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Excavating the taken-for-granted system roots of trust and vulnerability through a longitudinal trust analysis

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ABSTRACT

Theoretical works on trust and vulnerability, especially those influenced by phenomenological and ethnomethodological traditions, denote the importance of taken-for-granted assumptions in how people come to trust and distrust and how they experience vulnerability. Yet these implicit assumptions remain under-examined through empirical studies in healthcare settings, not least because their very taken-for-grantedness makes these lifeworld phenomena challenging to research. In this article we explore the utility of a longitudinal approach for illuminating some of the taken-for-granted roots of trust and their complex relationship to multiple vulnerabilities. Longitudinal qualitative approaches to trust have been under-utilised but enable researchers to explore how the roots of trust sometimes become exposed as assumptions shift, or suddenly become questioned, over time. By following the narratives of a single individual at regular time points across 30 months, we explore how her trust and distrust in different mental healthcare settings were interwoven with and shaped by trust and distrust in relation to work-place, legal and other system contexts, as well as her fluctuating trust and distrust in herself. A loss of ontological security following an unexpected termination of her work contract gradually rendered an array of assumptions about deference to authority, gendered role expectations, legal justice, and the influence of these assumptions upon her trust, distrust and vulnerability more explicit. By illuminating these lifeworld structures and their influence over different interpersonal and system-oriented trust and distrust relations over time, this study contributes to conceptualising the taken-for-granted bases of trust and the value of longitudinal qualitative designs.

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KEY LESSONS

This empirical qualitative case study illuminates how people experience vulnerability and come to trust and distrust by examining the taken-for-granted assumptions at the root of these experiences.

Rather than being interview-based and providing a comparison between separate points in time, this study's longitudinal qualitative design was intervention-based and focused on the contextual, processual and subtle nature of experiences of vulnerability and trust-building.

Using a longitudinal qualitative research design based on weekly or bi-weekly meetings, this study mapped processes of meaning-making linked to experiences of vulnerability, trust and distrust, identifying taken-for-granted assumptions in which they were based. Assumptions and dispositions, by which trust and distrust were enacted, were configured by wider norms of idealised performances of gender, deference, ableism, whiteness and autonomy which were configured in ways distinctive to the Brazilian cultural context of our case study.

Introduction

Social processes by which we come to understand ourselves as vulnerable, and social processes by which we come to trust or distrust others, relate to one another in complex ways (Hamm et al., 2024). Some scholars have emphasised trust as a way of coping amid vulnerability (Möllering, 2006), alongside other everyday strategies such as intuition or hope (Zinn, 2008), while others emphasise the ways in which trust enables people to make themselves vulnerable (e.g. amid exchange – Coleman, 1990, p. 269). Others still have emphasised the dark side of trust, where a 'will to trust' and to cope amid existing vulnerability (Brown, 2009; Möllering, 2001) may lead some towards trusting as a 'forced option' (Barbalet, 2009), thus exposing a 'dark side' of heightened vulnerability through trust, as these phenomena are configured by formal and informal socio-cultural systems (Brown, 2021, p. 103).

Vulnerability involves projections of 'experiencing a loss in the future relative to some benchmark of welfare' (Alwang et al., 2001, p. 1), whereby this benchmark or norm is understood through informally configured socio-cultural norms, or 'demands' (Goffman, 1963), regarding what is expected and of value amid a particular socio-cultural systems. These norms may in turn be reproduced, legitimated and warped through everyday interactions, popular cultural discourses, medical knowledge, organisational policies and legal frameworks. Processes of trust similarly depend on shared lifeworld understandings of informal norms in which the trustee is embedded, with the normative obligations that orient the trustee towards acting in particular ways rendering this trustee less unpredictable (Möllering, 2005, p. 292), whereas in the absence of these norms they would be a 'loose cannon' (Brown, 2021, p. 96).

In some contexts these underlying informal socio-cultural structures, also known as lifeworlds (Habermas, 1987), in which trust and vulnerability are embedded, may be oriented towards a number of more formal 'abstract systems', our implicit understandings of which are also fundamental for processes of trust (Giddens, 1990; Jalava, 2003) and vulnerability. In healthcare settings in particular, the experiences of patients, the use of medicines, the

nature of professional work, and the outcomes which emerge as patients and professionals interact, are fundamentally shaped by abstract systems and the way these configure relations of trust and/or distrust (Calnan & Sanford, 2004; Meyer et al., 2008).

Important more recent work on system-related trust (see Frederiksen, 2016; Kramer, 2014; Meyer et al., 2008; Möllering, 2006) tends to be more theoretically-oriented than empirically-based – often considering and (re)interpreting the insights offered by the classic studies of Luhmann (1979; 1988) and Giddens (1990; 1991), rather than being systematically refined through fine-grained empirical work. Within the trust in health care literature, for example, while a few insightful articles on the complex relationship between interactions with professionals and understandings of a system exist (Bunton & Gilding, 2013; Smith, 2005; Ward et al., 2015), these studies tend neither to consider multiple systems (organisational, professional, legal, regulatory and so on) nor implicit understandings of systems (exceptions here are Brownlie & Howson, 2005; Legido-Quigley et al., 2014). More generally, studies of patient trust often ignore wider system assumptions. Quantitative analyses of system perceptions/understandings are usually cross-sectional, overlooking their gradual formation and change over time and exploring, instead, the more visible, more researchable features of trust – in encounters with professionals or explicit understandings of individual systems.

Luhmann (1979, p. 26) and Möllering (2001, pp. 415–416) both warn trust researchers against taking interviewees' 'good reasons' for trusting at face value. In doing so both theorists imply that people are invoking more than they are explicitly aware of, when moving forward in trust. Here Luhmann seems to be influenced by Parsons's consideration of trust as close to familiarity, rooted in feelings of shared understandings, norms and goals (Jalava, 2003, p. 177). So while the rational actor tradition suggests a rather calculative model of gains, losses and considered risk-taking when trusting (Coleman, 1990; for a critical evaluation see Möllering, 2005, p. 18), deeper layers of implicit assumptions are also fundamental for trust. Rational actor approaches may well consider institutions as patterns of rules and norms which render certain ways of acting more likely – through holding trustees accountable – but these are considered explicitly (Lane & Bachmann, 1996, p. 370).

Möllering (2005, p. 18; 69) contrasts this kind of perspective with Seligman's (1997) approach whereby trust, through more explicit negotiations, is underpinned by a more implicit confidence about role commitments. Möllering (2005, p. 69) makes comparisons between this assumed confidence about social rules and norms and more explicit considerations and negotiations, in light of traditions in sociological research which explore the salience of a taken-for-granted 'reality' or lifeworld for everyday social interactions and understandings (Garfinkel, 1967; Schütz, 1972). Indeed, because of the impossibility of questioning all features of a trustee, their institutional embeddedness and possible future conduct, our explicit considerations will inevitably be bounded and must be taken for granted (Möllering, 2005, p. 69).

