

Sacrificial Labour: Social Inequality, Identity Work, and the Damaging Pursuit of Elusive Futures

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Abstract

This article explores the relationship between personal sacrifice and identity work within conditions of profound structural insecurity. We develop the concept of *sacrificial labour* to describe how individual self-sacrifice aligns workers' identities to the needs of organizations while gradually foreclosing the actualization of individuals' desired future selves. Drawing upon qualitative data from a longitudinal study of healthy individuals who enrol in paid clinical trials for the pharmaceutical industry, we make two contributions to the identity-work literature. First, we argue that the ongoing project of building stable and secure identities may become damaging when structural and cultural conditions defy even provisional, fragile attainment of this goal. Second, we reflect on how racialization and social marginalization erode identities and constrain possibilities for identity recuperation. Whereas the identity-work literature often focuses on the agential accomplishments of individuals, we provide a troubling account of how persistent social and economic inequalities confound identity realization efforts.

Keywords

clinical trials, identity work, insecurity, precarity, race, sacrifice, social inequality

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How do notions of sacrifice shape the identities of workers facing radical economic insecurity? As social safety nets continue to fray and periods of stable employment are cast as historical anomalies (Neilson and Rossiter, 2008), self-sacrifice becomes a trope for crafting a self that can not only compete with others in a scarce employment marketplace but one that is *worthy* of receiving the limited rewards available. As Mayblin and Course (2013: 309) define it, sacrifice conveys: 'a matrix of possibilities surrounding the central idea that something (or someone) new can be created through the irreversible giving up of something else, most prominently, a life'. When talking about one's place in labour markets, narratives of sacrifice suggest that the former self was deficient in some way, maladapted to survival in the market ecology that one seeks to flourish within through self-transformation or self-branding.

In a post-Fordist economic context, the labour market often demands that individuals sacrifice stability, time, and often wages in order to gain experience and develop skills that they hope to leverage to actualize visions of their future successful and autonomous selves (Alberti, 2014; Gill and Pratt, 2008; Gregg, 2011; Umney and Kretsos, 2015). Certainly, these labour relations engender self-exploitation, at least for some, as organizations benefit from the work of volunteers, unpaid interns, independent contractors, and others (Riach et al., 2016; Shade and Jacobson, 2015; Wood et al., 2019). Yet, individuals engaged in such sacrifices or 'hope labour' find it important to their sense of self to have benefited from the exchange (Duffy, 2017; Kuehn and Corrigan, 2013; Neff, 2012). For instance, they conceive of themselves as free agents amassing 'experience' they will later convert into well-paying jobs (Ross, 2017; Smith, 2010).

This article explores the relationship between personal sacrifice and identity for workers grappling with extreme economic insecurity. The examples we draw upon come from a longitudinal study of US 'healthy participants' (short-term contract workers) who enrol in pharmaceutical Phase I clinical trials, which test drug toxicity and adverse effects, not clinical efficacy. Building on the work of Ross (2009) and Gregg (2009), we develop the concept of *sacrificial labour* to describe how, for these individuals, self-sacrifice aligns their identities to the needs of organizations while gradually foreclosing the actualization of individuals' desired future selves. Importantly, sacrificial labour in this context is not pursued because clinical trial participation can be leveraged for better jobs or a career, as is the primary focus of the extant literature, but because it holds the larger promise of radical transformation. In this sense, sacrificial labour is imbued with deeper meanings than the 'mere' sacrifices all workers might make. If sacrifice implies an imagined better person or circumstance that will eventually emerge from current deprivation, then that idealized conception of self is key for how people make sense of and rationalize their decisions. Especially for poor, racialized minorities, we find that the more someone sacrifices, the more committed she or he becomes to exploitative labour arrangements that were initially thought of as a means to an end, not an end in themselves. In the sections that follow, we situate sacrificial labour in the identity-work literature, review the methods for our empirical project, categorize and explore the sacrifices made by our informants, discuss the implications for scholarship on identity work, and conclude by speculating about differences in sacrificial labour across socioeconomic groups.

