

Will “We” Ever Be What We Dreamed?: Characterizing Collective Hope and Its Contagious Emergence in Organizations

INTRODUCTION

While collective hope has often been regarded as necessary for collectives to endure extremely trying times (e.g. the Holocaust (Bar-On, 1995), African genocide (Guillebaud, 2002), troops fighting in battle (Blum, 2003)), little is known about the nature of collective hope in organizations, the processes by which it emerges, or how it is sustained or depleted over time. Speaking to the perceived importance of collective hope for organizations, prior work has noted that it is *impossible* to improve the world and its people through social action without collective hope (Cohen-Chen & Van Zomeren, 2018). However, while researchers have highlighted the importance of studying collective hope in general (Braithewaite, 2004; Carlsen & Pitsis, 2012; Ludema, Wilmot, & Srivastva, 1997), theoretical insights concerning this potentially powerful cognitive and emotional state within organizations is limited (Carlsen & Pitsis, 2012).

In particular, researchers assert that it is important to understand what characterizes collective hope in organizations. While researchers have extensively studied hope as an individual-level cognition (e.g., Snyder’s (1989, 1990, 1994, 2002) conceptualization of pathways and agency as the key components of individual-level hope), the definition of individual-level hope and the resulting nomological net within which hope has been placed are not sufficient for characterizing and explaining collective hope, given individual-level hope lacks the social and relational underpinnings that are purported to fuel collective hope (Barge, 2003; Carlsen, Hagen & Mortensen, 2012; Cohen-Chen & Van Zomeren, 2018; Webb, 2012). Second, despite collective hope being interdisciplinarily described as vital because it is socially transformative (Webb, 2012), a driver of unfolding “progressive dramas” within groups (Carlsen, 2006, p. 146), and a way of opening up to future organizational possibilities (McGeer, 2004),

researchers have not rigorously examined how collective hope is shaped over time, or how collective hope might interact with other organizational phenomena (Carlsen, et al, 2012).

Here we examine the nature of processes and factors that support or deplete collective hope in organizations through a longitudinal ethnographic study of a rehabilitation home for women have been victims of human trafficking and/or who have been prostitutes. The context for our theorizing is built from the results of our 2-year ethnographic study of an organization called *Light for the Future*¹, a voluntary, residential rehabilitation center for adult foreign born and American women who are victims of commercial sex trafficking (also known as “sex slavery”), located in the Northeastern United States. However, though the organization seeks to help women create a new life outside of the sex trade, prostitutes face multiple barriers to exit the trade and often return to the “lifestyle”, leading scholars to call this process the “entry, exit, re-entry cycle” (for a review, see Cimino, 2012). Prostitution can be extremely traumatizing and dangerous. In fact, in the U.S., death rates for prostitutes are 200 times the national average for women of comparable age and race (Potterat et al., 2004). Given the years of emotional and cognitive hardships that residents had to overcome in order to be successful within the program, during the course of our research, *Light for the Future* faced extraordinarily trying circumstances.

Through our research, we make an important contribution to the literature. Namely, we derive theoretical insights regarding collective hope in organizations, using rigorous qualitative methods. This is both unique and meaningful, given there is limited theory on collective hope, and even less research that provides a longitudinal, close-up exploration of

¹ All names used in this manuscript were changed for the purposes of anonymity. Thus, only pseudonyms are used throughout the manuscript.

organizations in which collective hope processes may be particularly important (Carlsen et al., 2012). In order to achieve this goal, we illuminate deep contextual insights into collective hope by exploring exactly what constitutes hope and how it is manifested over time. Specifically, we find that collective hope is comprised of five relationally-based components, which are driven by the predictability of social systems, the strength of relationships, and the clarity of social hierarchies. Given the highly relational nature of the components of collective hope, and the foundations of collective hope, social contagion was responsible for the rapid growth and decline of collective hope within *Light for the Future*. Combined, our work provides a preliminary model which outlines how collective hope emerges and is characterized, how collective hope is (de)constructed over time, and the possibilities that the collective hope production process opens organizations up to, depending on the trajectory this process takes over time.

BACKGROUND

Understanding how and when collective hope emerges, as well as the processes that serve to support or detract from collective hope over time, is the focus of this manuscript. As a result, it is important to outline past research contributions to the study of hope as a broad construct, hope at the individual level, and more specific and relevant attempts to characterize collective hope and collective hope processes. First, hope is a cross-disciplinary construct, which has been studied and written about for centuries, by philosophers, ethicists and theologians (Rorty 1999; Kretz, 2013; McCarroll, 2014), medical researchers (Wiles, Cott & Gibson, 2008; Herth, 2000; Nowotny, 1989; Benzein, Norberg, Saveman, 2001), psychologists and sociologists (Crapanzano, 2003; Snyder, 1994; Magaletta & Oliver, 1999; Weis & Speridakos, 2011; Averill, Caitlin & Chon, 1990; Mische, 2009) and others. While it is clear that hope is of wide interest to the scholarly community at large, because the hope literature is so decentralized, it has suffered

from a lack of consistent definitions, inadequate integration across disciplinary perspectives, and a dearth of systematic research (Ludema et al., 1997). Further, with regard to hope research within the context of organizations, as recently noted by Carlsen and colleagues (2012: 1, 3), “research on hope in organizations is still at an embryonic stage...hope in organizations is something we know little about.”

Our lack of knowledge regarding the collective hope process in organizations is highlighted by examining the most popular and widely known works on hope that have been produced over the last several decades. Since the late 80s, the most frequently utilized definition of hope was derived in the field of psychology by Snyder and colleagues (1989, 1990, 1994, 2000, 2002; Snyder et al., 1991; Snyder et al., 1996; Snyder, Irving, & Anderson, 1991; Snyder, Lehman, Kluck, & Monsson, 2006; Snyder, Rand, King, Feldman, & Woodward, 2002). According to Snyder, hope is an individual-level cognitive phenomenon which involves setting goals, producing pathways for goal attainment, and deriving motivation to pursue these pathways. Yet, while Snyder’s theory of hope has received much attention within the clinical and social psychology literature, its sole focus on intrapersonal dynamics makes it unattractive as a basis for conceptualizing collective hope in organizations.

This is particularly true when considering the emphasis placed on relational dynamics within the nascent literature addressing the phenomenon of collective hope. For example, as discussed persuasively in Carlsen et al. (2012), collective hope is relationally generated amongst organizational actors, and is best thought of as an open-ended process produced emergently through everyday action and experiences. Similarly, researchers have described collective hope as emerging under circumstances in which shared emotions and cognitions regarding the possibility for social change arise (Cohen-Chen and Van Zomeren, 2018). Describing hope as a

mutually shared experience that drives social change (Webb, 2014) and as a phenomenon that is “deeply social” in nature (McGeer, 2004, p. 108), is certainly a departure from the individual-level hope literature which describes hope as an internal cognition, affected only by one’s own capability to find motivation toward and solutions for solving problems that are self-relevant. Understanding how shared hopeful visions, opportunities, and activities (Braithwaite, 2004) arise in the context of organizational collectives, and how collective hope becomes a part of the social fabric of organizations (Shearing & Kempa, 2004), requires new theorizing and empirical examination, which is separate and potentially markedly different from the current theorizing on individual hope because collective hope is relational in nature.