This argument about the limits of explicit considerations (Möllering, 2005) is reflected in Garfinkel's analogy, whereby:

In the conduct of [their] everyday affairs, in order for the person to treat rationally the one-tenth of this situation that, like an iceberg appears above the water, [they] must be able to treat the nine-tenths that lies below as an unquestioned ... background of matters that are demonstrably relevant to [their] calculation, but which appear without even being noticed (Garfinkel, 1967, p. 173).

Inspired by the ethnomethodology of Garfinkel and the phenomenological tradition it draws upon, we nevertheless prefer the analogy of trust as a tree, whereby we know a great deal about its explicit contours and dimensions, the conditions in which it flourishes or withers, yet where current trust research largely neglects what lies beneath the surface, the taken-for-granted assumptions regarding the multiple systems in which trust is rooted. What do these roots look like and what are their unexpected asymmetric features? How do they develop over time amid particular taken-for-granted social 'imaginaries' or 'lifeworlds' and how, in turn, do processes underpinning trust shape and recast these lifeworlds, as they develop and become tangled up amid the implicit and explicit understandings of others? Older accounts of trust noted above tend to distinguish more explicit considerations (trust) from the more implicit (e.g. confidence – Luhmann, 1979; Seligman, 1997), and we follow Frederiksen (2016, p. 47) in understanding these positions chiefly in terms of separating 'the substance and context of interpersonal trust'. In contrast, we build on more recent tendencies (e.g. Möllering, 2006) towards a wider definition. Separating off the taken-for-granted has often meant it receives less attention, and is seen as distinctive from or alternative to – rather than fundamental to – trust.

Our Garfinkelian approach emphasises that the taken-for-granted is very much part of trust, yet involving more dynamic and interpretive processes than is the case with most institutional approaches (c.f. Frederiksen, 2016). Our tree analogy gives a greater sense of multiple strands (systems) and other entangled features – where, for example, trust becomes bound up with hope, magical thinking, norms of deference towards authority, and identity amid lifeworlds – and where there is a dynamic development over time by which, occasionally, the underlying systems-bases of trust become uprooted, visible and more explicitly reflected upon (Brown et al., 2015, p. 314; Kroeger, 2019). This potential for exposing taken-for-granted roots of trust forms the cornerstone of the longitudinal trust analysis we develop below. In this way our contribution to this special issue is chiefly in terms of developing further phenomenological theories of trust and vulnerability (see Schafheitle et al., 2023) – in exploring how lived experiences of vulnerability, trust and distrust and related ways of coping (e.g. hope) emerge out of taken-for-granted assumptions about other people, systems, the self, and our taken-for-granted expectations, roles and commitments in relation to systems and organisations.

Thinking with Garfinkel towards a longitudinal approach

A longitudinal approach is only one methodological tool for starting to grasp the multiple-system-underpinnings of trust and vulnerability, though it is one particularly insightful approach. As noted earlier, underlying understandings of multiple systems are fundamental for trust in various modern settings (Giddens, 1990; Luhmann, 1979), yet this very 'underlyingness' makes these lifeworld phenomena challenging to research. Other tools could be the study of those whose system-oriented assumptions have been uprooted from one system context to another (e.g. migrants accessing healthcare) or to study those who are trusting (and distrusting) on the margins of society, and who may therefore experience a greater social distance from, and less of a common shared set of assumptions (overlapping lifeworlds) with, the professional-trustees (Turowetz & Warfield Rawls, 2021, p. 6).

In seeking to excavate the taken-for-granted roots of trust, we are inspired by Garfinkel who was, in turn, inspired by Schütz's phenomenology. In this tradition we consider how, within the meaning-making of everyday life and interactions:

the meaning of particular social phenomena [such as trust and vulnerability, in our analysis below] can be interpreted layer by layer as the subjectively intended meaning of human acts. In this way the structure of the social world [or lifeworld] can be disclosed ... (Schütz, 1972, p. 7).

But while Schütz says little about how to go about empirically studying these deeper, more taken-for-granted layers of individual and shared lifeworlds, Garfinkel used his own positionality – a Jewish-American amid common antisemitism of the mid-twentieth century US – alongside studies of transgender people, uncertain medical school applicants, and a range of other outsiders and 'natural trouble-makers' (Garfinkel, 1958; cited in Turowetz & Warfield Rawls, 2021) as 'practical methodologists' (Garfinkel, 1967, p. 183), to expose underlying assumptions in knowledge frameworks and interaction dynamics.

Garfinkel (1967) is usually thought of as studying the more immediate situational and interactionist dynamics rooted in implicit common understandings of social rules and norms, as become apparent when these rules are breached. This has been the main way he has been read by trust scholars, both more theoretically and methodologically (Möllering, 2005; Zucker, 1986). Yet vital to his development of understandings of implicit norms through the 'unsettlers' of everyday order is how these outsiders had learned – often quite painfully – the implicit rules of knowing and acting *over time*. It is in this latter diachronic reading that the use of key long-term cases – particularly Agnes, who had gradually been learning how to 'pass' as a woman (Garfinkel, 1967) – illuminates the taken-for-granted knowledge structures of social phenomena and practices, such as sex and gender (see further analysis of Agnes in West & Zimmerman, 1987). Likewise, an 'outsider' patient gradually learning the interaction norms and medical practices of a less familiar healthcare or occupational health and psychological-care system can become crucial in helping trust researchers understand the underlying assumptions of trust, and the changing processes of how one continues to experience and navigate vulnerability while (not) trusting. Garfinkel thus not only echoes Schütz in telling us what we are looking for (layers of lifeworld assumptions) but moreover gives us important insights into *how* to do this in terms of research designs which are crafted to expose the aspects of trust and vulnerability people do, or know, without even realising it.

In his researching trust, "tacit" structures of the social order' and related experiences of interactional troubles, especially as experienced by outsiders, Garfinkel's work was particularly sensitive to 'identity anxiety' and the ways in which minority-outsiders sought to 'pass' within majority cultural environments (Turowetz & Warfield Rawls, 2021). Garfinkel's (1967) work shows how these vulnerabilities shaped how outsiders handled information and trust, often as bound up with patterns of deferring to hegemonic hierarchical structures and socio-cultural norms, such as involving gender, health and medicine. Garfinkel's (1949) concerns with the influence of 'identity anxiety' (Turowetz & Warfield Rawls, 2021, p. 5) on trust would later be reflected within Giddens (1990; 1991) conceptualisations of 'basic trust' and 'ontological security' and Barbalet's (2009, p. 376) considerations of how 'feelings of confidence in the actor's own capacities to form judgments or assessments of another' is integral to their potential to develop trust in this other.