Sacrifice and identity work

Without developing it as a concept, Ross (2009) uses the phrase 'sacrificial labour' in reference to individuals in the creative industries who are enticed to work for exposure and recognition while media and software industries reap the profits. Gregg (2009) also applies the term to the many forms of unpaid labour associated with knowledge workers, such as academics. Likewise, Gill (2016) critiques the 'sacrificial ethos' of academic life, which disproportionately affects female academics. Complementary to these other important uses, our emphasis in conceptualizing sacrificial labour is examining the *counterproductive* nature of employment-oriented self-sacrifice. Rather than a largely beneficial sacrifice that helps individuals achieve specific career objectives, we understand sacrificial labour as work that pulls people away from their professed objectives, resulting in identity fragmentation and dissonance. With this problematic, we draw on and contribute to the literature on identity work to understand sacrificial labour as creating important challenges to the self.

If the identity concept can be thought of as bridging the individual and society (Ybema et al., 2009), then identity work signals the myriad ways that individuals fabricate and maintain a stable sense of themselves in their social contexts (Mumby, 2005; Watson, 2008). Identity work, therefore, can be defined as 'the range of activities individuals engage in to create, present, and sustain personal identities that are congruent with and supportive of the self-concept' (Snow and Anderson, 1987: 1348). While it is recognized that identity work is a continuous process that may often go unnoticed or unremarked, just operating as part of the everyday background hum of organizational life (Alvesson and Willmott, 2002), scholars tend to focus especially on moments of transition and stress when identity threats are brought to the surface and confronted (Alvesson et al., 2008; Brown, 2015; Mallett and Wapshott, 2015; Ybema et al., 2009). Thus, the literature on identity work recognizes that people are often contending with inherently unstable, insecure, and fragile identities, which they endeavour to stabilize and secure through, most evidently, discursive means (Beech et al., 2016; Collinson, 2003; Knights and Clarke, 2014). Identity work thereby places the analytic emphasis on creative individual agency in the face of identity challenges or threats, particularly within organizational settings (Ashforth and Kreiner, 1999; Brown and Coupland, 2015).

As a result of sacrificial labour's failure to achieve the desired ends of personal and material transformation, projections of one's future self become a problematic identity resource. 'Self-other talk', where people draw comparisons between themselves and others, may be fundamental for identity formation (Ybema et al., 2009), but the 'other' in this case is an aspirational future self that can seldom be realized. This can foster additional identity fragmentation and dissonance, particularly if individuals dislike the identity that their sacrifice imparts, such as someone who would miss important events in their children's lives (e.g. Johnston and Swanson, 2006). Yet, the empirical record is thin when illustrating how future selves can serve as a problematic identity resource, and Brown (2015: 31) calls for more empirical and theoretical scholarship on the 'virtually unexplored' area of 'temporal relationships between these processes of identity work [and] the trade-offs and sacrifices (e.g. grudging acceptance of one identity in order to gain another that is highly valued) that may accompany these choices'. Moreover,

identity-work scholarship tends to focus on the agential accomplishments of individuals rather than situate identity realization efforts in a broader social context. As Collinson (2003: 529) relates, many approaches to identity work ‘have produced overly voluntaristic accounts of subjectivity that exaggerate autonomy and under-emphasise the significance of its conditions, processes and consequences. . . . [These accounts] have not always fully appreciated the analytical importance of insecurity’.

By prioritizing individual agency over structural conditions, much of the existing identity-work scholarship on sacrifice or hope labour focuses on white-collar workers in software and media companies (Neff, 2012; Ross, 2003), the identity work of young women seeking Instagram or YouTube fame (Duffy, 2017), and the uncompensated content producers of social media (Kuehn and Corrigan, 2013). These contexts are far different from those of poor and/or minority men and women who are subject to racial discrimination and profound social and economic inequalities (cf. Hatton, 2017). In particular, the literature has ignored how sacrifice is also a key part of the identity work needed for those involved in stigmatized labour or ‘dirty work’ (e.g. Ashforth and Kreiner, 1999, 2014; Brown, 2015; Mavin and Grandy, 2013; Simpson et al., 2014). Dirty work describes jobs that are ‘seen by a significant portion of society as distasteful, disgusting, dangerous, demeaning, immoral, or contemptible – as somehow tainted or “dirty”, whether “physically, socially or morally”’ (Ashforth and Kreiner, 2014: 82; see also Hughes, 1962). Work and employment scholars have sought to understand how workers in such tainted occupations manage that stigma and construct positive identities. Performances of gender, race, and class are often critical parts of such identity constructions (Adib and Guerrier, 2003; Mavin and Grandy, 2013; Simpson et al., 2014; Slutskaya et al., 2016). In their study of butchers, Simpson et al. (2014: 767) found that men engaged in narratives of sacrifice to ‘give value and meaning to work’ by framing it in terms of the better life – one without dirty work – they are providing for their children. However, dirty work that can be construed as sacrificial labour – and, thus, typically failing to deliver on the rewards promised by sacrifice – has received much less attention, indicating the importance of examining how persistent social and economic inequalities might confound identity realization efforts.

