the process and back to practice faster. Another athlete did not even know that these documents, which include somatic health, attempted to address mental health. When I told her that I was researching how PPE documents frame and address mental health she expressed surprise that the documents did this at all, asking if they were supposed to. Another athlete asked why she would admit to being

depressed if she knew that the athletic trainers and healthcare administrators would not let her compete after seeing this answer. None of the athletes with whom I discussed PPE documents expressed that they felt the documents were helpful. My experiences and discussions with peers, both of which Hartman (2014) notes are important aspects of research about collegiate student-athletes, reveal that many student-athletes do not tell the whole truth about mental health on these documents. The athletes' experience indicates that PPE documents are, at best, neutral but not useful, and, at worst, a frustrating experience laden with too many questions and too much pressure.

PPE Documents

PPEs are designed to ensure that student-athletes are healthy and prepared for intercollegiate competition. They are primarily composed of questions about medical history or current medical conditions that prompt student-athletes to answer "yes" or "no." After student-athletes complete the PPEs, medical personnel within their university's athletic department review their responses to identify any concerning answers. Student-athletes are then able to receive any medical attention that they might need to be eligible to compete safely. While the NCAA suggests that PPE documents "afford an excellent opportunity to screen for and discuss mental health concerns," the documents primarily address physical health concerns (Brown, 2014, p. 10). Currently, PPEs vary greatly across different universities and little research has been conducted about the use of these intake forms in this context.

Approach and Sample

The PPE documents evaluated for this thesis were collected from six NCAA Division I Football Bowl Subdivision (FBS) institutions competing within the Atlantic Coast Conference (ACC). Athletics healthcare administrators at all fifteen ACC institutions were contacted with

requests for copies of their PPE documents for study, but representatives from only six institutions replied[1]. PPE documents collected were assigned numerical identifiers to avoid connections between the PPE documents and the institution from which they were received. The PPE documents were inductively coded both by hand and with the use of an Excel spreadsheet. As the PPE documents exist in the specific context of intercollegiate athletics, they were evaluated using Thomas Rickert's ambient rhetorical theory.

Document Chapters

This thesis reviews literature from three fields relating to mental health or athletes, discusses ambient rhetoric as a rhetorical tool for analysis, and analyzes PPE documents to argue that the documents do not support student-athlete mental health. Chapter 2 reviews literature from Rhetoric of Health and Medicine (RHM), Mental Health Rhetorical Research (MHRR), and communication or media studies pertaining to athlete mental health. Chapter 3 outlines how ambient rhetoric is influenced by theories of the rhetorical situation that precede it and argues that ambient rhetoric allows for a more robust understanding of how rhetorical artifacts exist in symbiotic relationships with their environments. In Chapter 4, an analysis of an underrepresentation of mental health questions, prioritization of athletic participation, and binary question format on the documents reveals how PPE documents do not serve student-athlete mental health and discourage honesty. Chapter 5 offers future directions for this research, frames PPE documents as one example of a larger NCAA system that values athletes for their bodies, and connects this work to social justice and usability work within the field.

[1] At the time of this research (May 2023-May of 2024), the ACC consists of fifteen schools. In 2024, three additional institutions will be joining the ACC, increasing the conference's total number of participating institutions from fifteen to eighteen.

Chapter Two: Literature Review

My engagement with PPE documents is influenced by theoretical scholarship in the RHM subfield of rhetorical studies, MHRR that engages with mixed methods, and discourse studies engaging athlete mental health. These three subfields of research share a connection to advocacy for patient health outcomes and applied research outcomes but differ in their methods use. Despite the breadth of topics and methods discussed and employed in these disciplines, little scholarship addresses collegiate student-athlete mental health or employs rhetorical theory to an analysis of internal mental health communications.

Rhetoric of Health and Medicine and Mental Health Rhetorical Research

RHM is an "emerging interdisciplinary subfield" of rhetorical studies that "seeks to uncover how symbolic patterns structure thought and action in health and medical texts, discourses, settings, and materials" (Malkowski et al., 2016, para. 2). RHM scholars employ methodological techniques and theories from myriad research areas, including science and technology studies, professional and technical communication, medical and health humanities, anthropology, history, rhetoric and composition, and communication studies to "make sense of complex, high-stakes phenomena" (Melonçon and Scott, 2017, p. 4). Melonçon and Frost (2015) note that the applied-studies component of RHM "appeals to many scholars who want to influence the delivery of care and potentially improve patient and community outcomes" and argue that rhetoricians of health and medicine "can directly intervene into many of the problems plaguing our healthcare system" (p. 9).

RHM scholars investigate the '"everydayness' of exchanges in healthcare" and study communicative aspects of health and medicine (Angeli and Johnson-Sheehan, 2018, p. 2). These aspects include discourses that "are often overlooked" because of their mundanity, but Melonçon

and Scott (2015) argue that these exchanges "are one of the most important dimensions of health and medicine, particularly when considering how to improve patient care" (p. 7). This foray into mundanity connects RHM with social justice, as discussed by Walton, Moore, and Jones (2019) who argue that injustices are often present in mundane artifacts and minutiae (p. 163). Areas of study within RHM include online health communications (Anglesey and Hubrig, 2022; George and Blasiman, 2022), vaccine policies (Lawrence, 2018), gender (Frost, 2021; Joseph and Kelley-Romano, 2022; Takayoshi, 2020; Thompson et al., 2022; Vardeman-Winter, 2017; Wang, 2022), and health literacy (Cannon and Walkup, 2018; Thompson et al., 2022; Walkup and Cannon, 2018), among many other topics of inquiry. RHM studies employ both rhetorical theories and analytic approaches to pose "questions that ask how and why practices get conceptualized and configured in particular ways" (Melonçon & Scott, 2018, p. vii). RHM scholars focus on "exigencies, functions, and impacts of health-related discourse" (Scott et al., 2013, p. 1) as RHM scholarship examines "discursive-material practices of health and medicine as multilayered or situated among and along multiple scales of context" (Scott & Melonçon, 2017, p. 6).

While RHM studies rely on theory "as a framework for thinking, feeling, interpreting, and creating" that can "help us pose questions [and] discern language's functions and impacts" as we investigate medical artifacts (Scott and Melonçon, 2017, p. 12), scholarship in MHRR does not reflect the same continuous deployment of theory. Instead, MHRR—a subset of RHM—reflects a use of mixed methods, often conducted by authors who have a personal connection to the world of mental health (Reynolds, 2018, p. 3).

Scholarship by Cobb (2022), Ryan (2022), and Reid (2022) within Melonçon and Molloy's (2022) collection, *Strategic Interventions in Mental Health Rhetoric*, note a personal

connection to mental health. Many texts in the collection are authored by scholars who employ myriad methods, including discourse analysis, autoethnography, focus groups, text and website coding, and case study. Contemporary MHRR studies outside of Melonçon and Molloy's collection uphold Reynold's claim of mixed-methods employment, too. MHRR research about mental health and gender, for example, commonly employs human-subjects research methods, while historical studies in MHRR employ various rhetorical analysis methods (Cannon and Walkup, 2021, p. 261; Takayoshi, 2020, p. 170; Walkup and Cannon, 2018, p. 112).

Research about mental health foregrounds discussions of power, vulnerability, and disenfranchisement, often noting how language can be used as a power-wielding tool (Anglesey and Hubrig, 2022; Cobb, 2022; Hannah and Salmon, 2022; Takayoshi, 2020, Walkup and Cannon, 2018; Webster and Rivers, 2022). Though the objects of study and methods vary, these articles work to advance a deeper understanding of how communication contributes to power imbalances and patient disenfranchisement. This connects MHRR to RHM and to Melonçon and Frost's (2015) discussion that RHM scholars often seek to influence patient outcomes and intervene in healthcare problems (p. 9). RHM and MHRR, then, both reflect subsets of rhetorical research that seek to enact change and improve patient outcomes. Takayoshi's (2020) focus on memoirs from women in mental health care studies, as well as Anglesey and Hubrig's (2022) focus on university counseling websites and Gkotsis et al.'s (2016) study of how language represents mental health in social media center tactical forms of communication, suggesting a move within technical communication (TC) research to include "user-produced" works (Kimball, 2017, p. 3).

TC studies regarding disenfranchisement and power imbalances in MHRR often focus on minority communities. While there are scholars like Cobb (2022) and Wang (2022) who focus

on multiply-marginalized groups, MHRR studies more often focus on singly-marginalized communities with acknowledgements to the increased danger that multiply-marginalized populations face. An encouraging trend in MHRR is the increased focus on women specifically, as is shown by Joseph and Romano (2022), Cobb (2022), Wang (2022), Takayoshi (2020), Joseph and Kelley-Romano (2022), and Walkup and Cannon (2018).

MHRR's focus on disenfranchisement incorporates discussion of stigma and rhetoricity as well, reflecting the influence of Catherine Prendergast's (2001) discussion of how the stigmatization of mental wellness concerns and mental disabilities disrupt one's rhetoricity. MHRR scholars argue that stigmatization of mental wellness concerns contributes to the disenfranchisement of those grappling with these concerns by invalidating their mental and emotional state and presuming that they are not as valuable or competent as their peers (Price, 2011, p. 26). These discussions of disenfranchisement are bolstered by scholars associating disenfranchisement with power imbalances created by communication deficits. Both DeTora and Robinson (2022) and Augustine (2022) argue for mitigating the "deficit model of communication" that Walkup and Cannon (2018) describe. So, too, does Hannah and Salmon's (2022) study about how rhetors can help those with mental wellness concerns in the legal system by offering language that is not marginalizing or harmful to them (p. 112). Each of these studies suggests that MHRR scholars are aware of the power imbalance that communication deficiencies create, although there has been little work within the field about how this disenfranchisement occurs in medical settings between patients and practitioners.

MHRR scholars also share an interest in academia and the ways that the university system contributes to mental wellness concerns. This subcategory is influenced by Margaret Price's (2011) monograph, *Mad at School*, and her central argument that academic systems are

not designed to accommodate for any variation of mental disability or mental health concern (p. 8). Much like discussions of the disenfranchisement of marginalized groups through stigmatization and power imbalances, scholars within MHRR explore how power imbalances inherent in the classroom and the academic fetishization of success contribute to poor mental health among students. Webster and Rivers (2019), Reid (2022), Savini (2016), and Anglesey and Hubrig (2022) explore the damage that valuing academic success over mental health and expecting adherence to normative standards of behavior—whether this is explicit or implicit—can have on student mental health and how this valuation of success contributes to the stigmatization of "failing" and not being mentally well. Remaining true with Reynolds' analysis of the field, many of the scholars focusing on mental wellness in academia call on their own experience as professors or instructors, employing autoethnographic methods alongside artifact analysis and human subjects research. University counseling websites have emerged as popular sites of study for MHRR scholars interested in academia, once again indicating that MHRR might be moving to incorporate practical TC into their objects of study.

MHRR scholars call attention to the lack of institutional support for mental wellness within academia, and cite aspects of academia that contribute to moments of mental *un*wellness, much like how former collegiate athletes Alexi Pappas and Lauren Fleshman, and journalist Kate Fagan have claimed that the NCAA fosters an environment that exacerbates and contributes to athlete mental deterioration and is not designed to consider those struggling with their mental wellness (Fagan, 2017, p. 16; Fleshman, 2023b, para. 1; Pappas, 2021, p. 68). Despite this similarity and the ubiquity of mental wellness concerns among athletes, scholars within MHRR or RHM have yet to turn their attention to intercollegiate athletics as a potential subfield of study. A broadened field of study that investigates the structure of athletics might prove useful

for those marginalized or harmed by normalized athletics systems. Despite MHRR's focus on marginalized groups, scholarship within the field has yet to specifically include athletes, making this a gap in the field.

Discourse Studies about Athlete Mental Health

Current discourse studies about athlete mental wellness prioritize discussions of media, primarily focusing on athlete media disclosures about their own mental health (Chen and Kwak, 2023; Kumble et al., 2022) or news releases pertaining to athlete mental wellness (Cassilo, 2022; Cassilo and Kluch, 2023; Elsey, 2023; Lavelle, 2021; Parrott, 2023). As Cassilo and Kluch (2023) note, current scholarship about media representations of athlete mental health disclosures focuses on professional athletes, with research that foregrounds college athletes being far less common (p. 464). Less scholarship focuses on collegiate athlete mental wellness than professional athlete mental wellness, despite the environment of college athletics being described by student-athletes as a '"pressure-cooker'" (Parrott, 2023, p, 10).

The consistent focus on external representations of athlete mental wellness, primarily in social or news media, reveals a lack of scholarship that explores internal factors of student-athlete mental wellness. In 2019, the NCAA found that 46% of male student-athletes and only 37% of female student athletes are "very satisfied with the mental health care received from team or college medical personnel" (National Collegiate Athletics Association, 2019). These percentages indicate that efforts within NCAA institutions to mitigate student-athlete mental health concerns are not sufficient for student-athletes. While current scholars who have studied collegiate student-athlete mental wellness acknowledge the unique situation of collegiate student-athletes, they have not yet focused their scholarship on investigating what contributes to this situation (Cassilo and Kluch, 2023; Parrott, 2023). Investigations of institutional resources

for student-athlete mental health would help address both student-athlete dissatisfaction with these internal efforts and the unique environment of collegiate athletics.

Another gap in the field is that much of the scholarship focuses on already renowned or successful athletes. Parrott (2023) notes that media representations of student-athlete suicide vary among student-athletes who have achieved varying levels of success (p. 15). Thompson et al. (2022) comment on the same phenomenon, writing that "coverage of [Simone Biles] is not representative of all gymnasts or other athletes" due to her athletic success (p. 197). Scholarship within the field, therefore, does not accurately represent the mental wellness experiences of all student-athletes when focusing primarily on already-successful and elite athletes like Naomi Osaka (Kumble at al., 2021; Chen and Kwak, 2023), Simone Biles (Thompson et al., 2022), Kevin Love (Lavelle, 2021; Parrott et al., 2021), D. J. Carton (Cassilo and Kluch, 2023), DeMar DeRozan (Cassilo, 2022, Parrott et al., 2021), and Royce White (Cassilo, 2022). Scholarship on successful athletes is, of course, important and contributes strongly to the field, but the imbalance in representation does a disservice to student-athletes and contributes to inaccurate representations of athlete mental-wellness experiences. Scholarship that investigates internal and external factors on the mental health of all athletes is crucial to mitigate the negative effects that mental health concerns have on athletic performance (Kroshus, 2016, p. 389).