Trust in other individuals is thus vitally rooted not only in assumptions about the systems in which others are embedded, but also in a more or less taken-for-granted self-trust, 'an inner sense of trustworthiness which provides a basis of a stable self-identity' (Giddens, 1990, p. 94). But Zinn (2008) also shows how trust is just one of several strategies or logics by which vulnerability and uncertainty are handled in everyday contexts. In coping amid vulnerability and uncertainty in a specific context, an individual may come to trust alongside more calculative strategies such as risk, but also their navigating and coping amid uncertainty and vulnerability may be further facilitated by processes such as hope, faith, and magic (Brown, 2021; Zinn, 2008). Indeed, if the shift from 'interpretation' to 'expectation' and acting 'as if' one knows the future is central to how trust 'suspends' the problem of uncertainty amid vulnerability (Lewis & Weigert, 1985; Möllering, 2001), magic, faith and ritual can be especially effective and complementary strategies in navigating problems of uncertain futures (Alaszewski, 2015; Roth, 1957; van der Molen & Brown, 2021; Zinn, 2008).

Methods and materials

Design

The particular case study we report below is of particular use for analysing the relationship between vulnerability and trust in that it combines aspects of all three tools for exposing underlying system assumptions that we introduced earlier – (a) defamiliarising the system, (b) insights through outsiders, (c) long-term study:

- (a) The case study context involves a Brazilian occupational health setting, in which medico-centric bureaucratic pathways to welfare render workers highly dependent on multiple (health – and work-related) actors across systems to access compensation in cases of (occupational) illness. This less commonly studied system-context for trust research lies at the overlap of state (work – and health-related) institutions, employers and labour unions (Sousa-Duarte & Brown, 2025), and its distinctive professional epistemic dynamics, alongside those of the wider post-colonial socio-cultural systems of Brazil, become more discernible in their contrast to the 'global-north-western' system-contexts more commonly researched in the literature.
- (b) The intersectional social position of the central participant of this (n = 1) case study often rendered her, alongside certain forms of privilege, vulnerable in several ways and her initial distance from and wariness of psychological therapy helped make apparent how vulnerability, knowledge, trust and distrust gradually developed over time, as grounded in various assumptions which were usually implicit but which became more explicit at different moments.
- (c) This brings us on to the key methodological feature of this study, which was the opportunity to trace these lived experiences of vulnerability, distrust and trust over an extended period of time. While various system-related assumptions which underpin trust may be deeply buried and difficult to research, these assumptions may nevertheless become uprooted or de-stabilised at different moments, when followed over time, before becoming buried (taken-for-granted) again (Brown et al., 2015).

These methodological tools, as will be explained in further detail in this section, are vital in developing a phenomenology of trust in which assumptions about multiple abstract and other social systems are rendered more apparent. Partly inspired by Garfinkel's classic single-case study of Agnes through multiple interviews over time, as a way of getting at the taken-for-granted structures of an individual's lifeworld (see preceding section), our longitudinal qualitative case study follows a female bank worker in her 40s, 'Florence' (pseudonym), who participated regularly (weekly or bi-weekly) over 30 months within an individual intervention for bank workers experiencing work-related suffering.

Florence's case stood out as the most extensive individual dataset of the project and for unique features such as the severity of her symptoms, the intense de-stabilisation or 'breaching' (Garfinkel, 1967, p. 58) of her everyday lifeworld and the extent to which her narratives in the intervention sessions reflected upon trust and distrust from the start. Her case also challenged usual taken-for-granted assumptions about vulnerability. At the surface-level, her privileged socioeconomic position – a woman in her 40s with university level education who self-identified as White and had more than 20 years work experience in various sectors including banking – could have led us to overlook her case as one of a 'vulnerable person'. However, her biography and her workplace experiences enabled us to challenge essentialist understandings of vulnerability by, instead, being attentive to the contextual and dynamic social processes through which vulnerability can be (re)produced (Brown, 2021).

Along with its singularities, Florence's case also shared typical elements common across many cases in the project from which we drew the data from – sociodemographic characteristics, experiences of workplace bullying strongly associated with the onset of mental health problems, prolonged psychiatric treatment, sick leave and litigation with employers and the National Institute of Social Security. The development of her relationships within work – and health-related – systems illuminated the overlap of different (once implicit) systems, allowing us to explore the gradually shifting processes of meaning making around her experiences of vulnerabilities, which become evident and which lay at the intersection of these different systems.

Broader project

Florence's intervention was part of a series of activities of a participatory action research project that was established in the 2010s as a partnership between researchers in a Brazilian university and a labour union in the Central-West region of Brazil. The aim of the wider project was to investigate work-related mental health problems in the finance sector. The wider project's mixed methods approach included individual interventions with bank workers experiencing work-related suffering. It aimed at helping bank employees to understand their malaise and its relation to work, and to co-construct alternative strategies to improve their general wellbeing.

Over 10 years, 239 bank workers voluntarily sought the union interested in participating in the individual interventions and had at least one intake interview. From assistants to more senior managers, the participants were mostly women who self-identified as mixed race (*pardo* in Brazilian Portuguese) with an average age of 37.8 years old and with university-level education. Most intervention participants were employed in public-private or public banks and on sick leave due to work-related mental health

problems. These participants were under medical and pharmaceutical treatment for disorders usually characterised by a mix of anxious and depressive symptoms. By creating a space of co-construction, the individual interventions seemed to be the most adequate to tackle the ethical challenges of providing help for, and doing research with, vulnerable people, such as those experiencing work-related mental health problems.

Case study context

Born into a family that had migrated from a socioeconomically disadvantaged region to one with more economic opportunities within Brazil, Florence was the eldest daughter of a working single mother and assumed a caregiver position in her nuclear family from an early age. Her social position was defined by a complex interplay of apparent social privileges and less apparent disadvantages. A white woman with university-level education, working as a business assistant in a private bank, Florence's role was sales-centred. After her first year at the bank, Florence started experiencing anxious, depressive and psychotic symptoms as well as suicidal ideation which she related to the workplace bullying she was suffering. Self-identifying as a Christian, Florence would initially 'pray' to God while also questioning whether her afflictions were caused by 'evil spirits' as understood by Afro-Brazilian religions – a hybridity of beliefs characteristic to Brazilian religious experiences. When she sought a psychotherapist and a psychiatrist, they identified workplace factors as detrimental to her health and recommended her to take sick leave. However, Florence's willingness to trust her manager who, in Florence's words, 'talked her out of it', led her to not follow the medical advice from the psychiatrist and to remain working despite her declining mental health. She was then sacked by her manager through an online meeting just a few months later.

