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### مقدمه

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with strategy or abundance of plays and formations but winning with execution. Being very sure of what we were doing and doing it well. Minimize the mistakes we would make. Playing with speed because we were not focusing on too many things."

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- [13]. Getting firm figures on AA's membership or those who have achieved sobriety through the program is notoriously difficult, in part because membership is anonymous and in part because there is no requirement to register with a central authority. However, the 10 million person figure, based on conversations with AA researchers, seems reasonable (if unverifiable) given the program's long history.
- [14]. In psychology, this kind of treatment—targeting habits—is often referred to under the umbrella term of "cognitive behavioral therapy," or in an earlier era, "relapse prevention." CBT, as it is generally used within the treatment community, often incorporates five basic techniques: (1) Learning, in which the therapist explains the illness to the patient and teaches the patient uses a diary to monitor the behavior and the situations triggering it; (3) Competing response, in which the patient cultivates new routines, such as relaxation methods, to offset the problematic behavior; (4) Rethinking, in which a therapist guides the patient to reevaluate how the patient sees situations; and (5) Exposing, in which the trigger the behavior.
- [15]. Writing about AA is always a difficult proposition, because the program has so many critics and supporters, and there are dozens of interpretations for how and why the program works. In an email, for instance, Lee Ann Kaskutas, a senior scientist at the Alcohol Research Group, wrote that AA

indirectly "provides a method for attacking the habits that surround alcohol use. But that is via the people in AA, not the program of AA. The program of AA attacks the base problem, the alcoholic ego, the self-centered. spiritually bereft alcoholic." It is accurate, Kaskutas wrote, that AA provides solutions for alcoholic habits, such as the slogans "go to a meeting if you want to drink," and "avoid slippery people, places, and things." But, Kaskutas wrote, "The slogans aren't the program. The program is the steps. AA aims to go much deeper than addressing the habit part of drinking, and AA founders would argue that attacking the habit is a half measure that won't hold you in good stead; you will eventually succumb to drink unless you change more basic things." For more on the explorations of AA's science, and debates over the program's effectiveness. see C. D. Emrick et al., "Alcoholics Anonymous: What Is Currently Known?" in B. S. McCrady and W. R. Miller, eds., Research on Alcoholics Anonymous: Opportunities and Alternatives (New Brunswick, N.J.: Rutgers, 1993), 41–76; John F. Kelly and Mark G. Myers, "Adolescents" Participation in Alcoholics Anonymous and Narcotics Anonymous: Review, Implications, and Future Directions," Journal of Psychoactive Drugs 39, no. 3 (September 2007): 259-69; D. R. Groh, L. A. Jason, and C. B. Kevs. "Social Network Variables in Alcoholics Anonymous: A Literature Review," Clinical Psychology Review 28, no. 3 (March 2008): 430–50: John Francis Kelly, Molly Magill, and Robert Lauren Stout, "How Do People Recover from Alcohol Dependence? A Systematic Review of the Research on Mechanisms of Behavior Change in Alcoholics Anonymous," Addiction Research and Theory 17, no. 3 (2009): 236-59.

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methods of HRT. "My understanding is that Simplified Habit Reversal is effective for reducing habits (e.g., hair pulling, nail biting, thumb sucking), tics (motor and vocal), and stuttering," he wrote. However, other conditions might require more intense forms of HRT. "Effective treatments for depression, smoking, gambling problems, etc. fall under the umbrella term 'Cognitive Behavioral Therapy,' " Dufrene wrote, emphasizing that simplified habit replacement is often not effective for those problems, which require more intensive interventions.

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- [9]. In a fact-checking conversation, O'Neill made clear that, at the time, the concept of the "habit loop" was unknown to him. He didn't necessarily think of these programs as fulfilling a criterion for habits, though in retrospect, he acknowledges how his efforts are aligned with more recent research indicating how organizational habits emerge.
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that this level of trust and empowerment is unique, and that partners rise to the occasion when we treat them with respect."

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- [5]. In a fact-checking email, Muraven wrote: "There is research to suggest that marital problems spring from low selfcontrol and that depletion contributes to poor outcomes when couples are discussing tense relationship issues. Likewise, we have found that on days that require more self-control than average, people are more likely to lose control over their drinking. There is also some research that suggests depleted individuals make poorer decisions than nondepleted individuals. These findings may be extended to explain extramarital affairs or mistakes by physicians, but that has not been" directly shown to be a cause-and-effect relationship.
- [6]. Roy F. Baumeister et al., "Ego-Depletion: Is the Active Self a Limited Resource?" Journal of Personality and Social Psychology 18 (1998): 130–50; R. F. Baumeister, M. Muraven, and D. M. Tice, "Self-Control as a Limited Resource: Regulatory Depletion Patterns," Psychological Bulletin 126 (1998): 247–59; R. F. Baumeister, M. Muraven, and D. M. Tice, "Longitudinal Improvement of Self-Regulation Through Practice: Building Self-Control Strength Through Repeated Exercise," Journal of Social Psychology 139 (1999): 446–57; R. F. Baumeister, M.

