Material and epistemic precarity: It's time to talk about labour exploitation in mental health research

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ABSTRACT

The conditions under which people labour in mental health research affect how and what knowledge is produced – and who benefits or doesn't from involvement in health research systems. There has been, however, little sustained investigation of the uneven modalities of labour exploitation across what are increasingly financialised systems of mental health research. This theoretical paper advances conceptual and empirical investigations of labour in health research – outlining how material precarity and epistemic precarity often go hand in hand, and largely drawing on examples from the UK. The intertwining of labour relations and epistemic cultures can be understood by bringing together insights from two bodies of knowledge not commonly in contact with one another – survivor/service user research and critical research on universities and academic labour. The article addresses how mental health research makes significant use of the labour of (i) contract researchers (many of whom work on precarious and exploitative contracts); (ii) lay contributors (through 'patient and public involvement'); and (iii) research participants (where the conditions underpinning participation in various kinds of research increasingly blur the distinction between volunteering, and 'gig' work). Labour relations affect, and are affected by, efforts to change epistemic cultures and reduce epistemic inequalities, and epistemic and material precarity make efforts to improve research culture much more difficult. Those experiencing both material and epistemic precarity in health research systems need to be at the heart of efforts to combat both.

1. Introduction

Research culture – the 'behaviours, values, expectations, attitudes and norms of our research communities' (Royal Society, n.d.) – needs improving. A multitude of research institutions, professional societies, funders (e.g. Wellcome Trust and Shift Learning, 2020) and researchers agree. The current focus on research culture betokens a broad concern with a range of problems, inequities, and exclusions in how research is being done, who is doing it, and how it is rewarded. There are ongoing efforts to shift scientific incentives in publishing and promotion practices, to extend 'open science' and data-sharing, to improve equality and diversity initiatives, to better address research misconduct, bullying and harassment, to improve job security, and to be more inclusive of lay and community-produced expertise (Metcalfe et al., 2020; Tembo et al., 2021). In this paper we consider mental health research specifically in order to trace a different pathway through debates commonly conducted under the aegis of research culture. Rather than focusing on the full

scope of issues addressed under this umbrella term, we turn to two bodies of counter-knowledge that, we argue, provide frameworks for understanding how epistemic and material precarity make efforts to improve research culture much more difficult. One body – survivor research, where researchers produce knowledge about mental health and mental health services by drawing epistemologically from their own experience of psychiatric services, mental distress and associated activism (e.g. Russo and Sweeney, 2016; Sweeney et al., 2009) – originated out of engagements with mental health research and services. The other – critical research on the university that foregrounds labour relations (e.g. Carpenter et al., 2021) – addresses the university in its entirety not only as a site of knowledge production but as a workplace.

Both bodies of literature identify much that is problematic and harmful concerning the production of research. They are joined here by disciplines such as feminist science and technology studies and Black studies which have also opened up new imaginaries to envisage more just means of producing knowledge and to rethink scientificity

(McKittrick, 2021). Survivor research and critical research on the university tend to analyse the landscape of research differently from one another, and offer distinct routes through which to effect change. We investigate what is at stake in these differing analyses and argue that their insights be brought more closely together. There is an urgent need to better document and address how labour relations affect epistemic cultures, and *vice versa* (Simbürger, 2014). The conditions under which people labour in health research, and the subjectivities they enact while doing so, shape the styles of thought governing disciplines (under-commoning, 2016); are entangled with the methods and infrastructures that make up research ecologies; produce barriers to certain actors' participation in the production of knowledge (Crook, 2020); determine who is able to contribute knowledge deemed to be scientific (Pereira, 2019); and bear on how data are collected and analysed, papers published, and determinations made about authorship (Larivière et al., 2016). Our interest lies specifically in understanding how conditions of precarity – of vulnerability, insecurity and contingency – operate both materially and epistemically, with one tending to reinforce the other. Addressing the conjoint production of material and epistemic precarity must, we argue, be central to any initiative to improve research culture.