Florence deeply regretted having trusted her manager, the bank's Human Resources department and even 'the bank' (as an organisation) – her regret hinting at the salience of trust in these workplace actors and systems. A few months later, Florence voluntarily approached the union to participate in an individual intervention and scheduled an interview with the work psychologist in the union's project. In the first intake she explained how this situation motivated her to seek a lawyer to file a lawsuit against wrongful termination (on the grounds of Brazilian Law n. 9.029/1995) and to pursue occupational health litigation, which resulted in a court ruling reversing her termination until further investigation. Still deemed unfit for work by both her psychiatrist and the company doctor, Florence went on paid sick leave with the National Institute for Social Security – INSS. This meant that Florence's work situation depended not only on herself and the bank, but also on medical and legal actors in different systems such as the Brazilian labour law system – which she referred to as 'the justice' – and the INSS.

Data analysis

The reflective notes made regularly by the work psychologist and first author, over the duration of the intervention sessions, form this study's dataset – as fieldnotes and handwritten verbatim quotations. Informed by a phenomenological approach, this research design allows for an exploration of the dynamics of experiences, such as vulnerability, trust and distrust, and how they evolved and shaped one another over this extended period of time (Farr & Nizza, 2019).

Our data analysis followed the recommendations for a longitudinal form of interpretative phenomenological analysis – LIPA (Frost, 2021). Studies using interpretative phenomenological analysis (IPA) tend to include more than one participant and form interpretations by, initially, regarding each participant as a single case before zooming out and interpreting across cases (Smith, 2004). In our $n = 1$ study, we first examined each changing trust relationship in Florence's narrative independently before forming interpretations and connections across these relationships. Considering LIPA's focus on change over time, the 151 handwritten Portuguese-language notes made by the psychologist and first author were typed out in chronological order, which generated 197 pages of single-spaced typed notes that were further divided into eight blocks of 20 sessions, as a way of ordering time phases across the treatment history.

In these chronological phases, names were pseudonymised and data that could lead to identifying the participant were excluded. Then, the first author read the notes twice, identifying recurring actors, organisations and systems and making English-language reflective notes for shared critical reflection with the second author. These notes were annotations on the typed text and pertained to relationship changes over time, as well as notes contextualising regionally specific phrasing and colloquial expressions that would otherwise be lost in translation. Following this and given the focus on changes over time prioritised by LIPA (Farr & Nizza, 2019), broader contexts were identified as common places for different changing trust relationships – workplace, justice, mental healthcare and 'self' – and forms of vulnerability and uncertainty. The original data set of typed notes were then re-read four times by the first author and once by the second author (using translation software), each time focussing on the relationships with actors pertaining to each of the four contexts. Notes for each of these multiple readings were made and reflected upon by both authors – initially separately and then in discussion – describing how understandings of vulnerabilities and trust progressed in relation to both specific events and common continuities.

These notes were then transformed in a table of themes for each of them that was later audited by the second author. Finally, we compared similarities and differences across the four contexts, which enabled us to identify the taken-for-granted assumptions at the basis of interpersonal and system trust and distrust as we examined the continuity and changes in her perceptions of vulnerability and, consequently, in trust and distrust relationships. We discussed the analysis as the process developed and disagreements in interpretation were discussed until agreement was reached. Ethical approval for the study was obtained from the appropriate Brazilian regional research ethics committee and, like other participants, Florence consented for data from the intervention sessions to be used in social science research related to studying the intervention and work-related suffering.

Findings

The data we discuss below are centred around changes and continuities in Florence's system-related, interpersonal and self- trust relationships, examining the dynamics between lived experiences of uncertainties, vulnerabilities and trust across four different but interconnected contexts – work, legal, mental healthcare, and self. The following four subsections, one for each context and its related interactions, present how Florence, a 'normal person', experienced finance-, health- and ontology- related vulnerabilities linked

to specific types of uncertainty. We examine the trajectory of trust relationships within these four overarching contexts, whereby Florence described interactions with several systems and actors. These included relating to herself, illuminating interconnected chains of trust and distrust relations, and showing Florence's hybrid handling of her vulnerabilities through trust and distrust and, later in the trajectory, increasingly through magic, faith and hope when engaging in relationships with bureaucratic and abstract knowledge systems and actors beyond the workplace. By paying close attention to Florence's expectations towards systems and actors, we seek to explore the taken-for-granted assumptions and lifeworld structures in which her meaning-making processes were grounded thereby identifying some of the system roots of trust and distrust. We interpret distrust as 'acting in accordance with a rule of doubt' (Garfinkel, 1967, p. 50 footnote 5). While negative emotions such as fear, defensiveness and suspicion accompany it (Six & Latusek, 2023), our understanding of distrust implies the presence of persistent negative expectations.

1. 'I should have not exceeded my trust': the reinterpretation of uncertainties and vulnerabilities shifting trust in systems and actors related to the workplace

In this first subsection, we explore the mechanisms through which Florence described becoming vulnerable in her workplace. We explore how these framings of vulnerabilities, as shaped by and consequential to work-related trusting relationships, reshaped her trust disposition. Finally, we examine how an intersection of taken-for-granted assumptions informed by cultural, social network and biographical factors influenced the building of trust relationships.

More evidently, the termination of Florence's employment contract rendered her financially vulnerable due to her unfitness for work, linked to her poor mental health. However, Florence emphasised from the beginning of the intervention sessions how her losing her job rendered her more than just financially vulnerable. Her dismissal, a perceived contract violation, was experienced as a breach of trust at both individual- and system-levels, especially as it did not align with her high positive expectations towards the bank and her manager:

What hurts the most is the disappointment. That [work]place I thought to be a dream became a traumatic nightmare. (Session 5)

Florence's trust in 'Ravenna', her boss and the person who fired her, was rooted in assumptions of competence and care shaped by her expectations embedded in system trust: *'if someone has the role of manager, then it means that they are competent'* (Session 8).

Florence thus believed that, as managers are appointed by senior figures in the organisation, they are competent and act in the employers' best interests. Looking back throughout the intervention, Florence also recognised how she took for granted that the bank would abide by labour regulations such as those regarding wrongful termination. In this way, Ravenna's breach of trust also extended Florence's disappointment towards the bank:

I thought we were a team. She did not clarify to me ... things about sick leave. You idolise someone, an institution. I still feel upset when I see any ads [for the bank]. It is all lies and fantasies. (Session 9)

Florence's positive expectations were not only job- and financial-related, as having a job and a monthly income, but also expectations of formal and informal care such as being covered by the company's health insurance plan and being emotionally supported by her manager. These care expectations shaped Florence's willingness to make herself vulnerable in regards to her health and emotional well-being to Ravenna:

She [Ravenna] even asked how I self harmed. She knew about it, I used to share it with her. (Session 18)

The dismissal, which also resulted in the loss of membership of the company's health insurance plan, made Florence particularly aware of how she had trusted Ravenna and *the bank* also with her health, making the breach of trust more all-encompassing than she initially thought. This breach of trust destabilised her taken-for-granted social order and 'ontological security', therefore she experienced it as a 'fateful moment' (Giddens, 1991) which also altered her sense of identity. Evident in the therapy-sessions was how Florence's sense of self had shifted, as we examine in the last subsection.