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Muraven, and D. M. Tice, "Ego Depletion: A Resource Model of Volition, Self-Regulation, and Controlled Processing." Social Cognition 74 (2000): 1252–65: Rov F. Baumeister and Mark Muraven, "Self-Regulation and Depletion of Limited Resources: Does Self-Control Resemble a Muscle?" Psychological Bulletin 126 (2000): 247–59: See also M. S. Hagger et al., "Ego Depletion and the Strength Model of Self-Control: A Meta-Analysis." Psychological Bulletin 136 (2010): 495-25; R. G. Baumeister, K. D. Vohs, and D. M. Tice, "The Strength Model of Self-Control," Current Directions in Psychological Science 16 (2007): 351-55; M. I. Posne and M. K. Rothbart, "Developing Mechanisms of Self-Regulation," Development and Psychopathology 12 (2000): 427-41; Roy F. Baumeister and Todd F. Heatherton, "Self-Regulation Failure: An Overview," Psychological Inquiry 7 (1996): 1–15; Kathleen D. Vohs et al., "Making Choices Impairs Subsequent Self-Control: A Limited-Resource Account of Decision Making, Self-Regulation, and Active Initiative," Journal of Personality and Social Psychology 94 (2008): 883–98; Daniel Romer et al., "Can Adolescents Learn Self-Control? Delay of Gratification in the Development of Control over Risk Taking," Prevention Science 11 (2010): 319-30. In a fact-checking email. Muraven wrote: "Our research suggests that people often don't even realize that they are depleted and that the first act of self-control affected them. Instead, exerting self-control causes people to be less willing to work hard on subsequent self-control efforts (ultimately, this is a theory of motivation, not cognition).... [E]ven after the most depleting day, people still don't urinate on the floor. Again, this suggests the motivational aspect of the theory-they lack the motivation to force themselves to do things that are less important to them. I realize this may seem like splitting hairs, but it is critical to understand that self-control doesn't fail because the person cannot muster the needed resources. Instead it یادداشتها ۳۷

fails because the effort seems too great for the payoff. Basically, I don't want the next murderer to say that he was depleted so he couldn't control himself."

- [7]. Megan Oaten and K. Cheng, "Longitudinal Gains in Self-Regulation from Regular Physical Exercise," Journal of Health Psychology 11 (2006): 717–33. See also Roy F. Baumeister et al., "Self-Regulation and Personality: How Interventions Increase Regulatory Success, and How Depletion Moderates the Effects of Traits on Behavior," Journal of Personality 74 (2006): 1773–1801.
- [8]. Megan Oaten and K. Cheng, "Improvements in Self-Control from Financial Monitoring," Journal of Economic Psychology 28 (2007): 487–501.
- [9]. Roy F. Baumeister et al., "Self-Regulation and Personality."
- [**10**]. lbid.
- [11]. For a selection of Heatherton's fascinating work, see Todd F. Heatherton, Ph.D., http://www.dartmouth.edu/~heath/#Pubs last modified June 30, 2009.
- [12]. Lehrer, "The Secret of Self Control."
- [13]. In a fact-checking email, Dr. Heatherton expanded upon this idea: "Exactly how the brain does this is somewhat unclear, although I propose that people develop better frontal control over subcortical reward centers.... The repeated practice helps strengthen the 'muscle' (although clearly it is not a muscle; more likely it is better prefrontal cortical control or the development of a strong network of brain regions involved in controlling behavior)." For more information, see Todd F. Heatherton and Dylan D. Wagner, "Cognitive Neuroscience of Self-Regulation Failure," Trends in Cognitive Sciences 15 (2011): 132–39.
- [14]. In a fact-checking email, a Starbucks spokesman wrote: "Currently, Starbucks offers discounts at many of the national fitness clubs. We believe that this discussion should be more around overall health and wellness

options provided to our partners, rather than focusing specifically on gym memberships. We know that our partners want to find ways to be well and we continue to look for programs that will enable them to do that."

- [15]. Michael Herriman et al., "A Crack in the Mug: Can Starbucks Mend It?" Harvard Business Review, October 2008.
- [16]. Sheina Orbell and Paschal Sheeran, "Motivational and Volitional Processes in Action Initiation: A Field Study of the Role of Implementation Intentions," Journal of Applied Social Psychology 30, no. 4 (April 2000): 780–97.
- [17]. In a fact-checking statement, a Starbucks spokesman wrote: "Overall accurate assessment, however, we would argue that any job is stressful. As mentioned above, one of the key elements of our Customer Service Vision is that every partner owns the customer experience. This empowerment lets partners know that the company trusts them to resolve issues and helps create the confidence to successfully navigate these moments."
- [18]. These details were confirmed with Starbucks employees and executives. In a fact-checking statement, however, a Starbucks spokesman wrote: "This is not accurate." The spokesman declined to provide further details.
- [19]. In a fact-checking statement, a Starbucks spokesman wrote: "While it is certainly not incorrect or wrong to refer to it, LATTE is no longer part of our formal training. In fact, we are moving away from more prescriptive steps like LATTE and are widening the guardrails to enable store partners to engage in problem solving to address the many unique issues that arise in our stores. This model is very dependent on continual effective coaching by shift supervisors, store, and district managers."
- [20]. In a fact-checking statement, a Starbucks spokesman wrote: "Overall accurate assessment—we strive to provide tools and training on both skills and behaviors to deliver world-class customer service to every customer on every

visit. We would like to note, however, that similar to LATTE (and for the same reasons), we do not formally use Connect, Discover, Respond."