We focus largely on mental health research in the UK – where we have both worked and in which we publish, one of us as a user/survivor and contract researcher. UK mental health research comprises a complex infrastructural ecology devoted to research on the causes of mental ill health, the promotion of mental health, and interventions to address mental health. In recent years, governments have encouraged mental health researchers to develop shared, large databases and international research networks; to include people with mental health problems in the conduct of research; and to intensify academic-industrial collaboration (Department of Health, 2017). There is still much to investigate on how recent transformations in UK mental health research are reshaping scientific knowledge production (Atkinson et al., 2019). While some work on the National Institute for Health and Care Research (NIHR), founded in England in 2006, suggests that its funding allocations have contributed to the flexibilisation of the research nurse workforce (Caffrey et al., 2019; Shaw and Greenhalgh, 2008; Walshe and Davies, 2013), there are few systematic explorations of how policy initiatives and major funders in UK health research (such as UK Research and Innovation and The Wellcome Trust) have helped institutionalise particular forms of labour relations in research-active institutions (Faulkner-Gurstein et al., 2019). We hope this paper encourages further empirical and conceptual investigations of labour in mental health research – and health research more broadly – in the UK and elsewhere.

Mental health research is an exemplary site in which to explore the entwinement of material and epistemic precarity. First, while survivor research is a key site of epistemological and methodological innovation in mental health research, survivor researchers are, as we go on to detail, repeatedly subject to both epistemic marginalization and material precarity. Second, mental health research (particularly as regards translational research that attempts to bridge the gap between so-called 'bench and bedside') is increasingly reliant on collaborations with industry (pharmaceutical, biotechnological, bioinformatic) and with other actors (including voluntary organisations and charities), which opens further routes for the transformation of labour relations in research. Given the diverse and often incommensurable ontologies of mental ill health and psychopathology held by research psychiatrists, psychologists and survivors, amongst others (Moncrieff et al., 2005), such collaborations can also pose profound epistemological challenges. Such challenges are compounded in global mental health, a field predominantly institutionalised in the Global North but effecting changes in mental health practices in the Global South, with many arguing that it is a 'neo-colonial project' (Davar, 2014). Mental health research, then, contains profound contractual, epistemological, and political heterogeneities, where epistemological authority, as well as epistemic delegitimization, are entangled in racialised and gendered labour relations.

In the next two sections, we explore how, firstly, survivor research and, secondly, critical research on the university have addressed power, labour, and knowledge production. We then consider how these two bodies of literature might productively be brought together.

2. Survivor analyses of mental health research

Mental health survivor research is a distinctly political form of service-user-led (patient-led) research, with a history stretching back across several decades (Campbell, 2005; Kalathil and Jones, 2017). It is a form of emancipatory research, rooted in the activism of mental health service users and prioritising experiential knowledge as an instrument of research. The term survivor itself signals the connection to activism, invoking both mental distress and a potentially traumatising or harmful encounter with psychiatric services (for example electro-convulsive therapy or involuntary detention). In the UK, survivor research, while initially stemming from unpaid activist work and small-scale funded projects in the third sector, now also takes place in universities, where a small number of survivor researchers are integrated within the mental health research workforce. This partial integration relates to the broader policy emphasis towards patient and public involvement (PPI) in health research, initiated by the New Labour governments in the UK, and based on the professed inclusion of service users as well as underserved communities in the design and execution of health research. It has been argued that PPI may improve the quality relevance and implementability of research, contribute to the democratisation of science and benefit the patients and public involved (Brett et al., 2014). Consequently, many UK funders currently expect evidence of active PPI in funding applications. However, both survivor researchers and others have suggested that the current operationalisation of PPI represents a technocratic and managerialist intervention with little connection to emancipatory or democratising imperatives (Madden and Speed, 2017) and have argued that PPI as typically practiced allocates at best a peripheral role to service users and may serve to legitimise rather than challenge existing research agendas (Papoulias and Callard, 2021). Furthermore, PPI initiatives have little power to redefine the parameters of what remains in effect an exclusionary research apparatus (Rose and Kalathil, 2019): while funding applicants need to include detailed plans for involvement, disabled people's and user-led organisations continue to be marginalised from criteria defining funding calls and in the distribution of grant funding (Sweeney, 2016). Furthermore, even when employed as salaried researchers, survivor researchers frequently experience poor career progression and difficulties acquiring long-term contractual employment (Callard and Rose, 2012). Some survivor researchers have argued that only a recognition of survivor-led research as a distinct discipline would untether survivors from working within the confines of biomedical psychiatry (Faulkner, 2017). Such recognition would entail forging or renewing situated solidarities between salaried survivor researchers and grassroots activists (Russo and von Peter, 2022); setting up proactive recruitment, support and mentoring systems and adapting working practices in order to counter academic ableism (Jones et al., 2021); and establishing funding calls specifically tailored to survivor research (Sweeney, 2016).

