



Hope Cultures in Organizations: Tackling the Grand Challenge of Commercial Sex Exploitation

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Katina B. Sawyer¹ and Judith A. Clair²

Abstract

Many organizations struggle with tackling grand challenges. Research has shown that coordinating and collaborating are central to these endeavors, but the emotions inherent in doing so have been overlooked. From a two-year narrative ethnographic study of an organization tackling the grand challenge of commercial sex exploitation, we build a key theoretical insight about the role of hope culture in the pursuit of grand challenges. We define hope culture as a set of assumptions, beliefs, norms, and practices that propagate hopeful thoughts and behaviors in pursuit of an organization's goals. We show that when a hope culture is stronger, organizations more vibrantly engage with the grand challenge—the well-being of organizational members flourishes, and organizations ambitiously pursue their goals. When the strength of a hope culture flags, the opposite occurs. Two core mechanisms appear to drive the strength of a hope culture in these contexts: (1) narrative sensemaking of “triggering” organizational events and (2) emotional contagion. Our results demonstrate how hope cultures wax and wane in strength over time, operating as double-edged swords in organizations seeking to tackle grand challenges, with both positive and negative downstream implications. We offer rich, much-needed theory about the emotional realities of tackling grand challenges, as well as necessary guidance on how organizations might hope for a brighter future in the face of adversity.

Keywords: organizational behavior, organization level, contagion, positive organizational scholarship, hope, emotion, sensemaking, narrative

A co-founder of Light for the Future (LFTF)—a residential, trauma-based rehabilitation program for survivors of commercial sex exploitation (CSE)—has a bulletin board, divided in half, hanging in her office. The left side of the board

¹ The University of Arizona

² Boston College

contains survivors' art works, pictures of former residents getting married or buying their first home, and notes to the LFTF staff expressing gratitude for the hope they provided during residents' journeys. As this co-founder relayed, those who survive CSE have greatly suffered and experienced "falling through the cracks" as their trauma, battles with alcohol and drug addiction, and lack of access to supportive services compounded over time; LFTF offers hope for a "restored life" for these residents.

The right side of the board is bleaker. It also contains letters, photos, and keepsakes, but these mementos came from residents who didn't "make it" to graduation or who relapsed after graduating. They disappeared back onto the streets, and some of them died. While LFTF promises a transformed life for those enrolled in their program, the faces of the women on the bulletin board who did find a new, self-directed life, sitting alongside the memorial cards of the women who did not, serve as a constant reminder of the emotional highs and lows that LFTF has already experienced in its short history.

LFTF is not alone. Many organizations struggle with tackling society's grand challenges: important social problems such as climate change, poverty, unemployment, and health inequity (Eisenhardt, Graebner, and Sonenshein, 2016; George et al., 2016; Brammer et al., 2019; Howard-Grenville, 2021). Understanding how grand challenges are addressed in and by organizations is increasingly part of organizational scholars' work (cf. Rogers, Corley, and Ashforth, 2017; DeCelles and Anteby, 2020; Ferns, Lambert, and Gunther, 2021; Kensbock, Alkærsig, and Lomberg, 2021; van der Giessen et al., 2021). As stated by Howard-Grenville (2021: 257), "while societal grand challenges might have once seemed distant from our 'lane' as organizational scholars, they will increasingly unleash consequences that impinge directly on organizations and work."

An enduring tension faced by organizations tackling grand challenges is that achieving goals can be immensely difficult, if not impossible. While all organizations face challenges in progressing toward goals, grand challenges in society have longstanding histories, are rooted in anticipation for the future, and are highly complex in nature (Brammer et al., 2019; van der Giessen et al., 2021). Problems such as poverty and climate change are multilevel (they involve entrenched issues in communities but exist and operate at a global scale), multifaceted (they stem from a variety of societal factors that are woven together in thorny ways), and high stakes (their eradication would have numerous positive impacts on society) (Ferraro, Etzion, and Gehman, 2015; George et al., 2016; Howard-Grenville, 2021). Organizations working to solve grand challenges are like Sisyphus, a Greek mythological figure who was forced to roll a giant boulder up a hill, only to have it repeatedly roll down. Organizations that seek to alleviate poverty, address the school-to-prison pipeline, or foster environmental sustainability experience goals as perpetually out of reach; setbacks and failures are common, and successes can be infrequent.

In the interdisciplinary literature on grand challenges, "organizing" is central to researchers' prescriptions for finding solutions for these problems (George et al., 2016). Yet organizing—a process of coordinating, role setting, and resource allocating (Scott and Davis, 2015)—does not address the fundamental reality that strong emotions are likely evoked. Individual- and organizational-level research and theory illustrates that positive and negative emotions can fuel goal pursuit (Ryan, Deci, and Grolnick, 1995; Ryan et al., 2006; Roth,

Vansteenkiste, and Ryan, 2019), but only when failures and setbacks provide feedback that allows for adjustment and redirection of efforts to match challenges (e.g., Fishbach, Eyal, and Finkelstein, 2010) such that self-determination is maintained (Ryan and Deci, 2000). Yet even the most effective organizations facing grand challenges may never find a true solution to the problems they seek to address. In the face of looming “radical uncertainty” (Grimes and Vogus, 2021: 1)—when it is often hard to determine how to measure success (Pearce, 2012; Ferraro, Etzion, and Gehman, 2015)—organizational members and constituents may feel frustrated knowing progression toward goals is slow, even in good times (Stephan et al., 2016). When Sisyphus’ boulder keeps rolling back down the mountain, despair rather than determination may be more likely to bubble up. The context of grand challenges presents an extreme case (Patton, 2005) to explore organizational goal pursuit infused with such emotional experiences. We ask: How do organizations sustain progress toward goals given ongoing, grand challenges over time?

While extremely limited, research hints that hope—a positive emotion characterized by a feeling and desire for a future state or outcome that is uncertain (Lazarus, 1999; Carlsen, Landsverk Hagen, and Mortensen, 2012)—may be key. Hope may allow organizations tackling grand challenges to convert their probabilistic thought into actionable change (Grimes and Vogus, 2021) and to face up to the inherent emotional challenges of tackling extremely difficult-to-reach but existentially important goals. While not directly generalizable to organizations, extensive research on hope at the individual level supports this idea (e.g., Irving, Snyder, and Crowson Jr., 1998; Smith and Sparkes, 2005; Ho et al., 2011; Gustafsson, Podlog, and Davis, 2017). For people who face difficult-to-surmount life challenges (e.g., competing at peak levels, facing chronic illness, suffering from injuries), hope can fuel desire, expectation, and optimism that one can overcome and even thrive, though difficulties are great and success may be extremely unlikely.

We conducted a two-year ethnographic study of LFTF, which had an originating charter to tackle a grand challenge of eradicating CSE and to help women who sought recovery from CSE find a new beginning. Because CSE experiences are so dangerous and traumatizing, individuals engaged in prostitution who legally qualify as “trafficked” (a requirement for entering LFTF) are at risk for intense physical and psychological harm.¹ This is because their

¹ We are not the first researchers to center their ethnographic work on populations involved in CSE or engaged in sex work more broadly (e.g., Sanders, 2005; Colosi, 2010; see also Weitzer, 2009 for a review). Prior researchers have also conducted ethnographies focused on those with alcohol and drug addictions (e.g., Feldman and Aldrich, 1990; Bourgois, 1998; Boeri, 2004; see also Carlson et al., 2009 for a review), as well as those who have been or are currently incarcerated (e.g., Wacquant, 2002; Crewe, 2006; Phillips and Earle, 2010; see also Drake, Earle, and Sloan, 2016 for a review). While our research is situated in an organization that aims to provide a caring context of recovery for those who may have overcome one or all of these challenges, it is not meant to explain what precedes individuals’ involvement or what deters from these experiences. Instead, we leverage the features of this context to explore organizational hope cultures and how they unfold over time. In other words, the purpose of prior ethnographies was to highlight the realities of the lives of marginalized individuals attempting to cope with similar challenges. We specifically answer calls for research on how hope cultures unfold in, or subsequently influence, organizations systemically addressing these issues (e.g., Ludema, Wilmot, and Srivastva, 1997; Carlsen, Landsverk Hagen, and Mortensen, 2012). While prior research is useful for understanding the lived experiences of survivors of CSE, our research diverges from this work by explicating the nature of organizational hope cultures in an organization aimed at improving these lived experiences.

engagement in “commercial sex act[s] [is] induced by force, fraud, or coercion” (United States Department of Justice, 2020). In the U.S., prostitutes are murdered at higher rates than any occupational group of women ever studied (Farley, 2018)—200 times the national average for women of comparable age and race (Potterat et al., 2004). Many CSE survivors use drugs and alcohol to cope with their trauma (Young, Boyd, and Hubbell, 2000), adding layers of complexity to their recovery.

From our study of LFTF, we build key theoretical insight into the dynamic role that hope plays in spurring efforts toward grand challenges. Our ethnography reveals that LFTF had a “hope culture”—a set of assumptions, beliefs, norms, and practices that propagated hopeful thoughts and behaviors surrounding the recovery of its residents—which played a key role in the organization’s vital pursuit of eradicating CSE and helping its residents find recovery. Building on prior research on emotion cultures in organizations (e.g., Barsade and O’Neill, 2014; Adler et al., 2021), we assert that organizations are characterized by a hope culture when hope is intensely and frequently displayed, widely felt, and regularly enacted by organizational members (Barsade and O’Neill, 2014; O’Neill and Rothbard, 2017; Ozcelik and Barsade, 2018). We develop a theoretical insight about hope culture’s role in the pursuit of grand challenges. When a hope culture is stronger, organizations will remain more vibrantly in pursuit of a grand challenge—eudaimonic well-being flourishes, and the organization will ambitiously pursue its goals. When the strength of a hope culture flags, so does vibrant pursuit of the grand challenge—members’ collective well-being and also organizational goal pursuit will decline.

This insight—that the strength of a hope culture will determine how vigorously an organization seeking to tackle a grand challenge will pursue its goals—naturally evokes a need to understand what factors affect the strength of a hope culture in this context. We find that there are two core mechanisms: (1) narrative sensemaking of “triggering” organizational events, i.e., members gather, recount events, and retrospectively seek to interpret them (e.g., Cunliffe, Luhman, and Boje, 2004; Brown, Stacey, and Nandhakumar, 2008; Cunliffe and Coupland, 2011) and (2) emotional contagion, i.e., rapid feeling and expression of similar emotions, which spread through a group (e.g., Barsade, 2002; Barsade and O’Neill, 2014). Even when objectively negative events occurred, we saw that narrative sensemaking supporting the tenets of LFTF’s hope culture, which promised a pathway to a brighter future, promoted the contagious spread of positive emotions among members, such as excitement and joy. In turn, this strengthened the hope culture and promoted the pursuit of goals. The converse occurred when sensemaking efforts muddled the waters or seemed to contradict the hope culture’s promises. Many events triggered narrative sensemaking and contagious emotional reactions; during our data collection, LFTF experienced successes, disappointments, and tragedy with deeply important consequences for residents and staff—and for LFTF’s very survival. Our results demonstrate how a hope culture will wax and wane in strength over time as an organization seeks to tackle grand challenges, with both “light” and “dark” downstream implications.

THEORETICAL BACKGROUND

We build on prior research in three general domains: grand challenges, hope in organizations, and emotion cultures.

Grand Challenges

Grand challenges encompass “ambitious but achievable goals that harness science, technology, and innovation to solve important national or global problems and that have the potential to capture the public’s imagination” (Archives of the White House, 2021). As the world becomes increasingly “characterized by deeper complexity, uncertainty, and evaluativity” (Menand, 2001; Ferraro, Etzion, and Gehman, 2015: 381), finding solutions to grand challenges is a pressing matter.

Yet solving grand challenges is difficult because they are complex and multi-level, cutting across occupational and professional boundaries. To derive appropriately comprehensive solutions requires insights from multidisciplinary actors, such as in engineering (Bucchiarone et al., 2020; Tan et al. 2021), medicine and public health (Weeramanthri and Bailie, 2015; Foulkes and Sharpless, 2021), social work (Herbert Williams, 2016; Padilla and Fong, 2016), agriculture (Bradshaw, 2020; Zimmerer et al., 2021), transportation (Chester and Ryerson, 2014; Kaewunruen, Sussman, and Matsumoto, 2016), and energy (Veers et al., 2019; Henry, Prasher, and Majumdar, 2020). While it is painstaking work, making progress toward addressing grand challenges catalyzes scientific breakthroughs, advances knowledge of the world around us, drives industrial and economic progress globally, and promotes collaborations that might not otherwise exist—all in the service of tackling core problems that the world must face together (Archives of the White House, 2021).

How can organizations tackling grand challenges make progress toward such difficult and important goals? Scholars almost always emphasize that organizing is a central method (i.e., Ferraro, Etzion, and Gehman, 2015; George et al., 2016; Jarzabkowski, Lê, and Balogun, 2019; Howard-Grenville, 2021). Research has shown how risky entrepreneurial ventures have been organized to alleviate poverty in developing nations (Dorado, 2013), that people can be organized through national partnerships to address climate change (Burke and Wolf, 2020), and that organizing through crowdsourcing campaigns can support the development of low-cost solutions for addressing the COVID-19 pandemic (Kokshagina, 2021). But while researchers have touted “coordinating” and “collaborating” (George et al., 2016) as strategies for addressing grand challenges, there are emotional realities of struggling to do so (see de Rond and Lok, 2016).

Research conducted at the individual level of analysis emphasizes that employees must effectively navigate positive and negative emotions as they seek to overcome challenges in their personal lives (Gross, 2015), such that they are still able to flourish and achieve goals (Ryan, Deci, and Grolnick, 1995; Ryan et al., 2006; Roth, Vansteenkiste, and Ryan, 2019). Indeed, prior research shows that positive feelings and emotions sustain efforts toward solving complex problems. For instance, research shows that people experience a “warm glow” when making efforts to promote environmental sustainability, which appears to motivate them toward continuing these efforts in the future (van

der Linden, 2018). Conversely, a significant portion of the public discourse surrounding grand challenges addresses roadblocks to goal achievement (e.g., U.S. AID, 2021; U.S. Department of Energy, 2021; Templeton Foundation, 2021) and the frustration they may cause. Thus organizations, as they coordinate and collaborate, cannot ignore how emotions will influence organizational progress toward grand challenges.