- [21]. Constance L. Hays, "These Days the Customer Isn't Always Treated Right," The New York Times, December 23, 1998.
- [22]. Information on Schultz from Adi Ignatius. "We Had to Own the Mistakes." Harvard Business Review, July-August 2010: William W. George and Andrew N. McLean. "Howard Schultz: Building Starbucks Community (A)." Harvard Business Review, June 2006; Koehn, Besharov, and Miller, "Starbucks Coffee Company in the 21st Century," Harvard Business Review, June 2008: Howard Schultz and Dori Jones Yang, Pour Your Heart Into It: How Starbucks Built a Company One Cup at a Time (New York: Hyperion, 1997): Taylor Clark, Starbucked: A Double Tall Tale of Caffeine, Commerce, and Culture (New York: Little, Brown, 2007); Howard Behar, It's Not About the Coffee: Lessons on Putting People First from a Life at Starbucks (New York: Portfolio Trade, 2009); John Moore, Tribal Knowledge (New York: Kaplan, 2006); Bryant Simon, Everything but the Coffee: Learning About America from Starbucks (Berkeley: University of California Press, 2009). In a fact-checking statement, a Starbucks spokesman wrote: "Although at a very high level, the overall story is correct, a good portion of the details are incorrect or cannot be verified." That spokesperson declined to detail what was incorrect or provide any clarifications.
- [23]. M. Muraven, M. Gagné, and H. Rosman, "Helpful Self-Control: Autonomy Support, Vitality, and Depletion," Journal of Experimental and Social Psychology 44, no. 3 (2008): 573–85. See also Mark Muraven, "Practicing Self-Control Lowers the Risk of Smoking Lapse," Psychology of Addictive Behaviors 24, no. 3 (2010): 446–52; Brandon J. Schmeichel and Kathleen Vohs, "Self-Affirmation and Self-Control: Affirming

Core Values Counteracts Ego Depletion." Journal of Personality and Social Psychology 96, no. 4 (2009): 770-82; Mark Muraven, "Autonomous Self-Control Is Less Depleting," Journal of Research in Personality 42. no. 3 (2008): 763-70; Mark Muraven, Dikla Shmueli, and Edward Burkley, "Conserving Self-Control Strength," Journal of Personality and Social Psychology 91, no. 3 (2006): 524-37; Ayelet Fishbach, "The Dynamics of Self-Regulation," in 11th Sydney Symposium of Social Psychology (New York: Psychology Press, 2001); Tyler F. Stillman et al., "Personal Philosophy and Personnel Achievement: Belief in Free Will Predicts Better Job Performance," Social Psychological and Personality Science 1 (2010): 43-50; Mark Muraven, "Lack of Autonomy and Self-Control: Performance Contingent Rewards Lead to Greater Depletion." Motivation and Emotion 31. no. 4 (2007): 322-30.

[24]. This study, as of the time of writing this book, was unpublished and shared with me on the condition its authors would not be revealed. However, further details on employee empowerment studies can be found in C. O. Longenecker, J. A. Scazzero, and T. T. Standfield, "Quality Improvement Through Team Goal Setting, Feedback, and Problem Solving: A Field Experiment," International Journal of Quality and Reliability Management 11, no. 4 (1994): 45–52; Susan G. Cohen and Gerald E. Ledford, "The Effectiveness of Self-Managing Teams: A Quasi-Experiment," Human Relations 47, no. 1 (1994): 13-43; Ferris, Rosen, and Barnum, Handbook of Human Resource Management (Cambridge, Mass.: Blackwell Publishers, 1995); Linda Honold, "A Review of the Literature on Employee Empowerment," Empowerment in Organizations 5, no. 4 (1997): 202-12; Thomas C. Powell, "Total Quality Management and Competitive Advantage: A Review and Empirical Study," Strategic Management Journal 16 (1995): 15-37.



- [1]. Details on this case come from a variety of sources, including interviews with the professionals involved, witnesses in the operating room and emergency room, and news accounts and documents published by the Rhode Island Department of Health. Those include consent orders published by the Rhode Island Department of Health: the Statement of Deficiencies and Plan of Correction published by Rhode Island Hospital on August 8, 2007: Felicia Mello, "Wrong-Site Surgery Case Leads to Probe," The Boston Globe, August 4, 2007; Felice Frever, "Doctor to Blame in Wrong-Side Surgery, Panel Says," The Providence Journal, October 14, 2007; Felice Freyer, "R.I. Hospital Cited for Wrong-Side Surgery," The Providence Journal. August 3, 2007: "Doctor Disciplined for Wrong-Site Brain Surgery," Associated Press, August 3, 2007; Felice Frever, "Surgeon Relied on Memory, Not CT Scan," The Providence Journal, August 24, 2007; Felicia Mello, "Wrong-Site Surgery Case Leads to Probe 2nd Case of Error at R.I. Hospital This Year," The Boston Globe, August 4, 2007: "Patient Dies After Surgeon Operates on Wrong Side of Head," Associated Press, August 24, 2007: "Doctor Back to Work After Wrong-Site Brain Surgery," Associated Press, October 15, 2007; Felice Freyer, "R.I. Hospital Fined After Surgical Error," The Providence Journal, November 27, 2007.
- [2]. Accounts of this case were described by multiple individuals, and some versions of events differ with one another. Those differences, where appropriate, are described in the notes.
- [3]. http://www.rhodeislandhospital.org.
- [4]. Mark Pratt, "Nurses Rally on Eve of Contract Talks," Associated Press, June 22, 2000; "Union Wants More Community Support During Hospital Contract Dispute," Associated Press, June 25, 2000; "Nurses Say Staff

Shortage Hurting Patients," Associated Press, August 31, 2000; "Health Department Surveyors Find Hospitals Stressed," Associated Press, November 18, 2001; "R.I. Hospital Union Delivers Strike Notice," Associated Press, June 20, 2000.