Methods in Discourse Studies about Athlete Mental Health

Discourse studies about mental wellness and athletes tends to employ mixed methods, though many studies within the field of communication use media frames in their analyses. Cassilo and Kluch (2021), Lavelle (2021), and Parrott et al. (2021), Parrott (2023), and Thompson et al. (2022) examine media framing of athlete mental health disclosures. Most commonly, scholars in the field identify largely positive frames, noting how news media outlets

often humanize athletes (Cassilo and Kluch, 2021, p. 475), present athletes as mental health advocates (Cassilo, 2022, p. 106; Cassilo and Kluch, 2021, p. 475; Parrott et al., 2021, p. 33), and offer support for the athletes (Cassilo and Kluch, 2021, p. 475; Lavelle, 2021, p. 965; Cassilo and Kluch, 2021, p. 475). Scholars often employ framing theory to identify the ways in which media frames can shape audience perception of an event or topic (Kumble et al., 2022, p. 3).

Discussions of stigma often accompany these discussions of media framing within communication studies about athlete mental health, much like how MHRR scholars discuss the influence of stigma on mental health (Prendergast, 2001; Price, 2011). As media frames can shape public attitudes, the media has an ability to contribute to destigmatizing mental health among athletes. The unique nature of an athlete's role in society often means that athletes are expected to be "more stoic" (Parrott et al., 2021, p. 39) than those in other professions, adding to the stigmatization of athlete mental health. Merz et al. (2020) explore how stigmatization of mental health interacts with athlete employment, finding that, when a public audience was surveyed, athletes with mental health concerns were less likely to be offered professional contracts and offered less financial compensation than their mentally "healthy" counterparts (p. 442). The persistent stigmatization of athletes poses dangers to the future of athlete advocacy and mental health treatment. Communication studies note this danger, acknowledging this concern (Merz et al., 2020, p. 442) and the responsibility that media sources have to foster accepting conversations about mental health topics (Parrott, 2023, p. 13; Lavelle, 2021, p. 965).

Studies that foreground social media reactions to athlete mental health disclosures bolster the corpus of studies about sports news media and mental health. These studies identify positive fan reactions like the positive frames discussed in research about sports news media outlets and athlete mental health (Chen and Kwak, 2023; Kumble et al., 2022). Scholars focused on social

media reactions tend to use Twitter as a locus of primary research and, like scholars of news media and sports, discuss the influence of stigmatization of mental health on public reactions (Chen and Kwak, 2023, p. 442).

Throughout communication studies of news, social media, and athletics, scholars identify factors that contribute to poor mental health or hesitancy to seek mental health treatment among athletes, like fear of appearing weak (Cassilo, 2022, p. 98; Chen and Kwak, 2023, p. 441), fear of stigmatization (Merz et al., 2020, p. 442), or pressure to perform (Parrott et al., 2021, p. 48). These factors, particularly the pressure to value athletic performance over mental health, echo MHRR scholars' discussions of how placing pressure on academic success can negatively affect student mental wellness (Anglesey and Hubrig, 2022; Reid, 2022; Savini, 2016, Webster and Rivers, 2019). The valuation of athlete performance over mental health is also a key aspect of the intercollegiate athletics environment, which seeks to draw elite performances from athletes. PPE documents reinforce this aspect of their environment by gatekeeping student-athlete participation and placing more emphasis on physical health than mental health. Importantly, while the aforementioned factors apply to both professional and collegiate athletes, Parrot (2023) notes that collegiate student-athletes face additional challenges, including that "academic institutions and athletic departments failed to provide students appropriate mental health care," according to the articles he analyzes (p. 10). Despite the additional concern about institutional support for collegiate athletes, TC scholars have yet to investigate the internal factors that contribute to what Parrott (2023) refers to as an "unsupportive environment" for student-athletes (p. 9). The lack of focus on internal factors and features of mental health treatment represents a gap in the current corpus of TC research about mental health and athletes. Much like how the field of MHRR is bolstered by scholars who investigate inter-institutional effects on mental health (Anglesey and

Hubrig, 2022; Price, 2011; Reid, 2022; Savini, 2016; Webster and Rivers, 2019), TC research about athletes and mental health would benefit from expanding focus to internal factors.

Despite the popularity and validity of media and social media studies within TC research about athlete mental wellness, the tendency of these studies to discuss a limited number of athletes creates a gap in knowledge within the field about the mental wellness experiences of athletes who are not already well-known on social media or for their athletic prowess. The continued focus on external representations of athlete mental wellness, particularly media representations, excludes studies into internal interventions in student-athlete mental wellness from the body of research. There is a noticeable lack of research about internal documentation regarding athlete mental wellness, as well as a lack of research that focuses on a range of student-athlete experiences, rather than prioritizing the experiences of already successful athletes. Furthermore, current scholarship does not evaluate artifacts relating to student-athlete mental wellness in the context of intercollegiate athletics.

Chapter Three: Theoretical Applications

The experience of collegiate student-athletes is mediated by the siloed environment in which they spend most of their time. Student-athletes practice up to 20 hours each week, attend athletic training visits, travel for competition, receive meals and fueling from athletic departments, and participate in insulated team cultures. As such, most of what a collegiate student-athlete experiences is connected to athletics. Even academics are influenced by athletics, as many student-athletes choose which institution they will attend based largely on athletic scholarships, particularly at the Division I level. The athletics context shapes much of what a student-athlete experiences, and student-athletes rely on this environment for academic, athletic, and health support. Student-athletes, therefore, are repeatedly confronted with the values of the collegiate athletics environment—to maximize athletic performance and physical fitness. This is particularly true in certain spaces within athletic facilities, including not only practice and training facilities, but also athletic training facilities. These athletic training facilities are equipped with staff members and resources to rehabilitate student-athlete physical injuries, including the ability to refer student-athletes to external resources for more pointed or complicated medical treatment (e.g., surgery, medical imaging, etc.). The overwhelming message that athletic facilities—and especially athletic training facilities—put forth is that student-athletes are at their most valuable when they are in prime *physical* condition.

Despite this message, athletic training rooms are also the primary locus for identifying student-athlete mental health concerns. It is within this physical environment that student-athletes are given PPEs at the beginning of each year as they return from the summer. Returning from a summer of training, excited to reunite and practice with teammates, student-athletes must first go to the athletic training room to complete their PPE and physical examination. These

appointments must be completed before student-athletes can attend practice. But with hundreds of athletes to schedule before practices begin, student-athletes are often rushed for their appointments or must wait multiple days before they can be seen. Upon arriving at their appointment, they are given their annual PPE, which can range from around 40 questions to upwards of 100. The documents might be one page or many and are often accompanied with forms to sign for medical release, insurance forms, and informational walls of text about concussions and how to prevent them. It is at this point, in an environment so attuned to physical health, that a student athlete might read a question where they are asked if they feel depressed. These questions about mental health are often located at the end of the documents, after many questions about physical health. The overwhelming and frustrating conditions immediately surrounding the completion of PPE documents do not contribute to their usefulness and these moments are shaped by the broader collegiate athletics environment and values. Understanding why PPE documents do not serve holistic student-athlete health, then, requires study of the broader environment in which PPE documents are used and the pressures to perform and remain healthy that student-athletes feel within this environment.

From Rhetorical Situations to Ambient Environment

Scholarship regarding rhetorical situations and context continued to develop after it was first introduced, with scholars incorporating cross-disciplinary work to develop a robust understanding of environment, context, and the rhetorical situation. Rhetorical theory that explores context begins with discussions of rigid elements that individually contribute to rhetorical situations. Later, scholars like Jenny Edbauer and Bruno Latour[2] put forth ecological and networked views of influence that account for the interactions between environment,

[2] While many of the scholars who influence rhetoricians as they discuss environments and rhetorical artifacts are not rhetoricians themselves (e.g. Bruno Latour) their work in other fields influences the field of rhetoric.

element, and artifact. From this discussion of ecology, Thomas Rickert then develops an ambient theory of environment that more fully discusses attunement and flux. With each layer of theoretical development about context, interaction, environments, and rhetorical situations, scholars offer a more natural conception of the environment.

Early theories of the rhetorical situation foreground rigid qualities of situations, often not discussing how rhetoric fluctuates within the environment around it. Discussion of the rhetorical situation begins with Lloyd Bitzer's (1986) conception of the rhetorical situation, a publication in which Bitzer argues that rhetorical situations are defined by exigences, audiences, and constraints,[3] which create meaning. Other rhetoricians have theorized instead that meaning is created by rhetors (Vatz, 1973), influenced by genres (Jamieson, 1973), managed and discovered by rhetors (Cosigny, 1974), derived by audiences (Biesecker, 1989), and influenced by myriad other factors. Each of these scholars highlights one aspect of the situation but does not offer a full image of the context of an artifact. Attending to only one of these rigid individual factors does not allow scholars to sufficiently explore the situations around rhetorical artifacts, as each of these arguments about the rhetorical situation foregrounds a siloed contributor to the situation. Building upon these arguments, scholars propose a networked and ecological view of rhetoric that considers how these individual factors interact with one another and exist in relation to their environment.

Theoretical development beyond rigid elements of a rhetorical situation foregrounds a networked view of rhetoric. A networked model of the rhetorical situation enabled scholars to embrace how systems change over time and to account "for the amalgamations and

[3] Bitzer's "The Rhetorical Situation" sparked significant debate, with scholars critiquing both the linearity of Bitzer's theory of the rhetorical situation and his implication that that the meaning of a rhetorical artifact is inherent and derived from the static exigence, constraints, and audience of a situation.

transformations" of rhetoric as they highlighted rhetoric's fluid nature (Edbauer, 2005, p. 20). Jenny Edbauer (2005) expands upon these early discussions of the rhetorical situation, moving beyond concrete views of the *place* in which rhetoric exists and embracing the interaction between environment and artifact. Rather than reify the connection between rhetorical situation and place, Edbauer argues for a connected view of rhetoric's field of influence, one that is "connected, rather than a matter of place, sites, and homes" (2005, p. 10). Edbauer's proposition to consider rhetorical ecologies rather than rhetorical situations allows rhetors to explore how rhetorics from different places "overlap through a kind of *shared contagion*," though they may not share the same exigencies or audiences (2005, p. 18). Edbauer's argument to view rhetoric as an ongoing circulatory process—an "open network"—invokes science and technology studies theories, including Bruno Latour's Actor-Network Theory (ANT) (Edbauer, 2005, p. 13). Edbauer's view of rhetoric as ecological and Latour's ANT prepare rhetors to discuss influences on artifacts outside of the immediate situation surrounding the artifact, but they are "ultimately still invested in binaries (movement and node, line and point)" (Rickert, 2013, p. 122). Though Edbauer began to leave behind rigid networks, she still employs the concept of networks, arguing for rhetoricians to consider the rhetorical situation as an "open network" rather than a "relatively closed system" (Edbauer, 2005, p. 13).

Thomas Rickert seeks to divulge further from rigid network theories. To do so, Rickert proposes a view of rhetoric as ambient, considering the binary nature of networks to be a shortcoming of the network theories. Rickert's ambient rhetoric moves "beyond what the network can offer" as Rickert argues that ambient rhetoric is "immersive, osmotic, peripheral" rather than "link-driven," as a network might be (Rickert, 2013, p. 122). Ambient rhetoric "captures the 'software' logics of being and doing that arise from the network" that theories such

as ANT and ecological rhetoric highlight (Rickert, 2004, p. 904-905). Ambient rhetoric allows rhetors to look beyond the structural "movement and node, line and point" that network theories emphasize and more thoroughly explore the affinities formed between rhetor, rhetorical artifact, and environment (Rickert, 2013, p. 122). Rickert's discussion of ambient rhetoric bears similarities to Edbauer's rhetorical ecologies, as Rickert and Edbauer both address the ecological nature of the "social" world in which rhetoric exists (Edbauer, 2005, p. 10; Rickert, 2013, p. 223). Rickert explicitly states how rhetoric is attuned to the ecology and environment around it, writing that "an ambient rhetoric is one that in its ecological dimension hearkens and attends to the world" (2013, p. 223). As he invokes conversations about the ecological nature of rhetoric, Rickert develops a theory of ambient rhetoric that is influenced by the rhetorical theories that precede it. Rickert forms a view of rhetoric as an ambient construction that "must diffuse outward to include the material environment, things (including the technological), our own embodiment, and a complex understanding of ecological relationality as participating in rhetorical practice and their theorization" (2013, p. 3).

Rickert's ambient rhetoric draws upon an ongoing conversation of not only rhetorical situation (see Bitzer, Cosigny, Vatz, Biesecker), but also of the situated nature of rhetoric. Richard McKeon (1987) argues for situated rhetorical construction, claiming that rhetoric is particular, rather than universal. James Gee (2001) further argues for the situated nature of rhetoric as specifically being "tied to people's experiences of situated action in the material and social world" (p. 715). Gee's discussion of the social world is reflected in Edbauer's introduction of rhetorical ecologies, as she focuses her discussion on the "social field" (2005, p. 7). Rickert joins and expands this conversation as ambient rhetoric not only views rhetoric as situated but also focuses specifically on the *environment* surrounding rhetorical discourse. The ambient

environment which Rickert discusses differs from the idea of context or constraints that Bitzer (1968) discusses as an ambient environment maintains a symbiotic relationship with rhetorical discourse. Rather than simply exert force onto the discourse, ambient environs influence discourse and are influenced by discourse simultaneously, as rhetorical artifacts relate to, are conditioned by, and withdraw from their environments (Rickert, 2013, p. 204).