Florence's experiences of a loss of ontological security were marked by deep feelings of regret, guilt and shame for her naivety in 'exceeding her trust' at work (Session 37), especially by continuing to trust Ravenna even after repeated episodes of intimidation that she later saw as having configured a 'toxic workplace'. These feelings were accompanied by recurrent ruminations about how she had allowed herself to end up in such a situation, and why she had not quit after earlier experiences of workplace bullying:

Where did I start to lose myself? I remember the day I suggested something during a meeting [within the first months of employment] and she shut me up. Later, she took me to the toilet and told me I was contaminating the team. (Session 32)

Florence's reflections later during the sessions revealed how implicit assumptions of deference to authority, and of a gendered role performance towards authority ('not disappointing'), shaped her will to trust Ravenna and the bank.

... she put me down, but then she would fill me with hopes later. She would say I was full of potential, she treated me like I was her right hand [person]. And then I felt important (...) I thought I could not miss my chance, I could not disappoint her. (Session 2)

Florence shared how she bracketed off the negative contradictions of interactions with her boss – a combination of small acts of positive recognition and threats of contract termination – deeming it legitimate due to Ravenna's assumed authority. Faith also played an important role in how she handled financial-related uncertainties and her difficult relationship with Ravenna:

There was this storeroom where I would lock myself to cry [after bullying episodes], to ask God to give me strength. (Session 48)

Over time, Florence started to realise that her negative workplace experiences had affected not only her sense of identity, but also her self-trust – 'an inner sense of trust-worthiness' (Giddens, 1990, p. 94) and, consequently, trust in others:

I trusted and I got hurt. I don't trust myself. I don't trust myself nor others. I got destroyed and she (Ravenna, the manager) moved on with her life. It is not fair. (Session 76)

As the breach of trust uprooted the implicit assumptions at the base of her trust in Ravenna, Florence's reflections during the sessions showed how her trust disposition was shaped by an intersection of gendered, raced, ableist, and age-related assumptions regarding aesthetic and moral aspects, as shaped by cultural, social and biographical factors. In this quotation below, for example, we see Florence reflecting on her tendency to trust those in a superior position to herself, as this was also reinforced by age-related deference:

Ravenna said it was my fault [that I got sick] and I should not transfer this responsibility, and now it is deeply ingrained in me. I think that if I say 'no' I won't be well-liked. And then I also got a thing for hierarchy, a thing for respecting older people. First I trust to only later on distrust (Session 27)

In this subsection, we have explored how Florence initially handled perceived financial uncertainty and related vulnerabilities through trust relationships with her manager, Ravenna. The contract termination, experienced as a breach of trust from Ravenna, led in turn to new interactions with different third parties within the bank: work-related actors – HR, social workers, occupational psychologists, company doctors and outsourced fitness-for-work assessors hired by the bank. As we will see in the next section, the failure of these actors to meet Florence's expectations of a competent and caring performance of their assumed functions resulted in further erosion of her trust in the bank, ultimately leading to a distrust in all banking-related institutions, as characterised by persistent doubt and emotions associated with distrust such as fear, worry, and anger (Garfinkel, 1967, p. 50; Six & Latusek, 2023). This distrust started to emerge when suspicion about the bank professionals' competence and intentions could not be bracketed off anymore, which led Florence to seek new interactions with formal third parties outside the bank – law-related systems and actors – in hopes of repairing the trust relationship. But, as the next section demonstrates, these new relationships created, instead, new interactions in which her suspicion was confirmed and transformed into confident negative expectations and reconfigured pre-existing relationships with mental healthcare professionals.

2. 'Twisting the knife yet again': changing uncertainties, vulnerabilities and trust in systems and actors related to 'justice'

In this subsection we examine how distrust in the bank and its intermediaries – starting with her manager and extending to HR employees, occupational doctors and social workers – was fundamental in leading Florence to seek legal action. We then look at how unmet expectations towards 'justice' (*justiça* in Portuguese – as Florence commonly referred to the legal system and its actors) reshaped her trusting relationships with legal actors and led Florence to revisit her expectations and to acknowledge the (misplaced) assumptions at the base of trust in law-related systems and actors.

Distrust in work-related systems and actors is fundamental to understanding Florence's relationship to legal systems and actors. It was only amid the vulnerability, following her trust being breached by Ravenna and then 're-breached' by multiple work-related actors, that Florence opted for litigation. Initially, she framed her decision of taking her conflict with the bank into the legal arena as a quest for financial compensation. But, more

implicitly, it was also a quest for care and repairing her once trusting relationship with *the bank*:

Psy: What made you look for a lawyer?

Florence: The financial compensation for the [lost] year [of pay] that I knew to be rightfully mine. And [the idea of a] lawsuit for unmaking the wrongful termination cheered me up because I wanted the health insurance back. (Session 3)

As Florence experienced the deepening of vulnerabilities – ontological and health-related – through the legal process, as we see in this subsection, new meanings were later attached to the lawsuits. These were moral and ontological meanings, where the legal quest against the bank would ideally prove their actions wrong and hers right. This operation would allow her to retrieve the identity that ‘the bank took away’:

I wanted an order from ‘the justice’ telling the bank to set for an agreement, telling them to take what is rightfully theirs and let me take my life back (Session 5)

However, while financial and private healthcare access uncertainties were handled through these legal relationships, Florence also feared that filing lawsuits would stigmatise her as ‘challenging’ to future employers, undermining future job opportunities. This emphasises how her professional identity was also at stake in different ways when trusting and engaging with law-related systems and actors. Additionally, her initial expectations that justice-related systems and actors would act as formal third parties and help repair the fractured relationship with the bank gradually shifted into expectations of protection – that these system and actors would prevent her from further interacting with work-related actors. However, as these expectations were not met, her experiences of job, health and ontological/identity related uncertainties and vulnerabilities were heightened, as shown in the quote below:

For me it was like twisting the knife yet again, putting the finger in the wound. They [the injustices of my dismissal] were dormant but unresolved. When I had to testify [in court], I saw myself there [at the bank] again. At my desk, in my [workplace] bathroom, where Ravenna ... (Session 48)

While she expected that assumedly competent lawyers would act as formal third parties intermediating her conflict with her bank and preventing her from direct encounters with work-related actors within the legal context, litigation ended up extending her experiences of workplace bullying into the legal arena, confirming her suspicion and feeding into her negative expectations about the bank future actions:

In the legal audience, they [bank lawyers] said they would once again rightfully fire me. They threatened me in plain sight at the court hearing and nothing happened. (Session 54)

Additionally, the work-related and occupational health complaints in Florence’s case translated into the intertwining of occupational health and labour litigation procedures. Court decisions were dependent on expert knowledge from fitness-for-work medical assessors in the National Institute for Social Security and the independent assessors appointed by the court. This heightened Florence’s ontological and health-related vulnerabilities as she was required to repeatedly justify her claims in encounters with such experts.