- [5]. In a statement, a spokes-woman for Rhode Island Hospital said: "The strike was not about relationships between physicians and nurses, it was about wages and work rules. Mandatory overtime is a common practice and has been an issue in unionized hospitals across the country. I don't know whether there were signs with those messages during the 2000 union negotiations, but if so, they would have referred to mandatory overtime, not relationships between physicians and nurses."
- [6]. American Academy of Orthopaedic Surgeons Joint Commission Guidelines, http://www3.aaos.org/member/ safety/guidelines.cfm.
- [7]. RIDH Statement of Deficiencies and Plan of Correction, August 7, 2007.
- [8]. In a statement, Rhode Island Hospital said some of these details are incorrect, and referred to the August 7, 2007, RIDH Statement of Deficiencies and Plan of Correction. That document says, "There is no evidence in the medical record that the Nurse Practitioner, employed by the covering Neurosurgeon, received, or attempted to obtain, the necessary information related to the patient's CT scan ··· to confirm the correct side of the bleed and [sic] prior to having the consent form signed for craniotomy surgery.... The medical record indicates that the surgical consent was obtained by a Nurse Practitioner working for the Neurosurgeon who was on call. Although the surgical consent indicates that the procedure to be performed was a 'Right craniotomy and evacuation of subdural hematoma,' the side (right) was not initially entered onto the consent form. Interview on 8/2/07at 2:05 PM with the Director of Perioperative Surgery

indicated that patient ... was transported from the emergency department with an incomplete (as to side) signed surgical consent. The Circulating Nurse noted that the site of the craniotomy was not included on the signed surgical consent as required by hospital policy. She indicated that the site of the craniotomy surgery was then added by the Neurosurgeon, in the operating room, once he was questioned by the Circulating Nurse regarding the site of the surgery." In a follow-up statement, Rhode Island Hospital wrote that the surgeon "and his assistant finished the spinal surgery, the OR was readied, and when they were in the hall, about to return to the OR, the OR nurse saw the consent form did not include the side of the surgery and told [the surgeon]. The doctor took the consent from the nurse and wrote 'right' on it."

[9]. In a letter sent in response to fact-checking inquiries, the physician involved in this case contradicted or challenged some of the events described in this chapter. The physician wrote that the nurse in this case was not concerned that the physician was operating on the wrong side. The nurse's concern focused on paperwork issues. The physician contended that the nurse did not question the physician's expertise or accuracy. The nurse did not ask the physician to pull up the films, according to the physician. The physician said that he asked the nurse to find the family to see if it was possible to "redo the consent form properly," rather than the other way around. When the family could not be found, according to the physician, the physician asked for clarification from the nurse regarding the procedure to improve the paperwork. The nurse, according to the physician, said he wasn't sure, and as a result, the physician decided to "put a correction to the consent form and write a note in the chart detailing that we needed to proceed." The physician said he never swore and was not excited. Rhode Island Hospital, when asked about this account of events, said it was not accurate and referred to the August 7, 2007, RIDH Statement of Deficiencies and Plan of Correction. In a statement, the hospital wrote, "During our investigation, no one said they heard [the surgeon] say that the patient was going to die.""Those quotes with all the excitement and irritation in my manner, even swearing was completely inaccurate." the physician wrote. "I was calm and professional. I showed some emotion only for a brief moment when I realized I had started on the wrong side. The critical problem was that we would not have films to look at during the procedure.... Not having films to view during the case is malpractice by the hospital: however we had no choice but to proceed without films." Rhode Island Hospital responded that the institution "can't comment on [the surgeon's] statement but would note that the hospital assumed that surgeons would put films up as they performed surgery if there was any question about the case. After this event, the hospital mandated that films would be available for the team to view." In a second statement, the hospital wrote the surgeon "did not swear during this exchange. The nurse told [the surgeon] he had not received report from the ED and the nurse spent several minutes in the room trying to reach the correct person in the ED. The NP indicated he had received report from the ED physician. However, the CRNA (nurse anesthetist) needed to know the drugs that had been given in the ED, so the nurse was going thru the record to get her the info."The Rhode Island Board of Medical Licensure and Discipline. in a consent order, wrote that the physician "failed to make an accurate assessment of the location of the hematoma prior to performing the surgical evacuation." The State Department of Health found that "an initial review of this incident reveals hospital surgical safeguards are deficient and that some systems were not followed."Representatives of both the Board and Department of Health declined to comment further.