By exploring the identity work of the mostly minority men who enrol in paid clinical trials, our study is able to connect narratives of sacrifice to structural conditions that impinge unequally on poor, racialized minorities. For them, a hostile socioeconomic environment may foster extreme identity fragmentation, such that achieving identity coherence, even fleetingly, may come at great personal cost.

Methods

The data analysed in this article come from a longitudinal study of healthy individuals who participate in US Phase I clinical trials (hereafter ‘Phase I participants’) (see Edelblute and Fisher, 2015; Fisher et al., 2018). Specifically, our study collected data over a three-year period on how often such individuals enrolled in clinical trials, how much money they earned, their perceptions of the risks and benefits of participating, as well as how trials affected other aspects of their lives. The longitudinal design captured changes in these participants’ perceptions, behaviours, and decision-making practices.

Individuals were recruited to participate in our study in 2013 while they were enrolled in a clinical trial at one of seven research clinics. To diversify our sample, we recruited a roughly equal number of people from the Western, Midwestern, and Eastern USA. Anyone enrolled as a Phase I participant who spoke English or Spanish was eligible for our study. Members of our research team visited each clinic, explained our study, and invited participants to enrol. Approximately 90% of the people we approached joined and participated in an initial 'baseline' interview, and we retained 92.2% of our sample over the study's three years.

Highly representative of the population (Fisher and Kalbaugh, 2011), our sample of 180 Phase I participants was comprised predominantly of male participants (74%) self-identifying as racial and ethnic minorities (40% black, 21% Hispanic, 7% more than one race, 5% as Asian, Native Hawaiian or Pacific Islander, and 1% as American Indian). More than 60% of our participants were between the ages of 30 and 49 years, while 22% were between the ages of 18 and 29 years. The vast majority of individuals (78.9%) had participated in at least two Phase I trials and more than half had participated in five or more trials, indicating that this was a repeated source of income for them. After enrolment, participants were randomly allocated to a full-participation arm ($n = 146$) and a control arm ($n = 34$). Members of the full-participation arm were interviewed five times, whereas members of the control arm were interviewed twice (i.e. at the start and end of our study).

Our dataset includes 736 interviews, each with an average duration of 68.5 minutes. Although questions varied depending on the interview wave, participants were consistently asked about their clinical trial experiences, motivations for trial enrolment, their perceptions of trial risks and benefits, and their expectations about future trial participation. We also asked questions about participants' employment history, education, and family life. All interviews were audio-recorded and transcribed before being coded by two research team members. We used abductive analysis (Tavory and Timmermans, 2014) that allowed us to identify emergent themes while also being guided by a priori topics stemming from our larger project aims and by prior research on this population.

Relevant to this article, participants' narratives of sacrifice emerged organically and unprompted, often manifesting as forms of identity work to explain their involvement in clinical trials. To further analyse this theme, we systematically identified in our coded excerpts examples of sacrifice, which we then categorized into different types of sacrifice (cf. Charmaz, 2014). Rather than rely on coded excerpts only, we used participants' transcripts as a whole to situate examples of sacrifices associated with their clinical trial participation into their broader lives. We also traced participants' narratives over time by reading their transcripts chronologically to identify both their material progress toward stated goals and any changes to their stories of sacrifice during this three-year period. In the analysis that follows, we draw upon all waves of interview data, and we use pseudonyms to ensure confidentiality.