It is also worth noting that collective hope in organizations is not thought to be stable; it is characterized by flux, dynamism, and change based on organizational actors’ understandings of and reactions to events and circumstances as they arise (McCarroll, 2014). Because collective hope engages the past, but is primarily a future oriented experience which involves imagination and a focus on transcending present circumstances (Carlsen et al., 2012), temporality is a particularly important element to capture when attempting to study collective hope processes. Because collective hope has been thought to sustain processes that create and enact social change *over time* (Courville & Piper, 2004), through social collaboration (Barge, 2012) and inclusive dialogue (Braithwaite, 2004), it has been viewed as a powerful driving force that can carry collectives through challenging circumstances (McGeer, 2004). The dynamic, social and relational nature of collective hope, in contrast to the internal, fixed cognitions that have characterized the hope literature at the individual level, is what creates a strong impetus to examine what we don’t yet know about hope – how it emerges in collectives and how collective hope processes unfold. In fact, for this reason, researchers interested in the concept of collective

hope have urged scholars to examine the construct longitudinally (Carlsen & Pitsis, 2009; Ludema et al., 2012). Bringing together these diverse insights, we define collective hope in organizations as follows:

Collective hope in organizations is a relational, positively charged, generative, imaginative, and dynamic cognitive-emotional experience which emerges through everyday interactions between organizational actors, and is directed at transcending the present circumstances to realize an imagined future.

In response to scholars' calls for empirical research and theory building, we focus on longitudinally examining collective hope in a highly relational organization, which is based on achieving an important social goal – the rehabilitation of the lives of women who have been trafficked. In order to most fully understand the ways in which collective hope in organizations is enacted and maintained, we needed to focus on a context in which there was clearly something to collectively hope *for* (Braithwaite, 2004; Drahos, 2004; Ludema et al., 2012; McGeer, 2004). In alignment with this sentiment, Fredrickson (2009) proclaims that hope in organizations may blossom in times of need, opening a path to creative future possibilities. Thus, by leveraging data collected within a context that was, by nature, primed for hope, we were able to truly capture the processes by which collective hope emerges, expands and contracts. In this sense, we hope to lay an initial framework for a theory of collective hope in organizations, which scholars may utilize and build upon, in order to arrive at a better shared understanding of how to grow and shape collective hope in a variety of organizational contexts.

Given we are focused on providing a rigorous, but preliminary, attempt at understanding how collective hope emerges and unfolds over time, our research questions are, simply:

1. What characterizes collective hope processes in light of collective aspirations?
2. How, and when, does collective hope emerge, expand, and contract over time?

METHODS

Context

As we mentioned, our ethnographic research took place within *Light for the Future*, which is a non-profit organization that seeks to rehabilitate adult women who had been involved in sex trafficking². Extreme contexts such as *Light for the Future* offer special opportunities to reveal phenomena of interest because the dynamics at play tend to be more visible (Eisenhardt, 1989; Pettigrew, 1990). At the start of data collection, the organization was less than five years old. From its founding, *Light for the Future* provided a one-year program for residents, which includes free housing, food, clothing, medical care, legal assistance, psychological counseling, and job training. The staff, with the exception of one woman who was a former resident, founded the house to help to solve the issue of sex trafficking both domestically and internationally. The house was run by an Executive Director and a resident coordinator. There was also a staff assistant, who was a former resident. Finally, a social worker spent time counseling residents each day. The staff was few in number, given their inability to pay full-time staff from the secular sector; therefore, the organization also relied on volunteers. Volunteers within the organization primarily served the function of providing supervision and companionship for residents.

² It should be noted that the house was started, and was led, by Catholic nuns. However, the house itself was non-denominational. This meant that women of all religions were accepted into the house, religious services and practices were not part of the program's requirements, and no religious materials were distributed to or discussed with residents as part of the rehabilitational process. Further, the mission and vision of the organization were not rooted in religious ideology. Thus, with the exception of pure exposure to nuns through daily interactions, the organization shared more similarities with secular organizations than with religious organizations in practice.

At any given time, there were up to 12 women residents living in the house. Residents were women legally defined as having been trafficked; as part of the sex trade, they were previously bought and sold across state or international lines. Many of the women in the house had experienced extreme trauma at some point in their lives; they were victims of childhood physical, sexual, and verbal abuse, which led them into a lifestyle of drugs and harmful relationships. Unresolved past trauma often led the residents to pimps that they were involved with while they were “in the lifestyle” (a term commonly used to describe the status of those engaged in frequent street-level prostitution). Once in the lifestyle, most women suffered continued abuse from family, friends, or pimps; these experiences of ongoing abuse tended to perpetuate a cycle of drug use and prostitution. Other residents became involved in the sex trade after they were kidnapped or held against their will, and sold into the sex trade either across national or state borders. As a result, almost all of the women in the house had psychological issues that need attention on a daily, or even hourly, basis. The staff and residents were in constant contact, and their goals for women to build a better life were highly interdependent, which made it more likely for collective sentiments to emerge among staff and residents (Ashmore, Deaux, & McLaughlin-Volpe, 2004).

The consequences for residents if *Light for the Future* helps them make a transition out of prostitution were literally a matter of life or death. The goals of the organization were quite ambitious, given sex work is highly stigmatized, and street-level sex workers often suffer from multiple, ongoing trauma-related symptoms (e.g, mental health problems, alcohol and drug addiction, and homelessness (Farley, 2003; Farley & Kelly, 2000; Williamson & Folaron, 2003)). Street-level sex workers are also more likely to work under dangerous circumstances than “indoor” sex workers (e.g. escorts, brothels, etc.) (Sanders, O’Neill, & Pitcher, 2017;

Weitzer, 1991, 2005, 2009; West, 2000), so a return to the “lifestyle” often meant a return to a dangerous and unpredictable environment.

The first author served as a volunteer within the organization. She spent most of her volunteer time (roughly 154 hours) supervising residents. She also socialized with the women in the house, which included conversations with residents about the events of the preceding weeks. Thus, the first author knew the residents well, was involved in the daily functioning of the house, and was familiar with the events occurring at the house throughout the course of the study.

Data Collection Process and Sources

As discussed in Schultz, Maguire, Langley & Tsoukas (2012: 2): “Processes unfold in time, which means that human phenomena cannot be adequately understood if time is abstracted away.” Ethnography is a tool that gives researchers the ability to better examine unfolding patterns and practices, and which allows for the presentation and analysis of experiences that are embedded in a larger historical context and can provide insights into broader societal trends (Willis & Trondman, 2000). Thus, we conducted a 24-month ethnographic study, which shed light on the construct of collective hope and processes that constituted collective hope experiences.