[10]. In a statement, a representative of Rhode Island Hospital wrote "I believe [the surgeon] was the one who noticed that there was no bleeding-there are various versions as to what he said at that time. He asked for the films

to be pulled up, confirmed the error and they proceeded to close and perform the procedure on the correct side. Except for [the surgeon's] comments, the staff said the room was very quiet once they realized the error."

- [11]. In the physician's letter responding to fact-checking inquiries, he wrote that "no one has claimed that this mistake cost [the patient] his life. The family never claimed wrongful death, and they personally expressed their gratitude to me for saving his life on that day. The hospital and the nurse practitioner combined paid more towards a \$140,000 settlement than I did." Rhode Island Hospital, when asked about this account, declined to comment.
- [12]. R. R. Nelson and S. G. Winter, An Evolutionary Theory of Economic Change (Cambridge, Mass.: Belknap Press of Harvard University Press, 1982).
- [13]. R. R. Nelson and S. G. Winter, "The Schumpeterian Tradeoff Revisited," The American Economic Review 72 (1982): 114-32. Winter, in a note in response to fact-checking questions, wrote: "The 'Schumpeterian tradeoff' (subject of a 1982 AER paper and a kindred chapter, 14, in our book) was only a facet of the project, and not a motivating one. Nelson and I were discussing a collection of issues around technological change, economic growth and firm behavior long before 1982, long before we were together at Yale, and particularly at RAND in 1966-68. Nelson went to Yale in 1968: I went to Michigan that year and joined the Yale faculty in 1976. We were 'on the trail' of the 1982 book from 1967, and started publishing related work in 1973.... In short, while the 'Schumpeter' influence is obviously strong in the heritage, the specific 'Schumpeterian tradeoff' aspect is not."
- [14]. For an overview of subsequent research, see M. C. Becker, "Organizational Routines: A Review of the Literature," Industrial and Corporate Change 13 (2004): 643–78; Marta S. Feldman, "Organizational Routines as a

Source of Continuous Change," Organization Science 11 (2000): 611–29.

- [15]. Winter, in a note in response to fact-checking questions, wrote: "There was very little empirical work of my own, and even less that got published—most of that being Nelson on aspects of technological change. In the domain of firm behavior, we mostly stood on the shoulders of the giants of the Carnegie School (Simon, Cyert, and March), and relied on a wide range of other sources—technology studies, business histories, development economics, some psychologists … and Michael Polanyi, however you classify him."
- [16]. Winter, in a note in response to fact-checking questions, clarified that such patterns that emerge from thousands of employees' independent decisions are an aspect of routines, but routines also "get shaped from a lot of directions, one of which is deliberate managerial design. We emphasized, however, that when that happens, the actual routine that emerges, as opposed to the nominal one that was deliberately designed, is influenced, again, by a lot of choices at the individual level, as well as other considerations (see book [Evolutionary Theory of Economic Change] p. 108)."
- [17]. For more on the fascinating topic of how organizational routines emerge and work, see Paul S. Adler, Barbara Goldoftas, and David I. Levine, "Flexibility Versus Efficiency? A Case Study of Model Changeovers in the Toyota Production System," Organization Science 10 (1999): 43–67; B. E. Ashforth and Y. Fried, "The Mindlessness of Organisational Behaviors," Human Relations 41 (1988): 305–29; Donde P. Ashmos, Dennis Duchon, and Reuben R. McDaniel, "Participation in Strategic Decision Making: The Role of Organisational Predisposition and Issue Interpretation," Decision Sciences 29 (1998): 25–51; M. C. Becker, "The Influence of Positive and Negative Normative Feedback on the Development and Persistence of Group Routines," doctoral thesis,

Purdue University, 2001: M. C. Becker and N. Lazaric. "The Role of Routines in Organizations: An Empirical and Taxonomic Investigation," doctoral thesis, Judge Institute of Management, University of Cambridge, 2004: Bessant, Caffyn, and Gallagher, "The Influence of Knowledge in the Replication of Routines," Economie Appliquée LVI, 65–94; "An Evolutionary Model of Continuous Improvement Behaviour," Technovation 21 (2001): 67–77: Tilmann Betsch, Klaus Fiedler, and Julia Brinkmann, "Behavioral Routines in Decision Making: The Effects of Novelty in Task Presentation and Time Pressure on Routine Maintenance and Deviation," European Journal of Psychology 28 (1998): 861–78; Tilmann Betsch et al., "When Prior Knowledge Overrules New Evidence: Adaptive Use of Decision Strategies and Role Behavioral Routines," Swiss Journal of Psychology 58 (1999): 151–60; Tilmann Betsch et al., "The Effects of Routine Strength on Adaptation and Information Search in Recurrent Decision Making." Organisational Behaviour and Human Decision Processes 84 (2001): 23–53; J. Burns, "The Dynamics of Accounting" Change: Interplay Between New Practices, Routines, Institutions, Power, and Politics," Accounting, Auditing and Accountability Journal 13 (2000): 566-86; M. D. Cohen, "Individual Learning and Organisational Routine: Emerging Connections," Organisation Science 2 (1991): 135–39; M. Cohen and P. Bacdayan, "Organisational Routines Are Stored as Procedural Memory: Evidence from a Laboratory Study," Organisation Science 5 (1994): 554–68; M. D. Cohen et al., "Routines and Other Recurring Action Patterns of Organisations: Contemporary Research Issues," Industrial and Corporate Change 5 (1996): 653-98; B. Coriat, "Variety, Routines, and Networks: The Metamorphosis of Fordist Firms." Industrial and Corporate Change 4 (1995): 205-27; B. Coriat and G. Dosi, "Learning How to Govern and Learning How to Solve Problems: On the Co-evolution of Competences, Conflicts, and Organisational Routines,"