Hope in Organizations

While organizational scholars have not studied hope's role in fueling continued goal pursuit toward grand challenges, some research at the individual level hints that hope may be centrally important in tackling extremely difficult circumstances. For instance, research in the context of life-threatening and disruptive illnesses links hope to treatment adherence (Maikranz et al., 2007), to enhanced motivation to engage in the recovery process (Park and Chen, 2016), and to improved agency in a hope-based community therapy context (Cheavens et al., 2006).

Hope is a positive emotion that is often evoked when people and organizations seek to obtain uncertain, important, and difficult-to-achieve desires. Whether viewed as a biological phenomenon by psychoanalysts or as a social consciousness disrupting the status quo during mid-twentieth century Marxism (Ludema, Wilmot, and Srivastva, 1997), hope has always been viewed as an important part of the human condition.

The hope construct dates back to Greco-Roman times (Ludema, Wilmot, and Srivastva 1997). While hope was originally thought of as fruitless, given that God controlled all destiny, hope began to be viewed as a way that humans might use rationality and free will to create a desired future during medieval Christianity (Cartwright, 2004). For example, St. Thomas Aquinas (1964) wrote of hope as striving toward a difficult but not impossible future goal. Today, hope is studied across disciplines and written about by philosophers, ethicists, and theologians (Rorty 1999; Kretz, 2013; McCarroll, 2014), medical researchers (Nowotny, 1989; Herth, 2000; Benzein, Norberg, and Saveman, 2001; Wiles, Cott, and Gibson, 2008), and psychologists and sociologists (Snyder, 1994; Magaletta and Oliver, 1999; Crapanzano, 2003; Mische, 2009; Weis and Speridakos, 2011; Averill, Caitlin, and Chon, 2012), among others.

The field of psychology most strongly influences organizational studies' approach to hope; thus almost all hope-oriented research explores hope at the individual level. Since the late 1980s, Snyder and colleagues' definition of hope has been used frequently (e.g., 1989, 1994, 2000, 2002; Snyder et al., 1991; Snyder, Rand, and Sigmon, 2002). They conceived of hope as a three-part individual-level cognitive phenomenon: setting goals, producing pathways for goal attainment, and deriving motivation to pursue these pathways. Snyder's contemporaries viewed hope as an anticipatory emotion (e.g., Shaver et al., 1987; Roseman, Spindel, and Jose, 1990; Roseman, Antoniou, and Jose, 1996) that is "rooted in the prospect of future events that [could] have positive or negative consequences" (Ortony, Clore, and Collins, 1988; Baumgartner, Pieters, and Bagozzi, 2008: 686). Hope may be even more likely to be invoked when goals are difficult to attain, namely when circumstances "involve deprivation, or [are] damaging or threatening" (Lazarus, 1999: 654). Under such circumstances, cultivating hope can be "allegorical" given that it also requires

overcoming inherent negativity that is “always there” (Shearing and Kempa, 2004: 72). In other words, while hope may allow individuals to continue “yearning for the better,” they are often simultaneously “fearing the worst” (Lazarus, 1991: 282).

While scholars have paid far less attention to organizational-level hope, research suggests that it may play a key role in addressing tough challenges. Organizational hope is conceptualized as a collective form of hope that resides among organizational members, embodying a “future-oriented and emotive quality of experiencing” (Carlsen, Landsverk Hagen, and Mortensen, 2012: 290) with profound and wide-ranging impacts. Hope is purported to encourage collectives to strive toward difficult-to-achieve but mutually desired organizational goals (Braithwaite, 2004a; McGeer, 2004; Webb, 2007; Carlsen, Landsverk Hagen, and Mortensen, 2012), drive social and organizational change (e.g., Courville and Piper, 2004; Lueck, 2007; Golden-Biddle and Correia, 2012; Cohen-Chen and Van Zomeren, 2018), and encourage positivity and resiliency given shared difficulties (e.g., Bar-On, 1995; Bar-Tal, 2001; Norman, Luthans, and Luthans, 2005; Jones, Zagacki, and Lewis, 2007). Further, while empirical work on organizational hope remains nascent, it has been linked to action planning and goal achievement in groups of low-income youth (Braithwaite, 2004), feelings of agency and empowerment in marginalized groups (Courville and Piper, 2004), and inspiration toward action in crowds learning about historical injustices (Shearing and Kempa, 2004). Huang, Souitaris, and Barsade (2019) demonstrated that hope drives teams to continue to pursue their goals as they strive toward high-stakes outcomes. Specifically, they uncovered that hopeful teams are more likely to pursue their goals in the face of negative feedback.

But given that hope is an anticipatory emotion rooted in uncertainty (Roseman, Spindel, and Jose, 1990), it depends heavily on whether or not unfolding events suggest challenges are solvable. Hope has been described as having both positive features (e.g., anticipation, belief in a better future) and negative features (e.g., despair, fear) (Lazarus, 1991). In organizations tackling grand challenges, both positive and negative aspects of hope may surface given the extreme uncertainty, likelihood of setbacks and failures, and difficulties in achieving lofty goals. In alignment with research purporting that shared affect is dynamic (Ashkanasy, 2003; Hareli and Rafaeli, 2008; Barsade and Knight, 2015) and responsive to ongoing events (Elfenbein, 2014), theorizing around the interplay of the dark and light sides of hope and the role that these forces play in continued goal pursuit toward grand challenges is needed.

Emotion Cultures

Prior research shows that emotions “crystallize” (Jackson, 1966) into emotion cultures based on the extent to which they are felt and enacted by organizational members regularly and in a widespread way (Barsade and O’Neill, 2014; O’Neill and Rothbard, 2017; Ozelik and Barsade, 2018).² Emotion cultures have been described as “behavioral norms, artifacts, and underlying values and assumptions reflecting the actual expression or suppression of the discrete emotions comprising the culture and the degree of perceived appropriateness

² We thank an anonymous reviewer for their suggestion to focus on emotion cultures in organizations as a foundational basis for our work.

of these emotions, transmitted through feeling and normative mechanisms within a group" (Barsade and O'Neill, 2014; Barsade and Knight, 2015: 24). Scholars have studied several kinds of emotion cultures: cultures of companionate love (Barsade and O'Neill, 2014; O'Neill and Rothbard, 2017), cultures of joy (Hartmann et al., 2021), cultures of joviality (O'Neill and Rothbard, 2017), and even cultures of anger (Ozcelik and Barsade, 2018). Emotion scholars have not previously recognized the existence of hope cultures in organizations.

Emotion cultures are more likely to emerge when organizational members feel they share a common fate (Menges and Kilduff, 2015) or a strong "we" force (as opposed to an "I" force) (Salmela, 2014). Though prior work does not explore hope as an emotion culture, we expect that hope cultures are likely to be especially prevalent in organizations facing conditions that are highly uncertain (Roseman, Antoniou, and Jose, 1996) and bleak (Lazarus, 1999) in order to spirit members toward a shared, desired future (Smith and Ellsworth, 1985; Roseman, Antoniou, and Jose, 1996; Baumgartner, Pieters, and Bagozzi, 2008). In a search of organizations that tackle grand challenges, we found that many of them explicitly invoke hope in their nomenclature: a drug addiction recovery center (Hope House, 2021) states that "Your new life is dawning"; a palliative care organization working with critically ill patients (Hope Health, 2021) is "Providing hope and health to families"; and a humanitarian organization (Project Hope, 2021) is "Healing people. Transforming lives." LFTF shared many similarities with such organizations, making it an ideal context in which to explore our research question. As our ethnography unfolded, we found that LFTF centered on hope as a primary way of spiriting the organization toward its lofty goals.

METHODS

Our 24-month study of LFTF revealed that it had a hope culture, which had profound influence on its ability to thrive and continue to pursue its grand challenge of eradicating CSE and providing a new beginning for residents. Our ethnographic methods allowed us to deeply examine the unfolding patterns and practices associated with LFTF's experiences in relation to its hope culture over time and in a larger historical context (Willis and Trondman, 2000; Schultz et al., 2012). We adopted a narrative ethnographic approach, which is particularly useful for examining the experience of unfolding and evolving emotions in organizations (Boudens, 2005; Frost et al., 2006). With this approach, we were able to "identify sequences of emotion, and look at the ways in which particular emotions are related to particular events . . . [providing] access to feeling in the form in which it [was] experienced" (Boudens, 2005: 1288). Though we did not begin our study with a focus on hope culture and its role in spurring organizations toward pursuit of solutions to grand challenges, LFTF offered a special opportunity to do so given that the phenomena of interest and their dynamics were highly visible in this extreme context (Eisenhardt, 1989; Pettigrew, 1990).

Context

LFTF aimed to be a "carrier of social change for a better world" (Braithwaite, 2004b: 12). As a social services organization focused on caregiving (Kahn,

1993, 2004), LFTF's mission centered on alleviating its residents' suffering stemming from CSE. As with similar organizations tackling grand challenges through recovery (e.g., trauma recovery, drug or alcohol addiction treatment), it provided a compelling recovery narrative in which one's "measure of success is the extent to which it can offer 'hope' to other service-users and survivors, care[give]rs, and mental health professionals" (Woods, Hart, and Spandler, 2019: 17).

Founded by a local religious order and other interested community members, LFTF provided a nondenominational space for transformation and recovery to a growing population of women CSE survivors worldwide. Though the founders had prior experience with social missions, such as serving as midwives or running soup kitchens, most were not experts in CSE. Through connections with knowledgeable community members (e.g., lawyers and social workers), they learned that drop-in centers and single touch-point services were more plentiful, whereas residential, longer-term programs were in greater need; thus they created a one-year residential program. Prior to our ethnography, the founders secured a house for their one-year program and obtained significant funding, seeking to address the issue of CSE domestically and internationally. The program included free housing, food, clothing, medical care, legal services, psychological counseling, and job training. When data collection began, the organization was less than five years old and was run by an executive director and a resident coordinator. A staff assistant, a therapist, and a social worker who counseled residents daily also worked at LFTF. The organization engaged volunteers who provided supervision and companionship to residents on weekday evenings, overnight, and through 24-hour weekend care.

At any given time, up to 12 women legally defined as CSE survivors, meaning they were previously bought and sold for sex, voluntarily resided at LFTF. Initially, this group was mostly composed of survivors who had been internationally trafficked into the U.S., meaning they had been lured, kidnapped, or held against their will. Over time, a growing number of residents were originally from the U.S.; they had experienced extreme ongoing poverty and trauma, which prompted their involvement with sex work. The U.S.-originating residents were usually victims of childhood physical, sexual, and verbal abuse. They often left their homes at a young age and became involved with pimps 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, they suffered continued abuse from family, friends, customers, or pimps, perpetuating cycles of drug use and prostitution; thus they needed psychological attention on a daily, or even hourly, basis.

Residents and staff often described LFTF as truly feeling like home. Most residents were either coming from prison or were previously homeless, having lived under bridges or on sidewalks, in abandoned houses, or with friends or pimps who were involved in the sex and/or drug trade. LFTF was highly regarded by peer and granting institutions, residents, and the community. While many residents did not graduate, their outcomes are not indicative of the quality of the organization or its program. In organizations tackling grand challenges by providing care to those who have experienced extreme trauma, these obstacles are often unavoidable. Thus we view LFTF as prototypical for its genre.

Data Collection Process and Sources

As recommended for ethnographic research, we employed both an insider researcher and an outsider researcher as part of data collection and analysis (Evered and Louis, 1981; Gioia and Chittipeddi, 1991; Bartunek, Lacey, and Wood, 1992; Bartunek and Louis, 1996). The first author volunteered for the organization, mostly supervising residents. Her duties also included socializing with the residents in the house (having conversations with residents about recent events), assisting with minor household tasks (cleaning up after dinner), providing advice to residents (editing résumés for those in the process of transitioning out of the house), and supporting daily processes (answering the phone, keeping written records of residents' activities). The first author knew the residents well, was involved in the daily functioning of the house, and was familiar with ongoing events.

The second author joined the study during the early part of data collection (six months after the ethnography began), fully participating as an outside source of reflection. For instance, when a resident relapsed, the authors discussed the first author's experiences and reactions and determined implications for next steps in data collection. Though the second author did not collect data, she was strongly familiar with the data prior to and during analysis, as recommended in Gioia and Chittipeddi (1991). The second author also fully participated in interpretation and analysis of anonymized data and in writing. For more details on the emotional and psychological challenges inherent in the data collection process, see Sawyer (2021).

We used three methods to achieve triangulation as we collected the ethnographic data, a best practice in ethnography (Flick, 2007): field notes, interviews, and archival data.

Field notes. Field notes, a primary data source generated by the first author as she observed a minimum of two times per month for the entire two years, documented over 150 hours of observation with staff and residents and 72 observation periods. The field notes covered major events at LFTF, as well as meaningful conversations that took place between the first author, staff, and residents. The notes also captured general happenings in the house, even if they didn't seem particularly meaningful at the time. At the start of each of the first author's shifts, a staff member brought her into an office at the back of the house and shared information about important recent occurrences; this information was also included in the field notes. Topics covered in the field notes included unrest between residents, circumstances related to arriving and departing residents, and concerns about residents' mental or physical health, as well as staff and residents' emotional and behavioral reactions to events, the first author's interpretation of the events' meaning, and other observations that might become meaningful in connection to events.