As recommended for ethnographic research, we employed both an “insider” researcher and an “outsider” researcher as part of data collection and analysis (Evered & Louis, 1981; Gioia & Chittipeddi, 1991). Because the first author was so immersed in the organization, it was logical to include a second researcher in this work, who was not involved with the organization in any way, in order to provide an alternative lens for data analysis. The second author was brought onto the study during the data collection process and continued through to the end of data collection. The first and second author scheduled periodic meetings to discuss the data

collection process, the events occurring in the house, initial observations and themes, and to assist the first author with questions and dilemmas that arose over the course of data collection. Thus, though the second author did not participate in data collection, she was strongly familiar with the data prior to and during analysis, as recommended in Gioia & Chittipeddi (1991).

We used three methods to collect the ethnographic data: field notes, interviews, and archival data. The use of multiple data sources to achieve triangulation has been previously presented as a best practice in ethnography (Flick, 2007).

Field notes. First, the first author wrote extensive field notes while she served as a volunteer within the organization, at least 2 times per month, for the entirety of the 24 month period of time. The field notes were recorded in order to keep track of major events in the house, as well as to document and reflect on meaningful conversations that took place between the first author and the residents and staff. They also contained the first author's personal thoughts about the meaning of the event, as well as any other observations that might become meaningful in connection to the event. The field notes serve as a primary basis of our ethnographic analysis and reflect over 150 hours of observation with staff and residents.

Interviews. Second, the first author conducted 60 to 90 minute, in-depth interviews with both staff and residents (3 staff interviews (75% of staff), 29 resident interviews (roughly 50% of residents present during that time period) to supplement ethnographic observations. Residents in the house were free to participate in interviews if they chose to but, due to the traumatic nature of their personal lives, many chose not to participate in interviews (despite knowing the first author well). Residents were paid \$50 per interview because of the sensitive nature of the material they provided. All interviews were audio recorded and transcribed verbatim. Interviewees ranged in age from 22 to 64. One hundred percent of staff were White and had at least a high school

degree. Forty-two percent of residents were White and fifty-eight percent were either Black or Hispanic. Forty percent of residents had at least a high school degree, with one resident holding a college degree. All interviewees were female.

Within the interviews, residents were asked about their experiences within the program, perceptions of the program and the organization overall and perceptions of their personal progress thus far, toward their hopes and dreams. Staff members were asked about their experiences within the organization and their perceptions of the organization's progress thus far, toward their larger hopes and dreams. Staff were formally interviewed once because they were more frequently involved in one-on-one communications with the first author on a more informal and ongoing basis outside of the interviews. Resident interviews were collected longitudinally, once every two months (i.e., 18 residents enrolled in the study over the course of 24 months, resulting in 29 interviews overall). The interview guide is included in Appendix A.

Archival data. Third, we gathered emails relevant to our research questions and examined them as a tertiary data source. Emails contained updates about residents or about ongoing events that were unfolding within the house. In total, 439 email exchanges were included in our analysis. Other archival information (brochures, formal marketing materials and website information) also provided further information regarding the goals and mission of the organization overall.

Analysis

We first present a thick description (see Ponterotto, 2006 for a review) used for ethnographic research, which allows researchers to present the details of their ethnographic observations, while also imbuing meaning onto the interactions and contexts that are observed. In other words, a thick description is the interpretation of the unfolding events that provide

meaning to the ethnographic account. Given the longitudinal ethnographic approach of our work, the focus of our thick description was to map a time-based story of what occurred at *Light for the Future* during our data collection. To explore our observations systematically, we used the field notes and emails in order to create a chronological timeline (presented in Figure 1) of critical events that occurred during the data collection period.

Based on our thick description, we next sought to build a theoretical model, by examining how critical events related to one another, and what processes were explaining their relationships. At this time, we iterated between further analysis of data, discussion between the authors to identify themes, and searches of the literature as we observed themes in the data. Specifically, we drew upon Corbin and Strauss' (2008) open, axial, and selective coding procedures. We first selected a subset of interview transcripts and field notes that we felt would be especially revealing of the relationships we sought to understand (Charmaz, 2006, 2014) from which the authors independently induced preliminary codes. Then, the authors met to compare their codes and found there was often agreement between both authors; when there was a disagreement, we consulted the transcripts and field notes came to consensus about codes that captured these data.

Subsequently, as suggested in Locke (2001), the first author applied this coding scheme to the remainder of interviews and field notes. The first author induced additional codes as unique insights emerged from the analysis process. After all interviews and field notes were analyzed, the authors met again, reviewed the codes and grouped them into a preliminary set of higher-order concepts, and started to map out their relationships to one another. Following Charmaz (2006; 2014), the authors met multiple times to undertake the analysis, which resulted

in a model mapping the recursive relationships between key events and collective hope production.

RESULTS

Thick Description

In order to lay the groundwork for answering our research questions, we first present a thick description (Ponterotto, 2006) of our ethnographic account. By retelling the ethnographic story of *Light for the Future* over a 2-year period, our thick description demonstrates the linkages through time between critical organizational events and the rise and fall of collective hope. We demonstrate that collective hope was driven by highly relational social processes, the effects of which moved throughout the organization because of social contagion, the mechanism by which collective hope was spread. We identify 4 key time periods over the course of data collection, which we called: 1) Initial hope production; 2) Hope depletion, 3) Hopelessness, and 4) Hope replenishment. These periods of collective hope are depicted in Figure 1.

Time Period 1 – Initial Hope Production. When the first author began gathering ethnographic data, the organization was thriving. Many of the recent graduates of the program had found housing and jobs, while maintaining their drug and alcohol-free status. Even better, a former resident had come back to the organization to serve as a staff member, which was viewed as a huge success for the organization and also for the former resident. As a result, staff and residents were very positive about the trajectory that the organization was taking and its potential to fulfill its mission of transforming the lives of women who had been trafficked. The organization felt alive and full of hope – the residents were frequently speaking about achieving personal goals (getting a GED, finding a stable job, being reunited with family and friends, etc.)

and there was a tangible sense that the staff was energized by the success of the residents. Relationships between residents were positive and strong. Staff and residents were also experiencing strong, positive connections, with little conflict arising between groups. Both informally and formally, the organization was exploring avenues for growth, such as patenting the program in order to expand the “method” of the house to other shelters. It was clear to the first author that staff and residents felt hopeful that the organization could continue to strive toward its dreams and that they might even be able to achieve things they hadn’t thought possible before (i.e., expanding their program to include creating similar houses across the region). In one Board meeting, the phrase “rebuilding and sustaining hope for residents” was selected as an explicit organizational goal, with many avenues and strategies for achieving this goal sketched underneath of it. Thus, hope seemed to be alive and staff seemed to be striving to make the organization the best it could be.

