Summary Document: What is a 'good enough' life? examining the support seeking experiences of people who have experienced homelessness and used drugs or alcohol.

Preprint · July 2021

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WHAT IS A 'GOOD ENOUGH' LIFE?

RESEARCH EXAMINING THE SUPPORT SEEKING EXPERIENCE OF PEOPLE WHO HAVE BEEN HOMELESS & USED DRUGS OR ALCOHOL.

PROJECT COMPLETED VIA THE UNIVERSITY OF LIVERPOOL
BY BEN CAMPBELL
SUPERVISED BY STE WEATHERHEAD & ROSS WHITE

UNIVERSITY OF LIVERPOOL

NT NeuroTriage

WHY 'GOOD ENOUGH'?

The term 'good enough' was coined by Psychoanalyst Donald Winnicott. It suggests that care given or received doesn't have to be perfect, but it does have to meet core needs to provide adequate stability and safety.

The idea for this project came from working in statutory services and seeing people who needed help, but couldn't access it. This seemed to be common in different types of systems, and affected people who had needs that services either didn't understand, or weren't set up to help with in the first place. This seemed to create a lot of gaps in service provision.

People without a home are especially vulnerable to gaps in services. It is hard to get the help you need when you don't have the safety or security of a place to live. It is also much harder if you use alcohol or substances. As Matt (left) says, when he was homeless, he just tried to survive.

This piece of work aimed to collect these stories of survival and ask, what is a 'good enough' life for people often labelled as 'hard to reach' who can't access the help they need?

- "**MATT**"LIVED EXPERIENCE PARTICIPANT

Contents of this Report

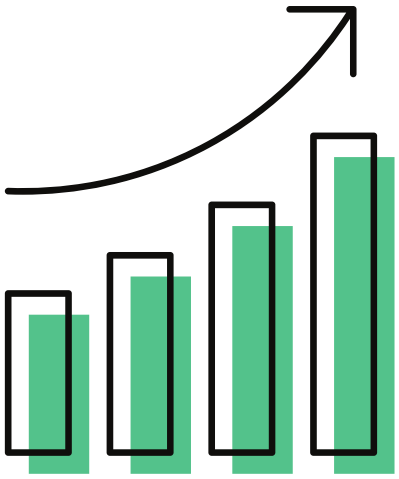
1) Introduction

What do we know already about homelessness and people who are described as "hard to reach" by services?

Homelessness is a significant social justice issue. Since the 2008 financial crisis, the number of people living in temporary or insecure accommodation has increased. Official figures for 2017 show a 44% increase in homelessness applications (Fitzpatrick et. al., 2017) but because these figures only capture the people who linked with statutory services, the number is likely to be much higher.

This piece of work focuses on the experience of people who have been street homeless and experienced addiction. Homeless people who are most visible as 'rough sleepers' face significant challenges and risk physical and psychological injury as a result of living on the streets. They face higher rates of mortality, long term illness, mental health difficulties and brain injury (Wilkinson & Marmot, 2003, Stone, 2018). Just because someone is homeless, this doesn't automatically mean they use substances or alcohol, but for those that do, support is often difficult to access - and can result in 'multiple exclusion' from services (Fitzpatrick, 2012).

Previous research has shown that services can put up barriers for homeless people (Lund, 2011). When services are asked about this, they can describe certain groups of people as "difficult to engage", "treatment resistant" or "hard to reach" (Flanagan & Hancock, 2010). However, processes or rules are often put in place that make accessing support difficult. People who are homeless and use substances are often turned away from sources of support (Farrugia, 2010), leaving them stuck in a cycle which is difficult to break out of. For these people, support itself is "hard to reach".



People who are street homeless & who experience addiction:

- are more likely to struggle to access support
- are at greater risk of experiencing trauma
- are more likely to develop life limiting conditions
- live shorter lives

1) Introduction

What do we know already about homelessness and people who are described as "hard to reach" by services?

This project brought together the experiences of formerly homeless people who had also experienced addiction, and professionals working in homelessness services. The findings presented in this document are based on the stories and themes from individual interviews and focus groups. While the findings of this work can't be used to generalise – there are clear links to other pieces of homelessness research, suggesting that the themes from this project tie into some common experiences.