Clinical trials as sacrificial labour

Participants in Phase I clinical trials are technically independent contractors who provide access to their bodies to test the safety and tolerability of investigational drugs in

exchange for financial compensation, which may be up to several thousand dollars for a multiple-week confinement study. During such studies, participants cannot leave the research facility, are dosed with an investigational drug (or placebo), and are subjected to frequent procedures (e.g. blood and urine collection; vital signs assessment; heart monitoring). Participants are also asked to report on any bodily changes they experience. Although death is an incredibly rare occurrence, there are health and bodily risks inherent in clinical trial participation. Beyond the bodily risks, Phase I participants also give up freedom of mobility while they are confined in clinics for studies; favourite foods and beverages as dictated by study protocols (e.g. coffee, alcohol); social networks and relationships, which are attenuated by their conspicuous absence at family or social functions; and the possibility of pursuing other employment or educational goals because of the unpredictability of their schedules or the confinement requirements of their clinical-trials work.

The socioeconomic backgrounds of Phase I participants vary, but most are minority men who face persistent economic insecurity from unstable employment (Monahan and Fisher, 2015). These workers provide a form of 'clinical labour' for the biomedical industries (Cooper and Waldby, 2014). The payment Phase I participants receive for such labour prompts many to enrol serially in trials, with some proclaiming themselves to be professional 'lab rats' or 'guinea pigs' (Abadie, 2010). Projections of future selves figure prominently in Phase I participants' decisions to participate. Some wanted to become music promoters, others to open up dollar stores, and others to become real-estate speculators, among many other aspirations. Indeed, most in our study pursued clinical trials in the hopes of securing future financial stability so they would not need to continue study participation. Many were also explicitly trying to break their dependence on conventional labour markets from which they were largely excluded due to limited formal education or a history of incarceration. Others, especially those involved in creative work (such as artists, photographers, and musicians), were chasing their professional dreams but not regularly able to pay their bills. Although clinical trials were often supposed to be a temporary mechanism to get ahead, many in our study found instead that this work derailed them from the futures they most desired.

Health concerns

Knowing that all Phase I trials have bodily risks, many participants voiced concerns about potential long-term health effects, particularly from continued enrolment over many years. Here, a sense of sacrifice manifested on multiple levels, including one's health and the health of one's future children. On the level of their own health, participants regularly developed 'routine' side effects while in the clinic (e.g. headaches, nausea, diarrhoea, dizziness). These symptoms might have been dismissed as temporary, but they also culminated in a growing awareness of the toll investigational drugs could have on their bodies over time. As Tina, a white woman in her 50s, stated: 'I don't think anyone will tell you with a straight face they don't feel that there's a pretty significant risk to their health' (1 year). For those engaged in Phase I participation as their occupation, health trade-offs quickly became apparent. For example, Victor, a black Nigerian man in

his 40s, had found especially worrisome his weight gain, as his full-time study enrolment prevented him from exercising:

I honestly don't think it's worth it. You know, 'cause . . . from when I started doing clinical trials until now, I gained 20 pounds. . . . I gained a lot of weight, and I could see myself gaining weight because every time you go for a trial, they weigh you. . . . If you do it full-time, you don't have time to do like a vigorous exercise that helps you lose weight. (baseline)

In this instance, pursuit of clinical trials exposed Victor to health risks that were not directly tied to the trials themselves but were a function of altering his lifestyle.

Others perceived health sacrifices as violating their personal responsibility to safeguard their bodies. Willie, a black man in his 30s, illustrates how a sense of spiritual compromise can create identity friction for religious participants:

It [clinical trial participation] compromises my religion because when you're doing that, you're invading your temple when they're constantly sticking you with needles, that's one. And then, two, when you're consuming the medication, you know, you're taking in something that could be damaging it [your temple]. . . . It's a sin. . . . You sin, but . . . you need to repent and you need to let it go and not to keep doing it over and over again. (1 year)

These individuals recognized that clinical-trials work conflicted with their values, particularly those concerning the integrity and health of their bodies, yet they continued to enrol in studies. By grammatically distancing themselves from the harm – that affects 'you' not 'me' – or by identifying with projections of future, cleaner, repentant versions of themselves, they could temporarily manage the cognitive dissonance engendered by their labour practices.