However, during this period of hope production, the organization suddenly lost both their on-site social worker and therapist (who left on amicable terms in order to pursue other job opportunities). While it is unclear whether or not this loss drove subsequent unrest, it certainly seemed to have an impact on the daily experiences in the house. Staff and residents expressed both sadness and concern, given that they had formed strong relationships with the women in both roles, and felt they were making positive progress while working with them. For example, one of the residents expressed the progress she was making with the therapist, stating, in hopeful terms, “Like how [the therapist] always says that before you come to [this program], you haven’t even gotten in the tunnel. And then you get in the tunnel and halfway through your program or before, when you’re struggling, because I struggled for a while, you can’t – you’re in the middle of the tunnel so you can still see what’s behind you but you can’t quite see the light in front of

you? Well I think now I'm like kind of moving forward and I can see the light. (Lucy)." Because of the relational bonds that the residents had made with the therapist and the social worker, the two months that passed while staff tried to find a replacement for both roles seemed detrimental to residents' progress in real time. Further, this sudden, major change in staffing seemed to cause residents to feel less comfortable with their understanding of the "system" and its inner workings. However, during the immediate aftermath of the exit of the on-site social worker and therapist, hope was primarily maintained within the organization because staff continued to highlight examples of successful graduates (particularly the new staff member who was a former resident) in front of the residents. Further, there had been a string of successful graduates prior to this time, which allowed residents to continue to draw positive comparisons between themselves and those who had come before them.

Time Period 2: Hope Depletion. Shortly after replacements were found for both the social worker and the therapist roles (which were eventually rolled into one position), the organization suffered a series of relational blows that created increasing unrest and anxiety within the house. First, a long-time resident of the house who many of the residents looked up to, Sheila, left in the middle of the night to meet up with a friend who was a current drug addict. The ambiguity surrounding her whereabouts and state of sobriety created relational tension, as both staff and residents attempted to determine her status through a piecemeal of Facebook posts and messages from former friends and relatives. Despite offers from staff for Sheila to return to the house, she never came back, undermining the perceived strength of the relationship that residents believed they had with Sheila before she departed.

While the house was still settling from the shock of Sheila's departure, a newer resident, Mary, created a dramatic situation within the house, which residents described within their

interviews and seemingly relived for weeks afterward. On a weekend afternoon, Mary had left the house to go shopping with her mother and used drugs while she was gone. Upon returning to the house, another resident, Lucy, noticed that Mary did not appear sober and reported her behavior to a staff member. When the staff member began to approach Mary, she punched the staff member in the face, lunging next at Lucy. Mary punched Lucy multiple times in the face in front of the rest of the residents, resulting in large bruises around her eyes and a split lip. After the group restrained Mary, she left the house voluntarily. Staff told the residents that Mary was not allowed in the house again and an action plan was derived for residents, in the event that Mary was to return. While Mary was never very popular in the house to begin with, this event created distrust in the social bonds that were created within the house overall, and seemed to emphasize social factions in the house more strongly. The social anxiety that was left in the wake of Mary's violent episode seemed difficult to shake. In fact, when the first author arrived at the house shortly after the incident, multiple residents rushed to tell her what had happened. One resident described the potential relational implications of situations such as this one, stating: "I think for some girls it is a trigger because their drug of choice might have been that too and when you see someone high and you haven't been high so long it could be a serious trigger" (Lucy).

Almost immediately after this event occurred, one of the most revered and respected long-term residents of the house, Dorothy, graduated and moved into government-subsidized housing. While this event was positive at first, the organization quickly learned that she had become involved with a neighbor who was linked to the drug and sex trade. One of the staff members decided to visit Dorothy's apartment, so she could speak with her first-hand. When the staff member arrived, Dorothy was under the influence of hard drugs and was sharing her apartment with a young male who appeared to be a drug dealer. The staff member fled the

apartment, shocked and dismayed. This story was relayed to the first author during the normal debriefing in the back office, which took place prior to starting her volunteer shift the following week. When the first author discussed the incident with staff, everyone appeared to be baffled. One staff member tried to make sense of things, but failed, stating: “One minute they are doing fine, and the next...I don’t know. I just don’t know what to say. It’s very sad and I’m not sure what else we could have done. What can we do? (Staff Member 1)”

This string of relational incidents marked the first time within our data that collective hope seemingly began to fade within the organization and for the residents. For example, unable to make sense of her prior reverence for Dorothy and her recent ‘fall from grace’, one of the residents (Lucy) was quoted as saying, “If it can happen to her [Dorothy], it’s just...well, I can’t think like that. Because if you think like that, then maybe...well, there must be some reason this happened to her. But I can’t let it happen to me.” Further, from the perspective of staff, the first author noted that a less hopeful sentiment became more prominent, in which the organization began to feel that the best they could do was incrementally affect the lives of residents in positive ways, promoting the idea of “transformation” of residents lives less and less. Further deflating hope production, at the end of this episode, the Executive Director suddenly decided to leave the organization, citing overwhelming stress and exhaustion stemming from her role. While the Executive Director was quickly replaced with another one of the organization’s founders, the residents were certainly affected by her exit, given she had formed strong, positive relationships with many of the residents.

Even more important for driving collective hope production, another resident, Maria, was graduating from the program at this time. Similar to Dorothy, Maria had also been a lynchpin of the house from a social perspective, with many of the residents viewing her as a role model and

calling her a close friend. Maria had obtained a job and an apartment, and was reunited with her children during her time in the program. Given she was very well-liked within the house, these successes were discussed positively throughout the house and seemed shared, in a sense, given the excitement with which individuals would discuss them. However, shortly after Maria left the house to begin living on her own, staff received word that she had relapsed, just as Dorothy had done. Even worse, staff were told that Maria had lost her apartment and her children as a result. While staff attempted to reconnect with her, in the hopes that she might return to the house for continued treatment, they were eventually unable to reach her. Over time, her whereabouts became relatively unknown. This figurative “loss” of Maria severely saddened the staff and the residents within the organization, creating what the first author referred to as “a tangible sense of hopelessness and defeat”.

After Maria left, the house remained in a downward spiral of increased instability regarding perceptions of the value of the program and/or the ability of the collective to achieve their shared vision of transforming women’s lives. It was around this time that the new narrative of *Light for the Future*’s potential began to emerge more strongly. Instead of thinking of transforming lives as producing women who were self-sufficient and psychologically healed, multiple staff members were espousing variations of the idea that “even if we just make a small positive impact, we have achieved our vision”. Thus, collective hope at *Light for the Future* seemed to be declining, given the previous expansive view of the “good” the organization was doing was being discussed in a more narrow and limiting way. The organization was now collectively hoping not for totally transforming the lives of residents, but rather for making a small positive impact on some part of their lives.