One of the aims of this work was to ask people with experience of homelessness and addiction: "**what has it been like for you to look for help**?"and "**How have you survived**?". It also sought out professionals who work in homelessness support services and asked: "**what is it like to support homeless people who are considered difficult to engage or 'hard to reach'**?"

An Expert by Experience (EbE), someone with lived experience of homelessness, was involved in the design and recruitment of this research and helped shape the types of questions that were asked as part of the interviews and focus groups.

At the end of this document there are some observations from what people have said, some overall themes from the work, and suggestions for services and commissioners that are seeking to support people experiencing homelessness and addiction. There are also recommendations for anyone conducting research in this area.

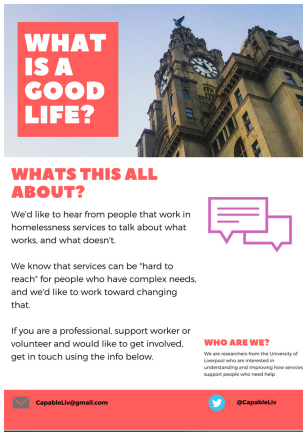
Names and some details have been changed to protect confidentiality of those who took part.

2) Methods

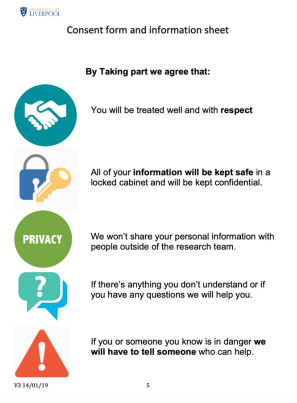
How the research was completed: design, recruitment & analysis

This research was completed through the University of Liverpool and went through a process of ethical approval. Collecting data finished in 2019.

NeuroTriage, a Community Interest Company (CIC) in Liverpool agreed to host the work and provided access to people who wanted to contribute. Networks of professionals working in homelessness helped advertise the research. People were asked to take part in the interviews via information sessions at a drop in Homeless Hub in Liverpool.



Everyone who took part in an interview was compensated for their time. Consent forms and information sheets were adapted and made more accessible - cutting down on complex language and usual visual aids where possible. People could take their time to decide whether to take part and had the option to withdraw their consent and their data at any point up to the writing up stage.



People with lived experience of homelessness took part in 1:1 interviews which were recorded and transcribed anonymously. This data was analysed using a method called Interpretive Phenomenological Analysis (IPA); describing and interpreting participants' lived experiences to come up with patterns in the data.

Professionals working in homelessness services were also asked about their experiences providing support. This was completed in two focus groups. The information provided by individuals about their experiences and information from professionals was written up into 'themes' using Thematic Analysis (TA).

3) Findings

(i) What did 1:1 interview data tell us about people considered "hard to reach" by services and their support seeking experiences?

There were some common experiences for everyone who took part in the one to one interviews. Quotes are used to illustrate the examples people gave.

- Simon, Kate, Kayla, Jim, Dave, Kelly

- Kate

The first theme was one of **being smashed by the streets: being gradually worn down and trying to survive this process.** This included being "kicked out" of different places, nearly everyone had experienced this multiple times.

People described how unsafe they felt staying in hostels, sleeping rough or staying in other people's homes. This often meant they didn't sleep much and were worried about being physically, verbally or sexually assaulted. Many people did experience violence or assault. They described how hard it was to get help from the police or from other services. People talked about having to be careful about who they hung around with, or who they trusted, including which services or government agencies they trusted. This wore down their physical & mental health and impacted how they felt about themselves. As Kate says above, "the world is a very hard place" when you're homeless. People described how, over time, this made things worse for them and they gradually felt more and more alone and unsupported. The longer this went on, the harder it seemed to get help.

3) Findings

"it was pure hell, like a nightmare. You're just trying to get through the night. You think about suicide and stuff... like asking... is it worth living. You feel worthless, so other people think you are worthless."

- Matt

Simon (right) spoke to the dehumanising toll taken over time by seeking help while sleeping rough. Consistent rejection and disappointment faced by many participants in the research led to feelings of hopelessness which, in turn, often, led to continued or increased drug and alcohol use.