Many Phase I participants focused on the appearance of health to gauge the long-term toll that clinical trials could take on their bodies. Oscar, a Hispanic man in his 30s, described a long-standing Phase I participant with an online presence, using that person as a cautionary tale for what might happen to other participants:

And you seen that guy's face, right? It's this Chinese guy, and he looks like he had a stroke, right? Like half his face is just falling off. I'm like, 'Oh my God', and he looks like the type of guy that you would think of that does a lot of studies. I guess his body's just completely giving up, I mean, starting with his left side, no doubt moving on to the neck. I was like, 'Oh my God, I don't wanna look like this'. (2 year)

As key identity-work modalities, oppositional framings (Ybema et al., 2009), as well as the use of humour (Fleming and Spicer, 2003), allowed these workers to differentiate themselves. Thus, the depiction of others who did not escape the industry in time served as a way to assert difference but also as a reminder that they should avoid that pitfall by limiting their clinical-trials work.

The effects of investigational drugs are, by definition, unknown. This fact introduced unsettling emotional and ethical tensions for participants with respect to the responsibility they felt for the health of future children. Some men became extremely tense as they discussed their worries about low sperm counts or birth defects. Some women, by contrast,

communicated a haunting sense of guilt as they contended with the reproductive repercussions of drug studies. For instance, Becca, a white woman in her 30s, declared, 'I don't really want to do anything that impacts, you know, my reproductive system. I haven't had any kids yet, so I want to make sure that's not at all-, not compromised' (1 year). Two years and two miscarriages later, Becca related,

I guess I really started thinking more about how it affects you later on in your life, with all the medical issues I've been having now [i.e. the miscarriages]. . . . I hate to think negatively about it, but, I mean, there's always the possibility that one of these trials affected me carrying a child. But I prefer not to think about it. (3 year)

Clearly, the potential sacrifice with this example was more than just the future health of a child, but perhaps with foetus viability in the first place, which was a thought that threatened this woman's projection of her future self as a mother.

Compromised social life

In becoming professional Phase I participants, individuals developed an awareness of the significant cost this work has on their relationships with others. There is a social cost partly because enrolment in experimental drug studies is a form of stigmatized dirty work and because it pulled them away from quotidian social events, such as playing sports, helping their children with homework, or attending weddings and funerals, just to name a few. Even as they became further synchronized to the rhythms of clinical trials and embedded in their culture, participants framed this work as temporary in order to eschew a self-identity that cast them as tainted, unreliable, or uncaring.

Phase I participants felt the stigma of their work most acutely when dating. For instance, some complained about the unsightly needle marks on their arms from so many blood draws, which they worried would falsely communicate to others that they were intravenous drug users. Others fretted that they would be judged and seen as deviant. As Rob, a Native Hawaiian in his 40s, confessed: 'Yeah, it's embarrassing. I mean, you know how hard it is for me to actually go on a date? . . . Like, what woman or what girl would go out with me right now, because, you know, of what I do? Zero. Zero' (baseline). This fear of what others might think led many to conceal their participation from others, especially by avoiding new intimate relationships within which the nature of their work might be impossible to hide.

According to our informants, though, perhaps the biggest obstacles to romantic relationships were their work schedules. These schedules were simultaneously demanding, with lengthy clinic confinements, and unpredictable, with studies being offered without much advance notice. Florence, a black woman in her 40s, likened the work to the clandestine operations of those in a government spy agency:

I don't think you should get into relationships because you're gone, here, there, and there. Long periods of time too. You can't build a bond or a relationship like that, so it is socially kinda hard. . . . We have to have no ties, like someone who's in the CIA [US Central Intelligence Agency]. (baseline)

Others concurred, noting that the schedule demanded they neglect their relationships to take the work seriously.

Likewise, friendships unravelled when Phase I participants repeatedly missed events – such as New Year’s Eve parties or Fourth of July celebrations – and simply spent less time with those in their social networks. This realization had the effect of frightening those who perceived this transformation, as Peyton, a black man in his 40s, bemoaned: ‘You gotta change your whole life. Like, for real. Like, if you constantly doing this, what damn personal life do you have?’ (baseline). It was the process of becoming and identifying as a ‘study participant’ that necessitated these sacrifices. Where they might have initially thought of clinical trial participation as a temporary gig to pay the bills or make some extra spending money, and many still did approach the work this way, those who professionalized and earned the most income through clinical trials attenuated their social networks in the process.