These fitness-for-work assessments look like condemnatory acts. I must prove that I have been sick. It is the authority who established the standard. (Session 36)

As seen in the quote above, these interactions simultaneously legitimised her claims, but also reinforced mental illness stigma. This overlap also added complexity to Florence's legal processes. Whereas Florence had presumed a quick fix to the fractured trust relationship – *I thought I'd be reinstated, the bank would make amends and I'd go back to my dream job* (Session 116) – the complexity of her case delayed it, thus reshaping Florence's experiences of time and undermining her hope in *justiça* as a system.

Florence's hybrid handling of uncertainty through trust, distrust and hope(lessness) also encompassed faith and magic through interpretations of favourable court decisions as '*blessings*' and of delays in the process as potentially caused by a '*spiritual complot, plotted by someone*' (Session 102).

Amid these multiple occupational health and legal authorities, however, Florence was able to reflect on her disposition to 'blindly trust' (her words – *confiança cega*). Whereas Florence had initially approached lawyers with a naive blind trust, bracketing off all her uncertainties about their competence and motives and her feelings of neglect, she described gradually starting to raise uncertainties with her lawyers, opening up to her lawyers communicatively about her vulnerabilities, thus transcending mere bureaucratic contact; leading to gradual and 'cautious' trust.

Amid this realisation process, Florence came to reflect upon how the same gendered assumptions of role performance towards authority (as in previous section) had initially also shaped her tendency to blindly trust her lawyers:

I have this within me, of having to be a good girl. And this extends to [my relationship with] the lawyer too because I want him to think that I am an excellent client, a client that doesn't bother him. But what is my position after all? I am a client who needs caring because I am vulnerable. (Session 141)

The eventual outcome of these reflections upon her taken-for-granted assumptions, as these had underpinned her earlier 'blind trust' was that Florence gradually referred less to a general trust in 'the justice' and referred more to her hopes in 'the justice' and a cautious, critical trust in her lawyer. This shift reflects the dynamic interplay between system-, self- and interpersonal features of trust (Barbalet, 2009), as these in turn relate to hope (Brown et al., 2015; Zinn, 2008).

3. Looking for redeemers and finding psychotherapists, psychiatrists and pills: negotiating financial, health-related and ontological vulnerabilities within the mental health care context

Through Florence's experiences with 'justice' we have gained a growing understanding of the taken-for-granted assumptions underpinning her trust. Initially motivated by financial and care aspirations, her interactions within the legal context exacerbated her job-, financial-, health-, and ontological-identity vulnerabilities. In turn, these complicated her trust in legal systems and actors and favoured distrust-building in the bank and its related actors. As we will see in this and the final subsection, these changes also reconfigured previously existing relationships of trust in mental healthcare contexts and with herself.

Florence initially sought psychotherapy and psychiatric treatment to avoid taking sick leave and, therefore, to maintain the 'moral orders of work, health and illness' (Korhonen & Komulainen, 2019, p. 219). However, after being sacked, her engagement in individual treatment for occupational distress had 'responsibilising' effects (Ward et al., 2015, p. 991), reinforcing feelings of self-blame:

It makes me think that this is all my fault. I don't want to accept it. And sometimes I think 'oh, you are not sick, you are fabricating this'. (Session 13)

Additionally, as litigation shifted the meaning of sick leave and diagnoses, these labels became central to legitimising her illness as occupational. Florence's relationship with her psychiatrist was then, in turn, reinterpreted since his professional opinion could (partially) influence the granting of sick leave and labour court decisions. This positioned Florence in a stigma double-bind, in which recognition of her illness could validate her claims but would stigmatise her as disabled; yet non-recognition of her illness would mean she was healthy but stigmatise her as someone who was '*fabricating illness to take advantage of welfare*' (Session 13).

The strongly medicalised paid sick leave procedures in Brazil were centred upon medical professional opinions. Within this social security system, psychiatrists' views were valid but not those of psychotherapy and psychotherapists, with Florence frequently comparing her encounters with psychiatrists to the ones in psychotherapy. Within these comparisons, trust in psychiatrists was questioned not only regarding the legally consequential aspects of their roles, but also regarding their pharmaco-centric approach. Combined, these factors started to reshape Florence's practices in a relationship in which she had always felt comfortable to share:

I was asking myself whether I should talk to dr. Lucca [psychiatrist]. I better not tell him [that symptoms worsened], every time he wants to give me more medicine. But I trust you [the psychotherapist], that there is no judgement here, so I tell you all about it. (Session 46)

The psychotherapeutic relationship was, in contrast to the psychiatric system, tainted by neither law nor medicines. The negative aspects of the latter for Florence pertained to the financial costs of the medicines (see below), her uncertainty about their effectiveness, but also the way the prescribing of these medicines signified to her a sense of failure as a patient – that she had let the psychiatrist down – and that she experienced these medicines as a form of punishment for these failings. These negative reflections can be understood as more 'thinkable' given the incomplete pharmaceuticalisation (Brown et al., 2015, p. 314) of medicines for many mental health problems.

Florence's interactions with psychiatrists were further shaped by financial and ontological uncertainties and vulnerabilities, with these playing an important role in her practices of communication:

And then I am also afraid that he will give me more medicines, and medicines are expensive. So there is this financial impact. So it is a burden on my budget. (Session 99)

Meanwhile, trust and acceptance of vulnerability flourished in the psychotherapy relationship, allowing Florence to reflect on her trust relationships with psychiatrists. This growing trust was stated directly by Florence but is also apparent in the fieldnotes of the therapist.