That survivor research maintains a keen focus on epistemic (in)justice (Fricker, 2011; Soklaridis et al., 2020) cannot be understood without acknowledging the dynamic between clinician and patient in mental health services and treatments. The psychiatric patient is perpetually caught in the crosshairs of coercive or involuntary treatment. While the potential delegitimization of knowledge from experience is present in any patient role – in that patients are frequently not regarded as necessarily capable of accurately understanding or translating 'experience' in ways legible to 'mainstream' research epistemologies (Hutchison et al., 2017) – it is baked into the definition of the psychiatric patient, in so far as the latter is in part defined through 'distortions' of experience (such as fluctuating capacity, or phenomena that sit under the umbrella term psychosis). Survivor researchers (Costa et al., 2012) argue that this clinician/patient dynamic is reproduced in

the relationship between researchers and research participants (where participants' data may be extracted, and their experience appropriated without recognition, or misrepresented), as well as in how survivor researchers are positioned in the university (where they struggle to be legitimised within the research machine; where their practices are repeatedly positioned as less epistemologically and methodologically robust; and where they are often marginalised within a heavily hierarchical research landscape (Jones and Brown, 2012)). This epistemic precarity affects knowledge production in mental health research – for example through the many survivor research bids that end up not being funded, or through the difficulties of ensuring that survivors are involved in the interpretation and data analysis stages of research (since their inclusion can generate different ways of explaining phenomena (Sweeney et al., 2013)).

The clarity with which survivor analyses have demonstrated the unequal dynamic between clinical and survivor researcher comes, we argue, at a price: that of deprioritizing attention to the complex labour relations which constitute health services and health research systems (for some notable exceptions see MacKinnon et al., 2021; Voronka, 2017). Survivor accounts often conjure the terrain of university-based research as a relatively homogeneous 'body'. There are frequent invocations of the 'conventional', 'traditional' or 'mainstream' research roles (e.g. Russo, 2012; Sweeney and Morgan, 2009) – generic roles counterposed to the survivor researcher by virtue of their professionalisation within a broadly positivist health research paradigm. The university, meanwhile, is frequently described as an ivory tower (e. g. Sweeney, 2016). Such accounts end up carving a bifurcated landscape: survivor researchers and activists (who work with experiential knowledge) are marked off from, and assumed to have less power than, mainstream academic researchers. What is often not foregrounded is how broader political-economic processes underpinning health research have produced uneven contours of labour exploitation and appropriation (Welsh, 2020). This means significant heterogeneity in material and symbolic power amongst mental health research workers, which invocation of the generic 'conventional researcher' masks. In other words, many so-called conventional researchers are also precariously positioned, both materially and epistemically.

2.1. Critical research on the university

Researchers across many disciplines have addressed academic labour relations, as well as the broader political economy of marketised and financialised universities (Ahmed, 2007; Bates, 2021; Boggs and Mitchell, 2018; Brienza, 2016; Gill, 2014; Ivancheva et al., 2019; Kelley, 1996; Meyerhoff, 2019; Moten and Harney, 2004; O'Keefe and Courtois, 2019; Thorkelson, 2016). This body of research has jettisoned the fantasy of an erstwhile virtuous public institution, now beset from the outside by malignant capitalist forces that have eroded academic freedom and scholarly independence. Instead, researchers have analysed the university as an heterogeneous assemblage comprising varied institutional (including corporate) actors and infrastructures (Bacevic, 2018). While the university has often been imagined as the guardian of a public good, functioning at a patrician distance from the social world (a lofty independence invoked through the ivory tower (see Shapin, 2012)), these literatures demonstrate instead that the university cannot be sheared off from longer histories of racist dispossession, exploitation, and capital accumulation (González and Meyerhoff, 2021). The gradual withdrawal of state funding in many countries since the 1980s, accelerating competition for student markets and the push to develop new revenue streams, reconfigures exploitative, extractive, and appropriative processes through a cast of new actors (Rhoades and Slaughter, 1997; Welsh, 2020). New managerial roles have been developed whose explicit function is to deliver strategic planning to ensure competitive advantage, while research and teaching alike are subject to continuous innovation, with staff retention tied to their ability to identify and orient themselves towards revenue-generating activities. In this context,

increasingly precarious contractual conditions and intensification of workplace productivity expectations (Dados, 2020) run alongside intensifying regimes of audit, performance management, and ranking (Strathern, 2000).