People described seeking help successfully and unsuccessfully. Kate was transported to hospital far away from home, without knowing where she was going, or why. She talked about how terrifying this experience was (below)

"It just makes you feel fucked... your living conditions are reduced to an animal level... you just take more drugs, to drown it out. Just be in oblivion, so you don't have to feel that stuff...
... and then it becomes a vicious circle"

- Simon

"It was scary... it was like being passed from pillar to post. I felt really bad.. I wanted to finish my life"

-Kate

The idiom 'from pillar to post' is used by Kate. The origins of this saying are from the practice of public punishment, where someone would be tied to a pillar and whipped or locked into a pillory. Here, Kate was locked into transport and taken against her will, while her requests for relief were ignored. This experience made her feel like life was not worth living, a parallel to Matt's (top) conclusion that he felt worthless.

Within the group, many people had experiences where they asked for help and couldn't get it, or were offered conditional support, based on rules that excluded them from services.

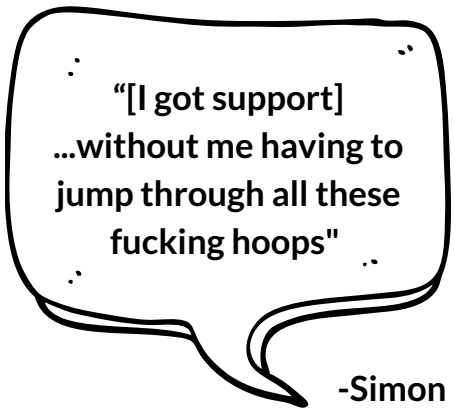
3) Findings

“Anyone can drink, anyone can do drugs... it’s the emotional support that people need to identify what is going wrong”

– Kelly

A second theme described how friendships and **support could help or hinder** progress. Some people found that it was difficult to stay part of their old friendship circles, but then felt really lonely once they had moved into accommodation by themselves. Making new friends and connections could be much harder than it looked.

Kayla and Dave (above) both talked about how they tried to keep the same group of friends once they had moved into a flat and were no longer street homeless, and had started to get clean. Kayla found that it was too easy to fall into old habits when she hung around with people who were still using drugs and alcohol - Dave talked about having a similar experience, both using the phrase "*If you sit in the barbershop long enough...*". They talked about how hard it was to move on, but recognised that if they stayed where they were, they could end up using again.



Simon got help when he had a really supportive key worker who was able to get him straight into rehab, without having to jump through the normal "hoops" to access support like he had in the past. This made a massive difference for him. He got help when he asked for it. He was given support with travel, accommodation and, when he was ready, he was able to learn a trade and live on his own terms.

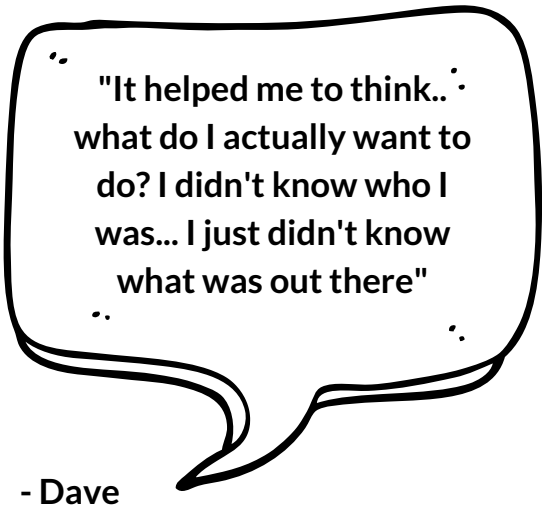
3) Findings

“How I look after myself now? I just come here. Take advantage of all the services that are here... you never know when that funding... is gonna go. I just hope that it doesn't because I dunno where I'll be then. I'm scared because I won't have a clue what to do."