After changing psychiatrists due to financial constraints, Florence compared her interactions with dr. Lecco (new psychiatrist) to those with dr. Lucca, which illuminated the importance of time and communication in trust-building processes. Despite both doctors' pharmaco-centric approaches, it was the personability, warmth and availability of dr. Lucca that made her feel safe in comparison to dr. Lecco:

His consultation style was unique. Sometimes I'd come crying and he'd welcome me with arms wide open. Then I'd cry and cry, and he'd say we could start later. He knew how sensitive I was. It's like us [you and me], it's an impressive chemistry. You are my guardian angels (Session 125)

Such spiritual vocabulary expanded beyond characterisation of helping professionals as *angels*, highlighting the complex and dynamic interplay of trust, hope (in medicines) and magic in the way in which Florence handled uncertainties and vulnerabilities. Florence found it hard to explain the positive effectiveness of psychotherapy, referring to this effectiveness as '*witchcraft*'. However, both hope and magic could also have negative sides, especially through the way in which Florence combined biological, psychological, social and even spiritual aetiologies of mental health problems. In this way, hope and magic also rendered Florence at times ontologically vulnerable:

It's hard to describe. It feels like I'm being manipulated by someone else. Is it spiritual? I can't find an explanation that convinces me. If I knew there'd be a remedy for this, like an antibiotic that would cure me ... (Session 112)

Later on, in session 138, Florence reflected on how her '*hope for a miracle*' could influence her to blindly trust dr. Lecco, expanding our understandings of what was behind her previous trust disposition:

Am I trusting blindly? As I hope to never feel this horrendous sadness ever again I put hopes in dr. Lecco without him even imagining that I am seeing in him a salvation, a redeemer. (Session 138)

These expectations of being redeemed, again using spiritual language, adds further layers of complexity to Florence's willingness to make herself vulnerable. While this orientation towards dr. Lecco appeared to be one of blind trust, shaped by hope and a strong will to trust, amid her vulnerability, Florence also described not sharing how she *really* felt due to her willingness to please (as seen earlier) and her assumptions that '*good patients*' should not bother medical authority figures with their complaints. Being too open about her ongoing struggles would testify to her failure as a '*good patient*' and the failure of the psychiatric treatment, *disappointing* the psychiatrist:

Should I tell him? Actually, what I ask myself is whether I will disappoint dr. Lecco if I tell him [about the self-harm thoughts]. (Session 116)

Florence's tendencies (as seen earlier) for deference to authorities was thus an important orientating feature of her complex trusting perceptions, alongside distrusting practices (limited disclosure), in healthcare contexts; rooted in assumptions that care should be deserved through subservience to expert authorities.

However Florence later came to reflect on these once taken-for-granted assumptions and the problem of subservience for her care. She described '*rehearsing*' a confrontation

with dr. Lecco where she wanted to address his quick consultations, which she found too short:

I should really just talk to him and not to ‘put my tail between my legs’ with dr. Lecco. I will go there, in a confrontational [physical] pose. I am practicing to talk to him [about this]. (Session 145)

In this subsection, we have explored how Florence’s management of her declining mental health condition involved building relationships with several mental healthcare professionals to handle health-related uncertainties and vulnerabilities. We also examined the tainting of psychiatric treatment due its authority to influence legal proceedings. This connectedness between abstract systems only became relevant after the dismissal and we analysed how this reframing reshaped her trust in psychiatric professionals, who in turn were increasingly contrasted with psychotherapy. Amid these complex processes we have emphasised how Florence’s taken-for-granted assumptions, particularly those of deference to authority, influenced trust-building and distrust processes in various healthcare contexts.

4. Barbie leaves Disneyland: questioning taken-for-granted assumptions as part of identity work

In this final data section, we examine the destabilisation and reconstruction of Florence’s identity and self-trust following the fateful moment of being fired. We identify how a destabilisation of the social order exposed the intersecting taken-for-granted assumptions at the bases of her trusting relationships; leading her to question these very assumptions. This reflexivity illuminates the complex interplay between trust, identity and taken-for-granted assumptions across time.

The destabilisation of Florence’s identity was characterised by feelings of guilt regarding her perceived *deviance* from norms of work and health and by doubts regarding her own judgement (as noted earlier). This destabilisation of ontological security was experienced as a profound loss which Florence struggled to accept:

This could not have happened to “*that*” Florence. (Session 17)

‘That Florence’, as she often referred to her *lost* identity, was narratively constructed around overcoming personal struggles which were framed as battles. Often, *that* Florence was described as both Wonder Woman – ‘*a female warrior*’, ‘*the one who overcomes obstacles*’ – and a Barbie doll – ‘*young*’, ‘*blonde*’, ‘*skinny*’, ‘*good looking*’ and ‘*submissive*’. These conflicting ontological assumptions, at the base of the moral and aesthetic expectations towards herself, had been formed at an intersection of gendered, raced, ableist assumptions, as well as assumptions of deferring to authority.

I didn’t want to accept the fact that I got ill. Because I was the warrior, I was the one always overcoming obstacles. Today I am aware of what happened and that there is not a fixed date for me to feel better. (Session 41)

The uncertainties surrounding her mental health problems – their duration and their treatment – extended the distance from this lost identity and exacerbated ontological vulnerabilities that emerged within interactions in mental healthcare contexts. Florence’s

suffering and vulnerability was, however, fundamental in increasing her reflexivity over time and informing her identity work. At first, Florence was resistant to identity work due to its potential responsabilisation effects:

It is not fair that I have to completely reinvent myself [because of the bank]. (Session 22)

As the approach through interactions in the legal context failed to *'repair'* the trusting relationship with *the bank* and her identity, and interactions in the mental healthcare context exacerbated her ontological-identity vulnerabilities, Florence came to frame her tentative identity work more biomedically in relation to the ideal of a *'full recovery'* of *that* Florence:

That warrior that I thought that had never existed does exist. She was asleep, sick, fallen, but I know it is possible to wake her up so she can dream again and fly away. (Session 101)

When the idea of a *'full recovery'* of this lost identity seemed impossible, this first accentuated ontological vulnerabilities and was interpreted as confirming the *'nothingness'* (Session 44) to which the bank had reduced her to. But, as Florence questioned her assumptions more and more, the idea of full recovery was abandoned and new identity possibilities that were not centred in the earlier ideal types emerged:

I want new beginnings, all new. (...) I just don't want to create a character, a female warrior that will go into the world ruling with an iron fist. I want to be myself and all that I am. (Session 107)

Florence started reframing her identity work as resulting from *'God's purpose for her life'*, which would allow her to one day *'share her testimony'* and *'be an example'* (Session 137). This shift towards identity work followed Florence's realisation in Session 136 that she cannot be *'those strong and resilient Florences'* anymore, and that she could accept *'the Florence of now'*. This growing acceptance and entreating herself to *'trust yourself, you will make it. Trust yourself, it will reassure you'* (Session 151), seemingly emerged from a questioning and reflexivity towards her earlier assumptions pertaining to the self.

I don't know where I built this idea of a perfect life. I thought I was Barbie, that I had the prettiest hair, model-like, the body. It feels like this was rooted in me, ingrained by society. I was raised like this, and then once I got destabilised I realised I was in this Disneyland. (Session 151).