In UK mental health research, increased emphasis on translational research has built intimate relations between universities, biotechnology, information technology and the pharmaceutical industry. Faulkner-Gurstein and Wyatt have demonstrated how the platform research model found today in the UK's NHS builds research infrastructures using the strategies of private firms – with an increased focus on facilitating commercial research (Faulkner-Gurstein and Wyatt, 2021). In the USA, the development of translational neuroscience has pulled universities, healthcare organisations and hospitals into alliances with emergent biotechnology markets fuelled by the chaos of the 2007–8 economic crisis. Indeed, Robinson has argued that translational science and medicine is primarily a *financial* rather than a scientific intervention: it has created a complex 'set of *commercial architectures*' that are intended to embed 'academic science with private capital' (Robinson, 2020, p. 3). High-level roadmaps for UK mental health research do not specifically address questions of labour outside broad gestures towards building capacity for mental health research and including a wide range of disciplinary expertise. 'A Framework for Mental Health Research', for example, calls for a 'more diverse and representative' workforce, for the recruitment of wider multidisciplinary research expertise, and for 'build[ing] the careers of service users as researchers' (Department of Health, 2017). But there are no further details on how these changes might be effected.

As corporate actors continue to find ways to outsource risk to universities, and platformisation and commercialisation intensifies, labour relations continue to be transformed. Mental health research requires multiple kinds of labour – for which it has embedded multiple kinds of contractual and voluntary arrangements. Reliance on highly competitive, fixed-term external funding and 'projectification' entrenches stratification among university workers (Sigl, 2016), consolidating a distinction between, on the one hand, often relatively secure staff who have accumulated the reputational capital necessary for competing effectively for grant income and, on the other, casualised junior workers charged with both the carrying out of research and its administration (Paylor and McKevitt, 2019). The unpredictability of external funding also produces potential precarity for senior staff whose contracts are in effect open rather than permanent, as they are often required to cover a proportion of their salary through grant income (Bourne, 2018). This reliance brings further fragmentation and intensification of work tasks, generating byzantine grant application regimes, which necessitate considerable administrative labour to navigate (Fowler et al., 2015). The research workforce spreads well beyond those on academic or research contracts. Data-intensive scientific projects are increasingly reliant on the (relatively) invisible labour of technicians, administrators and students (e.g. for archiving and cleaning data, building collaborations, ensuring access to different data across national borders, etc.) (Scroggins and Pasquetto, 2020). Crucial too – though often invisible – are the security guards, cleaners and others who maintain spaces of research. Research participants may also be seen as sources of research labour, ranging from those receiving substantial payments for participation in clinical trials to those receiving no reimbursement at all. Satellite roles such as those of clinical research delivery staff working in the interface between universities and research active NHS Trusts (recruitment administrators, research-active healthcare professionals, research and development managers) have considerable implications for labour in health research, since many of these roles are of short duration or programme specific (Caffrey et al., 2019; Faulkner-Gurstein et al., 2019). Further cadres of staff manage and facilitate lay involvement and engagement in research projects, and navigate 'impact', frequently on precarious contracts (Watermeyer and Lewis, 2018).

Who is paid, and how, matters a great deal in mental health research materially and epistemically. Soklarides and colleagues have opened up

the complex personal, organisational and epistemic implications of paying – and not paying – service user educators involved in co-produced projects (Soklaridis et al., 2020). Outside of health research, Warnock and colleagues have emphasised that 'at PhD and early-career level, we are often precarious researchers researching precarious lives', and have insisted, as social scientists, that 'failing to pay respondents will result in data that are skewed towards the experiences of the resourced' (Warnock et al., 2022, pp. 196, 200). Pfoser and de Jong demonstrate how the structural inequalities in artist–academic collaborations in increasingly projectified, neoliberal institutions (where only certain kinds of labour tend to be remunerated) shape the kinds of work that is done and methods that are pursued (Pfoser and de Jong, 2020). But if research on the university and academic labour has done much to bring uneven contours of exploitation to visibility, we still know relatively little about how labour relations affect epistemic frameworks and knowledge production in mental health research specifically.