Rickert emphasizes the symbiotic nature of environment and artifact through his exploration of the fluidity of interaction between the environment and the discourse within it. Rickert, like Edbauer, investigates influences beyond audience, rhetorician, and artifact that contribute to the rhetorical situation. Edbauer highlights the fluidity of rhetoric, which influences Rickert's discussion of ambient rhetoric (Edbauer, 2005, p. 20). Rickert expands upon Edbauer's work to discuss the environments surrounding rhetorical artifacts and investigate "how rhetorical action is enmeshed within ambient environs" (Rickert, 2004, p. 904; Rickert, 2013, p. 143). Rickert hones this emphasis on space and environment to discuss both the individual aspects of the rhetorical artifact—like language—and the unique environs that comprise the space.

Rickert frames individual document features as participants in the ambient interactions between artifact and environment. In his discussion of language as an ambient environ, Rickert writes that language "emerges within a complex ecology of land, people, and culture, all of which draw from and are co-responsive to one another" (2013, p. 180). Rickert's reference to ecology connects to the symbiotic relationship between language and place, much like how Edbauer's use of rhetorical ecologies allows her to move beyond binary, unidirectional ideas of participants in a rhetorical situation. Rickert defines his discussion of place and language further, saying that "a vocabulary emerges from and functions within a rich, ambient scrabble of environment (land and sea, mountains and meadows, flora and fauna), history, peoples, and

gods, all of them entangled across enculturation, purpose, activity, equipment, event, and story" (2013, p. 184). Ambient rhetoric also draws on spatial rhetoric—which Jessica Enoch claims studies "the language that designates a space, the materials that construct and adorn it, and the activities enacted inside it" (Agnew et al., 2011, p. 116).

In addition to anchoring rhetorical artifacts in a specific physical environment and space, Rickert anchors artifacts in a specific temporal environment. Rickert writes that "the timeliness of a given situation is crucial to ambience, giving it a specific kairotic dimension" (2004, p. 905). For Rickert, the discussion of temporal moment is related to interaction and attunement to an environment. While many rhetoricians highlight a rhetor's mastery of a situation in the way that they most effectively wield kairos, Rickert argues that the true manifestation of kairos is about attunement to—rather than mastery of—a situation (Rickert, 2013, p. 76). Rickert links temporality to environment inextricably, writing that "a context or situation is crucial to the appearance of kairos" (Rickert, 2013, p. 75). In doing so, Rickert aligns his work to entwine context and kairos with Scott's (1967) and Foucault's (1969/1972) work entwining context and epistemology. Rickert demonstrates how ambient environments contribute to meaning-making and the development of knowledge. Drawing on Scott's (1967) argument that rhetoric contributes to "creating truth," Rickert demonstrates how ambient environments contribute to meaning-making and the development of knowledge. Rickert's ambient rhetoric theory links place, kairos, and epistemology, arguing that ambient environs contribute to creating what Scott refers to as "truth" (1967, p. 13).

Rickert's ambient rhetoric not only draws on epistemological views of rhetoric and network theories to demonstrate how environments act epistemologically, but also acknowledges the ontological aspects of rhetorical artifacts. Discussions of the ontological nature of rhetoric

explore how rhetoric relates to myriad concepts. Mol (2002) applies this discussion to an exploration of ontology in medical practice in *The Body Multiple* as she investigates "the way the tensions between sources of knowledge and styles of knowing are handled inside present-day allopathic medicine" (p. 1). Rickert relates rhetoric to "being and not just knowing," challenging arguments like Scott's (1967) that primarily depict rhetoric as a means of knowing (Rickert, 2013, p. xv). By claiming that rhetoric is ontological, Rickert expands upon arguments about the epistemological view of rhetoric. Rickert challenges rhetors to shift beyond "rhetoric's more customary epistemological frame to an ontological one" and view rhetoric as "assembled, in an architectural sense… a way of being, as it were" (Rickert, 2013, p. 142). Rickert connects his discussion of the ontological nature of rhetoric back to environment by entwining myriad views of rhetoric with his argument about the importance of exploring ambient environs: "rhetoric is intimate with the environments in which it emerges" (2013, p. 162). This move to connect ontology to situatedness echoes Mol's (2002) claim that "events are necessarily local. Somewhere. Situated" (p. 180).

Neither a discussion of rhetoric as situated[4] nor a discussion of rhetoric as ontological is unique to Rickert's theory of ambient rhetoric. However, his melding of theories of epistemological, situated, and ontological views of rhetoric to the crucial aspects of ambient environments make his view of ambient rhetoric an essential theory for analyzing rhetorical artifacts within environments. Ambient rhetoric, then, is a key tool for analyzing PPE documents within the collegiate athletics environment. Ambient rhetoric serves as a theoretical tool for

[4] Conversations about the rhetorical situation (Bitzer 1968, Cosigny 1974, Biesecker 1989, Vatz 1973), including Edbauer's (2005) discussion of rhetorical ecologies, augment an ongoing conversation about the situated role of rhetoric, with Robert Connors asking in the field of rhetoric's first Octalog: "How, in other words, has the culture created rhetoric, and how has rhetoric created the culture?" (Octalog, 1988, p. 7).

engaging with the rhetoric of mental health—which is present in PPE documents—in unique environments like the collegiate athletics realm.

Rhetorical Theory in RHM

While many RHM studies have employed rhetorical theories for their analysis of medical artifacts, RHM research has yet to incorporate ambient rhetoric into its theoretical toolbox. However, many RHM studies employ theories that have influenced ambient rhetoric, including theories of the rhetorical situation (Lawrence, 2018; Mol, 2002), rhetorical ecologies (Cannon and Walkup, 2020; Walkup and Cannon, 2018), networks (Duff, 2012), theories of the epistemological nature of rhetoric (Mol, 2002), and discussions about ontological rhetoric (Mol, 2002). As RHM scholars seek to answer Malkowski et al.'s (2016) call to "extend a theoretical concept by fleshing out its conceptual nuances, merging explanatory concepts from different theoretical traditions, testing observations shaped by existing concepts, and addressing interpretative gaps in an existing theoretical framework," they must employ a theoretical framework that allows them to address the fluidity of medical contexts (p. 18-19; Mol, 2022, p. 142; Popham, 2014, p. 342). Rickert's development of ambient rhetoric accounts for the fluidity of environments while completing many of the tasks Malkowski et al. pose. Ambient rhetoric combines and extends existing theories, addresses shortcomings of these theories, and tests the applications of prior theories. Rickert's ambient rhetoric, then, offers RHM scholars a theory that will allow them to expand their theoretical toolbox and circumvent the binaries of network theories to address a more fluid view of the situated nature of rhetoric (Rickert, 2013, p. 122).

RHM studies often employ rhetorical theories to "ask how and why practices get conceptualized and configured in particular ways" (Melonçon & Scott, 2018, p. vii). This goal reflects what Mol (2002) brings attention to in her exploration of how diseases are "described as

a part of the practices in which [they are] enacted" (p. 151). Mol's investigation of ontology in medical practice embraces the notion that "[p]ractices are not everywhere. They are somewhere" (2002, p. 140)—an idea that ambient rhetoric reinforces as it acknowledges the worldly character of rhetoric (Rickert, 2013, p. 222-223). RHM scholars, then, should investigate medical and clinical practices in the environments in which they exist to focus on the "exigencies, functions, and impacts of health-related discourse" (Scott et al., 2013, p. 1). It is not enough to simply study medical documentation as a siloed artifact. Instead, scholars should study medical documentation alongside the "constitutive role of the overall, blended environment" in which it exists (Rickert, 2004, p. 904). Rickert's ambient rhetoric offers a key theoretical tool which scholars can apply to this study.

Applying ambient rhetoric to medical artifacts reveals how artifacts are attuned to and engaged in a symbiotic relationship with their environment. Ambient rhetoric reveals how environments shape rhetorical discourse, allowing scholars to view rhetoric as ontological, "assembled, in an architectural sense, and integrated into a mode of life—a way of being, as it were" (Ricker, 2013, p. 142). Mol (2002) attends to the ontology of medical practice in *The Body Multiple* and argues for the importance of "investigation into clinical procedures and apparatuses" (p. 16). She introduces medical tests as sites where disease is enacted in different ways, indicating the importance of studying medical tests as rhetorical devices: "don't trust tests… Learn what they do. Get acquainted with their technicalities and know when to trust and when to discard them" (Mol, 2002, p. 64). Embracing Mol's argument for investigation of clinical practices and medical tests, I apply Rickert's theory of ambient rhetoric to an analysis of PPEs administered to collegiate student-athletes. Viewing these documents through a lens of ambience rejects the idea that they are inherently unbiased and unequivocally helpful documents.

Attuning to ambience within student-athlete environments reveals how interconnected these environments are and how influential the collegiate athletics environment is on student-athlete experiences. An ambient rhetorical discussion of PPE documents reveals how the documents reflect their environment by prioritizing athlete participation over athlete well-being. The PPEs reflect the commodification of athletes within the collegiate athletics environment by incentivizing athletes to respond to the documents in specific ways so that they can continue to compete.

The Ambient Environment and PPE Genre

In *The Body Multiple* (2002), Mol explores "the ways in which medicine attunes to, interacts with and shapes its objects in its various and varied practices" (p. vii). Mol argues that the various practices—or contexts—within medicine shape how diseases are enacted and experienced. Her argument supports Rickert's discussion of the impact of environs upon rhetorical artifacts, an argument that Rickert often draws upon Bruno Latour and Martin Heidegger[5] to make. Lawrence (2018) also acknowledges the how rhetorical situations shape exigences and modifications in medical practice while drawing on Latour and Heidegger, providing an example of these theories in practice. Mol uses ontology explore how atherosclerosis is enacted in different environments within a hospital, writing that: "the practices of enacting clinical atherosclerosis and pathological atherosclerosis *exclude* one another… [their] exigences are incompatible" (2002, p. 35). I apply this finding to the PPE documents distributed

[5] Importantly, both Heidegger and Latour have been criticized in more contemporary scholarship. Heidegger, for his membership in the Nazi party (see Wolin, 2022, for a discussion of how Heidegger's ideas are fused with Nazism), and Latour for the fact that ANT does not acknowledge social hierarchies in its development of actants and has the potential to overlook challenges that occur in non-Western settings. Latour himself even wrote in 1999 that "there are four things that do not work with actor-network theory: the word actor, the word network, the word theory and the hyphen," demonstrating the theoretical shortcomings of the model (Latour, 15). To sidestep these conversations entirely would be inappropriate, but for the purposes of this thesis, I plan to acknowledge the role that these theories have played in previous RHM work, as many scholars have employed Heidegger, Latour, or both in their work (See Duff, 2012; Lawrence, 2018, for examples).

to collegiate student-athletes at the beginning of each academic year. While these documents resemble medical intake forms that guide doctor-patient consultations in their format and content, they have an incompatible exigence with routine medical intake forms: they act as gatekeeper to student-athlete participation in athletics. The context in which these PPE documents exist differs from other medical intake forms. While PPE documents act as diagnostic tools like other medical intake forms, the additional role that PPEs play in mediating student-athlete participation in intercollegiate athletics separates them from that genre of document. Binary question format and delivery method are consistent in both PPE documents and other medical forms, but these mechanisms cause harm to student-athletes by discouraging student-athletes from being truthful on PPEs so that they maintain the ability to participate in intercollegiate athletics practice and competition.

Applying Rickert's theory of ambient rhetoric reveals how PPE documents for NCAA student-athletes do not support student-athlete mental health within the collegiate athletics environment. These PPE documents exist within both their immediate environment—athletic training rooms for collegiate student-athletes—and their broader environments—training rooms housed within university athletic departments that are governed by intercollegiate athletics conferences and the NCAA. Because of the value that these environments place on athletic participation, PPE documents cannot adequately identify pre-existing mental health conditions. An analysis of the ambient environment surrounding these documents reveals how PPE documents cause harm, rather than act as the neutral medical forms they are intended to be. This is particularly true of student-athlete mental health, as PPE documents act as the first (and often only) identification tool for athletes' pre-existing mental health conditions. PPE documents do not support student-athlete mental health because they emphasize physical health more than

mental health, prioritize athletic participation, and reinforce binary representations of medical experiences that do not foster comprehensive discussions of medical conditions. These document factors prevent the PPE documents from being useful in determining mental health concerns, as student-athletes must choose to prioritize either their health or their athletics goals.

By evaluating PPE documents in the unique environment of collegiate athletics, I seek to demonstrate how they reify harmful power structures that commodify student-athletes and prioritize both physical health and athletics participation over mental health. This commodification of student-athletes strips them of their agency and silos their identities into one role: competing within the NCAA. Firsthand accounts from former collegiate student-athletes reveal how strongly student-athletes identify themselves as athletes first, often at the cost of their mental health. Lauren Fleshman (2023) writes that collegiate athletes must forego many college social experiences for athletics, which heightens the connection between their identity and their athletics participation and performance (p. 65-66). Alexia Pappas (2021) affirms this claim, writing that "as an athlete, [she] found it impossible to separate her identify from her injured body" (p. 127), and Kate Fagan (2017) confirms that identifying as an athlete weighed heavily on University of Pennsylvania's Maddy Holleran before she ultimately took her own life (p. 9). Zanin et al (2021) confirm that athletes are defined—both by themselves and by external audiences—"through the bodily enactment of an athletic identity (i.e., a sport performance)" (p. 410). The current use of PPE documents that prompts athletes to respond to questions at the risk of their athletics participation, then, threatens their very identity as athletes.