Over the next six months, the state of hope in the organization continued to decline. Twelve residents left or were asked to leave the house in the months that followed. Even more disturbing, some residents had cited social clashes with staff and residents as a reason for their inability to succeed in the program, which created some unrest amongst the staff about the value of the program. Because some of these residents arrived and decided to leave shortly after, the house felt both chaotic and continuously empty at the same time, due to the quick succession of arrivals and departures of residents in the house. As a result, turnover in the house seemed to be undermining collective hope in the long-term transformation that the program aspired toward. Over time, the normative trajectory through the program was beginning to shift from being characterized by long-term program based around transformational personal change to a short-term program that was providing a temporary place for women to stay before they made their next move. As residents and staff began to question the system, and each other, collective hope rapidly declined throughout the organization, creating a more gloomy and less vibrant atmosphere overall.

Time Period 3- Hopelessness and Giving Up on New Beginnings. As described above, the organization was experiencing progressively less collective hope, due to successive social strains that had accumulated over time. The last shred of collective hope was eliminated however, due to a catastrophic event – Lucy passed away from a drug overdose. Unlike many of the women in the house, Lucy had a college degree and was able to communicate her thoughts extremely well. While she was very young, she seemed more mature than many of the other residents and became a natural role model despite her age. In fact, it was almost as if Lucy had quickly become a “rising star” within the house. For example, residents who had recently made minor mistakes in following the program would often comment to the first author that they “weren’t Lucy”, but

they were trying their best. During her time as a resident, Lucy followed all the rules of the house, served as a resource for other residents in their recovery and was well-liked by staff. Lucy exemplified everything that the house needed to generate hope for staff and residents – she trusted the system, built strong relationships, and was able to see herself as a success, paving the way for others to use her as an example of how to achieve the life they wanted. All things considered, Lucy served as a symbol that the ideals the organization strived for were not impossible. In other words, if Lucy could do it, the program wasn't completely hopeless.

It was only a few months after her graduation from the program that Lucy was found dead in her apartment. Police informed staff that she had died of a drug overdose, but that they weren't sure if it was intentional. Even worse, police reported that there was one witness to Lucy's death – another former resident, Maria, who had been taken to the hospital in critical condition. Because the organization had previously lost touch with Maria, (as mentioned above, Maria was another graduate who had shown a lot of promise prior to completing the program), it was a shock to learn not only of Lucy's death, but that she had been using drugs with Maria when she passed away. Understandably, the details of this event were devastating to staff and residents. Residents were spontaneously sobbing for weeks, while the staff tried to make sense of the events through their mourning. The day after Lucy's death, the first author received a phone call from someone closely related to the organization and to Lucy, informing her of Lucy's passing. The first author listened, trying to grapple with what she was hearing, while the caller asked: "What are we even doing here? Are we even doing anything good? Are we even helping? Are we making it worse? I don't know anymore. No one knows. No one knows what to do right now. It's like...what are we even doing?"

Subsequently, as the first author interacted with staff members, the same question continued to come up for weeks. Staff members were stating that they were utterly confused, unsure of themselves and their system, and lacking confidence about whether they were prepared to run the organization in the first place. Residents were sharing similar sentiments during this time. As a result of these conversations, it became clear to the first author that hope had been depleted and that hopelessness had become the norm. As a result, the collective hope that was present at the start of the data collection appeared to be abandoned.

Time Period 4. Hope Replenishment. After Lucy's death, the residents who knew her personally all eventually left the program or graduated (either voluntarily or involuntarily). While her death certainly took a strong toll on collective hope, this turnover allowed the program to start fresh. The new residents trusted the system and began to build strong relationships with one another, as had been the hallmark of prior, more collectively hopeful times. Eventually, the staff was also able to focus on creating positive change in the new residents' lives. Further, the new Executive Director had settled into her position and the system seemed to be running more smoothly. The group of residents who had most recently entered the house mostly knew each other from before (either from living on the streets together or from prison) and was positive about their potential for recovery. Further, Dorothy, along with one of the residents who left the program before, enrolled in another recovery program and got back into touch with the staff to assure them that they were now on the "right track." This news helped staff to regain trust in the long-term possibilities of the system and in the potential of residents themselves. Slowly, due to the strong relationships the new residents had formed with one another and the positive strides that some past residents were making, hope started to rise. Additionally, a new therapist and social worker were hired (to replace the person who was hired after the initial therapist and social

worker resigned) and the residents seemed to embrace them, rebuilding previously eroded trust. Staff began talking about new and interesting ways to enhance social relationships between residents and staff (e.g., taking them on field trips, offering exercise and nutrition classes, and encouraging residents to volunteer at an animal shelter), which served to energize the women in the house as well. During this time, one staff member mentioned to the first author that this group had “breathed new life” (Staff Member 3) into the organization. It was at this same point that the organization started its new after-care program, which would allow resident to continue to live at *Light for the Future* under less strict conditions, creating the ability for residents to remain within the system and to maintain positive, supportive relationships after graduating. Stemming from this success, staff began to talk expansively about the organization overall, citing a renewed confidence in the system, the relationships it built, and the ability for women to use positive role models as a guide for their own journeys. While the organization had certainly learned from their journey from hope to hopelessness, by the end of the data collection, collective hope was beginning to take hold again, rooted within a strengthened social fabric and emanating from every corner of the organization.

Theoretical Model

Characteristics of collective hope. Next, using our thick description as a guide for interpreting how collective hope operated within the organization, we derived a theoretical model, allowing us to examine our research questions. Our first research question was: “What characterizes collective hope processes in light of collective aspirations?” In order to answer this question, we examined our interview data and field notes with the intention of garnering a better understanding of how collective hope, as a construct, was exemplified at *Light for the Future*.

In order to determine how collective hope was characterized, we focus on content from interviews and ethnographic field notes that highlight the nature of the collective hope experience from our interview data, ensuring that resulting concepts were reinforced by the ethnographic notes. The fabric of collective hope was constituted of 5 dimensions, which were all highly relational in nature: vicarious success, purposeful companionship, mutual confidence and capacity building, collaboratively overcoming obstacles, and compassionate guidance. We will outline the content of each of these 5 dimensions below. Additional quotes will be provided in Table 1.

Vicarious success was a part of the collective hope experience that was inspired by the achievements of close others. Success, within the organization, was usually recognized as reaching a major milestone in the recovery process (e.g., celebrating one year clean, obtaining housing or employment, reuniting with estranged relatives). When members of the collective were able to witness and participate in acknowledging the success of another member, the experience was characterized by a hopeful energy that the entire group was going to be able to achieve similar milestones. For example, one resident stated, when asked about what makes it more likely that residents will achieve their goals: “Well, when I see people who have succeeded. We have a staff member who is actually a graduate of the program and she was offered a job here and works with us. So, something like that just shows me and gives me hope that I can do it and I can better myself.” (Chrissy). This hopeful energy that was generated when the group was largely being successful was felt throughout the collective and seemed to propel them closer to success.