2.2. Reading material and epistemic precarities together

Mental health research hinges, we argue, on the entwined production of material and epistemic precarity. Analyses of knowledge production in mental health research would benefit from forging together survivor-led analyses of epistemic precarity with political-economic analyses of the labour relations underpinning research. Indeed such an analytics is already emerging in some recent studies from Canada and the UK, which have explored how hiring 'peer' and survivor researchers to undertake engaged research within research ecologies characterised by casualisation and project-based funding logics may end up compounding inequalities, in some cases by blurring the distinction between volunteering and paid work (Heney and Poleykett, 2021; MacKinnon et al., 2021). Such analyses can also help illuminate how the installation of particular labour relations can embed both behavioural and epistemic norms. For example, problems of research culture – such as bullying, poor research conduct, or the epistemic disparagement of researchers from marginalised groups – need to be addressed not as straightforward instances of power inequalities between conventional and survivor researchers, nor as problems to be solved through improving 'cultures', but through combatting systems producing structural and affective dependencies via contractual and other labour relations that help cement hierarchical models of intellectual leadership and patronage (Kalinga, 2019; Mason and Megoran, 2021; Peacock, 2016).

To flesh out how epistemic inequalities come to be intimately enmeshed with configurations of labour, we consider below three kinds of actors in the research ecology of mental health research: (i) contract researchers; (ii) lay (PPI) contributors; and (iii) research participants. We choose these three categories of actor for two reasons. Firstly, because, in addition to being core actors involved in much mental health research today, they also represent the three main locations where survivors may find themselves: invited to be study participants, to collaborate as lay contributors/expert patients, and hired as contract researchers to undertake data collection and analysis. Indeed, the enterprise of survivor research is concerned with highlighting and undoing the kinds of epistemic injustice that such locations engender. Secondly, while these three locations demand precarious research labour, they are, as we show below, routinely addressed in ways that render this labour invisible and which marginalise questions of remuneration and exploitation. We want, in contrast, to make visible how these roles can aid the extraction of surplus value within increasingly financialised health research systems.

(i) Contract researchers

In the UK, a growing proportion of academic staff subsist on fixed-term or so-called atypical and zero hours contracts (University and College Union, 2019). This 'reserve army' of low-wage workers and student researchers undertake much of the actual doing of research,

including major parts of ethics board submissions, data collection and analysis and preparing articles for peer review (Spina et al., 2020). Workers on six month fixed-term contracts can be brought in to undertake a single project task such as compiling a systematic review. This means that contract researchers (including survivor researchers) may have little connection to the overall project, little agency within the overall research trajectory, and little chance of working to transform dominant paradigms – while also remaining invisible members of academic departments and research groups (Mason and Megoran, 2021). Bringing a broader analysis of precarity to bear on survivor researchers' work on epistemic injustice would yield greater understanding of how working conditions attendant upon casualisation may contribute to the consolidation and exclusion of particular paradigms, methods and relationships, beyond those characterising survivor research. For example, researchers on short contracts can lack the autonomy to take methodological and epistemological risks, and staff turnover can preclude the embedding of learning across projects and disrupt the sustainability of partnerships with public members and other partners (Heney and Poleykett, 2021).

The exploitative effects of such contracts are compounded when contract staff are encouraged to see themselves as Early Career Researchers (ECRs), and to interpret their invisibility and lack of agency as both necessary and temporary: the term ECR refers to a stage in a linear process of career development, a period of apprenticeship for workers on the pathway to professionalisation and recognition (Johnston and Sidaway, 2015). However, such recognition is increasingly elusive and unobtainable – not only for survivor researchers, but for contract researchers more broadly. Instead contract research becomes, for most, a long apprenticeship for a future that is increasingly out of reach. As this horizon lengthens, contract researchers, precarious workers in the knowledge economy, are encouraged to develop strategies to make themselves marketable, including developing grant proposals that map onto funder requirements and their preferred research questions, methods and rationales, while developing their own brand through social media presentation, building networks, impact, and engagement activities (Loveday, 2018). Carpenter and colleagues have argued that the promise of professionalisation is no longer about workers securing autonomy and reputational capital but rather about shoring up the reputation of the institution. This process effectively displaces the risks of building new revenue streams (including new grants), and engaging new partners, onto those contracted researchers through the ongoing proliferation of performance management techniques (Carpenter et al., 2021). This long apprenticeship masks the gendered, racialised and ableist dimensions of precarity through the installation of yet additional forms of unpaid and exploited labour, which Kuehn and Corrigan have termed 'hope labour': 'un- or under-compensated work carried out in the present, often for experience or exposure, in the hope that future employment opportunities may follow' (2013, p. 10).