An ambient environment perspective of the PPE documents reveals how the purpose of the documents is influenced by its situation. The collegiate athletics environment influences the content of PPE documents by guiding them to include questions that specifically reference

exercise or athletic eligibility. Rickert (2013) writes that rhetoric is "made utterly distinctive by the manner in which it is inhabited at any given time and place" (p. xiv). Not only does this connect to Rickert's use of Heidegger's understanding of dwelling in his conception of ambient rhetoric,[6] but it also demonstrates how rhetorical artifacts bear different meanings and implications based on their environments. A medical intake form in another environment, for example, would be far less likely to reference exercise or athletic participation. The implication reinforced by these questions on PPE documents not only reinforces the environmental value of athletic participation, but also implies that athletics healthcare practitioners are most interested in health in the context of exercise, rather than in a holistic model of student-athlete health. Ambient rhetoric best represents the environment that influences PPE documents because of the fluid nature of the situation. Rickert (2013) writes that, as rhetoricians, we need to understand disclosures—which includes the movements, activities, buildings, and attunements that contribute to a situation (p. 273)—as "ongoing and transforming in accordance with the play of being-in-the-world," demonstrating the importance of acknowledging the changing, dynamic aspects of situations (p. 280). Rickert bolsters this argument for the fluidity of situations with his critique of the binary nature of networks (2013, p. 122). Network theories cannot adequately address the fluid nature of the situation surrounding the PPE documents. PPE documents are static forms[7] that seek to identify pre-existing health conditions within a dynamic environment.

---

[6] Rickert's use of Heidegger focuses heavily on Heidegger's concept of dwelling and the fourfold. For Rickert, Heidegger's concept of dwelling "entails an ecological attunement to the environment," which contributes to Rickert's understanding of ambient rhetoric as attunement to the environs that contribute to a situation (Rickert, 2013, p. 223). Rickert argues that "dwelling indicates lived relations woven into complex ecologies of the world's things and forces," connecting his understanding of dwelling to Edbauer's rhetorical ecologies (2013, p. 224).

[7] PPE documents are static both in the fact that the forms themselves do not change in their delivery or content based on the different athletes or needs and in the fact that the questions on the documents represent static and objective views of health. These objective or binary views of health and medicine have been criticized by scholars for failing to encompass the entirety of medical situations and for supporting the organizations that fuel medical involvement rather than patient health (See Farmer et al, 2013; Illich, 1976; Kleinman, 1978; Starr, 1982, for example).

This is especially problematic for mental health concerns, as these are often viewed as subjective or fluid experiences, unlike physical health conditions, which tend to be viewed more objectively (Becker et al., 2013, p. 213).

Viewing the environment around the PPE documents as ambient reveals the fluid nature of the situation and how the participants, stakes, and exigencies of the forms change. The participants in the situation include not only the student-athlete, athletic trainer, and healthcare practitioner involved in completing, distributing, and processing the form (respectively), but also the larger departments involved in creating and mandating the documents. This includes the athletic training departments at each university, the athletic department at the universities, the governing body of the conference within the university competes, and the NCAA, which articulates that athletic departments "should have written institutional procedures" for routine mental health referral (Brown, 2014, p. 101; NCAA, 2020, p. 8). These participants change each time a different athlete, trainer, or practitioner is involved, as well as each time a governing body has a change in staff. The potential changes in personnel are far too multiplicitous to feasibly map in a network manner. The situation changes by location as well, as each university represents a slightly different environment for student-athletes. Even if it were possible to keep all the participants static—though I would argue that it is not—the conditions of the participants would still contribute to a dynamic ambient environment, as participants moods and actions impact their responses. If a student-athlete, for example, spends more or less time reading the document before answering, the situation changes. Or, if a practitioner is conducting their first appointment of the day immediately after their breakfast and morning coffee, their attention to detail might differ from a 4:30 p.m. appointment. The permutations of the environment are vast and impractical to attempt to map concretely. Instead, viewing the ambient environment as

"fluid, ever-changing, multiplicitous" better "encompass[es] behaviors, thought processes, and personas that are difficult to categorize and circumscribe according to the static site we find most familiar" (Popham, 2014, 342). Mol (2002) writes that the elements in fluid spaces "inform each other" and boast unstable bonds (p. 142). This definition of elements that inform one another is reinforced in Rickert's ambient rhetoric and is present in the situation surrounding the PPE documents as the participants, exigencies, and compositional aspects of the documents inform one another. Viewing the site as both ambient and fluid reveals how a PPE is "inseparable from the ambient environs in which it emerges" and view how the documents are integrated into the sites (Rickert, 2013, p. 139). An ambient rhetorical view of the situation around the PPE documents explains how the environment influences the content and usefulness of the forms.

Using ambient rhetoric alongside document coding reveals how the underrepresentation of mental health questions, the prioritization of athletic participation, and binary representations of health on PPE documents do not support student-athlete mental health. This reveals how these seemingly benign features cause harm to student-athletes by identifying their health as something that can be cited to prove that they cannot participate in athletics. The PPE documents contribute to a culture that commodifies student-athletes and prioritizes athletic participation over holistic student-athlete health. Ultimately, the PPE documents discourage athletes from being truthful about their health so that they might be allowed to compete. This is dangerous for student-athlete well-being. The dangers are exacerbated by the slippery nature of mental health concerns, and the PPE documents' uneven distribution of questions that relate to physical health and questions that relate to mental health demonstrates a reluctance to encourage student-athletes to disclose their mental wellness concerns. This chapter of this thesis has sought to establish ambient rhetoric as an ideal theoretical tool to evaluate how PPE documents interact with, are attuned to,

and are influenced by the collegiate athletics environment. The following chapter will explore the features of PPE documents that inhibit the documents from supporting student-athlete mental health and contribute to a culture that values student-athlete success over student-athlete well-being.

Chapter 4: PPE Analysis

The collegiate athletics environment emphasizes athletic participation over holistic student-athlete health, which contributes a neglect of student-athlete mental health concerns. The environment includes pressure specific to students, like academic pressure, as well as pressure specific to athletes, like performance anxiety and an emphasis on remaining healthy. Student-athletes experience "academic pressure (Brown 2014), time demands (Beauchemin, 2014), [and] a lack of power (Proctor & Boan-Lenzo, 2010)" (Cassilo and Kluch, 2023, p. 475). These factors—particularly increased time demands and a lack of power—contribute to the commodification of student-athletes by the NCAA, as their time is often not their own and is dedicated to athletic performance. Student-athletes are valued first for their contribution to sport and their identity as athletes, then for any additional identities they may have (Hartman, 2014). As contribution to sport is closely tied with physical fitness, the emphasis on athletic participation contributes to a neglect for student-athlete mental health. Kate Fagan (2017) acknowledges this disparity, writing that the NCAA "has recognized how much work must be done to address the mental and emotional well-being of student-athletes, and also admits that for too long, it's been a vastly less significant priority than promoting their physical health" (p. 87). This is evident in the amount of athletic department resources and facilities devoted to physical health in comparison to mental health. Think, for example, how much physical space is devoted to diagnosing, treating, and rehabilitating physical injuries for student-athletes in athletic training rooms and exercise facilities. Student-athletes are often aware of this disparity, as Cassilo and Kluch (2023) report that "only 46% of male collegiate athletes and less than 37% of female collegiate athletes were very satisfied with the mental health care provided to them [by their institution]" (p. 463). The unique environment of collegiate athletics contributes to increased

rates of depression, EDs, substance abuse issues, and anxiety when student-athletes are compared to their non-athlete peers (Cassilo and Kluch, 2023, p. 475). Despite the prevalence of these concerns, collegiate athletes are less likely to seek help for their mental health concerns than their non-athletes (Edwards and Froehle, 2021). As student-athletes are less likely to seek help on their own, athletic departments must make efforts to identify and treat student-athlete mental health concerns.

Identification tools used by athletic departments are impacted by the collegiate athletics environment in which they exist. As PPE documents are the primary intervention tool for student-athlete mental health, they are crucial to improving student-athlete access to adequate mental health treatment. PPE documents are "inseparable from the ambient environs in which [they] emerge" (Rickert, 2013, p. 139) as the environment influences how the documents are designed and used. PPE documents reflect "cues" (Rickert, 2013, p. 96) from the collegiate athletics environment around them in three main ways. Firstly, the prioritization of physical health within the collegiate athletics environment skews the distribution of physical and mental health questions on the PPE documents. Secondly, the pressure placed on student-athletes to perform athletically guides them to prioritize their athletics participation over honest answers on PPE documents, as the documents affect whether student-athletes can participate in athletics. Thirdly, the documents reflect the binary model of health present within Western medicine with yes/no questions that neglect the gradient of mental health concerns (Becker et al., 2013, p. 213). Because PPE documents are inextricable from their environment, evaluation of the PPE documents reveals how current collegiate athletics models are not adequately addressing student-athlete mental health. The analysis of PPE documents that follows demonstrates how they

interact with the collegiate athletics environment and fail to support student-athlete mental health.

Physical Health and Athletic Participation as a Priority

Uneven Question Distribution

PPE documents include more questions about physical health than mental health, which communicates to student-athletes that their physical health is more valuable than their mental health. As more spaces within athletics departments are devoted to physical health than mental health—including exercise facilities and athletic training rooms—I felt it was important to see if more questions on the PPE documents were devoted to physical health than mental health. To evaluate this, I counted the total number of questions on each PPE sample collected. Questions were determined to "directly address" mental health if they included the names of mental health concerns in the question (e. g. "Do you or have you ever had an eating disorder?"). I then counted how many questions on each PPE document directly addressed mental health. To calculate what percentage of the questions addressed mental health, I divided the number of questions about mental health on the document by the total number of questions on the document and multiplied the result by 100. I repeated this process for each PPE document. Table 1 below indicates the results of this process. The results of the calculations I conducted revealed that the percentage of mental health questions on the PPE documents is less than 25% in all documents in this sample and less than 10% in five out of seven documents included in the sample.[8]

[8] The two samples where more than 10% of the questions address mental health, samples seven and eight, come from the same university.

PPE Sample Number	Number of Questions Directly about Mental Health	Mental Health Concerns Mentioned	% of Total Questions
1	3	ED (1), Depression (1), Substance use (1)	4.92%
2	4	Unspecified Mental Illness (1), Anxiety (1), ED (1), Substance use (1)	5.97%
3	3	Anxiety (1), Depression (2)[9], ED (1), Unspecified Mental Illness (1)	2.88%
5	3	ED (1), Depression (2), Anxiety (1)[10]	4.17%
6	2	ADD/ADHD (1), ED (1), Anxiety (1), Depression (2)[11]	4.08%
7	14	ED (2), Depression (2), Anxiety (1), Bipolar Disorder (1), Personality Disorder (1), Obsessive Compulsive Disorder (1), Oppositional Defiant and/or Conduct Disorder (1), ADHD (1), Sleep Disorder (1), Grief (1), Substance Abuse (1), Trauma (1)	14.7%
8	13	ED (2), Depression (1), Anxiety (1), Bipolar Disorder (1), Personality Disorder (1), Obsessive Compulsive Disorder (1), Oppositional Defiant and/or Conduct Disorder (1), ADHD (1), Sleep Disorder (1), Grief (1), Substance Abuse (1), Other (1)	21.7%

Table 1: Distribution of mental health questions.

These results reveal an uneven question distribution and reinforce a hierarchal and siloed view of physical health and mental health. Despite the connection between mental health and physical health (Kroshus, 2016) and the prevalence of mental health concerns among athletes (Cassilo and Kluch, 2023; Edwards and Froehle, 2023; Knowles et al., 2021), the average percentage of PPE questions about mental health on this sample is only 9.73%. Of these questions, the PPE samples primarily address EDs and depression, which reflects the heightened risk for ED and depression among collegiate student-athletes. The emphasis of EDs and

[9] Anxiety and depression are addressed in the same question on of the questions from PPE Sample 3.
[10] Anxiety and depression are addressed in the same question on of the questions from PPE Sample 5.
[11] All listed mental health concerns were asked about in the same question on PPE sample 6.

depression indicates that the design of PPE documents considers the collegiate athletics environment, as the documents prioritize diagnosis of these concerns. So, too, does the uneven question distribution, as this reflects the prioritization of physical health over mental health within the collegiate athletics environment. The uneven question distribution, however, indicates that the design of PPE documents is not attuned to the prevalence of mental health concerns within collegiate athletics. PPE documents reinforce a hierarchal view of health that values physical wellness over mental wellness. By attending primarily to physical health concerns, PPE documents imply that physical health is more directly linked to athletic participation and success than mental health. Mental and physical health, however, are inextricably connected. Athletes with depressive symptoms, EDs, DE habits, and substance abuse concerns are more likely to develop stress fractures and other physical injuries than athletes without these mental health concerns (Edama et al., 2021; Gaudiani, 2020; Kroshus, 2016; Mountjoy et al., 2014; NCAA, 2020). This hierarchal model of health is harmful to student-athletes because it neglects the connection between mental and physical health and subordinates mental health to physical health.

Unclear References to Mental Health

PPE documents employ vague language and questions that reference both physical and mental health at the same time, which does not guide athletes to reporting about either of these health concerns in a specific manner. Questions that use vague language that can relate to physical or mental health do not support student-athlete mental health because they require interpretation by both the student-athlete and the practitioner to determine if the question and subsequent response reference mental health or physical health concerns. This interpretation is dangerous in an environment that values and commodifies athletes for their bodies, as student-

athletes are likely to assume that practitioners are invested in learning about their physical well-being more than their mental well-being. Likewise, practitioners are likely to assume that student-athletes are reporting about their physical health, rather than their mental health.

Questions Addressing Symptoms

PPE documents frame symptoms in the context of exercise, reinforcing the connection between the documents and collegiate athletics participation. These questions address symptoms such as chest pain, difficulty breathing, or lightheadedness during exercise, as Figure 1 (below) demonstrates. The emphasis on exercise in these questions reminds student-athletes that the practitioners who will receive the PPE documents are primarily concerned with their athletic participation. These questions problematize student-athlete identity by implying that health is important only in the context of exercise.