Interviews. The first author conducted 60- to 90-minute in-depth interviews with three staff members (representing the majority of staff members at LFTF) and with 18 residents (roughly 50 percent of residents). All residents were invited to participate and were offered \$50 per interview given the sensitive nature of the material they provided. Participants who exited the program

Table 1. Resident Pseudonyms, Number of Interviews, and Ultimate Outcomes

Pseudonym	Number of Interviews	Outcome
Aisha	1	Lost contact with organization
Amanda	1	Lost contact with organization
Carla	1	Placed in family members' care prior to graduation from program
Chrissy	1	Lost contact with organization
Dorothy	2	Joined a new program; still on path to recovery
Ebony	3	Lost contact with organization
Edna	1	Joined a new program; still on path to recovery
Katie	1	Lost contact with organization
Lucy	4	Passed away
Maria	3	Passed away
Martha	2	Placed in family members' care prior to graduation from program
Mary	1	Lost contact with organization
Patty	2	Joined a new program; still on path to recovery
Rachel	1	Lost contact with organization
Sheila	1	Lost contact with organization
Tiffany	3	Lost contact with organization
Tina	1	Lost contact with organization
Veronica	1	Graduated program successfully

before graduating were still paid for interviews. All interviews were audio recorded and transcribed verbatim. We examined the trajectories of residents who participated versus those who did not to reveal potential self-selection bias; no such trends emerged from our analysis.

Interviewees ranged in age from 22 to 64. All staff were White and had at least a high school degree. Forty-two percent of residents were White, and 58 percent identified as either Black or Hispanic. Forty percent of residents had a high school degree; one resident held a college degree. Using pseudonyms, Table 1 outlines the number of interviews with each resident and her status at study conclusion. It establishes that many residents did not achieve full recovery.

Staff interviews, conducted once, explored their perceptions and attitudes about residents' collective progress, reactions to events occurring in the house, and the status of the organization and its future. Residents' interviews explored their experiences in the program, perceptions of the program and the organization, and perceptions of the likelihood that they would attain their future dreams. Residents interviewed longitudinally participated once every two months (i.e., 18 residents enrolled in the study over the course of 24 months, resulting in 30 interviews overall). Some residents completed more interviews than others and at more regular intervals due to chronic trauma and high levels of resident turnover. The average number of interviews per resident was one and two-thirds.

The interview protocol evolved to reflect emergent themes, but interviewees were asked the same base set of questions. Early interviews focused more heavily on participants' goals for the future and less on program dynamics. After completing a few Time 1 interviews, we added questions probing participants' perceptions about the context (e.g., program elements) that were impacting experiences, while maintaining the original questions.

Online Appendix A (<http://journals.sagepub.com/doi/suppl/10.1177/00018392211055506>) outlines our final interview questions.

Archival data. Archival data included 439 e-mail exchanges involving the first author, which were related to her volunteer status. They contained updates about residents and information about ongoing events at LFTF, such as information about residents who had graduated or departed, new program developments, or house repairs influencing daily logistics. Archival data also included brochures, marketing materials, newsletters, and website information, which provided background information such as LFTF's goals and how it represented its services. We also conducted a systematic search of webpages of organizations focused on addiction, recovery from mental health challenges, and human trafficking, demonstrating that LFTF is similar to organizations tackling grand challenges in the social service, nonprofit genre.

Analysis

As is typical for ethnographic research, we undertook a grounded approach while gathering data, whereby we iterated between data collection, data analysis, and the existing literature, which drove our emergent theorizing (Glaser and Strauss, 1967; Glaser, 1978; Strauss, 1987; Corbin and Strauss, 2008). Originally, we sought to understand how organizations might serve as sites for individual recovery. But as increasingly dire circumstances emerged over the course of data collection, such as residents disappearing onto the streets and even dying, we started to see that a culture of hope—through hope-oriented dialogue and messaging occurring within the organization—played an important role at LFTF. Hope was part of the everyday discussion at LFTF; it was often expressed by residents concerning others' recovery, e.g., "I am hoping that she's okay" (Carla); hope for themselves, e.g., "I'm hopeful that I'll be able to get my life back" (Edna); and hope in the organization overall, e.g., "[Before I got here, I was] hopeless, with a little ray of hope thinking I was going to get some help. I had no idea it would be LFTF" (Patty). Given we didn't plan to study hope initially, this prompted us to probe the extensive interdisciplinary work on hope, as well as prior research on collective emotions in organizations (e.g., Barsade and O'Neill, 2014; O'Neill and Rothbard, 2017). We also turned to the public sphere for guidance, analyzing similar organizations' websites and media coverage focused on recovery, finding that these organizations ubiquitously focused on providing contexts for cultivating hope. As "hope is conceptually central to the rehabilitation enterprise" (Warren and Manderson, 2008: 180), we began to realize that LFTF had an "emotion culture" of hope. We redirected our focus to build theory on organizational hope cultures, seeking to understand the components of a hope culture, the dynamics that were strengthening or weakening it within LFTF, and the implications for the organization's ability to achieve its goals. This redirection of our study toward inductive, centrally important themes reflects best practices for qualitative research. No qualitative work can rule out all forces outside the scope of data collection; thus we followed a rigorous data analytical process to ensure our findings' trustworthiness (Pratt, Kaplan, and Whittington, 2020).

To understand unfolding dynamics across time, we first mapped a sequential chronology of events (Langley, 1999; Pentland, 1999) and realized that events served as a sort of “lightning rod” for narrative activity in the organization; thus we called them “trigger events.” Trigger events provoked fervent storytelling and dialogue among organizational members concerning what happened and why. Recognizing this dialogue as central to the unfolding hope culture dynamics at LFTF, we adopted a narrative ethnographic lens (Gubrium and Holstein, 2008).

Our next step was to follow Sonenshein’s (2010) analytical approach to constructing higher-order “composite narratives” from fragments of individuals’ discourses in a collective. Composite narratives are an ever-evolving, collective construction of narratives within and among members of organizations (Currie and Brown, 2003; Sonenshein, 2010). We spent several days delving into composite narratives at LFTF underlying our chronology of events. To build these composite narratives, we explored field notes and interview data relevant to ongoing individual discourses (Currie and Brown, 2003), group conversations, or nonverbal sentiments (Cunliffe and Coupland, 2011) to capture how protagonists interpreted ongoing events (Bruner, 1991). We also probed discursive patterns—stable sets of discourses about the organization (e.g., written or verbal communications)—by examining public statements on the website, as well as impromptu, emergent discourses around events that were occurring (Hardy and Maguire, 2010).

As we pieced together these discursive patterns, we emergently built a set of codes, using memos to keep track of notes and refining our coding scheme as we uncovered additional nuances (Miles and Huberman, 1994). At this point, we found that formal organizational discourses regarding hope, such as established, institutionalized discourses or “operating models” (Abolafia, 2010), were a central component of the organizational hope culture at LFTF. Further, we found that informal discourses—more spontaneous discourses in which members reacted to events that they experienced as critical in real time (Vaara, Sonenshein, and Boje, 2016)—played a key role in the strength of the organizational hope culture during each time period. Delving further, we discovered that many informal discourses represented what we later called “hope-filled narratives,” which drew upon key dimensions of the organizational hope culture that were also uncovered in the coding process. When events occurred that the collective was unable to make sense of using the hope culture’s tenets, we noted that an alternative set of informal discourses emerged reflecting more pessimistic viewpoints. We eventually called them proto-narratives—“elementary forms of narratives that may or may not develop into fully developed storylines” (Boje, 2008; Vaara, Sonenshein, and Boje, 2016: 498)—and they contradicted hope-filled narratives. For instance, if a resident failed to achieve recovery, the collective first tried to make sense of her failure using the lens of the hope culture (e.g., “She wasn’t following the rules—if we follow the rules, we can succeed”). But when sense could not be made using this lens, proto-narratives arose (e.g., “Maybe no one can be successful, if she couldn’t”).

We noticed an interplay between conflicting hope-filled and proto-narratives and the organizational hope culture strength at LFTF. Thus we continued to examine the data to uncover why and how these narratives were shifting over time. Our initial event chronology revealed four time periods, each demarcated

by significant changes in the strength of the organizational hope culture. All time periods included the same key constructs with a similar pattern of underlying relationships; however, some time periods fortified the strength of the organizational hope culture, while others promoted its decline. We also took note of the implications for LFTF and uncovered ties between the strength of its hope culture and key consequences, specifically the collective's well-being and LFTF's pursuit of actions central to its mission, such as expanding its programming. After mapping each phase individually, we aimed for our highest level of abstraction, charting the interaction of these patterns across time periods within LFTF (Pettigrew, 1990). This process allowed us to finalize our depiction of the organizational hope culture at LFTF.

RESULTS

Our findings build insight into the central role that hope cultures play in spurring organizations toward their goals to tackle grand challenges.³ Our narrative ethnographic account spanned four distinct phases as depicted in Figure 1. For each phase, we explore why certain narratives took hold and implications of these dynamics for LFTF. First we explain the tenets of LFTF's hope culture, given its central importance to our findings. The three key features of LFTF's hope culture, and descriptions of how they were manifested in the organization, are depicted in Figure 2. Table 2 provides definitions of all terms used from this section forward.

Features of LFTF's Hope Culture

We uncovered that the hope culture at LFTF consisted of three core tenets, which were manifested in the assumptions, beliefs, norms, practices, artifacts, and language that were transmitted throughout the organization, consistent with Schein's (2010) model of culture (see Figure 2). Core to the hope culture at LFTF were assumptions and beliefs that these three tenets were crucial for achieving goals. The organization was infused with norms and practices that routinized the tenets and wove them into the fabric of daily life. Artifacts and language served as symbols and reminders of their importance.

The first tenet was the promise of a collectively desired future centered on LFTF's ideal vision of a "new life" for residents (see the left-hand side of Figure 2). This tenet was infused throughout LFTF and could be found in formal materials about LFTF and in daily conversations among residents, volunteers, and others affiliated with the organization. It was promised that this new life would open doors for self-affirmation and self-directedness for survivors of CSE. Residents and prospective residents were told that they could accomplish their personal goals and realize their biggest dreams through LFTF. For instance, the website emphasized that residents would achieve a new, violence-free path through life—one marked by enhanced safety and human dignity.

³ Some of the findings we report have been slightly altered or simplified to protect identities. Given the large number of events and happenings that unfolded during each phase, we focus on instances that were most important for shaping the strength of the hope culture at LFTF.