Purposeful companionship, or the experience of being in “it” together with a collective, was also part of the collective hope experience. In other words, when the collective was able to

view their destinies as intertwined and perceived themselves to be a unit, as opposed to an unrelated group of struggling individuals, a hopeful spirit was present in the house. For example, one resident stated, when asked what is keeping energized to stay in the program: “So just being able to talk about my addiction freely in a women’s group. Like there’s no men in our group so it makes it easier. I have a therapist. And honestly, like, I don’t even know what’s helping to change my mind yet, you know. Because like, we don’t do anything. We [residents] just sit in the house all day. Which is something I’ve never done. So maybe that’s it” (Amanda). Overall, collective hope appeared to additionally be characterized by interpersonal experiences of being part of something bigger than themselves, helping members to collectively realize their potential and to remain hopeful together.

Mutual confidence and capacity building was also a key component of collective hope. When residents, staff, or volunteers took time to help raise the esteem or resources of members of the collective, a more hopeful attitude was present. For example, after spending time studying with a volunteer for her GED, a resident finally took the test. She passed, but recounted her feelings about the process, saying she felt better about being a part of the organization “especially after today [when I passed]. Because, see, when I was taking my test today I left the testing room when I was done and I was so sad and I had my head down because I thought I did awful, like I really did. Because the last section of test was an essay and I had to do an essay about fossil fuels and I didn’t know what that was. Never heard of it before. So, how you gonna write about something that you don’t know what it is? So, I wrote two paragraphs of what I thought it was, which was bones, because...fossil. And then I thought I failed the test because of that. But I passed. So that just gave me so much more confidence, that I can do so much more, you know?” (Maria).

Collaboratively overcoming obstacles was another piece of the collective hope “puzzle”. When working together to avoid or navigate through challenges, hope seemed to emanate from all corners of the organization, with staff and residents feeling that “the sky was the limit” as they all worked together productively. For example, one resident discussed how other residents kept her on track when she was losing her “path”, stating: [I’m] grateful. Because now I’m setting a goal, to meet this goal by the time I leave. Like when I leave here, going to save my money, I’ll have enough to get a house, rent-to-own or something like that. And be responsible. I never had my own [house], always lived with somebody. I never had nothing of mine with my name on it. Something that say ‘This is Martha’s lease’. I never had nothing and, like, to get a second chance at life...I know every day is not going to be a good day. But, if I feel as though I need, if I want to use or something, *I will tell somebody instead of acting on it*” (Martha; italics added by authors).

Finally, the presence of *compassionate accountability*, either from resident to resident or from staff to residents, also characterized collective hopefulness within the organization. Knowing that group members cared enough about each other’s wellbeing to hold each other to a high standard, was associated with an internal sense that there was something worthwhile and special about the group overall – something that was worth fighting for. For example, one resident noted her enjoyment of the rules she had to follow in the house and the good it was doing to improve the odds of success: “Well, [I’m] being responsible and listening cause I never like nobody telling me what to do. So now I’m listening, I’m taking suggestions and...doing what they ask me to do. I go from A to B. I go to outpatient I come home. Go to the meeting, come home. So I just participate this time. I don’t run on my own juice. And I’m willing to do the work...it’s about my life now. So I have to sit back and listen and know they got my best

interest at heart” (Martha). Similarly, another resident noted how the program’s format, which was strongly rooted in both compassion and accountability, was driving hopeful feelings, noting: “You know, so, I’m just grateful for *Light for the Future*. You know, the way they nurture you here and the positive people that are placed here in my life. They just help me see that *I am one of those people* and I very well could be [better] if I just continue on the right path. You know, and keep those kind of people in my life from here on out. So it’s a lot of hope. I have a lot of hope” (Aisha).

The emergence and dynamism of collective hope. Overall, these five dimensions characterized the highly relational experience of collective hope within *Light for the Future*. However, as mentioned in our first order analyses, hope ebbed and flowed throughout the four distinct time periods that emerged during the data collection period. Thus, we now explore our second research question, which was: How, and when, does collective hope emerge, expand, and contract over time? With regard to this research question, there were three socially rooted constructs which emerged from our data analysis and seemed to drive the experience of collective hope as socially meaningful events unfolded within *Light for the Future*: predictability of social systems, relationship quality, and clarity in social hierarchies.

Further, given the foundation of collective hope was revealed to be socially constituted, and the dimensions of collective hope were strongly relational in nature, it may not be surprising that collective hope was able to spread contagiously throughout *Light for Hope*. Ethnographic notes from the first author reveal that, as events outlined in the first-order analyses unfolded, collective hope levels were highly responsive to the impact that these events had on the predictability of social systems, relationship quality, and clarity in social hierarchies. As might be imagined, this was true both when hope was being generated and when it was being depleted.

Collective hope had a catchy quality that was transmitted through the close social relationships that were inherent to the context that organizational actors were embedded within. As such, social contagion was the mechanism by which the social foundations of collective hope identified in our second order analysis were able to affect collective hope levels over time. The rapid decline of hopeful energy after the passing of Lucy and the relatively quick bounce-back from levels of low hopefulness after a fresh group of residents began the program and were finding success are both indicative of this pattern.

First, whether or not social systems were viewed as predictable or unpredictable drove collective hope to spread contagiously within the organization, with predictable social systems increasing hope and unpredictable systems deflating hope. Much of Light for the Future's program functioned under the assumption that if residents followed the rules and were ready for recovery, they would be successful. As mentioned above, compassionate accountability was an important component of collective hope. Thus, collective hope was highly dependent on systems of accountability working in predictable ways. As collective hope began to wane within the organization, more and more residents reported feeling that the system's inner workings were becoming ambiguous. For example, one resident who ended up leaving the program shortly after her interview, discussed how she perceived rules as being unfairly applied across residents: "Now, if that would've been me they would have kicked me out. Because, for real, there's times where I've done stuff and I've gotten a punishment every time. Every time. I've almost got kicked out for not signing a behavior contract. Yeah. And they just keep letting her have – like, that's what really pisses me off is the double standard. And I don't think that's right" (Ebony). Further, predictability in social systems also affected whether residents felt that they were actually able to overcome obstacles collaboratively. If the system that was supposed to produce

success wasn't working or was only working some of the time, without rhyme or reason for when it worked or when it didn't, how were they to trust their ability to collectively come up with solutions that would actually be effective? One resident, after another long-standing resident who had previously strongly adhered to the system ran away from the house, had trouble figuring out what this outcome meant for others like her: "It's sad. People are hurt. Because when you use it doesn't just hurt you, it hurts other people too. Every time. Like, when Rachel left, it hurt a lot of people here. I think it makes people more aware. That it's possible that they might – that there are things that you need to do. That it can happen to them. I just – because it can happen to me. You know?" (Ebony).