YES / NO 6. Have you ever experienced significant or recurrent cough, shortness of breath, wheezing, chest pain, chest tightness or near fainting with exercise?
Explain: _____
_____
_____

ASTHMA / BREATHING DIFFICULTY / COUGH WITH EXERCISE?	NO YES
HEAT RELATED ILLNESS / MUSCLE CRAMPING WITH EXERCISE?	NO YES
CHEST PAIN WITH EXERCISE?	NO YES
RACING OF YOUR HEART / HEART SKIPS BEATS?	NO YES
LIGHTHEADEDNESS / DIZZINESS / FAINTING WITH EXERCISE?	NO YES

Figure 1: PPE questions about exercise.

These questions on PPE documents do not support student-athlete mental health because they frame health in the context of exercise and indirectly address mental health. Many of the symptoms addressed in these questions—dizziness, breathing difficulty, chest pain, racing of the heart, near fainting, shortness of breath, and chest tightness—can indicate the presence of a

physical or mental health concern. Because physical health is prioritized throughout the PPE documents, a student-athlete indicating that they experience one or more of these symptoms is more likely to be associated with a physical concern than a mental concern. This contributes to a hierarchal view of health that subordinates mental health to physical health. Questions that address symptoms associated with both physical and mental health concerns are especially concerning in this environment, because many of the symptoms are associated with mental health concerns that are prevalent among athletes, like anxiety and EDs. Figure 2 below includes tables for each PPE document reviewed.[12] The tables indicate the symptom the question addresses, the mental health concern that the symptom is associated with, and the mental health screening index that the symptom appears on, if applicable.[13] Figure 2 demonstrates how many of the symptoms addressed by PPE documents are signs of physical exertion, physical health concerns, *and* mental health concerns—primarily anxiety and EDs.

---

[12] PPE sample four is primarily designed for physician use and does not include questions that fit this pattern.

[13] I included the mental health screening index that the symptom can also be found on to demonstrate how these symptoms are considered indicators of mental health concerns and are used as such on other medical forms. The NCAA recommends the use of many of the screening tools included Figure 2 for student-athlete mental health screening. These recommended tools include the Beck Anxiety Index (BAI), the National Athletic Training Association (NATA) 9-item index for mental health screening, the SCOFF questionnaire for ED and DE screening, the Harvard Department of Psychiatry/National Depression Screening Day Scale (HANDS), the Insomnia Severity Index (ISI), the Cannabis Use Disorder Identification Test (CUDIT), the Alcohol Use Disorders Identification Test (AUDIT), and the Adult ADHD Self-Report Screener (Adamson and Sellman, 2003; Baer et al., 2000; Beck et al., 1988l; Conley et al,. 2014; Kessler et al., 2005; Morgan et al., 2000; Morin et al., 2011; NCAA, 2020).

PPE 1		
Symptom	**Mental Health Concern**	**Mental Health Index**
Breathing difficulty	Anxiety	BAI
Dizziness	Anxiety	BAI
Fainting	Anxiety	BAI

PPE 2		
Symptom	**Mental Health Concern**	**Mental Health Index**
Fainting	Anxiety	BAI

PPE 3		
Symptom	**Mental Health Concern**	**Mental Health Index**
Headaches	Anxiety	BAI
Anemia	EDs, DE habits	
Fatigue	Depression, EDs, DE habits	HANDS, PHQ-9
Change in eating habits	Depression, EDs, DE habits	PHQ-9
Lost period	EDs, DE habits	

PPE 5		
Symptom	**Mental Health Concern**	**Mental Health Index**
Weight loss (>10lbs)	EDs, DE habits	SCOFF
Fainting	Anxiety	BAI
Breathing difficulty	Anxiety	BAI
Irregular heartbeat	Anxiety	BAI

PPE 6		
Symptom	**Mental Health Concern**	**Mental Health Index**
Desire to change weight	EDs, DE habits	
Tiring quickly	Depression	HANDS, PHQ-9
Irregular heartbeat	Anxiety	BAI
Headaches	Anxiety	BAI
Numbness or tingling	Anxiety	BAI

PPE 7		
Symptom	**Mental Health Concern**	**Mental Health Index**
Tiring quickly	Depression	HANDS, PHQ-9

PPE 8		
Symptom	**Mental Health Concern**	**Mental Health Index**
Vomiting, weight loss	EDs, DE habits	EDE-Q
Tiring quickly	Depression	HANDS, PHQ-9
Irregular heartbeart	Anxiety	BAI

Figure 2: Tables of physical/mental health questions.

Associating these symptoms with exercise further diminishes the value placed on student-athlete mental health concerns by foregrounding physical activity. On the PPE documents, the value of athletic participation and physical health is clear, both through framing questions in the context of exercise and the uneven distribution of questions about physical and mental health. Including phrases like “when exercising” or “during exercise” prevents student-athletes from providing holistic accounts of their health by limiting their experience of health to exercise-specific contexts. Such a model does not support student-athlete health because it does not offer student-athletes the opportunity to address their health outside of athletics. For the questions that address symptoms related to physical health or mental health and exercise, the likelihood of understanding student-athlete mental health is further decreased, as exercise is associated with physical exertion and physical health. Because these questions are framed in the context of

exercise, student-athletes and healthcare practitioners are likely to interpret these questions as being intended to address physical health, not mental health.

Questions About Treatment Options

Questions that address treatment options related to both physical and mental health do not support student-athlete mental health because the emphasis throughout the PPE documents is placed on physical health. Figure 3 (below) shows examples from PPE samples five and six of questions that ask about treatment options relevant to both physical and mental health concerns. Key terms in these questions—like "illness" or "illnesses," "hospitalized," and "prescriptions"—either include the label "illness" that can apply to both physical and mental health concerns or describe treatment options that can be employed for physical or mental concerns. These questions are not specific enough to adequately support student-athlete mental health, as the collegiate athletics environment values physical health over mental health.

YES / NO 2. Have you had any other major illnesses? Date and Explain: _____

YES / NO 4. Have you ever been hospitalized for a reason other than surgery? Date and Explain: _____

2. Do you have an ongoing or chronic illness?
3. Have you ever been hospitalized overnight?
4. Have you ever had surgery?
5. Are you currently taking any prescription, non-prescription, over-the-counter medications, pills, or using an inhaler? Please list:

Figure 3: PPE questions about physical/mental health treatments.

The uneven distribution between physical and mental health questions on PPE documents reinforces this hierarchal view of medicine and places physical health on the forefront of athletes' minds as they complete these documents. The construction of the documents and the physical environment of the athletic training room where athletes complete the forms guides student-athletes to think first of their physical health, not their mental health, when they encounter these questions. The stigmatization of mental health, which is especially prevalent in athletics (Billings and Parrott, 2023; Cassilo, 2022; Cassilo and Kluch, 2023; Fagan, 2017; Fleshman, 2023; Lavelle, 2021; Kumble et al., 2022; Merz et al., 2020) also guides student-athletes to be more likely to acknowledge their past physical health concerns than their mental health concerns. This is dangerous because practitioners may overlook student-athlete mental health concerns if athletes do not disclose them.

Mental Health Symptoms and Desired Athletic Traits

Many PPE questions describe habits that could apply to mental health concerns or athletic prowess, which hinder the diagnosis of student-athlete mental health conditions because they lack specificity. In the same way that the questions described in Figure 2 (see page 40) describe treatment options that could apply to physical or mental health concerns, the questions in Figure 4 (below) reference behaviors that could represent EDs and DE habits or benign behavior for athletic participation. Figure 4 shows examples of questions asking about nutrition and weight habits.

39. Do you want to weigh more or less than you do now?
40. Do you lose weight regularly to meet sport weight requirements?

2. Would you like to change your body weight? YES NO
If so, what would you like to weigh? _____

6. Would you like to speak with the sports nutritionist about a food, nutrition, or supplement related question or concern? YES NO

Figure 4: PPE questions that reference mental health.

Questions 39, 40, and two included in Figure 4 describe behavior that would be considered normal in collegiate sports that have weigh-in requirements, like wrestling. However, the desire to change weight or to lose weight is also associated with DE and EDs. Question six in Figure 4 asks about nutrition generally. While the pursuit of supplements or enhanced knowledge about nutrition can be a sign of athletic dedication, these habits can also indicate DE habits. Therefore, these questions do not adequately demonstrate to practitioners whether student-athletes are at-risk for developing EDs. Weight suppression can indicate DE habits, as can compulsive exercise, which PPE documents inadvertently address through questions that ask if athletes exercise outside of practice (Gorrell et al., 2020). These references to habits are not strong identification tools for student-athlete mental health, however, as behaviors associated with EDs and DE can be misconstrued as athletic dedication (Kroshus, 2016).

The admiration and normalization of traits like drive, self-discipline, and mental toughness within athletics environments makes questions that indirectly address mental health unreliable as identification tools for student-athlete mental health. The behaviors associated with EDs and DE habits, including restriction and compulsive exercise, are often misconstrued as

examples of an athlete's dedication or drive. Athletes are at higher risk for EDs and DE habits than non-athlete populations because they are exposed to additional pressures specific to being an elite athlete—including the emphasis that athletics places on physical appearance and body weight to improve performance, pressure to look like teammates or competitors, outside pressure to lose weight or maintain a certain body mass index, and competitive pressure to excel (Thompson and Sherman, 2010). These compounded pressures often lead athletes to turn to nutrition as something that they can use to gain a competitive edge (Gaudiani, 2018). EDs and DE habits often manifest because athletes feel that their diet is something they can control in environment that strips them of their autonomy in other ways (Billings and Parrott, 2023, p. 133). The prevalence of EDs and DE habits within the collegiate athletics environment makes it crucial for these concerns to be directly addressed on PPE documents. This is rarely the case, however, as documents often rely on indirect questions addressing symptoms of EDs or DE habits to identify these concerns. For example, amenorrhea, or menstrual cycle dysfunction, is a symptom of EDs, DE habits, and both the female-athlete triad (FAT) and relative energy deficiency in sport (RED-S) (Edama et al., 2021; Warren, 1999). Both the FAT and RED-S are conditions that increase injury risk and decrease athletic performance (Edama et al., 2021). Menstrual dysfunction, however, is also an example of a sign of mental health concerns that is revered in athletic communities and often seen as a sign of dedication (Fleshman, 2023a). Questions addressing menstrual dysfunction like the one in Figure 5 (below) are not strong identification tools for mental health concerns, as they ask about a symptom that is normalized within athletics environments.

What was the longest time between your periods last year?

Figure 5: PPE question about menstruation.

The indirect questions about mental health on PPE documents also reflect the stigmatization of mental health concerns within athletics, as the documents circumvent discussion of mental health. Mental health concerns are especially stigmatized for elite athletes (Cassilo, 2022; Cassilo and Kluch, 2023; Kumble et al., 2022; Lavelle, 2021; Merz et al., 2020), which is dangerous given the high prevalence of mental health disorders among athletes (Gouttebarge et al., 2019, p. 705). Much of this stigma is exacerbated for elite athletes because admitting that they need help is viewed as being mentally weak or not dedicated to winning. In fact, personal accounts from elite athletes reveal that fear of being viewed as not being dedicated to winning makes being truthful about their struggles difficult (Fagan, 2017, p. 84). The stigmatization of mental health within the collegiate athletics environment presents additional challenges for athletes confronted with indirect questions (Edwards and Froehle, 2019). Student-athletes are unlikely to admit to behaviors that they feel are stigmatized when questions offer alternate interpretations that avoid discussions of mental health entirely.

PPE Documents as Gatekeeper to Participation

Investment in Athletic Performance

PPE documents communicate to student-athletes that their athletic performance is more important than their mental health, which incentivizes student-athletes to lie on the forms so that they can participate in athletics. As PPEs are completed by student-athletes in athletic training rooms before they compete each year and are then distributed to athletics healthcare administrators, every person who interacts with the PPE documents has a vested interest in ensuring that student-athletes continue to compete. Intercollegiate athletics is a business that values athletic performance and revenue. Hartman (2014) discusses this, writing that within the intercollegiate athletics environment, “the sport is valued over the athlete and the athlete is

valued over the student" (p. 435). While Hartman discusses how the athlete identity of a student-athlete is valued over their student identity, sports participation and the athlete identity are also valued over the mental health of student athletes. Parrott (2023) echoes this claim, writing that the same year that the NCAA reported revenue earnings of $13.3 billion (2021), "student-athletes reported mental exhaustion, depression, and anxiety at levels comparable to the beginning of the COVID-19 pandemic" (p. 12). With this, Parrott demonstrates how student-athletes are commodified by the NCAA, often at the cost of their mental health. PPE documents reinforce this commodification by using questions that do not adequately address mental health and inquiring about symptoms that could be associated with a range of concerns. The environment surrounding the PPE documents that values athletic performance communicates to student-athletes that their continued participation in athletics is the most important outcome of the document. The outcome of identifying pre-existing health conditions then becomes a subordinate goal, which guides student-athletes to give answers that will allow them to participate in athletics.

Discouraging Honesty

References to Athletics Participation and Eligibility. Questions throughout the PPE documents directly reference intercollegiate athletics, which reminds student-athletes that their participation in athletics is at stake as they complete the documents. These references to intercollegiate athletics reinforce the role that the documents play as gatekeeper of athletics participation for student-athletes. In PPE samples two, three, four, and seven, explicit statements are made about the role that the documents play in determining student-athlete eligibility to participate and compete. Figure 6 (below) includes examples from samples two and seven, which are statements to which student-athletes must consent.

- The team physician may re-examine any student-athlete and change the student-athlete's status at any time should the situation warrant.

4. **Athletic Medical Clearance** **Student-Athlete Initial**_____
All student-athletes must complete and pass a pre-participation physical examination (PPE) scheduled and administered through the sports medicine staff, Georgia Tech Sports Medicine team physician or his designee. The PPE, which is effective for the duration of the academic year, will be arranged after preliminary academic eligibility has been provided to the athletic administration. At any time, the team physician may re-examine the student-athlete and change his or her status should the situation warrant.