However, the ways professionalized participants ended up neglecting their families, and especially their children, were what seemed to trouble them the most. As with other ‘extreme’ jobs (Gascoigne et al., 2015), parents shared their guilt about missing their children’s birthday parties, Halloween festivities, school performances and events, and so on. Trying to explain her absence to her daughter, Rachel, a black single mother in her 30s, recounted,

It’s hard ‘cause she’s only seven, . . . and she don’t understand it. She don’t know where I am, and I was like, ‘I’ll be back in 14 days’. She was like, ‘Where you going?’ I was like, ‘To take care of some business’. So, it’s really hard, yeah [*sniffles*]. (baseline)

The difference here between Phase I participants and many other working parents is the time spent away for each study. Orlando, a black man in his 20s, provided one distressing example. While confined in a study, his four-year-old son had a kitchen accident that left him with second-degree burns on his chest. His son’s mother texted him a photograph of his son’s injury, suggesting that she did not need to take him to the hospital. Only a 15-minute drive away, Orlando agonized over whether he should leave the study and forfeit his compensation: ‘When she sent me that picture, it almost-, it was bad. . . . I was getting ready to leave ‘cause . . . I thought it was third-degree burns’ (baseline). He stayed but could not escape the guilt he felt about that decision as well as from his belief that the accident would not have occurred had he not been in a study:

Those are the only issues you face when you’re in here, your kids, because no one protects them more than you do. . . . That would’ve never h- [*voice cracks*], I’m not going to say it never would’ve happened with me, but I just don’t-. Well, I *will* say it never would’ve happened to me. That would have never happened, especially how it happened. (baseline)

Like Orlando, most parents expressed self-reproach about not being present for their children. Nonetheless, they tried to rationalize their decisions to prioritize the income that studies provided as being for the good of their families.

These individuals embodied the professional identity of Phase I workers through the process of making sacrifices to their social lives (dating, friends, family). Unlike other

workers who bond over their dirty work (Ashforth and Kreiner, 1999; Simpson et al., 2014), many of our informants voluntarily distanced themselves from others, leading to feelings of social exclusion and remorse. Once they made decisions (e.g. stay in the clinic instead of leave) and gave up things that were important to them, this solidified their commitment to making this form of work functional for them. This commitment, however, created identity dissonance when they saw themselves as good parents. For example, Orlando could not help but see his absence from home as being in conflict with how he would characterize good parents. Through sacrifice, he and other such workers sought the financial stability that would someday allow them to prioritize differently and make decisions that would align better with how they would like to see themselves. Thus, as the next section will explore, there is a temporal dimension to this identity work: their future selves are supposed to redeem their present ones, but that is seldom the outcome.

Getting stuck

By prioritizing studies as a primary source of income, Phase I participants simultaneously foreclose other avenues for career or educational advancement. The clinical-trial schedules, in particular, allow no flexibility. If Phase I participants leave before the completion of a study, they will receive only a fraction of their pay (or nothing) and will not be allowed to return for that study. As one would expect, such behaviour would also mark these participants as unreliable, most likely jeopardizing their inclusion in future studies at, and income from, the same clinic.

In adapting to these constraints, many participants found themselves further dependent on drug studies because their other – and often preferred – opportunities became more difficult to pursue. Virgil, a black man in his 20s, criticized his choice to prioritize clinical-trials work over conventional labour:

I put all my attention and energy into getting into another study, then I pass up on [other] work in between . . . and it's taken months and months [to get in a study]. All the while I'm losing in the long run because I'm passing off consistent money for the hopes of this big money. (3 year)

With a growing disillusionment over time in clinical-trials work, many participants felt disappointed that they had postponed or given up on goals they found meaningful. For instance, Charlie, a white man in his 40s who identified as an actor, similarly complained that he could not take any auditions because of scheduling conflicts or even the possibility of such conflicts: 'Like, I'm an actor. Okay, "You want to do a play?" Well, it's kind of hard to sign up for a play when you don't know . . . what's coming up with studies. . . . I am fed up. I mean, look, my life, this is not what my life should be either. This is all-, [bellows] it's all a mistake!' (2 year). Similarly, Calvin, a black man in his 30s, whose dream was to become a firefighter, successfully passed his test for a fire department position and received an acceptance letter by mail, but because he was confined in a 25-day study when the letter came, he missed his reply date and lost the position (2 year). For most people engaged in this work, regardless of career aspirations, study confinement interferes with them interviewing for other positions. Thus, being a

professional Phase I participant imposed its own currents, pulling people back into that work even when they grasped for something else.