Second, relationship quality also seemed to drive the contagious expansion and narrowing of collective hope, with higher relationship quality driving collective hope and lower relationship quality diminishing it. Given the collective hope experience was characterized by mutual confidence and capacity building, when relational bonds were broken, the intentions of others became less trustworthy, and collective hope declined as a result. For example, when a resident found out that a staff member who she had cared for had formed a stronger social exchange with another resident, she recounted: "I mean people are unpredictable and they develop human relationships with people...but, with women who are trying to heal from trauma, it would be more helpful if maybe some of the staff would have more training, so that they would know that, 'I shouldn't give one person special attention. I should treat everyone the same' (Lucy). Alternatively, when relationships were strong, collective hope seemed to flourish. One resident summed it up best by noting: "When I feel like I want to use or something's going on with me, I talk to the ladies in the house. I talk with [staff] and stuff like that. Because I'm not used to, like, showing – you know, working, on my emotions and my feelings and all that. So,

now I'm starting to open up and tell them. If something's bothering me, I let them know"
(Martha).

Similarly, because the collective hope experience was characterized by vicarious success, when envy or negative attitudes poisoned relationships, collective hope rapidly and contagiously declined. In other words, when individuals were unsure if their successes would create tension within the group because of jealousy, the group became more fractured and less able to view success as mutual. One resident who had graduated and was continuing to visit the house (but would soon relapse) felt that others might have been envious of her success, noting: "I think [the residents] feel kind of threatened or what-have-you when I come back. But I try not to step on no toes or anything like that. And I try to be as helpful as I can. But there's a few of them that, mainly the ones that are doing something [good] for themselves, who are receptive to it"
(Dorothy). In all, the degradation of social relationships led to the contagious decline of collective hope and the improvement of social relationships allowed for both successes and important esteem-based resources to be shared, replenishing collective hope as a result.

With regard to clarity in social hierarchies, it was important for group members to clearly understand who was "doing well" and who wasn't "doing well", in order to understand who was most capable of leading the group toward their purpose at any given time. Because all close-knit social groups produce norms (Levi, 2001), it was difficult for the group if they were unable to see themselves as more similar to positive exemplars (residents who had been successful because they followed the rules) and less similar to negative exemplars (residents who had not been successful because they didn't follow the rules). One resident noted that she was looking to these positive exemplars for energy and inspiration: "I try to listen to people who I see have made it, who have made it through and are on the other side. So, I try to always make the best decisions,

even when I know no one's watching, you know, because when I start to make the bad ones, that's when I go back to where I came from. And I don't wanna go back to where I came from, you know?" (Lucy). Alternatively, when the group was unable to distance themselves from those who broke rules, or were unsure that those who were being successful in their group were actually leading them in a positive direction, collective hope contagiously waned. Highlighting this struggle, one resident who had started to doubt Lucy's ability to "lead" the group, mentioned: "She doesn't really like asking for help. She doesn't really like reaching out or anything. She – and that's the thing, like, about being self-sufficient. For an addict, that's not always a good thing. Always trying to – always trying to be better. Like, one thing I noticed with Lucy is she's always trying to be something she's not. And that's going to be her downfall, and it sucks. Because she don't even see it. Like, the minute you start thinking that you got, you know, a pot to piss in, the wind will throw it out of your hands, and you're in trouble...because just as quick as you got it, it could be gone." Overall, the inability to trust naturally emerging social hierarchies weakened the ability of the collective to believe they were moving forward purposefully together, decreasing the capacity for collective hope to grow contagiously.

Discussion

Overall, unlike prior intrapersonal conceptualizations of hope at the individual level (e.g., the work of Snyder and colleagues), we found that collective hope was a highly relational and socially motivated construct that spread interpersonally through social contagion processes. While other researchers have suggested that relationships may provide an important foundation for collective hope, ours is the first study to examine how relationships and social systems serve to support or detract from collective hope over time. Further, the experience of collective hope has not yet been well defined. Through our study, we provide a preliminary framework for understanding

the key components of collective hope, as well as the determinants of its emergence, growth, and decline. It is our hope that researchers and practitioners will use our research as a foundation for understanding how to support organizations attempting to overcome challenges through hope management.

Interestingly, the five components of collective hope do bear some similarity to the pathways and agency distinction made by Snyder and colleagues when clustered into two groups. Specifically, vicarious success, purposeful companionship, and mutual confidence and capacity building all seem to tap into the more motivational aspects of hope. By having others to exemplify as role models, feeling a part of something meaningful, and gaining the necessary esteem to achieve goals, individuals may feel more motivated to achieve their desired end states. Further, once “on the path”, individuals may be more likely to make positive strides by working together to overcome obstacles, while still adhering to social boundaries that preserve the collective as a unified entity. Altogether, while the fabric of collective hope is woven together through relationships and social meaning, future researchers should examine the extent to which it’s constitutive dimensions also cluster together to represent both motivation toward and avenues for hoping.

As a second major finding, while we did not set out to examine social contagion as a mechanism underlying the rise and fall of collective hope, our findings align well with existing theory on emotional contagion (Barsade, 2002) and justice contagion (a form of cognitive contagion; Degoey, 2000). While emotional contagion occurs when emotional reactions of group members spread to the group, cognitive contagion occurs when information garnered by group members is spread to the group (Degoey, 2000). Because hope has been characterized as both a hope and a cognition (Cohen-Chen and Van Zomeren, 2018), it is possible that collective hope

contagion is spread by both emotions and information. For example, in our data, information about events that affected the organization and its members spread quickly through the previously discussed social processes, informing how individuals viewed the collective's ability to continue to hope for a better future together. However, given the highly relational nature of the information being transferred, related emotions also spread throughout the organization, impacting the collective's perspective on whether or not they could continue on their shared journey. Thus, future researchers should examine whether or not the spread of collective hope is impacted jointly or more heavily by cognitions versus emotions.

While our work is limited by the fact that our sample is smaller in size and we collected our data in a fairly unique context, we believe that the insights we have generated are useful for future researchers in building on what we have found by testing our model in other samples and contexts. Overall, our work provides an initial in-depth examination of how collective hope operates over time. While much work is still needed to uncover the nuances that likely exist in predicting how and when collective hope is manifested and maintained, we provide a jumping off point for researchers who are interested in understanding how to manage collective hope, allowing organizations to better achieve worthy goals and to continue to move forward toward a better future, even if the present seems bleak.