2. Understands that having passed the physical examination does not necessarily mean that he/she is physically qualified to engage in athletics, but only that the evaluator did not find a medical reason to disqualify him/her at the time of said evaluation.

Figure 6: PPE statements about athlete participation.

The examples in Figure 6 also reify the contractual nature of these documents, as student-athletes are expected to sign the documents to confirm that they have been truthful and understand that the results on the documents can be leveraged to disqualify them from athletic participation. Such statements show student-athletes that their participation in sport is at stake as they complete these documents and guide them to choose between prioritizing their participation in athletics or truthful responses to the PPE questions.

Often, the statements on PPE documents that reference athletic participation are completed by physicians, which reinforces the idea that the decision to participate is ultimately not made by student-athletes. Figure 7 (below) includes examples from samples three and four, which are found in portions of the PPE documents that are completed by physicians, rather than student-athletes.

Based on medical history and physical examination, athlete is:
☐ Cleared without restriction
☐ Cleared, with recommendation for further evaluation or treatment for:_____
_____
☐ Not cleared Reason:_____
Physician signature: _____ Date:_____
Physician (PRINTED NAME):_____

This student-athlete _____ can participate / _____ cannot participate.

Physician's Signature Date

Figure 7: PPE questions about clearance.

Proctor and Boan-Lenzo (2010) note that the collegiate athletics environment contributes to a lack of power for student-athletes, and the questions in Figure 7 reinforce this aspect of the environment by demonstrating to student-athletes that the athletics physicians can decide if they are allowed to participate based on their answers to the questions on PPE documents. Figure 7 clearly demonstrates how decisions about eligibility are made *for* student-athletes following the completion of the PPE, rather than *by* student-athletes. The inclusion of questions like those in Figures 6 and 7 on the PPE documents that student-athletes receive guide student-athletes to choose between prioritizing honest answers to the PPE questions and their ability to participate in athletics. Because student-athletes do not make their own decision about their health and athletic eligibility, they are likely to respond to PPE questions in a way that they think will convince practitioners to allow them to participate. This behavior is dangerous because student-athletes are likely to lie or omit information about their health and mental health to demonstrate to practitioners that they can participate in athletics.

References to Performance-Enhancing Drugs. Questions that reference performance-enhancing drug (PED) use increase the pressure on student-athletes to prioritize athletic

participation over the truth on PPE documents. As use of PEDs is banned from intercollegiate athletics competition, admitting to the use of PEDs would jeopardize a student-athlete's ability to participate. Questions like those in Figure 8 (below), contribute to how PPE documents do not encourage honesty by leading student-athletes to prioritize either their continued participation in athletics or truthful responses on this form.

Have you used / Are you using any performance enhancing supplement or drug?	No Yes
52. Have you used/Are you using any type of performance-enhancing substances or drugs?	☐ ☐

Figure 8: PPE questions about PED use.

The pressure of the collegiate sports environment may drive athletes to seek artificial means of success, like PED use (Edwards and Froehle, 2023; Knowles, et al., 2021). Including questions about PEDs on the PPE documents, therefore, demonstrates an attunement to how the athletic environment might encourage PED use. PED use is an example of how behavioral responses to the collegiate athletics environment can limit student-athletes from participating in the environment. These questions place athletes in a difficult position where being truthful might disqualify them from athletic participation, but lying might damage their mental health, as they will not receive treatment for substance abuse disorders, anxiety, or other concerns that might prompt PED use. Questions that directly reference PEDs, then, do not support student-athlete mental health because they discourage honest responses and encourage the suppression of mental health concerns.

References to athletic participation, eligibility, and PED use on PPE documents remind athletes of the stakes of the document while guiding them to prioritize either honesty on the form

or participation in athletics. For student-athletes who face mental wellness concerns, this is especially problematic. Mental health concerns are often less visible than physical injuries, especially in athletics environment. It is therefore easier for student-athletes to hide their struggles with mental health than to hide physical injuries. PPE documents that remind student-athletes that their answers can limit their participation discourage student-athletes from voicing these concerns that might otherwise go unnoticed. PPE documents guide student-athletes to choose between honesty on the form and athletic participation and reinforce a system that prioritizes athletic participation over holistic health and well-being.

PPE Documents and Binary Models of Health

Binary question framing on PPE documents reinforces views of illness and injury as discrete, which is especially problematic for mental illness.[14] Becker et al. (2013) note that "[m]ental distress can manifest itself along a gradient of difference that is not easily recognized as a discrete illness or included within conventional biomedical classifications of disease," illustrating how mental concerns can be misrepresented by a question format that prompts binary responses (p. 213). The classifications of disease that Becker et al. reference include discrete understandings of illness and injury, a practice that seeks to assert order over natural conditions. Mol criticizes this practice, writing that neat ordering is not possible in medical practice (2002, p. 160). These use of binary question format on medical intake forms reinforces Western medicine ideals that "the disease categories of Western medicine are 'natural'" (Mol, 2002, p. 24). Mol again criticizes this, writing that different cultures interpret disease in diverse ways and that the categories of disease do not represent a natural state that anyone can access, but instead

[14] As I begin a critique of binary question framing in the context of collegiate athletics, I want to acknowledge that the mechanisms of binary ideals of medicine have been critiqued in other areas (see Illich (1976) and Leonhardt (2021) for examples). I am not arguing that these mechanisms are harmful *only* in the space of college athletics, though this is the only space I explore in this thesis.

contribute to “specific practice for dealing with life, suffering, and death” (2002, p. 24). Binary medical classifications have been criticized for physical health as well, as Leonhardt (2021) writes that “American medicine often struggles with subtlety. It treats many conditions as binary: You have it, or you don’t… This overly neat drawing of lines ends up serving people poorly” (Leonhardt, 2021, as cited in Billings and Parrot, 2023, p. 13). Binary questions exemplify the oversimplification of health concerns in medicine. To reinforce Western medicine categorizations is to flatten the diverse experiences of symptoms and illness. These discrete questions on PPE documents do not treat mental illnesses as the varied experiences that we know them to be. Binary questions do not account for mental illnesses that fluctuate throughout the year, manifest differently in different student-athletes, or have changing symptoms over time. Furthermore, discrete representations of mental health on PPE documents do not allow student-athletes to narrate their experiences and offer labels that may not resonate with student-athletes.

Student-athletes may be reluctant to identify with mental illness labels due to the stigmatization of mental illness in sport. They may, for example, may not feel that a label of “depression,” “anxiety,” or “eating disorder” best describes their experiences. This means that student-athletes may not accurately depict their experiences when confronted with a question that asks about these labels in a direct and binary manner. Scholars establish both narrative (George and Blasiman, 2022) and embodied experience (Wang, 2022) as important interventions and identification tools for mental illness concerns. But, binary questions about mental health do not account for these important identification tools and instead rely on confronting student-athletes directly. In an environment where mental health is viewed as a weakness (Fagan, 2017), stigmatized, and considered taboo, direct and binary questions about mental health are unlikely to garner accurate depictions of the student-athlete experience.

Discussion

The subordination of mental health concerns, references to athletic eligibility, and binary question framing inhibit PPE documents from supporting student-athlete mental health. These document features cause harm to student-athletes as they reify a system that commodifies athletes for their physical value. Kate Fagan (2017) writes that "[v]ery little else in our society is rewarded like athletics are" (p. 8). For student-athletes, participation in athletics has financial implications, including scholarships and NIL deals. These financial incentives are contingent on athletic performance, which emphasizes the value that athletic participation and physical health hold in the collegiate athletics environment. In this environment, continued participation in athletics is paramount, and it is implied that this is best achieved through stellar physical health. The physical health of athletes is prioritized over the mental health of athletes, despite the connections between physical and mental health and the prevalence of mental health conditions among student-athletes. PPE documents adapt the value system of the collegiate athletics environment and implicitly communicate to student-athletes that their physical health is more valuable than their mental health and that continued participation in athletics is worth being untruthful on the documents. These documents support a system that commodifies student-athletes for their athletic prowess, often at the neglect of their holistic health.

Chapter Five: Conclusion

Study of Medical Documents

PPE documents both withdraw from and contribute to the collegiate athletics environment in which they exist. Rickert writes that ambient rhetoric is attuned to the "relationality, conditionality, and withdrawal" of objects (2013, p. 204). Ambient rhetoric, then, reveals how PPE documents withdraw from their environment to reflect the values of the NCAA, relate to their environment by contributing to the valuing of physical bodies and managing athletic participation, and are shaped by the conditions of the NCAA environment that limit how much the documents can support student-athlete mental health. In *Ambient Rhetoric*, Rickert discusses how Latour's theories contribute to his theory of ambient rhetoric, noting that Latour "concludes that the various actants share responsibility for the actions that result" (Rickert, 2013, p. 205). Rickert writes that this argument "ascribes to material objects capabilities and powers that reflect back on the humans who use them," embedding rhetorical artifacts within a system that reflects and exerts power. This understanding reveals how PPE documents share responsibility for the health and participation of student-athletes with the people and other tools used in collegiate sports medicine contexts. PPE documents reflect the capabilities and powers of both the NCAA as a whole and the sports medicine context in which they are directly enmeshed. In the sports medicine environment, PPE documents reaffirm the power of athletic trainers and athletics healthcare administrators to determine student-athlete participation. The documents not only reflect this responsibility, but also enhance it, as they can be used as justification for disallowing—or allowing—athletes to participate. Within the broader environment of the NCAA, PPE documents reflect the same capabilities, reinforcing the idea that collegiate athletes are not able to act of their own volition and are regulated by institutional tools and actors. Beyond

simply reflecting the capabilities and powers of their environment, PPE documents reinforce and enhance them, contributing to an environment that values student-athlete performance over student-athlete autonomy and health.

PPE documents, then, are not a "neutral tool" (Latour, 1999b, p. 178). Rickert identifies Latour's discussion of the myth of the Neutral Tool as relevant to ambient rhetoric, and this discussion extends to PPE documents as well. Rickert pinpoints Latour's discussion of guns and humans, writing that Latour "argues that it would be better to see both humans and guns as actants, all of them ontologically equal and irreducible" (2013, p. 205). Ascribing this agency to the nonhuman gun assigns responsibilities to the artifact, and assigning this same agency and responsibility to PPE documents reaffirms how they enhance the capabilities and powers of the systems in which they function. PPE documents are not neutral. They do not only identify student-athlete health concerns. Instead, their use in this context discourages student-athletes from being truthful. Rather than act as a neutral diagnostic tool, PPE documents guide student-athletes to responses that prioritize their participation in collegiate athletics over their health.

As diagnostic tools, PPE documents reflect the goals of their environment, and Mol argues that misguided or insufficient goals can render medical instruments ineffective. In a discussion of cancer treatments, Mol writes that "[a]s long as 'survival' is accepted as a goal, a treatment for cancer may seem successful if those who receive it live, say, an average of six months longer than those who do not" (2002, p. 173). Similarly, as long as athletic participation is seen as the ultimate goal of the PPE documents and athletics healthcare tools, higher rates of athlete participation will suggest a successful system. This measure of success, however, does not account for the health of those participating or any negative effects that allowing or disallowing participation might have on student-athlete health. While the stakes are obviously

lower for this medical tool than for the cancer treatment that Mol discusses, the problem reflects the same structure: the goal of the document is insufficient and serves as an inaccurate and harmful barometer of success.

Mol also writes that diagnostic tests are "more likely to fit with the results of other tests if [they are] used in a population that contains lots of disease," demonstrating the cyclical nature of diagnostic tools (2002, p. 131). As PPE documents exist in an insulated environment where the evaluated population is 18–23-year-old collegiate athletes, they likely fit the pattern that Mol identifies. This is problematic for their use as diagnostic tools, as it implies that PPE documents reflect the results most likely to be expected or supported by past iterations of the documents. If the expectation for athletic trainers and athletics healthcare administrators is that most student-athletes are mentally well, then PPE documents are likely to support this conclusion. Mol also identifies how "the very *criteria* used to judge test outcomes often derive from population studies" (2002, p. 131). This is clear in the mental health questions that PPE documents include, as they often address a small range of mental health concerns with primary interest on those that are expected to be the most common among student-athletes (see Table 1, page 36). It is a disservice to trust the identification of student-athlete health concerns to PPE documents that have the potential to act in a cyclical nature and reinforce understandings that are already in place. Understanding how PPE documents reflect and reify the values of the collegiate athletics environment reveals the ways in which they do not holistically address student-athlete health and do not adequately support student-athlete mental health.

PPEs in the Broader NCAA Context

PPE documents reify the collegiate athletic environment's belief that the primary role of student-athletes is to reach peak performance and that their physical health is the most important

barrier to this goal. Hartman (2014) notes that "scholars examining the culture of the NCAA argue that the organization ignores student-athlete rights, is concerned with money instead of fairness, and has a warped sense of a mission that contradicts its original purpose" (p. 425). This claim, while harsh, reflects both Hartman's frustration with the NCAA as a former collegiate athlete and the findings of prior scholarship about NCAA policy and action. Since 2014, the NCAA has taken steps to mitigate student-athlete mental health concerns, drafting policies that require institutions to provide pathways to mental health treatment for student-athletes (Brown, 2014; NCAA, 2020). While the NCAA's call to action reflects increased attention to student-athlete well-being, the consistent prioritization of physical wellness over mental wellness and the dual roles of the PPE as gatekeeper and diagnostic tool convey to student-athletes that their participation in athletics is valued over their physical health, which is, in turn, valued over their mental health. Unfortunately, the PPE documents are not the only aspect within the NCAA that demonstrates how student-athletes are valued primarily for their bodies and what they can contribute to the NCAA.