Figure 1. Timeline of Events and Organizational Hope at Light for the Future

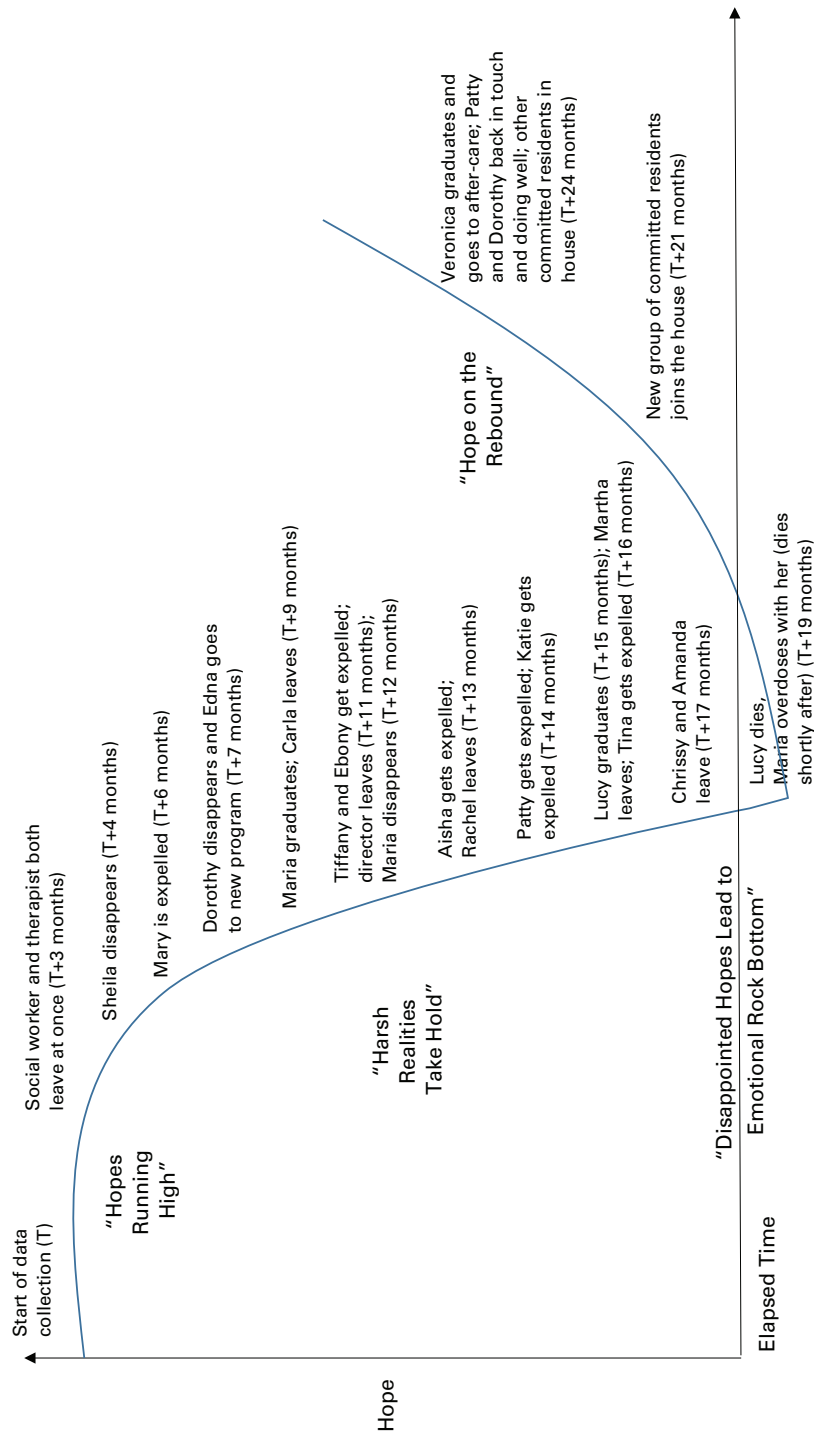


Figure 2. Three Features of LFTF’s Organizational Hope Culture

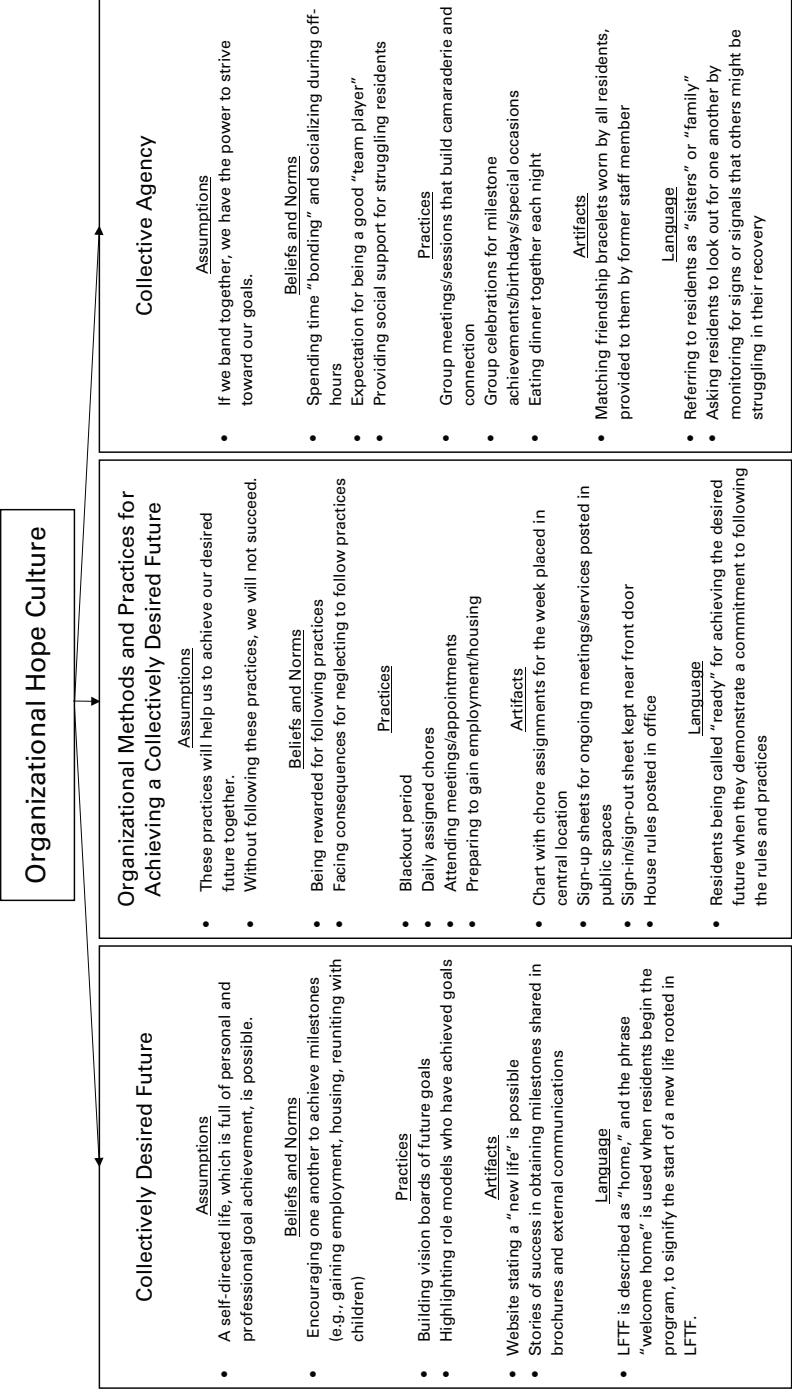


Table 2. Definitions of and Additional Quotations Highlighting Key Constructs in the Organizational Hope Process

Key Construct	Definition	Exemplar Quotes
Trigger events	Events that are perceived as relevant to the organization's ability to tackle grand challenges	<p>"Today was the most devastating day, probably in all of Light for the Future's history. I arrived to find out that Lucy had passed away two days ago. A staff member explained to me that she was found dead in her apartment, from a heroin overdose, which is horrifying given how well she seemed to be doing in her recovery." (Field notes)</p> <p>"Today, in my briefing, I learned that the women in the house seem to be getting along really well still and everyone is still there. They are all still on blackout, but they seem to be having fun in the house together—which is rare. . . . The staff also gave me more good news. They recently heard from Dorothy and she is enrolled in a program upstate and is doing well." (Field notes)</p>
Narrative sensemaking	A process by which, in leveraging the key tenets of the hope culture, storytelling episodes and discursive representations, hope-filled and proto-narratives, and shared meanings regarding trigger events interact within a collective over time	<p>"At dinner, the other residents confirmed that they felt Amanda made the right choice [to leave], since she seemed somewhat aggressive toward them and didn't want to follow the rules. They didn't have much else to say, since they didn't have the chance to know her very well. But, Veronica did say 'good riddance' at the close of the conversation about her, which makes me believe that she wasn't viewed as a positive influence on the house." (Field notes)</p> <p>"The dinner conversation mostly surrounded Aisha's exit and how [the residents] knew what was going on, but they didn't say anything because everyone is responsible for their own recovery and they couldn't get sucked into her rule breaking." (Field notes)</p>
Hope-filled organizational narratives	Narratives that reinforce the three main tenets of organizational hope cultures	<p><i>Collectively desired future:</i> "They can grow and see that little by little they become self-sufficient . . . the progression is so important, and we work with them step by step." (Executive director)</p> <p><i>Organizational methods and practices for achieving a collectively desired future:</i> "So like they taught me, like they taught me, they loved me and cared for me and molded me and made me into a person that . . . even though I wasn't perfect. But, I barely did, like, went off the grid since I been here. I really did stick to the program and the rules and learn how to have integrity and be honest within us or what-have-you. So they gonna let me come back and volunteer one day. And if you follow the program and do everything it tells you to do—you can't just pick out some things—and continue to make meetings and continue to have God first in your life, you can stay clean one day at a time." (Dorothy)</p> <p><i>Collective agency:</i> "I let them see that we trust in them. They can do it. This is something [that is] also very important. You can do it. You can make it. And we teach it very often that they can do it." (Executive director)</p>

(continued)

Table 2. (continued)

Key Construct	Definition	Exemplar Quotes
Proto-narratives	Narrative fragments, often only partly formed, that emerge as a contrasting counterweight to hope-filled organizational narratives	<p><i>Questioning a collectively desired future:</i> “[The executive director] mentioned that they were still a young organization and it seemed that they were learning the hard way about some of the challenges related to running a house like this. She said that they were doing the best they could but they couldn’t help everyone.” (Field notes)</p> <p><i>Questioning collective belief in organizational methods and practices for achieving a collectively desired future:</i> “And I think that’s how it was with Dorothy. Like, she had all this structure and she was here for so long—like, 18 months or something—and then, she got on her own and just dropped off.” (Lucy)</p> <p><i>Questioning collective agency:</i> “When I ask [staff], for example, you know, why is it that [people are failing]? ‘Oh, we don’t have time.’ How many people do you have? You have 65 in Light for the Future [sarcastically]? What do you have to do? Why don’t you have time? What is that? So I don’t understand, you know? I don’t understand.” (Executive director)</p>
Contagious emotions	Emergent moods and emotions that spread throughout the organization, through verbal and non-verbal means of expression, in response to narrative sense being made about trigger events	<p>“Today, everything seemed calm and happy. Everyone is still in the house [because no one has recently relapsed].” (Field notes)</p> <p>“In the aftermath of Lucy’s passing, the house just seems deadened. I walked in today and [a staff member] was crying [in the hallway].” (Field notes)</p>
Collective eudaimonic well-being	The level of energy and vitality versus exhaustion and lifelessness present in the organization	<p>“Well, it’s not only [being able to say], ‘I can do that.’ They need to have this energy, an energy, and a way to reach [their goals].” (Executive director)</p> <p>“The women were excited tonight because one of the resident’s birthdays is coming up . . . it seems that everyone is doing really well and the energy in the house is starting to feel like it did when I first started volunteering.” (Field notes)</p>
Mission-oriented organizational actions	Actions taken to expand or contract the mission of the organization	<p>“There has been a real lack of commitment to meeting with the consultant lately. The consultant keeps asking when the board is going to meet to discuss these issues again, but when I bring it up, the interest in the issue seems to have waned.” (Field notes)</p> <p>“[The staff] seems to be in great spirits, and the new executive director continues to write grants and make plans for the future. They actually asked to re-engage the consultant . . . about growing Light for the Future because they think they are ready to reconsider his proposal.” (Field notes)</p>

A second tenet of LFTF's hope culture was its organizational methods and practices, which were purported to provide a pathway to recovery (see the middle of Figure 2 for details on how this aspect of the hope culture manifested). These methods and practices varied, spanning norms for household conduct to healing-oriented activities and programs. For example, LFTF required that residents first enter the house in "blackout" mode, which meant their access to a cell phone, use of the internet, or leaving LFTF unsupervised was not permitted. Blackout provided residents with a break from their former lives and connections, as well as space for self-reflection. Subsequently, residents were allowed greater freedom and flexibility as they became "ready," i.e., demonstrated commitment to their recovery by closely following the methods and practices. Certain methods were universally applied to all program residents. For example, LFTF required residents to demonstrate accountability; they did this via signing in and out of the house and by attending all of their legal, health-related, social work, and recovery meetings. Further, LFTF promoted respectful, non-triggering behaviors (e.g., drug and alcohol use were prohibited). The organization also strongly believed in cultivating life skills as a strategy for success; all residents completed chores and earned a stipend, which they learned to budget responsibly. Finally, LFTF encouraged participation in educational opportunities, such as GED classes or certificate programs, to enhance future success rates. Both residents and staff shared a belief that these methods and practices were the "how" of LFTF's recovery formula. The methods and practices infused daily life; for example, conversations about residents being "ready" for recovery were a normal part of the banter at formal and informal gatherings.

The final tenet of LFTF's hope culture emphasized collective agency—regularly invoked through the idea that "we can do this together" (see the right side of Figure 2 for details of how this aspect of the hope culture manifested). If residents were "ready" to embrace the hard work of the program, they could jointly achieve happiness and recovery. For example, members of LFTF frequently invoked stories of residents who graduated as inspiration for their collective journey toward transformation. Further, LFTF provided opportunities for building and celebrating camaraderie, including holding house-wide meetings to discuss ongoing happenings and publicly celebrating birthdays or other achievement milestones for residents. Additionally, residents at LFTF were referred to as "sisters" or "family" and were asked to treat one another accordingly by watching out for struggling residents so that the group might help get them back on track. For instance, a communication sent to staff, former residents, community members, and donors stated that "we are all in it together in the fight against sex trafficking."

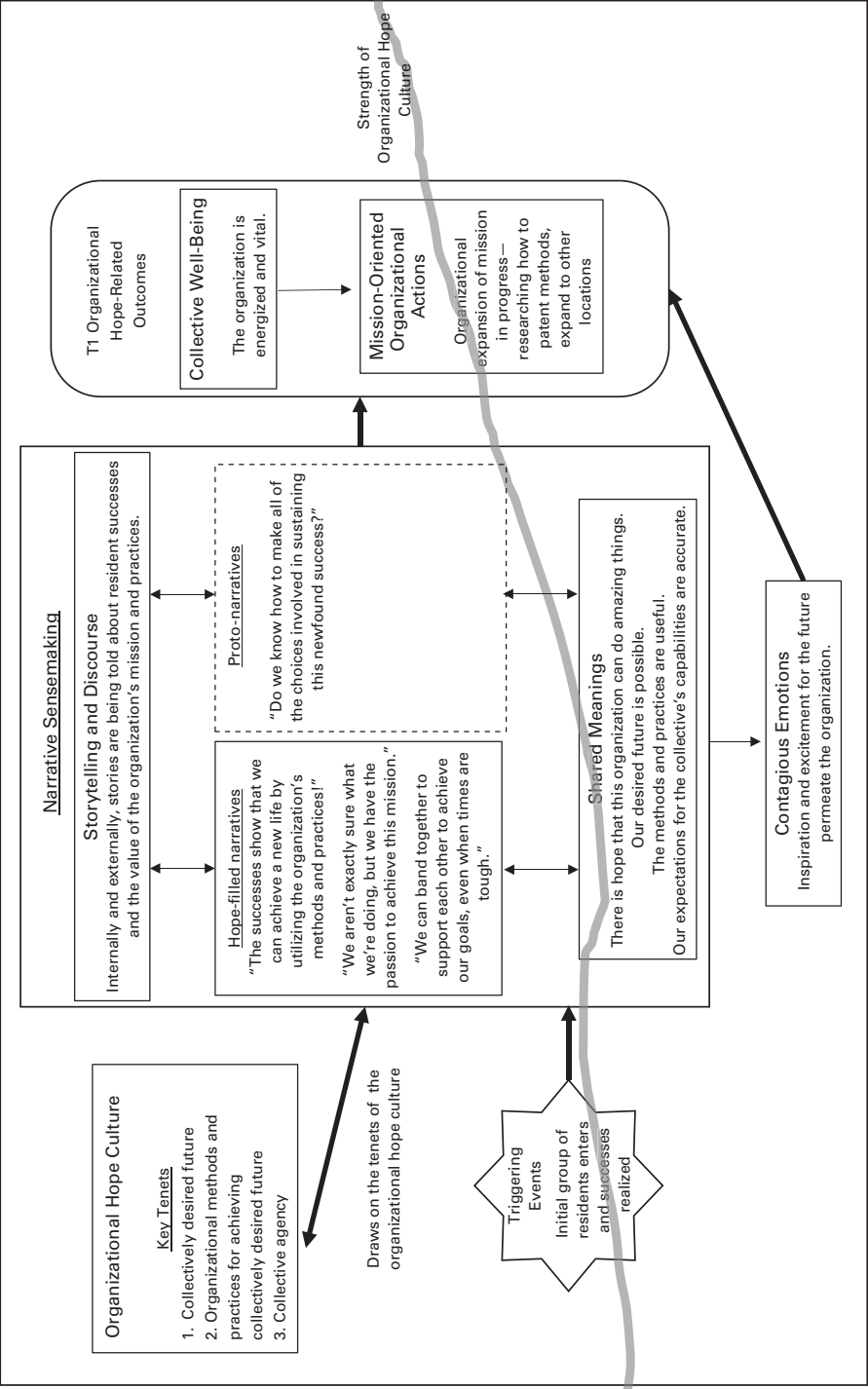
Ethnographic Account of LFTF's Hope Culture over Four Phases

While these three tenets undergirded LFTF's hope culture, the culture's strength evolved over time, with downstream consequences for LFTF's thriving and goal achievement. In this section, we provide a narrative ethnographic account of each of four phases we uncovered at LFTF, during which the strength of its culture vacillated between highs and lows. Staying close to our data, we illustrate the nonlinear evolution of LFTF's organizational hope culture over time in a series of four emic models (Pike, 1967, 1990).