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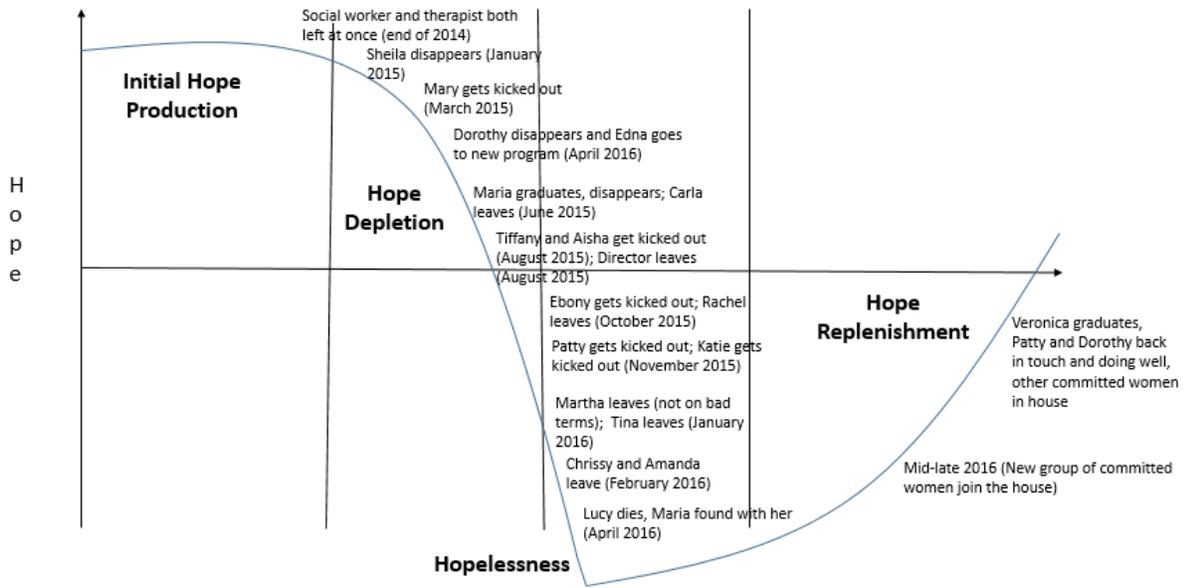
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Table 1. Additional Quotes for Components of Collective Hope.

Vicarious Success
“So yeah, I just have to keep trusting this process so I can get to my next process. Because it's really cool for Dorothy, and she's like on her way out. And that's very cool to see, you know? She's very inspiring to me”. (Lucy)
“Because [Dorothy] was here so long, the longest, and she was doing so good. She was working. And I said, ‘I'm gonna be doing that. I'm gonna be here that long like her. And I'm gonna be working, like her.’” (Maria)
Purposeful Companionship
“I feel more relieved, more optimistic. I feel like because I have a better support system, [I have] a better chance at a better future really” (Chrissy)
“The love and the support while I was living here. [It] kept me here. I knew I wouldn't be able to make it through that, and I did. And then the people that you meet here, like the volunteers. I don't know if the volunteers know this or not but they come here and they share their lives with us and they sit with us and they talk to us and it's like in my feelings and my mind that I feel like the volunteers planted the seed in us. And by planting that seed it helped us grow” (Staff Member 3)
Mutual Confidence and Capability Building
“[It's knowing] that we can overcome that. We get strong. We build our self-esteem back up. We get strong. And for me I keep that first, so I won't have to go back out [to the lifestyle]” (Martha).
“I felt as though this was like my dream come true to get my life, to start my life over again. And what really made the difference, what brought me around in here, was we had a self-esteem class. And that's what really brought my self-esteem up. And I really started treating myself like I loved myself. That's how I started doing the things, doing the right things for the right reasons, and reaching out to help another person, and like really listening, being open-minded to somebody that could teach me the right way to live and what-have-you, and so that's why, you know, how I ended up at this place [of success]” (Dorothy)
Collaboratively Overcoming Obstacles
“I'll go and text my sponsor, like ‘What's up? What's going on?’, you know? Or, I got my sponsoring sister that's there for me, you know? I try to make sure I have other outlets other than just me, being in my head, with my brain and my heart going at it. Because that's what it seems, like it's a battle with my brain and my heart. Like, you know you wanna get up and go punch this girl in the face, why don't you just go punch this girl in the face? And it's just like, no, [you] can't punch this girl in the face, [you] got love in your heart” (Ebony)
“I'm really excited and looking forward to working on set work because I've heard that it really changes your way of thinking. And anything in a snap could make me want to get high – feelings or whatever.” (Mary)
Compassionate Accountability
“You know, so, I'm just grateful for Light for the Future. You know, the way they nurture you here and the positive people that are placed here in my life. They just help me see that I am one of those people and I very well could be [better] if I just continue on the right path. You know, and keep those kind of people in my life from here on out. So it's a lot of hope. I have a lot of hope.” (Aisha)
“The structure is what really saved my life. You know? If I would've gotten here and they would've said 'Okay, well, you have to leave in the morning and don't come back until ten o'clock at night!'. I would've been probably doing a whole bunch of stuff I shouldn't have been doing.” (Lucy)

Figure 1. Timeline of events delineated from thick description.



Appendix A. Interview Questions for Staff and Residents.

Resident Interview Questions.

1. What is your age?
2. Are you a racial minority?
3. How much work experience do you have?
4. What jobs have you previously worked in?
5. How long have you been living in the house?
6. How would you describe who you are and what you're doing in the past, present, and future?
7. How would you describe the process that you are experiencing in the program,?
8. Tell me about your criminal history.
9. How did you become involved in crime/trafficking?
10. Tell me about your family history.
11. Do you think that your family history contributed to your involvement in trafficking?
12. Is there anything else that you think I should know about your criminal background/involvement in trafficking?
13. How would you describe your past self?
14. How would you describe your present self?
15. How would you describe your ideal self (the self you would like to see in the future)?
16. How would you describe your feared self? In other words, is there a self that you are afraid that you will become in the future?
17. Do you consider the work that you did while you were in the lifestyle as "work"? Do you think that other people outside of the lifestyle think that it is "work" in the same way they would think a "traditional" job is work? Why or why not?
18. Did you get paid for your work while you were involved in commercial sex trade?
19. What do you think will hold/is holding you back from becoming employed with regard to your criminal background/involvement in trafficking?
20. How do you feel when you think about attempting to enter/re-enter the workforce?
21. What sorts of jobs have you applied/will you apply for?
22. What have been/do you think will be the responses of employers from whom you have sought employment?
23. What do you wish others knew about you that you feel they don't know by looking at you "on paper"?
24. What is your ideal future?
25. What do you think you would have to do in order to attain it?
26. What has kept you from attaining it so far?
27. Is there anything else you think that I should know about your background?
28. Is there anything else you think that I should know about your experiences with employers?
29. Is there anything else you think that I should your anticipated experiences with employers?

Staff Interview Questions.

1. How long have you been with the organization?
2. How would you describe the organization and what you're doing in the past, present, and future?
3. How would you describe the process that the organization uses to achieve its goals?
4. How would you describe the organization in the past?
5. How would you describe the organization in the present?
6. How would you describe the organization ideally (the organization you would like to see in the future)?
7. How would you describe your feared organization? In other words, is there a form of the organization that you are afraid that it will become in the future?
8. What do you think will hold/is holding you back from becoming the organization you would like to be?
9. What do you wish people knew about the organization that you don't think they already know?
10. What do you think you have to do in order to attain your goals as an organization?
11. What has kept you from attaining them so far?
12. Is there anything else you think that I should know about the organization?
13. Is there anything else you think that I should know about your past experiences with the organization?
14. Is there anything else you think that I should know about your anticipated experiences with the organization?