(ii) Lay ('PPI') contributors

The inclusion of lay (including service user/survivor) contributors in health research further complicates how labour and epistemic issues intersect. As already mentioned, survivor researchers have underlined the de-legitimation of user/patient epistemic contribution vis-à-vis clinical or academic expertise, and the tokenistic and exclusionary nature of much PPI (Russo and Beresford, 2015). However, for the most part, arguments around PPI engage an understanding of 'value' related to recognition and legitimation of patient knowledge, but divorced from the materiality of labour relations and surplus value extraction.

Typically, PPI in research in the UK does not constitute employment, as there is no contract, no line management and no obligation on the part of lay contributors to deliver on a set of predefined duties. Indeed, the continuing salience of models that profile patient altruism (Adams and McKevitt, 2015) and volunteering (Grotz et al., 2021) make it difficult to represent value in terms other than those of recognition.

However, this distinction between formal employment and PPI is becoming increasingly unstable. This is particularly notable in the current emphasis on co-production in health research, which demands long term collaborative relationships between different stakeholders, including patient groups and salaried researchers, requiring a sustainable and ongoing commitment to the 'doing' of a research project. Indeed, in the UK, when and how to pay lay contributors is a fraught issue: current NIHR guidelines (National Institute for Health Research, 2021) leave open the question of whether PPI roles constitute employment, stating that depending on context, service user or public contributors might be classified as employees, self-employed, casual workers, or volunteers – noting that such classification has considerable implications for lay contributors' taxation, their workers' rights, and their ability to access welfare benefits. We see here a fraught terrain where control over the use, value, and compensation of people's labour raises complex questions over how health research systems draw actors into different kinds of (potentially exploitative) relations, and where there are still many unanswered questions concerning the appropriate distribution of epistemic and material value across actors and research institutions.

(iii) Research participants

To consider research participants as potentially part of a research workforce may appear counter-intuitive. After all, bioethics, as the discipline that has most visibly shaped the models for research participation, has sought to protect research participants from exploitation, and has accustomed us to ensuring that no undue incentivisation takes place which might induce people to participate in research (Resnik, 2015). Participants, on such a model, should be compensated for their time and potential discomfort rather than paid for their labour. However, as Cooper and Waldby have argued, while bioethics has sought to keep research subjects safe from market forces, by 'enshrining the principles of donation, voluntarism, informed consent, and freedom from coercion' (Cooper and Waldby, 2014, p. 8), the growth of extensive new labour markets around research, as well as the increasing reliance of researchers on novel forms of research participation, has made such ringfencing much more difficult to sustain. Current conditions of competitive research funding, the demand for large and complex trials, and the strong incentivisation towards collaboration with industry, force a recalibration of what research participation might mean. In this context, Monahan and Fisher have investigated what they identify as 'sacrificial labour' of 'healthy volunteers' for pharmaceutical Phase 1 clinical trials in the US (Monahan and Fisher, 2020). They argue that research participants in these trials are effectively workers, bound by short-term contracts, which embed exploitative work practices and exacerbate racialised dispossession (Fisher et al., 2020). Monahan and Fisher conceptualise sacrificial labour as employer-oriented self-sacrifice (of one's health, social relations, etc.), which ends up using the worker up in the service of health research, while also compromising their very sense of self and stalling their future aspirations. Relatedly, recent studies have considered how the increasing use of crowdsourcing marketplaces for data collection, for example Amazon's Mechanical Turk platform (MTurk), effectively challenges the distinction between research participation and (under)paid labour. Thousands of scientific studies make use of MTurkers to harvest research participants: while it is difficult to discern how many of these would fall under the umbrella of 'mental health research', it is increasingly the case that psychology research has seized upon the internet and commercial platforms in particular for easy access to larger samples and a more diverse pool of participants. MTurkers are registered users whom researchers may contract individually to complete specific tasks (for example questionnaires or experimental stimuli) at very low rates of pay. In 2016, Pittman and Sheehan calculated that approximately half a million registered MTurkers were paid as little as 5 cents per task and incentivised to take on work via algorithmic rating of their performance and readiness to take on tasks – so that researchers' rejection of individual MTurkers' work resulted in low ratings which can negatively impact their earning capacity (Pittman and Sheehan, 2016). MTurkers increasingly report that they rely on the platform for income, a development which questions the extent to which their right to withdraw from a study may be exercised. Furthermore, the low rates of pay and the absence of protective legislation render this form of research participation more akin to sweatshop labour (Gleibs, 2017).