Phase 1: Hopes running high. We titled this phase “Hopes running high” because LFTF, at the time, was a new organization—less than five years old (see Figure 3a)—and was off to a good start in achieving their mission of transforming residents’ lives. While this phase had been ongoing, the first author formally observed it for three months. When the first author began gathering ethnographic data, the organization was experiencing a pattern of positive events (see Figure 3a, left side). They seemed to have delivered on the promise of a desired future—to transform the lives of women who had survived CSE. While the organizational founders had little experience running a recovery organization, they strongly believed that they could achieve their mission even if the path ahead was uncertain. As stated by a founder, “Organizationally, I wound up being the president [of LFTF] by default. I don’t know how boards are run. I’m a nurse midwife. You’re in labor? You’re going to have a baby? I’m right there. The planning piece and the setting up? That’s not my forte.” Yet, she continued, “I think the one thing that people have told me I bring to it is my passion. And I think many people connected to LFTF have a passion. And I think that’s what gives it hope and keeps it going.” LFTF’s first residents—several women who had been sex trafficked into the U.S.—had experienced extreme trauma but had known a life of freedom and security prior to their trafficking experience; they also were not drug or alcohol addicted. After successfully graduating from the program, they pursued self-directed lives. Subsequently, a smaller group of U.S.-based residents joined. Though they faced different challenges (explained further below), they also successfully graduated.

As members made sense of these positive events by drawing on the key tenets of LFTF’s hope culture, we observed narrative sensemaking processes that were characterized by the almost uniform emergence of hope-filled narratives (see “Narrative sensemaking” in Figure 3a). During Phase 1 (and all later phases), organizational members frequently engaged in storytelling episodes in which they recounted the who/what/when aspects of things going on in the house. Successes of current residents and recent graduates were ubiquitous in storytelling episodes when residents gathered during daily activities such as watching television and eating dinner. Storytelling episodes were virtually always accompanied by a variety of discursive representations—discourse that communicated a perspective or set of opinions about ongoing events—that pulled heavily from the hope culture at LFTF. For instance, the stories told reinforced that residents who followed LFTF’s methods and practices flourished and that a pathway to healing was indeed open for the collective. Happiness and excitement seemed contagious at LFTF; members felt that they were all part of a highly successful new organization. For example, stories about a former resident who was hired as a staff member and her successful journey out of the lifestyle were shared among new residents and volunteers gathering in communal spaces of the house, such as at the dinner table. As such things were discussed, hope-filled narratives proliferated, and shared beliefs emerged that all residents could achieve such success if they collectively stuck with the program. Positive shared emotions spread: members expressed joy about the former resident’s success and excitement for the future. The first author heard statements like “Well it’s amazing because I was going through some [hard] times as a kid, and this is the best place ever . . . just the care and love, and you know the warmth and

Figure 3a. Organizational Hope Processes Phase 1: Hopes Running High



everything" (Sheila); "I'm feeling better about tomorrow I'll tell you that . . . I know I'm gonna be alright" (Maria); and "I feel great, I feel excited, I feel blessed, I feel love, and happy" (Aisha).

Although infrequently, some members did raise proto-narratives that dampened the overall positivity at times; see Figure 3a for examples. For instance, a member raised concerns about whether LFTF could support residents' long-term recovery. Such sentiments did not spread, however, perhaps because the success stories of prior and current residents during Phase 1 boosted the preponderance of hope-filled narratives.

The narrative sensemaking process drew upon and ultimately reinforced the tenets of the hope culture at LFTF, so it remained robust during the first phase. In turn, the strong organizational hope culture spurred greater vitality toward goal achievement during Phase 1, through increases in two primary hope-related outcomes (see the right side of Figure 3a). First, collective well-being was high, specifically what Ryan and Deci (2001) referred to as "eudaimonic" well-being or the feeling of being energized and vital (as opposed to "hedonic" well-being, which entails avoiding pain and enhancing pleasure). Collectively, residents were motivated to work toward their personal goals and appeared confident in their ability to obtain them. For example, Martha relayed, "[I'm] not going to amount to nothing, not going to be nothing . . . that's what my mom instilled in us . . . so, that's just how I looked at life. . . . I always doubt myself . . . but now I can look in the mirror and say, 'I love me today'." The staff were energized by residents' and their own successes. The first author wrote in her field notes that "the organization feels alive and full of energy." As Aisha exclaimed when she was asked how it felt being at LFTF, "[I'm] overwhelmed—ecstatic!"

Propelled by this boost of energy, LFTF's leadership began expanding mission-oriented organizational actions that broadened their vision of care and recovery, as evidenced by the LFTF executive director's steps to explore formal and informal avenues to patent their methodology and expand their unique program across the U.S. As was detailed in the first author's archival e-mails, the organization engaged a consultant, who visited with staff multiple times to help LFTF become a premier nonprofit for residential recovery for survivors of CSE nationwide. In these meetings, staff expressed confidence that their vision was appropriate and within reach. Indeed, "rebuilding and sustaining hope for residents" became an explicit organizational goal during one of these meetings, and attendees derived many strategies for achieving this goal.

A series of challenging events started to unfold toward the end of Phase 1, which we believe foreshadowed a major shift at LFTF as it was thrust into Phase 2. Both the onsite social worker and therapist suddenly departed on amicable terms for other job opportunities, which triggered new rounds of narrative sensemaking among residents, staff, and volunteers. In observing daily life at this time, the first author noted that staff expressed concerns about filling both positions. Residents recounted stories about how the social worker and therapist announced their exit, conversing about the difficulty of this transition. Field notes detailed the therapist's last meeting with residents: "It was [her] last night before she [left LFTF]. So, she was hanging out with the women and saying goodbye. Many of them were sad. She had a bracelet for each of them on her arm, and they were each wearing one matching bracelet. She said that way they would still be connected and in each other's thoughts." Staff

members shared that they felt the residents were progressing partially due to the departing members' help. Early in the first author's field notes, she recounted that the therapist had talked one of the residents out of committing suicide, because they had a close relationship. Thus some proto-narratives that raised slight doubts about the organization's ability to succeed in the absence of individuals who were central to their methods and practices were emerging as LFTF attempted to replace key staff, and a hint of confusion and worry was growing.

Phase 2: Harsh realities take hold. Shortly after a new staff member, who replaced the social worker and therapist, joined LFTF, a series of trigger events occurred (see Figure 3b, left side, and Table 3 for information on additional events during Phase 2). They spurred new, ongoing, and repeated narrative sensemaking cycles that lessened the credibility of hope-filled narratives. Filling the void, proto-narratives became more widespread, negative contagious emotions spread, and the strength of LFTF's hope culture slowly eroded over time.

Phase 2 unfolded over one year and four months, with multiple trigger events. Though we are unable to explore a deep ethnographic description of everything that happened, we unpack a typical pattern (laid out in Figure 3b and in Table 3) through Dorothy's story. Dorothy, in her late 50s, with more than 40 years of CSE involvement, experienced an ongoing battle with drug addiction and a long history of homelessness. She proclaimed that she was "ready" for recovery, tired of the lifestyle, and seeking a new life chapter upon joining LFTF. Dorothy carefully followed LFTF's rules, fostered camaraderie in the organization, and was viewed as a matriarchal figure by residents. Her successes were frequently highlighted by staff and residents, given they underscored the importance of sticking with the program and achieving desired goals. After graduating, she continued to attend meetings with her therapist and her recovery group, and she frequently visited LFTF to socialize with new residents, staff, and volunteers. Given her long history in CSE, organizational members built a hope-filled narrative about Dorothy's story; no matter their background or age, residents could turn their lives around if they followed the tenets of LFTF's hope culture. Prior to Phase 2, positive shared emotions had sprung from Dorothy's story, generating contagious inspiration. As resident Lucy shared, "It's really cool to see Dorothy . . . she's [graduating] . . . she's very inspiring to me."

But later in Phase 2, Dorothy's visits decreased. Members spontaneously reported to the first author that Dorothy was missing therapy appointments. A staff member also discovered that Dorothy had stopped attending meetings outside of LFTF. As documented in our field notes, a staff member said "they hadn't heard from Dorothy in a while, and they think that she might have relapsed. . . . [The staff member] seemed very somber when she was talking about it. It seemed like she didn't have words to explain what might have happened—and that she was still holding onto hope that they would hear from her, that it would be a misunderstanding, and she would continue with her recovery." Given the ambiguity surrounding her whereabouts, and out of concern for Dorothy's safety, the executive director visited Dorothy's apartment. She found Dorothy under the influence of drugs, sharing her apartment with a

Figure 3b. Organizational Hope Processes Phase 2: Harsh Realities Take Hold

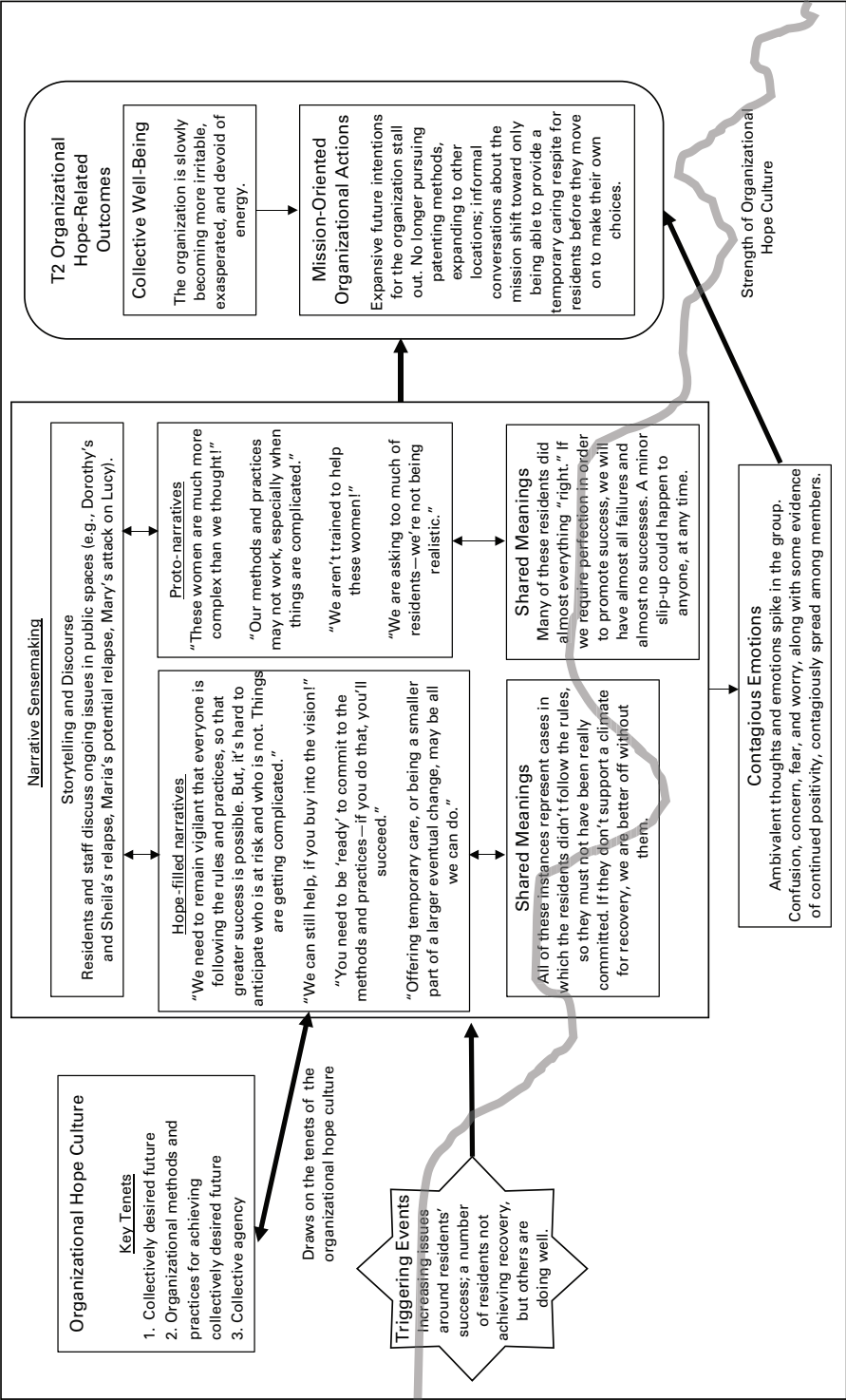


Table 3. Additional Triggering Events, Narrative Sensemaking, and Emotional Contagion in Phase 2