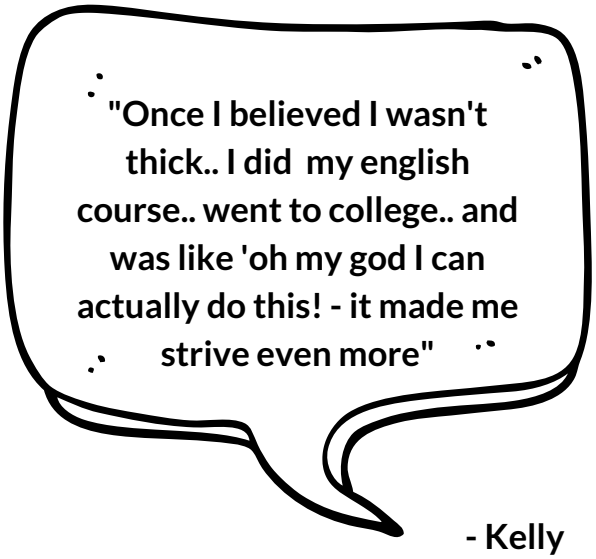
- Matt

Over time, people were able to **assert themselves and identify what they actually wanted** - they were able to make connections with other people and with services as part of their own versions of a 'good life' i.e. doing things that were important to them and they objectively valued. Things didn't have to be perfect, but it was important that people felt safe. People also really wanted to give back - they were keen to help others who might be in a similar situation.

Developing a sense of what someone wanted in their lives involved learning about what was "out there". Dave (right) talked about being able to think about what he wanted and learning what support was available once he had the safety of a hospital stay, and was able to get well and recover from a physical illness. Before that he was sleeping rough and didn't know where to turn for the help he needed. The staff he worked with supported him flexibly - bending the rules slightly for him, and treated him with kindness and empathy.



- Dave



- Kelly

Kelly found education a great way to learn and develop herself. As she learned more, she really wanted to help others and this encouraged her to pursue further education. Doing courses and learning new skills made her realise she wasn't "thick" - she just had never had the chance to get into education before.

Education and training wasn't for everyone, but what made the difference was that people had choice over what they engaged in and were supported to access resources they found useful.

3) Findings

People need to reach out and ask... what their hopes are. Why aren't you in a hostel? Where's your parents? Ask them why are they here, and what do you need?"

- Simon

"I've done all this research... read about trauma.. it's like.. holy shit, this is me! Now I understand these experiences, it makes me realise I had loads of bad thinking.. but it also makes me who I am"

- Jim

Once settled in safe, long term accommodation, many people sought out education - not only formal training, but learning more about their own experiences. For many, this brought a sense of worthiness, of self respect, and discovering things they didn't know before. Jim (left) found it useful to learn more about his childhood experiences, and this brought a sense of understanding about why things had been the way they were for him growing up, and how this influenced his thinking as an adult. This allowed some flexibility in thinking around his own self worth and self esteem, where before, these seemed fixed and concrete.

Dave's narrative is now one of transformation. Dave described this as a fulfilment of his praying – at one point, he couldn't believe the life he has now would happen - it felt like a miracle.

Narratives in this theme included recognising defences - a tough exterior to protect the self - and reaching a point where it felt safe to let these drop, step into authenticity and vulnerability to begin a new period of their lives.

"... [I wouldn't be here] without the support I've got... makes you realise that stuff was out of your control. I'm classed as what you would call a success story really... I was an entrenched rough sleeper... and I've got here where I'm clean... I used to pray to God that this would happen. And I don't really believe in God either (laughing)."

- Dave

3) Findings

(ii) What did the data tell us about professionals experiences of providing support to homeless people?

Professionals recognised many of the barriers facing people who are homeless and have difficulties with drugs or alcohol. They talked about how hard they try to overcome these barriers for the people they work with, but also face a number of barriers themselves. For professionals working in services, things like communication between organisations, sharing information and more 'hoop jumping' were identified as being major difficulties to get people the support they needed.

Professionals in focus groups talked about how easily people can "**fall through the cracks**" of service provision.

One of the potential "cracks" was the blurred lines and lack of a shared understanding between organisations about capacity and consent. This meant that sometimes different health professionals would disagree, and the person that the professional was working with could discharge themselves from hospital without the proper supports. It was challenging for the professional involved to make sure the person didn't slip through the 'cracks' and end up in a worse situation.

The professionals in the focus groups talked about the ways they have to jump through "hoops" similar to the service users they support, and often have to work in situations where they are under resourced and don't always feel supported - this seemed to be another hoop to jump through.

3) Findings

“Some commissioners have been really good... some have been really forward thinking. Some have listened to on the ground services, saying, what does good look like for you?”

- Focus group participant

Focus group participants recognised how unhelpful the label of "hard to reach" was - and that often it is services themselves that are hard to reach. They talked about how the repeated exposure to barriers and to disappointment was demoralising, both for the individuals seeking help, as well as the professionals supporting them.

They talked about their hopes that services would eventually turn toward a model based on individual need rather than focused on service targets and political objectives.