in The Role of Technology, Strategy, Organisation, and Regions, ed. A. D. J. Chandler, P. Hadstroem, and O. Soelvell (Oxford: Oxford University Press, 1998); L. D'adderio, "Configuring Software, Reconfiguring Memories: The Influence of Integrated Systems on the Reproduction of Knowledge and Routines," Industrial and Corporate Change 12 (2003): 321–50; P. A. David, Path Dependence and the Ouest for Historical Economics: One More Chorus of the Ballad of OWERTY (Oxford: Oxford University Press, 1997); G. Delmestri, "Do All Roads Lead to Rome ... or Berlin? The Evolution of Intra-and Inter-organisational Routines in the Machine-Building Industry," Organisation Studies 19 (1998): 639-65: Giovanni Dosi, Richard R. Nelson, and Sidney Winter, "Introduction: The Nature and Dynamics of Organisational Capabilities," The Nature and Dynamics of Organisational Capabilities, ed. G. Dosi, R. R. Nelson, and S. G. Winter (Oxford: Oxford University Press, 2000), 1–22; G. Dowell and A. Swaminathan, "Racing and Back-pedalling into the Future: New Product Introduction and Organisational Mortality in the US Bicycle Industry, 1880–1918," Organisation Studies 21 (2000): 405-31; A. C. Edmondson, R. M. Bohmer, and G. P. Pisano, "Disrupted Routines: Team Learning and New Technology Implementation in Hospitals." Administrative Science Quarterly 46 (2001): 685–716; M. Egidi, "Routines, Hierarchies of Problems, Procedural Behaviour: Some Evidence from Experiments," in The Rational Foundations of Economic Behaviour, ed. K. Arrow et al. (London: Macmillan, 1996), 303-33; M. S. Feldman, "Organisational Routines as a Source of Continuous Change," Organisation Science 11 (2000): 611–29; Marta S. Feldman, "A Performative Perspective on Stability and Change in Organizational Routines." Industrial and Corporate Change 12 (2003): 727-52; Marta S. Feldman and B. T. Pentland, "Reconceptualizing Organizational Routines as a Source of Flexibility and Change," Administrative Science Quarterly 48 (2003):

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Economies et Sociétés 6 (2001): 585-612: B. Levitt and J. March, "Organisational Learning," Annual Review of Sociology 14 (1988): 319–40: P. Lillrank. "The Ouality of Standard, Routine, and Nonroutine Processes." Organization Studies 24 (2003): 215-33; S. Massini et al., "The Evolution of Organizational Routines Among Large Western and Japanese Firms," Research Policy 31 (2002): 1333-48; T. J. McKeown, "Plans and Routines, Bureaucratic Bargaining, and the Cuban Missile Crisis." Journal of Politics 63 (2001): 1163–90: A. P. Minkler, "The Problem with Dispersed Knowledge: Firms in Theory and Practice," Kyklos 46 (1993): 569-87; P. Morosini, S. Shane, and H. Singh, "National Cultural Distance and Cross-Border Acquisition Performance." Journal of International Business Studies 29 (1998): 137–58; A. Narduzzo, E. Rocco, and M. Warglien, "Talking" About Routines in the Field." in The Nature and Dynamics of Organizational Capabilities, ed. G. Dosi, R. Nelson, and S. Winter (Oxford: Oxford University Press, 2000). 27-50; R. R. Nelson, "Routines," in The Elgar Companion to Institutional and Evolutionary Economics, vol. 2, ed. G. Hodgson, W. Samuels, and M. Tool (Aldershot, U.K.: Edward Elgar, 1992), 249-53; B. T. Pentland, "Conceptualizing and Measuring Variety in the Execution of Organizational Work Processes," Management Science 49 (2003): 857-70; B. T. Pentland and H. Rueter, "Organisational Routines as Grammars of Action," Administrative Sciences Quarterly 39 (1994): 484-510; L. Perren and P. Grant, "The Evolution of Management Accounting Routines in Small Businesses: A Social Construction Perspective," Management Accounting Research 11 (2000): 391–411: D. J. Phillips. "A Genealogical Approach to Organizational Life Chances: The Parent–Progeny Transfer Among Silicon Valley Law Firms, 1946–1996," Administrative Science Quarterly 47 (2002): 474–506; S. Postrel and R. Rumelt, "Incentives, Routines, and Self-Command," Industrial and Corporate Change 1 (1992): 397-425; P. D. Sherer,

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on 'red': people are engaged in complex coordinated behavior-it is more like the semiconductor case. People in the organization think they know what they are doing (because they did more or less the same with the green pullovers featured last year), and they are working like hell to do it, more or less on time. This is guts management stuff, and it is very hard work, thanks partly, in this case, to the (alleged) fact that the human eve can distinguish 7 million different colors. Into that, YOU. Mr. or Ms. Manager. come in and say 'Sorry. it's a mistake, it should be purple. I know we are well down the road with our commitment to red, but hear me out, because ... ' If you have lined up strong allies in the organization who also favor a belated switch to purple, you have just touched off another battle in the 'civil war,' with uncertain consequence. If you don't have such allies, your espoused cause and you are both dead in the organization, in short order. And it doesn't matter what logic and evidence you offer following your 'because.' "

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design entrepreneurs form to a large extent their new firm's blueprint based on the organisational routines learned at their former employer. In my PhD research, I found evidence that from the start of the haute couture industry (1858 Paris), spinoff designer firms (whether located in NY, Paris, Milan or London, etc.) do indeed have a similar performance as their motherfirms."