Trigger Events	Storytelling Episodes and Discursive Representations of the Events	Hope-Filled Narratives and Proto-Narratives	Shared Meanings	Contagious Emotions
Sheila, a long-term and beloved resident, disappears in the middle of the night to run away with a man she met outside of Light for the Future	<p>After Sheila's disappearance, residents and staff are gathered together around the kitchen table, discussing what they know about Sheila's recent relationships and activities. Later, residents and volunteers are huddled around a shared computer, attempting to piece together a possible reason for her departure, using social media posts as clues.</p> <p>"She ended up, after that weekend she stayed out. Her mom got her back in [another program], she stayed there for a few days, and she went to another program. And she had called me . . . and she was telling me, 'It's a nice program' . . . So, then, I was like 'Are you still talking to that boy?' And she said he had a job now, and he treats [her] really nice. So, a couple days after that, the social worker went on Facebook, and she's friends with [Sheila's] mom on Facebook. Don't you know she left that program too? With him, she's still with him." (Tiffany)</p>	<p>[At dinner], everyone seemed to agree that it was a bad situation for Sheila to be in, and they were not optimistic that she would maintain her recovery. (Field notes)</p> <p>"I don't really know, but I know, for me, that it just shows me that the disease is not—it's cunning and baffling. Yeah. It's waiting to sneak up on you, it doesn't care how much clean time you have. It doesn't matter if you work. It doesn't matter if you're trying to get a job. It doesn't matter. When it creeps up on you, it creeps up on you. Yeah." (Ebony)</p>	<p>Sheila didn't follow the rules, so it's not surprising she left the program.</p> <p>Sheila was a role model to us, so maybe we could suffer the same fate.</p>	<p><i>Optimism:</i> "That just made me realize that my problem ain't as bad as it looks." (Tiffany)</p> <p><i>Sadness:</i> "[After Sheila left], the whole mood of the house, staff and residents, seemed to be one of sadness and concern. It also seemed that the women were more reflective during this time—as if they were considering that it could be them next." (Field notes)</p>
Mary, a newer, less popular resident, returns to the house under the influence of drugs and physically assaults Lucy	<p>The incident occurred in the shared dining space. There was lots of conversation in the living room, kitchen, and dining space about the incident among staff and residents. Residents were gossiping among themselves about the incident in shared spaces. Staff were discussing the incident themselves and with volunteers in office spaces.</p> <p>"[Mary] did not return that night, but there was a palpable sense of chaos that was in the air in the house. The women were talking about the incident all during dinner, and they were discussing how they were feeling mostly scared and what they wished they had done (to protect Lucy) if they had more time to think and react." (Field notes)</p> <p>"And then I was like, 'You look high, are you high?' And then other people started asking her like, 'Are you high? You look high.' . . . So I get up to go put my dish away—we're at the dinner table—I get up to go put my dish away and now, next thing I know, she comes charging at me into the kitchen and punches me in the face." (Lucy)</p>	<p>"[A staff member] mentioned that Mary wasn't ready for recovery and that she had maintained many unhealthy ties with past friends and family who were also drug addicted. She mentioned that she had been breaking the rules for a while, so it was more of a 'matter of time' until she got caught, rather than an overnight decision to switch paths. She seemed sad, but hopeful that other residents were able to see her mistakes and learn from them. She was also encouraged that Lucy and Tiffany let her know that Mary had fallen out of line." (Field notes)</p>	<p>Mary failed because she didn't follow the rules and wasn't ready for recovery.</p>	<p><i>Alertness:</i> "So it's kind of, it, like, jolts me back to remember—this is, this—I've been there before. I've seen this before, and I don't want to go back there, you know?" (Lucy)</p> <p><i>Melancholy:</i> "Everyone just laid low after dinner, watching TV or going to bed. Again, I think that the activity in the house caused by Mary took a lot of mental and physical energy to cope with, so the women just seemed more quiet and tired than usual." (Field notes)</p>

(continued)

Table 3. (continued)

Trigger Events	Storytelling Episodes and Discursive Representations of the Events	Hope-Filled Narratives and Proto-Narratives	Shared Meanings	Contagious Emotions
Maria, a successful graduate of the program who had served as a role model to many residents during her time at Light for the Future, goes missing	Residents and staff publicly raise the issue that they haven't heard from Maria in shared spaces. Residents and staff begin to share information about their understanding of her whereabouts in the living area and around the shared computer. In the office, the staff begin to gather new information about her status regarding attendance at other meetings and her place of employment. Residents and staff share new information as it becomes available within shared spaces. "I love Maria to death. She has a warm heart." (Tiffany) "Because [Maria] . . . thought [she] was cool and [she] was going to tell [people] and think I wasn't going to find out? We all know. Maria lied to you and told you she wasn't sleeping with nobody . . . because she knew what you was going to say." (Ebony)	"Maria has been here, like, almost two years. I mean knowing that they're not going throw you out when you don't have housing is, is good to know." (Patty) "Maria [was] doing stuff. I just don't think that's right . . . and there's stuff that you should've got kicked out for . . . you were sleeping with someone at your job until he got fired." (Ebony)	It's reassuring that we still have another chance even if we make mistakes. It's problematic that we allow residents who might lead us down the wrong path to live here.	<i>Contentment</i> : "But, since it's ambiguous whether [Maria was] really doing poorly or had just lost touch though, it seemed [staff thought] there was still hope that she was on the right path—or at least that there were still some elements of her recovery present." (Field notes) <i>Irritation</i> : "[The executive director] said that she thinks that Maria may have jumped too quickly into getting custody of her children, since she now has to find a way to provide for them, on top of providing for herself." (Field notes)

man who appeared to be selling drugs. The executive director fled the site, shocked and dismayed.

Dorothy's situation became a triggering event at LFTF. When the staff discussed the incident with the first author that night, both behind closed doors and more publicly in shared living spaces, they were upset and actively trying to make sense of her relapse. It was a "shock to everyone because Dorothy was doing so well, for so long" (field notes). Initially, members drew upon the tenets of LFTF's hope culture, crafting emergent, hope-filled narratives that focused on her assumed lack of commitment to her recovery post-graduation. Dorothy was with a man presumed to be selling drugs, initially reinforcing the value of LFTF's methods and practices (such as freeing oneself from negative social influences). As the executive director said, "I think what is important is . . . even when they are not [in the program anymore], to check on if they are going to [support group] meetings and to come back to LFTF for their therapy. All of that is important." Resident Ebony discussed Dorothy's relapse, saying, "Well, sometimes you don't even realize you[re] putting on a show for other people. And you're not really working on yourself." Though these interpretations could have pointed to limitations of LFTF's program, instead they fueled hope-filled narratives because they reinforced the tenets of LFTF's hope culture, i.e., that residents who don't follow the program will fail. Somewhat surprisingly, eagerness and enthusiasm toward fully adhering to the organization's methods spread among residents.

But simultaneously, pessimistic proto-narratives also emerged, including the notion that LFTF's practices might be insufficient. Staff and residents were well

aware that the “real world” was undereducated and unforgiving toward survivors of CSE—women faced myriad financial, social, and material hardships after graduation. The executive director stated, “I think [residents] see that—you know, [other residents] do not succeed. It’s going to be like, ‘It’s going to become like this for me after a while. It will be my turn [eventually].’” Various proto-narratives bubbled up in conversations: Was it possible for LFTF to make a positive impact on CSE survivors in the long term? Were LFTF’s methods and practices flawed if long-term recovery was unlikely? Was it unrealistic to think that most survivors could achieve the desired future of a transformed life outside of CSE? As one of the founders stated, reasoning about why they were facing challenges in calibrating their programming, “Oh gosh, when we first started, we were expecting that [residents] would be [CSE survivors] from across the border. I didn’t expect that we would have women coming from the [U.S.] prison system.”

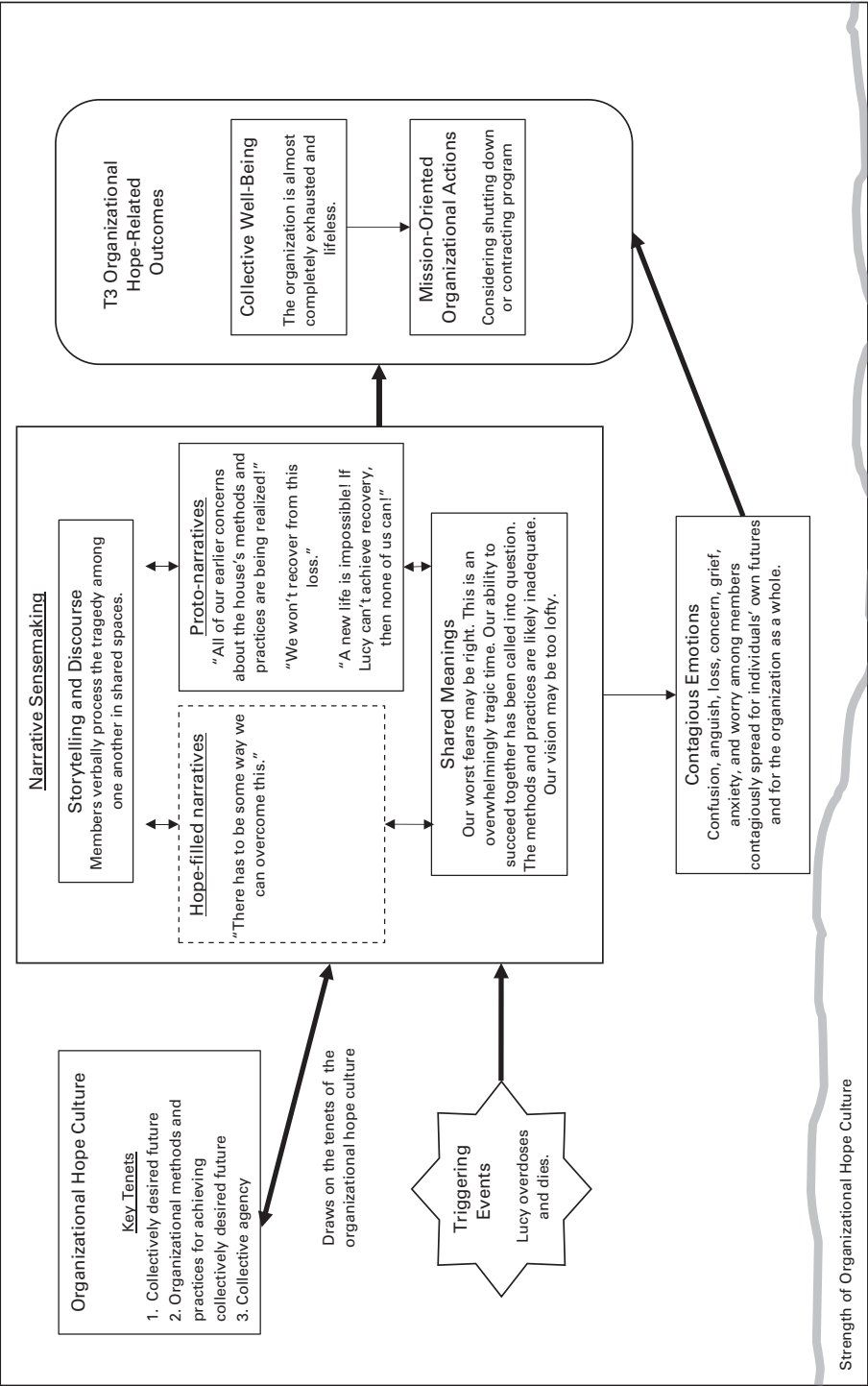
The polyphony of hope-filled narratives and proto-narratives circulating at LFTF during Phase 2 created contagious ambivalence and confusion. As one staff member tearfully discussed the situation with the first author, she struggled to make sense of Dorothy’s relapse: “One minute they’re doing fine, 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?” Similarly, Lucy, a resident, said with hesitation, “If it can happen to [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.”

Zooming out on Phase 2 as a whole, a series of trigger events in the house similar to Dorothy’s story (a subset of which are recounted in Table 3) set off repeated bouts of narrative sensemaking as members sought to understand what was going on. As negative events repeated, they became harder and harder to reconcile. Hope-filled narratives became less powerful, and proto-narratives propagated. Negative emotions proliferated, and as a result, the hope culture began to weaken at LFTF. In turn, we observed that collective well-being slowly eroded—by Phase 2’s end, the first author noted that staff and residents seemed more “stressed” and that the organization felt increasingly “somber” (field notes). Further, LFTF began to contract its plans for expansion. The organization started referring to itself as more of a welcoming place for residents to incrementally improve their lives than as a program offering a new life. As a founder stated, “Maybe we just have to accept that [some of them will fail].” Plans to grow the organization stalled, and staff ceased engagement with the consultant. Toward the end of this phase, the executive director left LFTF, citing exhaustion. The last time the first author saw her, she shared her deep concerns about Dorothy’s relapse.

Phase 3: Disappointed hopes lead to emotional rock bottom. During the two-month-long Phase 3, proto-narratives eclipsed hope-filled narratives after a shocking trigger event involving Lucy, a beloved and extremely successful graduate of LFTF (see Figure 3c, left side). Ultimately, this alarming event severely eroded the hope culture, undermining the group’s well-being and driving LFTF to doubt its survival.

Lucy was a beacon of hope at LFTF. Her upbringing was similar to other residents’—she was raised by drug-addicted parents, her father passed away

Figure 3c. Organizational Hope Processes Phase 3: Disappointed Hopes Lead to Emotional Rock Bottom



of a drug overdose when she was very young, and her mother frequently sold her for sex to neighbors in exchange for access to drugs. But when she was a pre-teen, Lucy secured housing with a neighbor for herself and her brother. Despite her challenges, she maintained a high grade-point average in school, and upon graduation she secured a full scholarship to college. After graduating from college with honors, Lucy started a master's program. Yet due to past and ongoing trauma in her life, Lucy had a nervous breakdown and became addicted to opioids. Shortly thereafter, she was kidnapped by a drug dealer, became the property of a sex trafficking ring, and lived in a motel high on heroin in forced prostitution for two years. After eventually escaping as part of a police sting, Lucy was brought to LFTF by the FBI and gained admission as a resident shortly after. While at LFTF, Lucy perfectly exemplified the hope culture—she believed in LFTF's vision of recovery, trusted and followed the organization's methods and practices, and truly strove with others toward the desired future set out by LFTF. After graduation, she illustrated how to achieve a transformed life, often visiting LFTF to share her experiences and help out. Lucy was a strong, consistent symbol of transformative possibilities that could still be within reach. As the executive director stated, summing up collective sentiments about Lucy, "Success, 100 percent . . . and a success, why? Because . . . she's a person who is very intelligent. She's doing what we teach her to do . . . and she goes with us. She's very honest in what she does. And also, I think she wants to be and to do something [good] in [LFTF's] culture."

At the start of Phase 3, several months after Lucy's graduation from the program, another volunteer informed the first author that Lucy was found dead in her apartment due to a drug overdose. Trying to grapple with Lucy's death, the volunteer 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 what to do right now. It's like . . . what are we even doing?" Everyone at LFTF was discussing her death and its implications at great length for weeks to come, both in larger groups (e.g., in the living room or kitchen) and in more intimate dialogues (e.g., in the back office, in the hallways, or during smoking breaks).