"Hard to reach people are the ones who have lost trust in services... you have to be able to get past that barrier where they've been let down by services before and don't see any immediate positive outcome from gaining treatment."

“Stop asking them to repeat stories, and start asking, well what are your interests? What do you like to do? Can we broker those opportunities for you rather than [saying]... Go and engage with housing. Go and engage with drugs [service]. Go and engage with health [service]. Because, they might not want to. We have a choice about what we do. If I don’t want to go to the dentist, I won’t go.”

Focusing on the present rather than repeating the past was important for professionals in recognising service users’ needs. Basing treatment and support on current interests and combining that information with advocacy and choice was crucial. Having space, resource and time to 'just be' rather than signposting people to lots of different services helped to build up trust. When professionals were able to build up connections with people using services, this usually led to better outcomes.

4) What does this tell us?

Bringing it all together: how do the results of this research fit with the evidence?

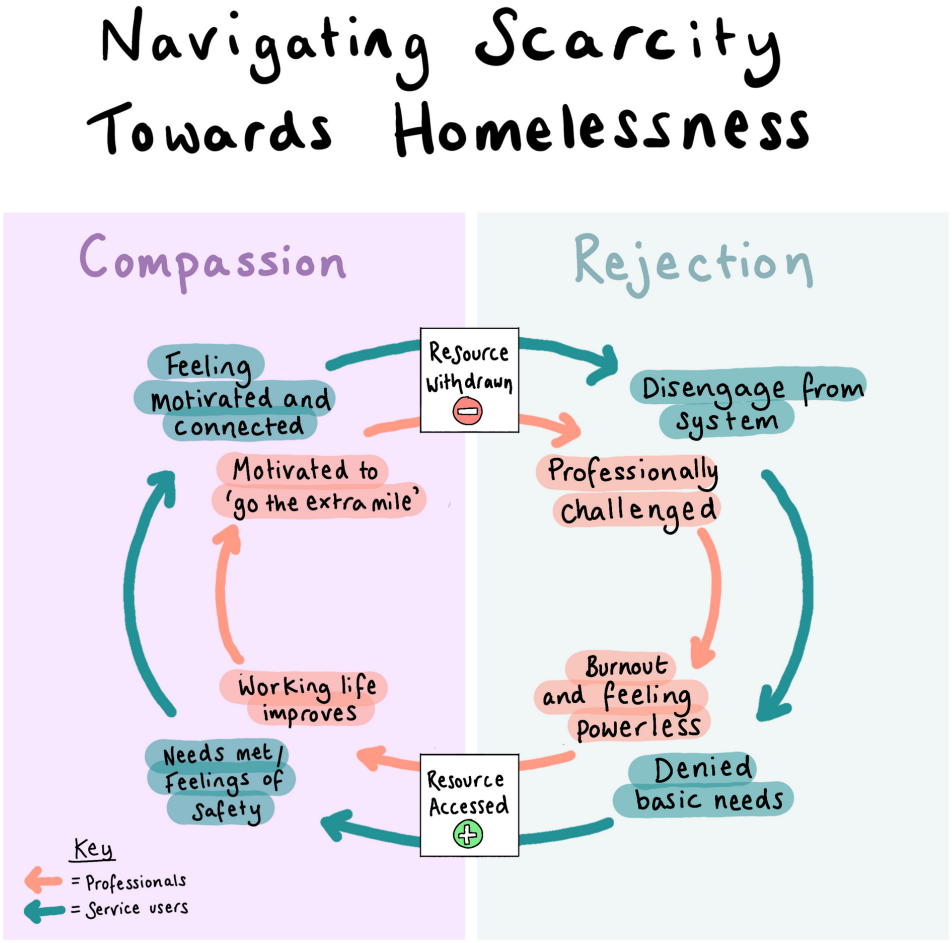
Interview participants discussed how they felt rejected not just by individuals and some agencies, but by society via narratives embedded in culture. Participants spoke about feeling 'like shit', 'worthless' and 'reduced to an animal level'. In the media, 'poverty porn' (Law & Mooney, 2011), a voyeuristic branch of reality TV focused on people in financial difficulty, has furthered the perception that people are undeserving of support if they are not employed, an impression indirectly supported by neoliberal attitudes toward health and social care (Mansted, 2018). Professionals alluded to these negative perceptions by describing how hard it is to get services commissioned for homeless people.