Until 2021, student-athletes were not able to earn money or benefits from external companies for the use of their name, image, or likeness (NIL). When the NCAA allowed NIL for student-athletes, this changed, permitting student-athletes to receive monetary or other compensation (e.g., free merchandise) for the use of their likeness. This policy granted autonomy to student-athletes by allowing them to profit from their work beyond university or NCAA sponsored scholarships. While the inclusion of mental health mandates and the approval of NIL deals demonstrates that the NCAA is seeking to grant more rights to student-athletes, many student-athletes still feel objectified for their role as athletes, as evidenced by the Dartmouth University Men's basketball team's decision to unionize (Isidore, 2024).

The PPE documents reflect the environment of the NCAA, but they do not act as a microcosm of the entire system. Rickert (2013) claims that "rhetoric is intimate with the environments in which it emerges," and PPE documents intimately interact with the collegiate athletics environment by reflecting the values of the NCAA that commodify student-athletes (p. 162). While the NCAA has taken steps to reduce the strain on student-athletes and grant them more compensation for their efforts, student-athlete mental health remains an area that needs further attention because of the ubiquity of mental health concerns among student-athletes. The NCAA should strive to better equip institutions to identify and treat student-athlete mental health concerns as a method of moving forward with their current steps to improve student-athlete autonomy and well-being.

Student-Athlete Mental Health and Social Justice in Technical Communication

Collegiate student-athlete mental health is an important area of study for technical communicators because of the high volume of these concerns among student-athletes and the lack of technical communication scholarship that addresses it. Walton, Moore, and Jones (2019) remind technical communicators that "[o]ur sites of work, often mundane and driven by minutiae, remain sites of injustice" (p. 1). They argue that technical communicators should be committed to social justice because "injustices often live in the mundane choices that technical communicators make" (2019, p. 163). PPE documents act as a site of injustice by not effectively attending to student-athlete mental health and contributing to the commodification of student-athletes by the NCAA. Furthermore, Walton and Jones (2013) write that "communication (written, verbal, and technological) is an inextricable part of social justice because change occurs through communicative practices" (p. 33). While prior research has addressed external communication about mental health—primarily social media posts (Cassilo, 2022; Cassilo and

Kluch, 2023; Chen and Kwak, 2023; Elsey et al., 2023; Kumble et al., 2022; Lavelle, 2021; Parrott et al., 2021; Parrott, 2023; Thompson et al., 2022)—little work has been conducted that evaluates internal communications, like PPE documents. Investigating the PPE documents reveals how they implicitly communicate to student-athletes that their physical health is more important than their mental health and reinforce this aspect of the collegiate athletics environment. As technical communicators, internal communications must not be overlooked as potential sites of injustice. The research conducted for this thesis seeks to not only support a more holistic model of student-athlete health, but also to answer Walton, Moore, and Jones' call for technical communicators to understand how injustices live in the minutiae of documents.

PPE Documents and Usability

In addition to aligning with the social justice turn in technical communication, the evaluation of PPE documents also answers Johnson et al.'s (2007) claim that usability must include rhetorical research to remain a productive field (p. 328). As a medical intake form, PPEs should serve the goal of identifying pre-existing student-athlete health concerns. However, the role of PPE of gatekeeper as well as the environment in which student-athletes complete PPE documents limits how usable and useful they are student-athletes. Student-athletes complete PPE forms at the beginning of each athletic year, and the volume of questions on the document is both fatiguing and daunting. The design of documents to include a high volume of questions that address myriad health concerns in one document does not facilitate a comfortable experience for student-athletes as users of the document. Furthermore, the limitations of the document that discourage truthful responses limit the usability of the completed document for those who receive it after student-athletes. Sullivan (1989) writes that "if the learning about users becomes a habit that shapes writing, a cumulative study that informs future writing, then every usability

test can contribute to the writers' knowledge of the users" (p. 262-263). By studying the ambient environment beyond just the users in this situation a more cohesive view of how these documents can be more usable, and therefore more useful, becomes clear. The inaccessibility of the PPE document that is caused by the collegiate athletics environment and the priorities therein demonstrates a shortcoming that might not be as prevalent in similar documents in other environments. Accessing the environment that surrounds these PPE documents serves as an example of the importance of considering environment in usability studies. Learning about environment, much like learning about users, can therefore contribute to a more cohesive and comprehensive view of usability and can enhance technical communicator's knowledge for future writing. If medical documents are not usable, they are also not useful, and this shortcoming of PPE documents poses concern in the collegiate athletics environment.

Project Limitations and Future Directions

The research conducted here acts as a beginning point for future research by highlighting the importance of attunement to the ambient environment of collegiate athletics both when designing and studying health communications in this sphere. This research evaluated PPE documents from six out of fifteen universities competing within the ACC. As some universities employed different documents for new athletes and returning athletes, eight total documents were evaluated. The universities contacted pose a limitation to the generalizability of these findings, as they all compete within the same division of the NCAA. NCAA Division I FBS schools such as these generate greater athletic revenue than schools competing within Division II, Division III, or Division I Football Championship Subdivision (FCS) conferences. As athletic revenue generated supports student-athlete services—including medical services and facility maintenance—the amount of athletic revenue generated directly impacts the amount of funding

that a university has for student-athlete support services (NCAA Research, n. d., p. 16). Future research about internal support documents for collegiate student-athlete mental health should include institutions competing across multiple NCAA divisions and conferences to investigate how revenue disparities impact student-athlete health communications.

This investigation used rhetorical theory and inductive coding to investigate completed documents. Future research should include discussions with those involved in the PPE process, including not only athletic trainers and healthcare representatives, but also student-athletes themselves (Cassilo and Kluch, 2023). Future research might also consider addressing student-athlete mental health through the lens of gender, as female athletes are at greater risk than male athletes for certain mental health concerns, including EDs and DE habits (Gorrell et al., 2020; Krebs et al., 2019). Ideally, future research should strive for actionable items that athletics healthcare employees can complete to better serve student-athlete mental health.

References

Adamson, S. J. & Sellman J. D. (2003). A prototype screening instrument for cannabis use disorder: The cannabis use disorders identification test (CUDIT) in an alcohol dependent clinical sample. *Drug and Alcohol Review 22*(3), 309-315.

Angeli, E. L., & Johnson-Sheehan, R. (2018). Introduction to the special issue: Medical humanities and/or the rhetoric of health and medicine. *Technical Communication Quarterly 27*(1), 1-6.

Anglesey, L. R. & Hubrig, A. (2022). "Do you feel like):": Discursive interventions in university mental health rhetorics. In L. Melonçon & C. Molloy (Eds.), *Strategic Interventions in Mental Health Rhetoric* (pp. 185-205). Routledge, Taylor & Francis Group.

Augustine, N. (2022). Facilitating rhetoric: Paratherapeutic activity in community support groups. In L. Melonçon & C. Molloy (Eds.), *Strategic Interventions in Mental Health Rhetoric* (pp. 71-88). Routledge, Taylor & Francis Group.

Baer, L., Jacobs, D. G., Meszler-Reizes, J., Blais, M., Fava, M., Kessler, R., Magruder, K., Murphy, J., Kopans, B., Cukor, P., Leahy, L., & O'Laughlen, J. (2000). Development of a brief screening instrument: the HANDS. *Psychotherapy and psychosomatics*, *69*(1), 35–41.

Beck, A. T., Epstein, N., Brown, G., & Steer, R. A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology 56*, 893-897.

Becker, A., Motgi, A., Weigel, J., Raviola, G., Keshavjee, S., & Kleinman, A (2013). The unique challenges of mental health and MDRTB: Critical perspectives on metrics of disease. In P. Farmer, J. Y. Kim, A. Kleinman, & M. Basilico (Eds.), *Reimagining global health: An*

introduction (pp. 212–244). University of California Press. http://www.jstor.org/stable/10.1525/j.ctt46n4b2.12

Biesecker, B. A. (1989). Rethinking the rhetorical situation from within the Thematic of "Différance." *Philosophy & Rhetoric*, *22*(2), 110–130. http://www.jstor.org/stable/40237580

Billings, A. C., & Parrott, S. (2023). *Head game: Mental health in sports media*. Peter Lang.

Bitzer, L. F. (1968). The rhetorical situation. *Philosophy and Rhetoric 1*, 1-14.

Brown, G. T. (2014). *Mind, body and sport: Understanding and supporting student-athlete mental wellness*. National Collegiate Athletic Association.

Burke, K. (1968). *Language as symbolic action: Essays on life, literature, and method*. University of California Press.

Cannon, P. & Walkup, K. L. (2021). Re/producing knowledge in health and medicine: Designing research methods for mental health. *Technical Communication Quarterly 30*(3), 257-270.

Cassilo, D. (2022). Royce White, DeMar DeRozan and media framing of mental health in the NBA. *Communication & Sport 10*(1), 97-123.

Cassilo, D, & Kluch, Y. (2023). Mental health, college athletics, and the media framing of D. J. Carton's announcement to step away from his team. *Communication & Sport 11*(3), 462-488.

Chen, Z. & Kwak, D. H. (2023). It's okay to be not okay: An analysis of Twitter responses to Naomi Osaka's withdrawal due to mental health concerns. *Communication & Sport 11*(3), 439-461

Cobb, T. (2022). Destigmatizing black mental health: A black gay woman's experience. In L. Melonçon & C. Molloy (Eds.), *Strategic Interventions in Mental Health Rhetoric* (pp. 132-149). Routledge, Taylor & Francis Group.

Conley, K. M, Bolin, D. J., Carek, P. J., Konin, J. G., Neal, T. L., & Violette, D. (2014). National Athletic Trainers' Association position statement: Preparticipation physical examinations and disqualifying conditions. *Journal of Athletic Training 49*(1), 102-120.

Cosigny, S. (1974). Rhetoric and its situations. *Philosophy & Rhetoric 7*(3), 175-186.

DeTora, L. & Robinson, T. (2022). Culture-centered approaches to rhetorical research: Considering domestic violence as a site for intersectional interventions. In L. Melonçon & C. Molloy (Eds.), *Strategic Interventions in Mental Health Rhetoric* (pp. 51-67). Routledge, Taylor & Francis Group.

Edama, M., Inaba, H., Natsui, S., Maruyama, S., & Omori, G. (2021). The relationship between the female athlete triad and injury rates in collegiate female athletes. *Peer J 9,* e11092. https://doi.org/10.7717/peerj.11092.

Edbauer, J. (2005). Unframing models of public distribution: From rhetorical situation to rhetorical ecologies. *Rhetoric Society Quarterly, 35*(4), 5-24.

Edwards, B., & Froehle, A. (2019). Examining the incidence of reporting mental health diagnosis between college student athletes and non-athlete students and the impact on academic performance. *Journal of American College Health 71*(1), 69-75.

Elsey, C., Winter, P., Litchfield, S. J., Ogweno, S., & Southwood, J. (2023). Professional sport and initial mental health public disclosure narratives. *Communication & Sport 11*(3), 489-508.

Fagan, K. (2017). *What made Maddy run: The secret struggles and tragic death of an all-American teen*. Little Brown.

Farmer, P., Kim, J. Y., Kleinman, A., & Basilico, A.(2013). *Reimagining global health: An introduction*. University of California Press.

Fernheimer, J. W. (2016). Confronting Kenneth Burke's anti-semitism. *Journal of Communication & Religion, 3*, 36-53.

Fleshman, L. (2023a). *Good for a girl: A woman running in a man's world.* Penguin Press.

Fleshman, L. (2023b). Pro sports is failing women: Here's what needs to change. LinkedIn. https://www.linkedin.com/pulse/pro-sports-failing-women-heres-what-needs-change-lauren-fleshman/

Foss, S. K., & Gill, A. (1987). Michel Foucault's theory of rhetoric as epistemic. *The Western Journal of Speech Communication, 51*, 384-401.

Foucault, M. (1972). *The archaeology of knowledge* (A. M. S. Smith, Trans.). Pantheon Books. (Original work published 1969).

Frost, E. A. (2021). Ultrasound, gender, and consent: An apparent feminist analysis of medical imaging rhetorics. *Technical Communication Quarterly 30*(1), 48-62.

Gaudiani, J. L. (2018) *Sick enough: A guide to the medical complications of eating disorders*. Routeledge.

Gee, J. P. (2001). Reading as situated language: A sociocognitive perspective. *Journal of Adolescent and Adult Literacy, 44*(8), 714-725.

George, B. & Blasiman, R. (2022). Online university mental health tools: Definitions and narratives as interventions. In L. Melonçon & C. Molloy (Eds.), *Strategic Interventions in Mental Health Rhetoric* (pp. 206-226). Routledge, Taylor & Francis Group.

Gorrell, S., Scharmer, C., Kinasz, K., & Anderson, D. (2020). Compulsive Exercise and Weight Suppression: Associations with Eating Pathology in Distance Runners. *Eating Behaviors*, *36*, 101358. https://doi.org/10.1016/j.eatbeh.2019.101358

Gouttebarge, V., Castaldelli-Maia, J. M., Gorczynski, P., Hainline, B., Hitchcock, M. E., Kerkhoffs, G. M., Rice, S. M., & Reardon, C. L. (2019). Occurrence of mental health symptoms and disorders in current and former elite athletes. A systematic review and meta-analysis. *British Journal of Sports Medicine 53*, 700-706.

Gkotsis, G., Oellrich, A., Hubbard, T. J. P., Dobson, R. J. B., Liakata, M., Velupillai, S., & Dutta, R. (2016). The language of mental health problems in social media. In *Proceedings of the 3rd Workshop on Computational Linguistics and Clinical Psychology: From linguistic signal to clinical reality* (pp. 63-73). San Diego, CA: Association for Computational Linguistics.

Hannah, M. A. & Salmon, S. (2022). Rerouting stigma: Leading with law in mental health rhetoric research. In L. Melonçon & C. Molloy (Eds.), *Strategic Interventions in Mental Health Rhetoric* (pp. 117-131). Routledge, Taylor & Francis Group.