The first author wrote in her field notes two days after Lucy's passing, "The staff are all an absolute mess." As staff and residents reeled from the shock, proto-narratives multiplied: If Lucy, with all of her promise as a model resident and graduate, was no longer alive, how could LFTF continue to promote the possibility of a transformed life for others? Was there even such a thing as being "ready" for recovery if Lucy hadn't been? As the conversation stemming from this event evolved, shared narratives were almost exclusively negative: If the program didn't work for Lucy, maybe the organization's mission needed to be reconsidered or even abandoned. As these narratives took hold, pain, grief, and gloom spread throughout the organization. Staff and residents frequently and spontaneously cried together in shared spaces, expressing sorrow about this difficult time. This excerpt from our field notes helps to sum up the state of the organization:

[A staff member] was talking about how this didn't make any sense, given how committed she was to the program and her recovery, and about how this would be such a blow to current and former residents who saw her as a role model. She was also talking about how confused she was about what this meant for LFTF more broadly.

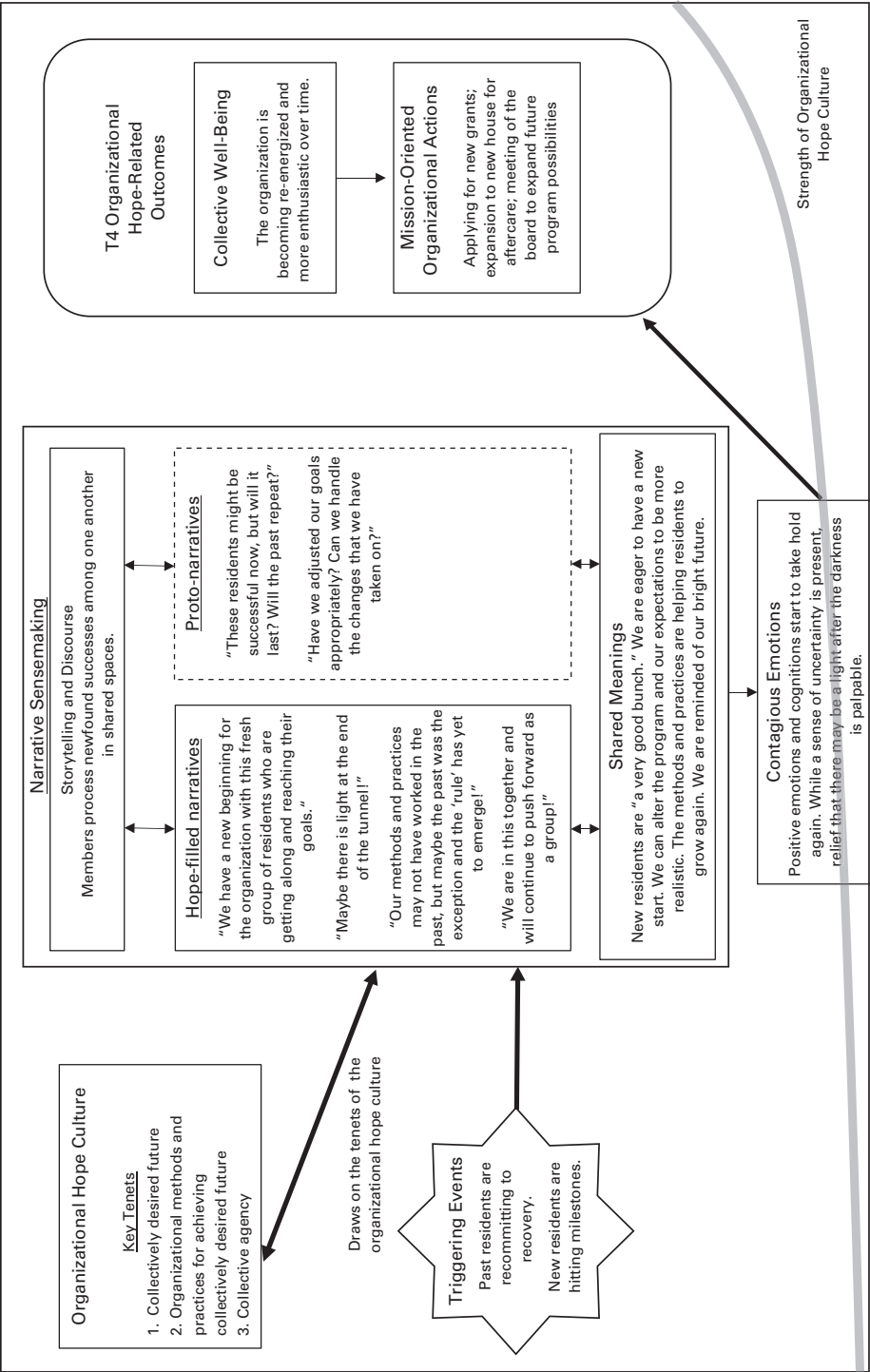
She looked at me at one point, with a tear in her eye, and said "What are we doing? We aren't specialists in trafficking. We just wanted to help women who needed it. But it's so hard!" I could feel the emotion that she was experiencing—anger and sadness about Lucy . . . and confusion and hopelessness about the future of LFTF. One of the residents said to me, after I came out of the office, "It's such a shame about Lucy. She was really a role model and she touched so many people. If she can't do it, it just makes it really hard for the rest of us to try." I think that Lucy's death is difficult for everyone particularly because she followed the program so closely. She shouldn't have failed . . . the whole situation is tragic and heartbreaking and has left the organization in a tailspin.

Phase 3 ended with members of LFTF in a state of loss and disarray, with increasing ubiquity of emergent proto-narratives in the organization and the spread of intense negative emotions. LFTF's hope culture was close to collapse. Collective well-being was extremely low; the first author noted that members appeared depleted of energy, and the vigor that once characterized the house seemed drained. Staff and residents spoke of feeling burned out, and a general weariness set in. By the end of Phase 3, they began to believe that LFTF's mission might be out of reach.

Phase 4: Hope on the rebound. Shortly after Lucy's passing, a rapid series of trigger events in LFTF shifted the organization to Phase 4 (see Figure 3d, left side). During this three-month-long phase, the hope culture at LFTF began to regenerate. New residents who had just arrived were achieving early successes, similar to residents in the earlier part of Phase 1. Further, the organization received "good news" (field notes) that Dorothy enrolled in another program, committing once again to her recovery. Two new residents followed her lead—one qualified for a competitive job training program, and the other reunited with her children and family. Other residents followed this pattern soon after. The first author noticed that new residents, who often congregated together to discuss their future, strongly endorsed the power of the methods and practices for recovery to help them "stick with it." The reinfusion of hope into the narrative sensemaking process signaled a return to the dynamics of Phase 1. Among the staff, these improvements prompted a shared sense of relief and a release of negative thoughts and emotions. The residents were happy and bubbly, and they felt confident about achieving their goals. At times, staff murmured that they needed to avoid repeating their past. Yet hope-filled narratives, and the possibilities they promised, once again dominated, and the hope culture at LFTF quickly regained strength. In turn, the first author noted, collective well-being in the organization was bouncing back (see Figure 3d, right side). Staff, new residents, and volunteers laughed, danced, and sang while making dinner, relaxed together, and engaged in social, stress-relieving group activities. Such harmony and levity had not existed in the organization for almost two years.

Springing forth from this newfound positive momentum, staff started discussing ways to improve their program, such as offering field trips, group exercise and nutrition classes, and organization-sponsored volunteer activities. Of greatest importance, LFTF expanded their program and launched a new aftercare program, which was touted as a "huge success" (field notes) because it provided a safety net for graduates, allowing former residents to

Figure 3d. Organizational Hope Processes Phase 4: Hope on the Rebound



extend their recovery time while maintaining bonds with members of LFTF. While they had learned that it was unlikely that all (or even the majority) of the residents would achieve recovery in the long term, LFTF felt confident that their newly extended program could make an indelible, positive mark on many lives. Our field notes at the end of this time period stated, "The women are really bringing the life back to the house, and that is motivating the staff to make improvements to the program and is building their confidence to continue to press ahead with LFTF, even if it has presented some very emotional challenges in the past."

Post-Script

Returning to the imagery of LFTF's bulletin board—divided in half, with CSE survivors who had "made it" on one side, and those who had not on the other—the four phases we chronicled expose both the light and dark that LFTF encountered as they hoped together to transform lives. Our findings reveal that hope cultures are complex and nuanced. Lucy, the model resident who later passed away of a drug overdose, would have been on the survivors' side of the board at one time. After her death, her photos, letters, and keepsakes would have been relocated to the other side of the board, to sit next to her mass card. Yet, importantly, at the time of this writing, LFTF continues to hope and to provide hope to its residents. Slowly, it has expanded the scope of its work through increased public advocacy and education, newly created staff positions, and key improvements in programming for residents. Recent graduates, who began and completed the program after our data collection ceased, describe LFTF as a familial place of hope, healing, and kindness that reaches out to weary women survivors of CSE and offers them feelings of self-worth, a new direction, and ultimately a new life. We see that through its public messages, website, and interactions with external stakeholders, LFTF leans more heavily than ever on its hope culture to provide a pathway toward a positive future. As a recent LFTF communication stated, "When you're saving lives, the brokenness might make you sad, but the healing makes you grateful." LFTF has accepted that organizing its culture around hope brings both agony and ecstasy. Over time, they have learned to navigate the double-edged sword of hope by bracing for disappointments and failures while its members hope toward the future together.

DISCUSSION

Our ethnographic study of LFTF showed us that when its hope culture was stronger, the organization more vibrantly pursued its grand challenge. We therefore sought to understand why its hope culture waxed and waned over time, and we recognized the central role of two mechanisms: narrative sensemaking of "triggering" organizational events and emotional contagion. These findings allowed us to respond to our research question: How do organizations sustain progress toward goals given ongoing grand challenges over time? The response is that strong hope cultures spur such efforts, even in the face of setbacks and failures along the way.

Taking a step away from our ethnographic context (which is emic, rooted in LFTF's experiences), we build a conceptual model (which is etic and can be

applied to other settings). Figure 4 proposes that there is an indirect link between events that occur in the organization (“trigger events”) and the strength of the hope culture, via two narrative sensemaking pathways. We also theorize a direct link between the strength of the hope culture and vigorous goal pursuit toward a grand challenge.

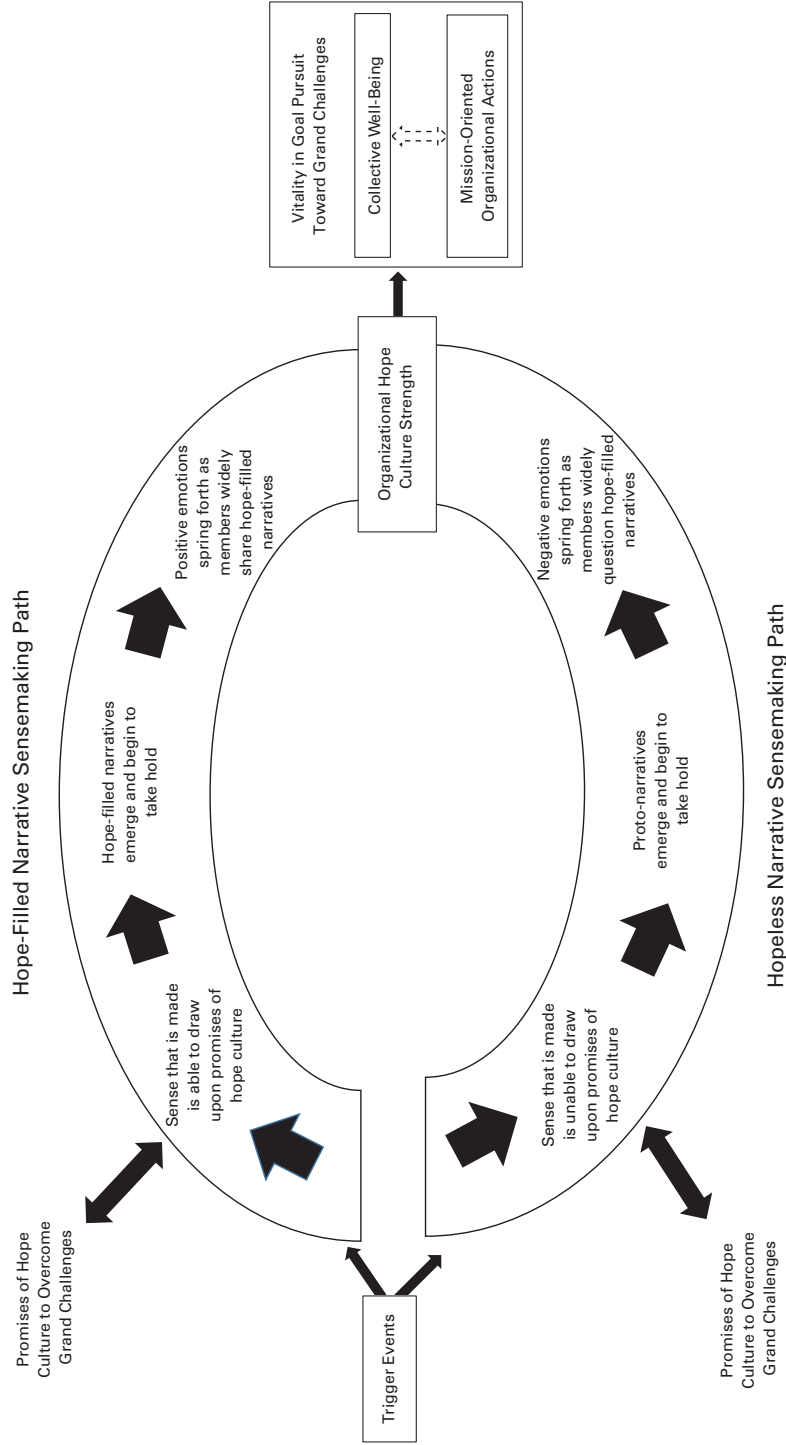
Theoretical Contribution

Hope culture shapes the vitality of organizational goal pursuit toward a grand challenge. We make a first contribution by showing how emotions—specifically hope cultures—play an especially critical role in spurring efforts to tackle grand challenges in organizations (see the right side of Figure 4). The burgeoning literature on grand challenges offers many pathways to goal pursuit, none of which includes emotions or a hope culture as a central component. For instance, Howard-Grenville (2021: 255) emphasized that grand challenges may be “plausibly addressed through coordinated and collaborative effort.” Ferraro, Etzion, and Gehman (2015: 364) focused on “a situated, distributed, and processual approach to problem solving” to respond to grand challenges. Grimes and Vogus (2021) emphasized cognitive practices to help organizations get out of conventional thinking to identify pathways to solving grand challenges. To our knowledge, we are the first to show how emotion—specifically hope—plays a critical role in an organization’s ability to continue toward its goals when tackling grand challenges.