Legislative measures such as anti-social behaviour orders (ASBOs), exclude homeless people from public spaces (Atkinson, 2003). Exclusion from public spaces can also be achieved by making the built environment rejecting - defensive architecture can physically reject people (Andreou, 2014) from stopping places, forcing them to live in an endless liminal environment (Cutler, 2005). This displacement leaves only marginal spaces for homeless people to exist, creating a situation where vulnerable people can be exposed to 'care and control' measures from statutory organisations, shelters or hostels that enforce a strict 'code of conduct' (Cloke et al., 2010) as well as a set of rigid expectations for how homeless people should behave and live. Individual narratives gave examples of 'care and control' and the detrimental, corrosive impact these measures had on physical and emotional wellbeing. Professionals experiences of feeling controlled or restricted by service constraints meant they often felt frustrated with these systemic hurdles.

By contrast, people referred to the Homeless Hub as a 'sanctuary' and a 'safe space'. By building on the strengths of these 'spaces of care' (Johnsen, Cloke, & May, 2005), professionals are able to create a 'place to be and belong'. The physical spaces and environments in which people live are directly linked to positive mental health outcomes (Townley, Millar, & Kloos, 2013). Safe environments for both service users and staff can provide a 'container' (Bion, 1962) or a 'secure base' (Bowlby, 2005) to recover a sense of self. There are some successful examples of this concept in practice, e.g.: 'Psychologically Informed Environments' (PIE) (Johnson & Haigh, 2012).

4) What does this tell us?

Cycles of temporary compassion & cycles of rejection



Experiences of being rejected and rejecting others (because of necessity, rather than by choice) were consistent through the analysis of data, and this was mapped out (above) as an alternative way to explore the repeating patterns people described when giving and receiving care. This relational 'map' (above) helped to describe the experiences both individuals and professionals spoke about.

It was common for homeless people to experience rejection when seeking help due to 'hoops, cracks and gaps'. Professionals experienced similar rejection when challenging the 'system', when funding for services was cut or when homeless people lost trust in services and rejected their help. What got in the way of providing care was scarcity; not enough resources, not enough time, and not enough compassion within people or systems. Scarcity maintained the cycle of moving between compassion and rejection. Individuals were worn down by experiences over time, and professionals were constrained by conflicting service demands - their own set of 'hoops'- leading to feelings of powerlessness and frustration.

There were some hopeful examples of exits from this cycle, and of 'good enough' care - safe spaces to 'be and belong' but often these excellent examples were either temporary, found by sheer luck, or gradually wicked away by cuts to funding or staff burnout.

illustrations by Juliet Young, @creative.clinical.psychologist

5) Where Next?

Implications from the data in this research

Connection is important, but connection to what?

Evidence suggests that homeless people do better when they are housed, and this has been shown to be the case with schemes like Housing First. However the communities people live in are also important. In this study, **loneliness** after getting somewhere to live was common. If people are housed, but lonely or feel isolated, this sometimes resulted in a return to addiction or homelessness.

The success of places like the Homeless Hub was based in the **lack of strings attached**. People could come and go as they pleased, and support didn't end once they got somewhere to live. There were ground rules to keep everyone safe, and basic needs like food, water, access to information etc were catered for.

Person centered care is a term used a lot in services - and in this piece of work there were examples of how flexing the rules for a better outcome benefitted the individual. There was often a conflict between providing person centred care and the limits or aims of a particular service. Professionals who advocated for the people they worked with had to push against multiple bureaucratic and physical barriers to get 'good enough' care.

Having a choice about what support looks like and how to engage is important, but choice becomes meaningless if someone's only has a 'choice' between two very limited options, for example, the choice between sleeping in an unsafe hostel or sleeping rough.

"Pushing", "jumping", "fighting", "struggling" were words used a lot when describing getting support and surviving. This **invisible labour** - the amount of physical energy spent walking from place to place, responding to calls or last minute offers of appointments was staggering, and emphasised just how much effort it takes to just exist when you do not have a home, and it isn't safe to rest. Reasonable adjustments for people should take into consideration the physical toll 'just surviving' takes on a person.

6) Recommendations for services, commissioners & organisations based on the data in this research

The causes of homelessness are not as simple as loss of a home, there are multiple individual and systemic factors which interact, including experiences of violence, poverty and social injustice. Recognition of this complexity should inform service design and accessibility.