The contracted clinical research participant and the MTurker blur the line between research volunteering and the zero-hours unprotected worker. Such blurring adds a particular dimension to current drives to maximise participation in health research and to extend such participation to those construed as 'hard to reach' or 'underserved' social groups. These drives are routinely framed as benevolent: widening research participation contributes to combatting health inequalities and developing inclusive treatments (National Institute for Health Research, 2020). However, if we reframe some health research participation as underpaid, unpaid, or indeed sacrificial labour in increasingly financialised health research systems, then we need also to ask who is benefitting from such labour, and at what cost to those who undertake it. Much remains unclear – for example the extent to which insecure working conditions and speculative strategies (see Fisher et al., 2020) are produced through the demands that health research makes on the bodies and minds of research participants; the extent to which research participation, under conditions of austerity, becomes a crucial source of income, and for whom; or whether mental health service users, who are frequently disproportionately dispossessed through discriminatory structural logics including racism, are particularly disadvantaged in relation to the changing labour relations governing research participation.

2.3. On not feeding the beast

We wish to end by looking at two articles that contribute to combatting epistemic precarity by proposing ways to integrate survivor researchers into the research workforce. We do so to make clear some of the challenges of addressing epistemic and material precarity together. Each article puts forward different solutions, and each relies on a different form of professionalisation. In 'Management of a High-Performing Mental Health Recovery Research Group', Mike Slade outlines a leadership model which embraces the commodification of academic productivity and trains survivor researchers to '"[feed] the beast" by meeting key performance indicators' (Slade, 2021, p. 1). Slade's approach consists in tightly managing a highly efficient production line to maximise publications and other 'deliverables' so that each post-graduate researcher employed for five-years on a grant 'can expect to emerge with 25 new grant-related papers in their CV'. This production line logic is enabled and sustained through what the author describes as a tight support structure: regular and highly structured supervisions as well as group activities which consolidate a shared group identity. Noting that all researchers in his group have fixed-term contracts funded through grants, Slade recognises that many face financial insecurity, housing pressures and 'ongoing mental health difficulties'. In this recognition however, the effects of material precarity become visible only as individual anxieties that may be kept at bay by balancing appropriate accommodations without compromising high job expectations. Researchers are to understand that their continuing employment relies on their ability to deliver: 'we are a professional research group and not a charity' (Slade, 2021, p. 4). Here professionalisation is presented as a balm only to a select few capable of shearing off the effects of material precarity by becoming more competitive in a brutal labour market.

By contrast, in 'Lived Experience, Research Leadership, and the Transformation of Mental Health Services: Building a Researcher Pipeline', Nev Jones and colleagues argue that the integration of user/survivor researchers would require a capacious transformation of, rather

than adherence to, the current terrain of mental health research and services, through a targeted investment of resources that generates a 'research pipeline' for survivor researchers. They advocate for proactive recruitment of those with psychiatric disabilities and recognise the need for a 'flexible approach to work and academic accommodations', along the lines of mentoring and training afforded to other under-represented groups in the academy. Furthermore, they argue for a challenging of ableism ('the assumption that psychiatric disability, particularly when involving psychosis or cognitive challenges … is the antithesis of academic excellence' (Jones et al., 2021, p. 2)), and a recognition that a survivor workforce challenges the normative equation of professionalism with scientific neutrality (Jones et al., 2021).

The political commitments and social imaginaries of these two articles are very different: indeed, Jones and colleagues' article unpacks and critiques the ableism that underpins rationalised production lines upon which Slade's model appears to rely. While Slade imagines that sustained and disciplined adherence to the demands of the marketised university is the pathway for survival, Jones and colleagues conjure an alternative professionalisation of inclusion which can enable and support survivor researchers to survive within a hostile system. Notably this second article relates to the U.S. mental health research ecosystem, in which some tenure-track positions still exist; even so, it is hard to imagine how such a pipeline and the radical inclusion practices which would underpin it might subsist in the current research landscape. Providing resources and accommodations for marginalised groups can only have a limited effect in research environments which, in striving for ever higher standards of competitiveness, aim to potentially intensify the extraction of value from future researchers. Epistemic precarities, we argue, cannot be meaningfully addressed without also challenging the broader processes of precaritisation research ecosystems rely on.