This new identity realisation operated through critical questioning of her assumptions, leading her to distance herself from *Barbie* and the contrived structures of her *'Disneyland'* lifeworld. Instead, she aimed at being assertive, avoiding her earlier tendencies towards subservience:

I need this boldness of talking like Tati Quebra-Barraco [a Black Brazilian baile funk singer born and raised in a Brazilian favela]: wait a minute, you can't mess with me! And fuck the bank! (Session 143)

In this subsection we focussed on how the questioning of taken-for-granted assumptions, which became explicit after disruption of the social, shaped Florence's identity work. As in previous contexts, we identify the increasing salience of other forms of handling uncertainty – such as faith, magic and hope – and the hybrid ways in which they interact with (self-) trust.

Discussion

By their very nature, the taken-for-granted roots of trust and vulnerability are difficult to research, as these lifeworld structures involve things our research participants know without knowing they know them. Yet if we take Garfinkel's (1967) ethnomethodological iceberg analogy seriously, then these underlying features of trust and vulnerability represent sizeable features of these phenomena at the very centre of trust research. Inspired by Garfinkel (1967) and his various approaches to disturbing everyday assumptions, not least those around trust (Turowetz & Warfield Rawls, 2021), our longitudinal case study of Florence has generated important insights into her gradually shifting trust, distrust and vulnerabilities, tracing them as they were reconfigured amid her interactions with workplace colleagues, legal systems, mental health related care, and herself. The key lessons we draw from Garfinkel (1967) in terms of *how* to get at the taken-for-granted are the importance of careful case selection (cases where trust is destabilised by partial outsiders can be especially illuminating), a longitudinal design which enables researchers to trace understandings and practices as these become more taken-for-granted or more reflexively explicit over time, and an interpretative-phenomenological approach focused on exposing and exploring the layers of taken-for-granted assumptions as these become apparent across multiple interviews.

Considering trust relations regarding her mental healthcare in particular – where sometimes trust and distrust were apparent simultaneously – we have seen how Florence's vulnerabilities and (dis)trusting expectations were interwoven with relations of trust and distrust in other settings, and her understandings of other systems. Sometimes Florence could more straightforwardly give 'good reasons' (Möllering, 2001) for her trust or, for example, her wariness of trusting and being open with her psychiatrist, due to his potential influence over legal proceedings (among other factors). But our longitudinal case study approach has also enabled us to identify other connections which were far more indirect and implicit, such as how the breaching of Florence's trust in her employer undermined her own ontological security and self-trust, which reshaped underlying dispositions towards trusting in other systems and actors.

Amid this complex web of trust and distrust relations, we have identified multiple forms of vulnerability – financial, (mental-)health, ontological-identity, among others. The heightened state of Florence's ontological-identity-related 'focal vulnerability' (Hamm et al., 2024), as became explicit amid the loss of trust in her manager, then inculcated in Florence a broader 'will to trust' – blindly at times – in legal ('justice'), psychiatric and psychotherapeutic experts and (sub-)systems. The gradual reworking of identity and self-trust, as a core feature of Florence's lifeworld (Habermas, 1987), was part of a related longer-term process by which Florence's apparent tendencies to blindly trust authority figures were reworked towards a more 'critical trust' (Walls et al., 2004). As Florence's trust in experts tended to become more reflexive and critical, so were uncertainties harder to resolve and so did other forms of coping with vulnerability and uncertainty, including faith, magic, and hope (Zinn, 2008), become more apparent as these intertwined with her (sometimes tentative) trust and attempts to build trust.

Amid these longer-term processes of reworking the self, her dispositions to trust, and how she handled vulnerability and uncertainty in everyday life, Florence's deeper assumptions and dispositions for acting towards authority figures gradually became evident. In

turn we saw how these assumptions and dispositions were configured by wider norms of idealised performances of gender, deference, ableism, whiteness and autonomy which had been configured in distinctly Brazilian ways, and which Florence had deeply internalised amid socialisation and ongoing social interactions (Habermas, 1987). Usually these deeper lifeworld structures and their influence upon trust and distrust would have remained far too deeply buried to be researched, but the ontological ‘earthquake’ which exposed some of Florence’s deeper assumptions (Habermas, 1987, p. 400), and the way these assumptions configured multiple forms of vulnerability, trust and distrust, provided us an unusually insightful opportunity to study these roots, especially as we could trace these processes over time (Brown et al., 2018).

The conceptual picture of the roots of trust which emerges here is a complex one, going far beyond the classic system–access-point model, and which we can start to sum up as:

Trust and distrust in one system-related context may often be intertwined with other systems and contexts;

Vulnerabilities are often multiple and the ways in which they are experienced in relation to trust are specific, complex and dynamic over time;

The roots of trust partly involve implicit assumptions about a system (as per Florence’s general faith in ‘justiça’) but trust processes may also be powerfully shaped by broader socio-cultural structures pertaining to gender roles, ableism, race, authority and interactional norms of deference to power which these configure;

Understanding the role of trust and distrust in negotiating vulnerabilities amid uncertainty involves both explicit and deeply assumed processes, which are bound up with other modes of handling vulnerability and uncertainty such as hope, faith and magic.

Alongside these conceptual contributions, this study represents an important methodological contribution for trust research and its study of vulnerability. Harnessing longitudinal qualitative methods, especially when guided by interpretative phenomenological approaches (Farr & Nizza, 2019) and using cases which ‘breach’ taken-for-granted features of lifeworlds, identities and/or systems (Garfinkel, 1967), can tell us a lot about trust, distrust and vulnerability as dynamic interpenetrating processes. It seems unlikely to us that a standard interview or survey study would have been able to get at the complexity, trust and distrust dynamics or identity-related vulnerabilities of a case such as Florence’s, not least because it took substantial time for trust to build in order for her to share important details relating to her vulnerable health, identity problems, or the role of magic and faith alongside trust.

As an $n = 1$ case study, there are of course specificities to Florence’s case, and the context of work-related mental health problems in Brazil, which are far from generalizable. As with the classic use of Agnes’s case study by Garfinkel (1967), West and Zimmerman (1987) and others, however, we have applied this case as an unusually illuminating one – due to the depth of the challenge to Florence’s trust and ontological security, the location of her case at the intersection of multiple abstract and bureaucratic systems, and our ability to trace the case over 151 meetings and 2.5 years. While this data set is unusual, we hope that future trust studies will make use of longitudinal approaches to further our understanding of the roots of trust, their workings and effects. We also advocate the use of Garfinkelian insights into trust as a way of combining a phenomenological attentiveness to taken-for-granted roots of trust, with insightful methodological techniques for

exposing these roots. While Garfinkel has thus been addressed by trust researchers chiefly in terms of institutional norms and rules (Möllering, 2005; Zucker, 1986), it is the use of pertinent longitudinal individual case studies (Agnes; Florence) as a means of illuminating the swathes of taken-for-granted practices and understandings (Garfinkel, 1967) underpinning trust which stand to make the most distinctive of contributions.

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