There were multiple experiences of people **transitioning between statutory services** (like state care or prison) and 'falling through the cracks'. Additional 'cracks' included experiences of violence, relationship breakdown, difficulties with substances and poverty. Tackling the antecedents to homelessness 'upstream' by offering meaningful early intervention, will benefit both individuals and professionals in the long run.

In the experience of the people in this study, it was very difficult to feel safe and protected when staying in **hostel accommodation** - while ending rough sleeping is well intentioned, it can cause more harm if 1) the person has no choice in where they stay and/or faces criminal charges if they decline and 2) temporary accommodation is less safe than being on the streets.

Accessing support for addictions was seen by everyone as nearly impossible, mostly because it was so difficult to access at the point of need. When people were unable to access this support, often things got worse.

Psychological support can help people but it is extremely difficult to get access to, and is often 'hidden' behind many layers of services. Connections, trust and supportive relationships formed part of recovery for people in this research. Therapeutic input offered a safe context to develop a new perspective on old experiences, and a changed outlook toward the future. At a systemic level, a broad, multi disciplinary approach is needed that recognises the biological, psychological and social needs of the individual.

Removing "hoops" to care is crucial - both for homeless people and the professionals working in services. Blurred lines and confusion over information sharing, consent and capacity was difficult to navigate. Professionals navigated these hoops as best they could, but it wasn't simple and often felt like 'invisible labour' - extra work that wasn't always recognised.

7) Further Research

Suggestions for developing the ideas in this work

This piece of work has highlighted that challenges are not just identifying and naming sources of structural inequality but also contributing to a shift in how mental distress, material and relational deprivation are addressed by health and social care agencies. The Power Threat Meaning Framework (PTMF), (Johnstone & Boyle, 2018) uses power as a critical antecedent to a threat response and frames an individuals difficulties as an attempt to meet core, basic needs and survive. Considering street homelessness and the difficulties in accessing support described in this research through a PTMF lens could be a meaningful shift away from a focus solely on the homeless individual and to the use of power within systems of care.

Women and people from minority groups are more vulnerable to systemic prejudice and discrimination, which increases the risk of becoming homeless (Cochran, 2002). A piece of work examining the support seeking experiences of women, for example, could have important implications for the practical provision of support, given the limitations of accommodation for women reported by participants in this study.

Inclusion of an EbE meant that there was valuable consultation and guidance during the design, recruitment and analysis stage of this work. However incorporating lived experience in research runs the risk of becoming tokenistic or even exploitative if issues of power and privilege are not addressed. Future work would benefit from a model of Participatory Action Research (PAR) for incorporating service user-led research into the development and implementation of research projects, particularly with vulnerable groups (Kemmis, 2013).

The themes of individual and professional experiences reflect how lack of choice, arbitrary hoops and punitive, or violent systems shut down opportunities for compassion, both for users of services and for staff. As evidenced in this study and other pieces of work, people with lived experience are able to eloquently describe what has worked for them, and what has not. They deserve a platform for their voices.

8) Acknowledgements & Thanks

Massive thanks to Liam, Jim, Kayla, Kelly, Dave, Kate, Simon and Matt and all of the professionals who participated in the focus groups for taking part, speaking so honestly and openly about your experiences and sharing them with me. It has been a powerful, humbling and moving experience to hear your stories of resilience and survival.

“Tell the story of the mountain you climbed. Your words could become a page in someone else’s survival guide.”

— Morgan Harper Nichols

This research would not have been possible without the help, advice and encouragement from experts by experience and the homelessness organisations who supported this work. Thanks to Tim Noble for providing his expertise. Thankyou to Heidi and the staff of the Waves Hub, without your help this research wouldn't have gone so smoothly.

Thankyou to Ste Weatherhead and NeuroTriage @neurotriage for your supervision, help & creating connections. Thanks to Ross White for supervision and thoughtful feedback.

Thankyou to Brian, Tia, Kate, Sarah, Carine, Marianne, Ryan, Will for listening to my ideas, helping me to proofread and figure out the process.

Thanks to Juliet Young, @creative.clinical.psychologist for the illustration work.

If you have any questions or you'd like to get in touch about the contents of this document please feel free to email me at: CapableLiv@gmail.com or find me on Twitter: @BenMacCam

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This is a summarised list of references and suggested reading.
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