Yet individual- and organizational-level research and theory emphasize that positive and negative emotions are centrally important to goal pursuit (Ryan, Deci, and Grolnick, 1995; Ryan et al., 2006; Roth, Vansteenkiste, and Ryan, 2019). Specific to hope, prior research almost always focuses on how hope relates to goal achievement at the individual level (e.g., Snyder and colleagues’ definition of hope; Snyder, 1994). Our work extends this research to the organizational level and supports scholarship proclaiming that hope plays an important role in organizations that must be better understood (e.g., Carlsen, Landsverk Hagen, and Mortensen, 2012). When organizations seek to tackle grand challenges, multiple parties are involved in a response to the complex realities presented. For example, in the case of climate change, complexities could include disruptions such as weather instability or water shortages, or innovations such as carbon-neutral approaches to manufacturing. Just as an organizational culture can be a resource that is drawn upon to tackle complex problems and achieve organizational goals (Giorgi, Lockwood, and Glynn, 2015), hope cultures can also operate as a resource that members pull from to tackle grand challenges.

While prior research has uncovered that emotion cultures exist in organizations (Barsade and Knight, 2015; e.g., joy, joviality, companionate love, fear, or anger), we are the first to find that hope cultures also exist in organizations. Prior work shows that emotion cultures serve both positive and negative purposes in organizations. Cultures of joy have been shown to promote resilience in teams (Hartmann et al., 2021), and cultures of companionate love have been linked to improved job attitudes and work performance (Barsade and O’Neill, 2014). Cultures of anger have been found to exacerbate the negative impact of loneliness on affective commitment (Ozcelik and

Figure 4. Theoretical Model of the Role of Hope Culture in Goal Pursuit for Organizations Tackling Grand Challenges



Barsade, 2018), cultures of joviality have been linked to increased risk-taking behaviors in work units (O'Neill and Rothbard, 2017), and cultures of fear have been shown to decrease effort toward goals in teams (Huang, Souitaris, and Barsade, 2019). While hope has been purported to promote efforts toward goal attainment in collectives under duress (Huang, Souitaris, and Barsade, 2019), our work provides novel insights into the complex functions that hope cultures serve in both spurring and deterring efforts toward difficult but important organizational goals.

We uncover that hope cultures operate as a double-edged sword, with the possibility to both compel organizations toward and pull them away from vital pursuit of their goals. Our model (Figure 4) includes two forms of vitality in goal pursuit toward grand challenges, induced from our ethnography: collective well-being and expansiveness of mission-oriented organizational actions. Consonant with work on emotion cultures proposing that more fervent enactment of the culture's premises sparks a stronger emotion culture (Barsade and O'Neill, 2014), we find that as members enact its features more readily, a hope culture grows stronger. As a hope culture grows in strength, we propose vitality will take the form of members experiencing a deeper sense of well-being, such as greater confidence about actualizing meaningful goals associated with a grand challenge and an enhanced sense of control in navigating organizational pathways to do so. A stronger hope culture also promotes the urge to try harder and reach farther together toward the seemingly unreachable, and it enhances the belief in core organizational practices for goal achievement, sparking goal pursuit.

Conversely, we propose that erosion in the strength of hope cultures will have negative implications for organizations, which conflicts with prior research assuming that hope will linearly result in "motivation to act in the face of adversity" (Huang, Souitaris, and Barsade, 2019: 1859) or "successful transformation and growth" (Luthans, Van Wyk, and Walumbwa, 2004: 523) in organizations. The individual-level associations between negative emotions and depressed well-being (Pressman, Gallagher, and Lopez, 2014) and between negative emotions and less vigorous goal pursuit (Aarts, Custers, and Holland, 2007; Moberly and Watkins, 2010; Benita et al., 2021) are well established in the emotion literature. We make a novel contribution by uncovering how hope cultures are characterized by emotional dualities; when organizations tackling grand challenges set out to hope together, the potential for despair is inherent in these endeavors. In the context of grand challenges, holding onto hope may be precarious; as a hope culture erodes, so too can the vitality of goal pursuit. We thus provide a foil to a common assumption that being hopeful will "positively affect workplace performance outcomes" (Luthans and Jensen, 2002: 319; Norman, Luthans, and Luthans, 2005).

Factors shaping the strength of a hope culture. We make a second contribution by showing *how* hope cultures strengthen and weaken over time, which is important to understand given that hope cultures play such a central role in impelling organizations toward, or away from, grand challenges. On the left side of Figure 4, extrapolating from our ethnographic findings, we illustrate a key contribution of our work—showing that how members in an organization narratively make sense of and react emotionally to "trigger events" has

profound implications for the strength of an organization's hope culture, which in turn will affect the vitality with which an organization tackles a grand challenge. In line with prior sensemaking research (Maitlis, Vogus, and Lawrence, 2013), we show that organizational members will react to a trigger event initially with attempts to make it meaningful through narrative sensemaking—they interact with one another to convey information and recount stories about the event. Through conversation and discussion, members will turn to the promises of the organizational hope culture and, in doing so, set down one of two narrative sensemaking paths. Our findings show how these processes operate, demonstrating that the first path—the “hope-filled narrative sensemaking path”—will ultimately strengthen the hope culture. Conversely, if members head down the second path—a “hopeless narrative sensemaking path”—an organization's hope culture will weaken. While members may not become stuck in a path (as we saw evidenced in LFTF), for clarity we discuss each path separately.

Hope-filled narrative sensemaking path. Our research sheds light on processes unfolding when a hope-filled narrative sensemaking path is taken. We propose that this path will most likely be taken when trigger events appear to support the initial promises of the hope culture. For example, it may appear that the vision promised for a brighter future as part of the hope culture is exemplified in the event, such as when a novel technology is created that decreases carbon emissions or when a breakthrough is achieved in disease treatment (George et al., 2016). This will occur even with objectively negative trigger events, as long as they are viewed as supporting promises of the hope culture. In turn, positive emotions will start to spread (e.g., joy, excitement, happiness) because members experience that their expectations and desires are more in reach. Our findings resonate with prior work, which suggests that emotion cultures strengthen when people more strongly engage in verbal and nonverbal expression of emotions and practices consistent with the values and assumptions associated with an emotion culture (Barsade and O'Neill, 2014; O'Neill and Rothbard, 2017).

Hopeless narrative sensemaking path. This path is taken if the promises of the hope culture do not appear to be upheld as members build meaning around a trigger event. When members have trouble drawing on the promises of the hope culture, proto-narratives (alternative explanations about the events calling a hope culture's promises into question) will start to pop up. Doubts that call the hope culture's promises into question will propagate, and this will spur contagious negative emotions, such as shock, anger, and frustration. In turn, as proto-narratives and negative emotional reactions grow, the strength of a hope culture erodes. This central feature of our findings answers calls for research examining the potential dark sides of shared positive emotions (e.g., Barsade, 2002; Barsade and O'Neill, 2014; Menges and Kilduff, 2015). If hope is truly the “gasoline that keeps the motor running” (Courville and Piper, 2004: 58) in organizations tackling grand challenges, our findings show that narrative sensemaking and emotional contagion may be particularly potent “matches” that propel organizations toward or away from hopefulness and, ultimately, their goals.

Limitations and Future Research Directions

As with all ethnographic research, our study is rooted in a particular context and follows the course of a specific sequence of events; whether our findings are generalizable to other contexts remains an empirical question. We encourage researchers to test and extend our model, qualitatively and quantitatively.

One centrally important question is whether our conclusions extend to organizations tackling goals that may not be “grand” in nature. Organizational members at LFTF were seeking new beginnings; thus they vigilantly scanned for events that signaled whether the organization was progressing toward its goals and were also highly emotionally reactive when events seemed to support or deny the core assumptions, beliefs, values, and practices of LFTF’s hope culture. These dynamics may generalize only to organizational contexts in which members believe that there are crucial, existentially important goals being pursued. Future research opportunities are abundant for scholars interested in how hope cultures function in other high- or lower-stakes contexts. Especially fertile research contexts may be entrepreneurial ventures and organizational startups, or organizations focused on social innovations.

Other boundary conditions include that LFTF was housed in a residential building and not in a typical work setting; the physical space itself may have shaped organizational hope culture dynamics. For example, the hope culture may have strengthened and weakened more rapidly given that emotions spread quickly in constrained or higher spatial density environments (Ashkanasy, Ayoko, and Jehn, 2014). LFTF was also relatively young, just five years old when the study started. Compared with institutions that have greater experience, younger organizations may especially attend to events that appear to signal whether they are making progress toward tackling grand challenges given their inexperience. Organizations also build emotional capital over time, which buffers them from the impacts of contagious negative emotions (Menges and Kilduff, 2015). When younger organizations face similar struggles, they may lack stores of past positive emotions to draw from, and negative emotions may proliferate more readily. Future research can explore how the physical space in which members are tackling grand challenges (e.g., physically co-located versus remote work arrangements) and organizational age and experience (e.g., new, mid-life, and older organizations) impact how narrative sensemaking and emotional contagion spread in the context of a hope culture.

Several limitations characterize our ethnography of LFTF. First, we were unable to tease apart the causal relations between collective well-being and mission-oriented organizational actions in our data. As such, we inserted a dotted, bi-directional arrow between these two constructs in Figure 4. While boosts in collective well-being may very well provide the energy needed to more deeply pursue goals, more fully pursuing goals may also promote greater vitality and vigor in organizations. Future research should further unpack these relations. Additionally, it may be the case that, as the hope culture waxes and wanes, trigger events are interpreted in light of whether hope is on the rise or on the decline. In other words, while we didn’t have sufficient evidence for this in our data, there may be a feedback loop from the strength of the hope culture back to triggering events. If this is the case, organizations that are on a trajectory toward hopelessness may find themselves stuck in a downward spiral by attending more heavily to negative versus positive events. In other words,

members may be more likely to focus on unfolding events that call the hope culture into question and ignore events that reinforce it (Baumeister et al., 2001). Further research should explore how hope culture trajectories impact narrative sensemaking processes over time.

We also speculate that if multiple events occur in the same time frame, they may be processed together or create densely connected narrative sensemaking and emotional contagion experiences. Clusters of events might build or erode the strength of the hope culture depending on the narrative sensemaking paths taken. Future research should also examine how these processes play out in organizations tackling grand challenges, given that they may simultaneously find themselves on hopeful and hopeless narrative sensemaking pathways, as they iterate toward their goals over time.

Given the high base rate of relapse for women at LFTF, we were unable to standardize the timing or number of participant interviews. Because we were examining hope at the cultural level, this lack of standardization may not have been as impactful on our results. We are also unable to rule out self-selection bias, especially the possibility that those who were more or less hopeful participated in our interviews. However, our observational data contained all organizational members over the length of the data collection, giving us confidence that our model accurately reflects this organization.

Turnover may have also shaped our results. Large-scale turnover gave LFTF an opportunity to revive their organizational hope culture during Phase 4. We found that certain exits and re-entries were especially important, particularly if the collective could not make sense of comings and goings using the lens of the hope culture. We also returned to our data to examine whether organizational identification played a role in predicting when trigger events had a stronger impact on the strength of the organizational hope culture, based on how identified the staff and residents seemed to be at that time. Unfortunately, while this assumption makes logical sense based on literature that links identification to strengthened emotions (Kreiner and Ashforth, 2004; Ashforth, Harrison, and Corley, 2008), we did not inquire about identification or commitment in the data collection process. We encourage future researchers to explore this possibility by examining how turnover of members and organizational identification processes shape whether hope cultures are more quickly built or eroded.

CONCLUSION

To persist toward goals that can enhance society and our collective capacity for human flourishing, organizations that are tackling grand challenges must draw upon hope. In doing so, they might make greater progress toward a brighter future, even when times are tough. As Lucy stated at the start of her victim testimony, when she appeared in court face-to-face with her trafficker, “The pain you feel today will be the strength you feel tomorrow. For every challenge encountered, there is opportunity for growth.” Aligned with this sentiment, we have built theory that can help organizations wield hope cultures effectively, such that they may continue to find strength through their pain and ultimately flourish for the betterment of society. Our insights pave the way for researchers across management domains to have meaningful “impact in a world turned upside down” (Howard-Grenville, 2021: 257) by demonstrating

how to realistically guide organizational attempts to tackle some of the world's grandest challenges.

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ORCID iD

Katina B. Sawyer  <https://orcid.org/0000-0002-3240-1760>

Supplemental Material

Supplemental material for this article can be found in the Online Appendix at <http://journals.sagepub.com/doi/suppl/10.1177/00018392211055506>.

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Authors' Biographies

Katina B. Sawyer is an associate professor of Management and Organizations at the University of Arizona, in the Eller College of Management, McClelland Hall, 1130 E. Helen St., Tucson, AZ, 85721. Katina studies diversity, equity, and inclusion in organizations, as well as positive organizational phenomena. She received her dual-Ph.D. in Psychology and Women's Studies from the Pennsylvania State University.

Judith A. Clair is an associate professor at Boston College in the Department of Management and Organization, in the Carroll School of Management, Fulton Hall 433, 140 Commonwealth Avenue, Chestnut Hill, MA, 02467 (clairju@bc.edu). Judith studies individuals' identities at work, including diverse and non-normative identities as well as professional identities. Her work is often focused on how people and organizations build more sustainable, equitable, and positive experiences at work. She received her Ph.D. in Management from the University of Southern California.

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