- [26]. Details regarding truces—as opposed to routines—within the fashion industry draw on interviews with designers themselves. Wenting, in a response to fact-checking questions, wrote: "Note that I do not speak of truces between entrepreneur and former employer. This is an extension of the organisational routines literature I did not specifically explore. However, in my research on the 'inheritage' effect between motherfirm and spinoff, the role of 'reputation' and 'social network' are often times mentioned by designers in how they experience advantages of their mother company."
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- [31]. In a statement in response to fact-checking questions, a spokesman for London Underground and Rail wrote: "London Underground has given this careful consideration and will not, on this occasion, be able to provide further comment or assistance on this. LU's response to the King's Cross fire and the organisational changes made to address the issues are well-documented, and the sequence of events leading to the fire is covered in great detail in Mr Fennell's report, so LU does not consider it necessary to add more comment to the already large body of work on the matter. I appreciate this is not the response you were hoping for."
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- [35]. In a statement, a Rhode Island Hospital spokeswoman wrote: "I would not describe the atmosphere as being one of crisis—it was more accurately one of demoralization among many. Many people felt beleaguered."
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- [37]. Rhode Island Hospital Surgical Safety Backgrounder, provided by hospital administrators. More information on Rhode Island Hospital's safety initiatives is available at http://rhodeislandhospital.org.
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[1]. For my understanding of the Montgomery bus boycott, I am indebted to those historians who have made themselves available to me, including John A. Kirk and Taylor Branch. My understanding of these events also draws on John A. Kirk, Martin Luther King, Jr.: Profiles in Power (New York: Longman, 2004); Taylor Branch, Parting the Waters: America in the King Years, 1954–63 (New York: Simon and Schuster, 1988): Taylor Branch, Pillar of Fire: America in the King Years, 1963–65 (New York: Simon and Schuster, 1998); Taylor Branch, At Canaan's Edge: America in the King Years. 1965–68 (New York: Simon and Schuster. 2006); Douglas Brinkley, Mine Eyes Have Seen the Glory: The Life of Rosa Parks (London: Weidenfeld and Nicolson. 2000): Martin Luther King, Jr., Stride Toward Freedom: The Montgomery Story (New York: Harper and Brothers, 1958); Clavborne Carson, ed., The Papers of Martin Luther King, Jr., vol. 1, Called to Serve (Berkeley: University of California, 1992), vol. 2, Rediscovering Precious Values (1994), vol. 3, Birth of a New Age (1997), vol. 4, Symbol of the Movement (2000), vol. 5, Threshold of a New Decade (2005); Aldon D. Morris, The Origins of the Civil Rights Movement (New York: Free Press, 1986); James Forman, The Making of Black Revolutionaries (Seattle: University of Washington, 1997). Where not cited, facts draw primarily from those sources.

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- [18]. In a fact-checking email, McAdam provided a few details about the study's genesis: "My initial interest was in trying to understand the links between the civil rights movement and the other early new left movements, specifically the student movement, the anti-war movement, and women's liberation movement. It was only after I found the applications and realized that some were from volunteers and others from 'no shows' that I got interested in explaining (a) why some made it to Mississippi and others didn't, and (b) the longer term impact of going/not-going on the two groups."
- [19]. In another fact-checking email, McAdam wrote: "For me the significance of the organizational ties is not that they make it 'impossible' for the volunteer to withdraw, but that they insure that the applicant will likely receive lots of support for the link between the salient identity in question (i.e., Christian) and participation in the summer project. As I noted in [an article] 'it is a strong subjective identification with a particular identity, reinforced by organizational ties that is especially likely to encourage participation.' "
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the body can return to normal function. (His adrenaline rushes, like any speaker might experience, whenever he gets up to preach.) Pastor Rick says this weakness keeps him dependent on God."

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- [30]. In a fact-checking email a Saddleback spokesperson said that while an important tenet of Saddleback is teaching people to guide themselves, "this implies that each person can go in any direction they choose. Biblical principles/guidelines have a clear direction. The goal of small group study is to teach people the spiritual disciplines of faith and everyday habits that can be applied to daily life."
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- [33]. Browder v. Gayle, 352 U.S. 903 (1956).
- [34]. Washington, Testament of Hope.
- [35]. Kirk, Martin Luther King, Jr.
- [36]. Ibid.