Phase I participants are undeniably cognizant of getting stuck. In one poignant example, when we first met Michael, a black man in his 30s, he had recently purchased an investment property with the intent of fixing it up and renting it out, providing him with 'residual income' so he could pursue a music career full time. At each subsequent interview, he spoke about how he expected to finish repairs on the building within two to three months so he could rent out the two units. Nonetheless, at the conclusion of our data collection three years later, he was still no closer to actualizing that goal, in large part because making ends meet with clinical-trials work interfered with his planned renovations. Not long after buying the property, he stated his plight lucidly:

I'm being pulled away from what initially I aimed to do. . . . I'm just going to try to ride this [clinical-trial] train, you know, for a little while longer. I mean . . . I'm getting close to being done. I mean, this property is bought and paid for. . . . So I'm looking to get that kind of rent out and everything, kind of move forward. (6 month)

Eighteen months later, when he was still no closer to his goal, he lamented:

You're constantly getting stuck, you know. [laughs] . . . I'm just burnt out on it, to be honest with you. I'm really burnt out [on clinical trials]. It's just sitting in there [in the clinic] and-. It's okay, the money is cool, but it's like at what cost is your freedom and just living life? . . . You're stuck in this facility. (2 year)

This sentiment was echoed by many others too, especially others like Michael who had entrepreneurial objectives. Awareness, for them, culminated not in a recognition of postponed dreams, necessarily, but in one of altered ambitions. Roman, a black man in his 30s who initially wanted to save up to purchase and run a corner store, summed up the psychic and somatic weight of such a sacrifice:

But my motivation before was good: honest money so I can get ahead so I can get a business, you know? So, my motivations have changed, and because my motivations have changed, I think my body is just like, you know, tired. (2 year)

In giving up on his entrepreneurial identity and simply choosing clinical trials to make ends meet, Roman found the sacrifice harder to justify and sustain. Even if not an explicit articulation, Roman recognized that the sacrifice was not converting into his imagined future self and that ultimately he might have nothing to show for his involvement in this labour market.

Discussion

Whereas much of the literature on identity work emphasizes the ways individuals deploy discourses to construct a stable sense of self within organizational contexts (e.g. Mumby, 2005), our data point to the identity work that individuals must do as they grapple with

the tensions and fragmentations inherent in sacrificial labour relations. Challenges to identity constructs are not generated by workplace stress or transitions, per se, as is the case with many other treatments of identity work (Brown, 2015; Ybema et al., 2009), but instead by persistent structural insecurity, social marginalization, and racial exploitation. In the face of these challenges, workers such as those in our study must reconcile themselves to *present* conditions of identity incoherence, dedicating themselves instead to fabricating visions of coherent and desired *future* selves.

Although our data pertain to what might be construed as an extreme or limit case of sacrificial labour, we would expect to find similar dynamics and outcomes with other instantiations. Unpaid internships or volunteer work, for instance, adhere to similar patterns of transforming what previously was an optional work experience (or work-on-the-self experience) into an expectation for prospective employees to prove their competitiveness and worthiness for scarce paid positions (Smith, 2010). If one approaches these short-term sacrifices instrumentally, perhaps they can be leveraged to achieve longer-term vocational success, provided that one has the requisite socioeconomic advantages to make such a conversion possible. If one falls into a pattern of accumulating such compromising 'experiences' one after the other, or elects to stick with one because it is easier than continuing to bounce among them, this could easily translate into a comparable case of sacrificial labour. With the growth of the gig economy and prevalence of other short-term contract work, we would predict that variations of sacrificial labour would become the norm, as individuals' entrepreneurial dreams are cultivated and harnessed for organizational gain.

That said, social inequalities must be taken into account in analysing the implications of sacrificial labour for different groups. Other recent literature on future-oriented identity projects, for instance, reveals the importance of relative economic stability and adequate cultural resources in establishing and maintaining a sense of identity coherence. Thus, in Duffy's (2017) study of mostly white, middle-class young women striving to establish careers as online celebrities, their 'aspirational labour' colonized their lives in sometimes destructive ways, and even the few who achieved objective measures of success could have misgivings about the artificiality of their personal 'brands'. Still, these women were able to enact a project of self-definition and convince themselves that it was largely on their terms. Scholarship on knowledge or creative workers similarly stresses discourses of agency and reflexive choice as workers chart their courses through precarious options, even if those discourses actualize a sense of struggle rather than success (e.g. Beech et al., 2016; Neff, 2012). By contrast, our informants, who suffered from more profound social and material inequalities, were unable to even pretend that they could set the terms for their identity construction or maintain a sense of identity coherence as they pursued their entrepreneurial ambitions.