Haraway, D. (1985/2010). A manifesto for cyborgs: Science, technology, and social feminism in the 1980s. In V. B. Leitch, W. E. Cain, L. Finke, B. Johnson, J. McGowan, T. D. Sharpley-Whiting, and J. J. Williams (Eds.) *The Norton Anthology of Theory and Criticism* (pp. 2190-2220). W.W. Norton & Company

Hartman, K. L. (2014). “The most evil thing about college sports”: The 1-year scholarship and a former NCAA athlete’s personal narrative. *International Journal of Sports Communication* 7, 425-440.

Illich, I. (1976). *Medical nemesis: The expropriation of health*. Pantheon Books.

Isidore, C. (2024, March 5). Dartmouth basketball team votes to join the first college athletics union. *Cable News Network.* https://www.cnn.com/2024/03/05/business/dartmouth-basketball-team-union-vote/index.html

Jamieson, K. M. H. (1973). Generic constraints and the rhetorical situation. *Philosophy & Rhetoric*, *6*(3), 162–170. http://www.jstor.org/stable/40236849

Jennings, K. M. & Phillips, K. E. (2017). Eating disorder examination-questionanire (EDE-Q): Norms for clinical sample of female adolescents with anorexia nervosa. *Archives of Psychiatric Nursing 31*(6), 578-581.

Johnson, R. R., Salvo, M. J., & Zoetewey, M. W. (2007). User-Centered Technology in Participatory Culture: Two Decades "Beyond a Narrow Conception of Usability Testing." IEEE Transactions on Professional Communication, 50(4), 320–332. https://doi.org/10.1109/TPC.2007.908730

Joseph, L. J. & Kelley-Romano, St. (2022). Women of dignity and grace: The politics of respectability in Alcoholics Anonymous. In L. Melonçon & C. Molloy (Eds.), *Strategic Interventions in Mental Health Rhetoric* (pp. 89-104). Routledge, Taylor & Francis Group.

Kessler, R. C., Adler, L., Ames, M., Demler, O., Faraone, S., Hiripi, E., Howes, M. J., Jin, R., Secnik, K., Spencer, T., Ustun, T. B., & Walters, E. E. (2005). The World Health Organization adult ADHD self-report scale (ASRS): A short screening scale for use in the general population. *Psychological medicine*, *35*(2), 245–256.

Kimball, M. A. (2017). Tactical technical communication. *Technical Communication Quarterly, 26*(1), 1–7. https://doi.org/10.1080/10572252.2017.1259428

Kleinman, A. (1978). Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine 88*(2), 251-258.

Knowles, C., Shannon, S., Prentice, G., and Breslin, G. (2021). Comparing mental health of athletes and non-athletes as they emerge from a COVID-19 pandemic lockdown. *Frontiers in Sports and Active Living 3.* https://doi.org/10.3389/fspor.2021.612532

Koerber, A. (2018). From hysteria to hormones and back again: Centuries of outrageous remarks about female biology. *Rhetoric of Health & Medicine 1*(1-2), 179-192.

Krebs, P. A., Dennison, C. R., Kellar, L., & Lucas, J. (2019). Gender Differences in Eating Disorder Risk among NCAA Division I Cross Country and Track Student-Athletes. *Journal of Sports Medicine*, *2019*, e5035871. https://doi.org/10.1155/2019/5035871

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*(9), 606-613.

Kroshus, E. (2016). Variability in institutional screening practices related to collegiate student-athlete mental health. *Journal of Athletic Training 51*(5), 389-397.

Kumble, S., Diddi, P., & Bien-Aimé, S. (2022). 'Your strength is inspirational': How Naomi Osaka's Twitter announcement destigmatizes mental health disclosures. *Communication & Sport 0*(0), 1-20.

Latour, B. (1999a). On recalling ANT. In J. Law and J. Hassard (Eds.), *Actor network theory and after* (pp. 14-25). Blackwell Publishing.

Latour, B. (1999b). *Pandora's hope: Essays on the reality of science studies.* Harvard University Press.

Latour, B. (2005). *Reassembling the social: An introduction to actor-network theory*. Oxford University Press.

Lavelle, K. L. (2021). The face of mental health: Kevin Love and hegemonic masculinity in the NBA. *Communication & Sport 9*(6), 854-971.

Lawrence, H. (2018). When patients question vaccines: Considering vaccine communication through a material rhetorical approach. *Rhetoric of Health and Medicine 1*(1-2), 161-178.

Leonhardt, D. (2021, Nov. 11). When modern medicine doesn't cure chronic pain, what comes next? *The New York Times*.

Longo, B. (2000). *Spurious coin: a history of science, management, and technical writing*. State University of New York Press.

Malkowski, J. A., Scott, J. B., & Keränen, L. (2016). Rhetorical approaches to health and medicine. *Oxford Research Encyclopedia of Communication.* Retrieved 19 Jan. 2024, from https://oxfordre.com/communication/view/10.1093/acrefore/9780190228613.001.0001/acrefore-9780190228613-e-180.

Mckeon, R. (1987). *Rhetoric: Essays in invention and discovery.* Oxbow Books.

Melonçon, L., & Frost, E. A. (2015). Special issue introduction: Charting an emerging field: The rhetorics of health and medicine and its importance in communication design. *Communication Design Quarterly 3*(4), 7-14.

Melonçon, L., & Molloy, C. (2022). *Strategic interventions in mental health rhetoric*. Routledge, Taylor & Francis Group.

Melonçon, L., & Scott, J.B. (Eds.). (2017). *Methodologies for the rhetoric of health & medicine* (1st ed.). Routledge.

Merz, Z. C., Perry, J. E., Brauer, A. H., Montgomery, T. L., Shulze, J., & Ross, M. J. (2020). The cost of mental illness: The public's derogation of athletes with psychological distress. *American Psychological Association 5*(4), 442-450.

Mol, A. (2002). *The body multiple: Ontology in medical practice.* Duke University Press.

Morgan, J. F., Reid, F., Lacey, J. H. (2000). The SCOFF questionnaire: A new screening tool for eating disorders. *Western Journal of Medicine 172*(3), 164-165.

Morin, C. M., Belleville, G., Bélanger, L., & Ivers, H. (2011). The insomnia severity index: Psychometric indicators to detect insomnia cases and evaluate treatment response. *Sleep 34*(5), 601-608.

Mountjoy, M., Sundgot-Borgen, J., Burke, L., Carter, S., Constantini, N., Lebrun, C., Meyer, N., Sherman, R., Steffen, K., Budgett, R., & Ljungqvist, A. (2014a). The IOC consensus statement: Beyond the Female Athlete Triad—Relative Energy Deficiency in Sport (RED-S). *British Journal of Sports Medicine*, *48*(7), 491–497.

Munger, R. (2000). Evolution of the emergency medical services profession: A case study of EMS run reports. *Technical Communication Quarterly*, 9, 329–346.

National Collegiate Athletic Association. (2019). GOALS study: Understanding the student-athlete experience. NCAA.org. https://www.ncaa.org/about/resources/research/ncaa-goalsstudy

National Collegiate Athletic Association (2020). Interassociation consensus document: Mental health best practices: Understanding and supporting student-athlete mental wellness. National Collegiate Athletic Association Sport Science Institute.

National Collegiate Athletic Association Research (n. d.). 15-year trends in division I athletics finances. https://ncaaorg.s3.amazonaws.com/research/Finances/2020RES_D1-RevExp_Report.pdf

Octalog. (1988). The politics of historiography. *Rhetoric Review, 7*(1), 5-49.

Pappas, A. (2021). *Bravey*. The Dial Press.

Parrott, S. (2023). Media framing of student-athlete suicide: An examination of problems, causes, moral evaluations and treatment recommendations. *Communication & Sport 0*(0), 1-19.

Parrott, S., Billings, A. C., Buzzelli, N., & Towery, N. (2021) "We all go through it": Media depictions of mental illness from star athletes DeMar DeRozan and Kevin Love. *Communication & Sport 9*(1), 33-54.

Perelman, C. & Olbrechts-Tytecta, L. (1973). *The New Rhetoric: A Treatise on Argumentation* (J. Wilkinson & P. Weaver, Trans.). University of Notre Dame Press. (Original work published 1958).

Popham, S. (2005). Forms as boundary genres in medicine, science, and business. *Journal of Business and Technical Communication 19*(3), 279-303.

Popham, S. & Graham. S. L. (2008). A structural analysis of coherence in electronic charts in juvenile mental health. *Technical Communication Quarterly 17*(2), 149-172.

Popham, S. (2014). Hybrid disciplinarity: Métis and ethos in juvenile mental health electronic records. *Journal of Technical Writing and Communication 44*(3), 329-344.

Prendergast, C. J. (2001). On the rhetorics of mental disability. In J. C. Wilson & C. Lewiecki-Wilson (Eds.), *Embodied rhetorics: Disability in language and culture* (pp. 45-60). Southern Illinois University Press.

Price, M. (2011). *Mad at school*. University of Michigan Press.

Proctor, S. L., & Boan-Lenzo, C. (2010). Prevalence of depressive symptoms in male intercollegiate student-athletes and nonathletes. *Journal of Clinical Sport Psychology, 4*(3), 204-220.

Reardon, C. L. (2016). The sport psychiatrist and psychiatric medication. *International Review of Psychiatry 28*(6), 606-613. doi: 10.1080/09540261.2016.119069

Reid, L. (2022. Toward an empathy-first approach to student mental health: A guide for faculty development. In L. Melonçon & C. Molloy (Eds.), *Strategic Interventions in Mental Health Rhetoric* (pp. 169-184). Routledge, Taylor & Francis Group.

Reynolds, J. F. (2018). A short history of mental health rhetorical research (MHRR). *Rhetoric of Health & Medicine 1*(1-2), 1-18.

Ryan, C. (2022). An autoethnographic examination of Anosognosia in a sibling exhibiting severe psychosis: Reimagining inclusiveness in MHRR. In L. Melonçon & C. Molloy (Eds.), *Strategic Interventions in Mental Health Rhetoric* (pp. 150-166). Routledge, Taylor & Francis Group.

Rickert, T. (2004). In the house of doing: Rhetoric and the kairos of ambience. *JAC 24*(4), 901-927.

Rickert, T. (2013). *Ambient rhetoric: The attunements of rhetorical being*. University of Pittsburgh Press.

Savini, C. (2016). Are you being rigorous or just intolerant? *The Chronicle of Higher Education*, 26-27.

Schryer, C. F., & Spoel, P. (2005). Genre theory, health care discourse, and professional identity formation. *Journal of Business and Technical Communication*, 19, 249–278.

Scott, J. B., & Melonçon, L. (2018). Socially shaping the field's identity through *RHM*. *Rhetoric of Health & Medicine 1*(3-4), i-xii.

Scott, J. B., Segal, J. Z., & Keränen, L. (2013). The rhetorics of health and medicine: Inventional possibilities for scholarship and engaged practice. *Poroi 9*(1), 1-6.

Scott, R. L. (1967). On viewing rhetoric as epistemic. *Communication Studies 18*(1), 9-17.

Segal, J. Z. (2005). *Health and the rhetoric of medicine*. Carbondale: Southern Illinois University Press.

Starr, P. (1982). *The social transformation of American medicine.* Basic Books.

Sullivan, P. (1989). Beyond a narrow conception of usability testing. *IEEE Transactions on Professional Communication, 32*(4), 256–264. https://doi.org/10.1109/47.44537

Takayoshi, P. (2020). Through the agency of words: Women in the American insane asylum, 1842-1890. *Rhetoric of Health and Medicine 3*(2), 163-188. 10.5744/rhm.2020.1012

Thompson, C. M., Babu, S., & Makos, S. (2022). Women's experiences of health related communicative disenfranchisement. *Health Communication*, 1-11.

Thompson, R. A., & Trattner Sherman, R. (2010). *Eating Disorders in Sport*. Taylor & Francis Group. http://ebookcentral.proquest.com/lib/vt/detail.action?docID=646553

Toye, R. (2013). *Rhetoric: A very short introduction*. Oxford University Press.

Vardeman-Winter. (2017). The framing of women and health disparities: A critical look at race, gender, and class from the perspectives of grassroots health communicators. *Health Communication (32)*5, 629-638.

Vatz, R. E. (1973). The myth of the rhetorical situation. *Philosophy & Rhetoric*, *6*(3), 154–161. http://www.jstor.org/stable/40236848

Virginia Tech Athletics. (n. d.). *Sports medicine: FAQ team physicians.* https://hokiesports.com/documents/2018/5/1/team_physiciansFAQ.pdf?id=801

Walkup, K. L. & Cannon, P. (2018). Health ecologies in addiction treatment: Rhetoric of health and medicine in conceptualizing care. *Technical Communication Quarterly 27*(1), 108-120.

Walton, R. W., Moore, K. R., & Jones, N. N. (2019). *Technical communication after the social justice turn: Building coalitions for action* (First edition). Routledge.

Walton, R., & Jones, N. N. (2013). Navigating increasingly cross-cultural, cross-disciplinary, and cross-organizational contexts to support social justice. *Communication Design Quarterly, 1*(4), 31–35. https://doi.org/10.1145/2524248.2524257

Wang, H. (2022). Rhetorical crocheting: New Chinese moms fighting postpartum depression on social media. In L. Melonçon & C. Molloy (Eds.), *Strategic Interventions in Mental Health Rhetoric* (pp. 105-116). Routledge, Taylor & Francis Group.

Webster, D. & Rivers, N. (2019). Resisting resilience: Disrupting discourses of self-efficacy. *Pedagogy, Culture & Society 27*(4), 523-535.

Wolin, R. (2022). *Heidegger in ruins: Between philosophy and ideology.* Yale University Press.

Zanin, A. C., Preston, S. L, & Adame, E. A. (2021). Athletic identity transformation: A qualitative drawing analysis of implicit constructions of athletes, girls, and the self. *Communication & Sport 9*(3), 395-417.