- [1]. "Angie Bachmann" is a pseudonym. Reporting for her story is based on more than ten hours of interviews with Bachmann, additional interviews with people who know Bachmann, and dozens of news articles and court filings. However, when Bachmann was presented with fact-checking questions, she declined to participate except to state that almost all details were inaccurate—including those she had previously confirmed, as well as facts confirmed by other sources, in court records, or by public documents—and then she cut off communication.
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- [5]. Jane Mathews, "My Horror, by Husband Who Strangled Wife in Nightmare," Daily Express, December 16, 2010.
- [6]. Simon de Bruxelles, "Sleepwalker Brian Thomas Admits Killing Wife While Fighting Intruders in Nightmare." The Times, November 18, 2009.
- [7]. In some instances, people sleepwalk while they experience dreams, a condition known as REM sleep behavior disorder (see C. H. Schenck et al., "Motor Dyscontrol in Narcolepsy: Rapid-Eye-Movement [REM] Sleep Without Atonia and REM Sleep Behavior Disorder," Annals of Neurology 32, no. 1 [July 1992]: 3–10). In other instances, people are not dreaming, but move nonetheless.

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- [15]. John Robertson and Gareth Rose, "Sleepwalker Is Cleared of Raping Teenage Girl," The Scotsman, June 22, 2011.
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- [21]. In a statement, Caesars Entertainment wrote: "Under the terms of the settlement reached in May of 2011 between Caesars Riverboat Casino and [Bachmann], both sides (including their representatives) are precluded from discussing certain details of the case.... There are

many specific points we would contest, but we are unable to do so at this point. You have asked several questions revolving around conversations that allegedly took place between [Bachmann] and unnamed Caesars affiliated employees. Because she did not provide names. there is no independent verification of her accounts. and we hope your reporting will reflect that, either by omitting the stories or by making it clear that they are unverified. Like most large companies in the service industry, we pay attention to our customers' purchasing decisions as a way of monitoring customer satisfaction and evaluating the effectiveness of our marketing campaigns. Like most companies, we look for ways to attract customers, and we make efforts to maintain them as loyal customers. And like most companies, when our customers change their established patterns, we try to understand why, and encourage them to return. That's no different than a hotel chain, an airline, or a dry cleaner. That's what good customer service is about.... Caesars Entertainment (formerly known as Harrah's Entertainment) and its affiliates have long been an industry leader in responsible gaming. We were the first gaming company to develop a written Code of Commitment that governs how we treat our guests. We were the first casino company with a national self-exclusion program that allows customers to ban themselves from all of our properties if they feel they have a problem, or for any other reason. And we are the only casino company to fund a national television advertising campaign to promote responsible gaming. We hope your writing will reflect that history, as well as the fact that none of [Bachmann's] statements you cite have been independently verified.".

[22]. In a statement, Caesars Entertainment wrote: "We would never fire or penalize a host if one of their guests stopped visiting (unless it was the direct result of something the host did). And none of our hosts would be allowed to tell a guest that he or she would be fired or otherwise penalized if that guest did not visit."

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- [24]. H. Lesieur and S. Blume, "The South Oaks Gambling Screen (SOGS): A New Instrument for the Identification of Pathological Gamblers," American Journal of Psychiatry 144, no. 9 (1987): 1184–88. In a fact-checking letter, Habib wrote, "Many of our subjects were categorized as pathological gamblers based on other types of behavior that the screening form asks about. For example, it would have been sufficient for a participant to have been counted as a pathological gambler if they simply: 1) had gambled to win money that they had previously lost gambling, and 2) on some occasions they gambled more than they had intended to. We used a very low threshold to classify our subjects as pathological gamblers."
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- [28]. In an email, Habib clarified his thoughts on this topic: "It is a question about free will and self-control, and one that falls as much in the domain of philosophy as in cognitive neuroscience.... If we say that the gambling behavior in the Parkinson's patient is out of their own hands and driven by their medication, why can't we (or don't we) make the same argument in the case of the pathological gambler given that the same areas of the brain seem to be active? The only (somewhat unsatisfactory) answer that I can come up with (and

one that you mention yourself) is that as a society we are more comfortable removing responsibility if there is an external agent that it can be placed upon. So, it is easy in the Parkinson's case to say that the gambling pathology resulted from the medication, but in the case of the pathological gambler, because there is no external agent influencing their behavior (well, there is—societal pressures, casino billboards, life stresses, etc.—but, nothing as pervasive as medication that a person must take), we are more reluctant to blame the addiction and prefer to put the responsibility for their know better and not gamble,' for example. I think as cognitive neuroscientists learn more-and 'modern' brain imaging is only about 20–25 years old as a field perhaps some of these misguided societal beliefs (that even we cognitive neuroscientists sometimes hold) will slowly begin to change. For example, from our data, while I can comfortably conclude that there are definite differences in the brains of pathological gamblers versus non-pathological gamblers, at least when they are gambling, and I might even be able to make some claims such as the near-misses appear more win-like to the pathological gambler but more loss-like to the non-pathological gambler. I cannot state with any confidence or certainty that these differences therefore imply that the pathological gambler does not have a choice when they see a billboard advertising a local casino—that they are a slave to their urges. In the absence of hard direct evidence. I guess the best we can do is draw inferences by analogy, but there is much uncertainty associated with such comparisons."

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[31]. James is quoting the French psychologist and philosopher Léon Dumont's essay "De l'habitude."