The desire to open up pathways to professionalisation for marginalised figures cannot escape certain contradictions: professionalisation as a process, even when aiming to be more inclusive, necessarily runs into the difficulty of distinguishing between forms of labour as worthy or not worthy of the 'protections' of the professional (Carpenter et al., 2021). While histories of professionalisation have made clear how bottom-up pushes towards professionalisation have allowed precarious workers to gain rights and better conditions (Vaidyanathan, 2012), we want to raise caution concerning the extent to which professionalisation, or indeed a push for recognition and inclusivity in mental health research, can adequately address the problems of both material and epistemic precarity that we have raised here.

By proposing that we *cease* 'feeding the beast', we hope to bring greater attention to the frames and discourses that commonly surround discussions of research culture – those of productivity, reputation, excellence, and economic value. In making their assumptions, and their limitations, more visible, we hope to encourage the use and generation of other vocabularies and other imaginaries through which to envisage the creation of sustainable research communities that combat material and epistemic precarity together. What kinds of social relations and infrastructures can we build and nourish, and what kinds of labour relations ought we collectively demand and fight for, so as to support not only survivor researchers, but also other epistemically and materially precarious actors, in the ecology of mental health research?

3. Conclusion

Current initiatives to improve research cultures in health research will founder if they do not address the profoundly uneven labour relations and dependencies that underpin health research systems and further consolidate the joint production of material and epistemic precarity. While some initiatives around research culture do acknowledge the need to improve job security if one is to improve research integrity (Metcalfe et al., 2020), it remains uncommon for labour relations to be the site of sustained and explicit analysis – let alone a focus for urgent amelioration – in accounts of scientific knowledge production (though

see Callard, 2022). While survivor analyses of health research as a site of epistemic injustice have consistently opened the terrain of power relations to further scrutiny, survivor research, in its concentration on epistemic precarity, may unwittingly flatten out the heterogeneity of material precarities and exploitative labour relations which inflect and shape epistemic cultures and the doing of health research. Through indicating how labour relations are intertwined with epistemic inequalities, and calling for additional, empirical and conceptual research that would help us understand their relation, we want to open other paths towards both understanding uneven terrains of knowledge production and envisaging means of effecting change. Survivor research is only one of a number of interdisciplinary research sites that address epistemic precarity and it is our hope that our analysis here can be complemented by other efforts to document how epistemic and material precarity coalesce in health research.

If universities are sites of capital accumulation, we need to deepen our understanding of how particular organisational actors (including funders, para-sectoral bodies, and implementers of government policies) have experimented with new kinds of labour relations in health research (see Mitchell, 2015). Addressing material and epistemic precarities together is, we argue, a powerful way to promote such understanding. For example, it allows us to explore how the blurring between research participant and gig economy worker alters the social relations underpinning research and affects the data elicited through it. It also enables us to consider how imperatives to maximise patient recruitment and increase 'inclusivity' in research might have unanticipated effects on the bodies and minds of those targeted by them. In this paper we have focused on mental health research, and on the figure of the survivor in particular, insofar as this figure can shuttle between various roles in an ever-expanding workforce: contract researcher, lay contributor, study participant. If patients and service users are now being positioned as workers within a broader mental health research landscape, then we can make use of this positioning as a vantage point from which to analyse how such new forms of precarity and labour exploitation underpin the broader business models structuring mental health research.

Bringing survivor research insights and critical analyses of university labour together should point to other ways of developing sites and modes of relation through which the survivor researcher, amongst others, might generate knowledge. For, as Voronka has described it, we need to find ways of disturbing and rerouting processes that otherwise end up commodifying survivors' experiences of madness within systems that, through their very commitment to smooth, psychiatric recovery, 'sustain our subjugation' (Voronka, 2017, p. 337). As incoming generations of researchers and other workers involved in mental health research struggle against insecure and exploitative working conditions, they will face the challenge of attempting to build 'security through reciprocity and solidarity' (Facer, 2020, p. 39). We want to push for forms of relation that subsist outside or beyond the contractual, and frequently exploitative, relations so common in health research today. If professionalisation is underpinned by geographies of exclusion, where 'unprofessional' others are shed, then we need to work towards other horizons. Learning from the epistemic and material vantage point of the survivor researcher in mental health research is one place to start in creating new solidarities in precarity.

Credit author statement

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Declaration of competing interest

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