By developing the concept of sacrificial labour, our contribution to the identity-work literature centres on this unresolved dissonance between present and future selves within conditions of profound structural insecurity. First, projections of one's future self serve as a problematic identity resource. This outcome is especially true when these projections compel individuals to adopt present identities that they find morally or socially compromising. The Phase I participants in our study sacrificed aspects of their health, social lives, and alternative employment prospects, along with years of their lives, trying

to use drug studies as a springboard for a better life. Unlike other occupations where people make significant compromises to align their identities to the missions and cultures of organizations, such as professional athletes (Brown and Coupland, 2015) or rescue workers (O'Toole and Grey, 2015), Phase I participants exist within a state of organizational 'miasma' (Gabriel, 2012), or persistent identity fragmentation that is tainted by shame, depression, guilt, and feelings of inadequacy. This also indicates that when dirty work fails to deliver on the rewards that justify the labour (Ashforth and Kreiner, 1999; Simpson et al., 2014), sacrifice might become an insufficient narrative for workers to manage their identities. On the whole, they experience identity strain in the present when they witness themselves doing things that do not match with their self-conceptions (e.g. a responsible and loving father not leaving the clinic to be with his severely burned four-year-old son or an entrepreneur failing to complete a real estate project he had started). After years of participating in clinical trials, many convey a sense of depression and dismay at who they have become: people who sacrificed greatly and have very little to show for it, people who are professional 'lab rats' for the pharmaceutical industry (Fisher, *in press*). Still, identity incoherence and anxiety persist, even amid scaled-back dreams, as participants keep fanning the embers of their sought-after futures.

Our second contribution to the identity-work literature is to theorize the ways that racialization, social marginalization, and persistent structural insecurity fundamentally erode identities and constrain possibilities for identity recuperation. Sacrificial labour might manifest more generally when structural conditions undermine workers' chances to get ahead regardless of – or even because of – what they give up for the promise of a better future. Black and brown bodies may be the most marginalized and dispensable within neoliberal capitalism, but they are nonetheless vital for the maintenance of service-sector economies, which depend on the material labour provided by such workers (Bonacich et al., 2008; Wacquant, 2009). This pattern is affirmed in Phase I trials where most healthy volunteers are poor minority men with few prospects for advancement within the 'knowledge economy'. Thus, situating Phase I participants in the context of exploitative labour relations, the marginalized participants in our study can be said to serve as sacrificial labour for the production of clinical data, which pharmaceutical companies convert to intellectual property they can profit from. Medical researchers have long exploited minorities and impoverished groups in the interest of developing therapies to which these groups often have limited access (Washington, 2006), and trial participation continues to be racialized even as a new form of work.

Conclusion

Sacrificial labour is a mechanism by which individuals align their identities to the needs of organizations and forfeit things that are important to them for the unlikely chance of actualizing idealized visions of their future selves. In the process, people become further committed to the forms of employment that demand self-sacrifice, while their long-term aspirations become more elusive and their identities must be recalibrated to match their present conditions.

By enrolling in clinical trials, Phase I participants engage in a form of sacrificial labour, voluntarily risking their health and social relations while also compromising their dreams.

While sacrifices may be required for most work, especially in economically precarious times, our data reveal that clinical-trials work as sacrificial labour can engender extreme internal identity conflicts on the part of individuals who feel that they are compromising their values or stalling their intended self-transformations. In acknowledging these sacrifices, participants reframed them, when possible, as temporary compromises necessary to achieve the visions they had of themselves as financially stable or professionally successful individuals who would have stronger ties with family and friends in the future. However, their idealized self-narratives became increasingly untenable when these workers began to confront the reality of their situations. Rather than creating identity coherence or stability, the result was more accurately one of tense contradictions between competing projections of future selves. The sacrificial labour of these racialized minorities degrades both their present and future identity projections while perpetuating dissonance between them. In the end, they have little to show for their labour; they are used up.

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