Using Experience Sampling Methods to support clinical management of psychosis: The perspective of people with lived experience.

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Abbreviations
ESM = Experience Sampling Method

ABSTRACT

Psychotic disorders are among the most burdensome mental health problems, requiring ongoing care and support. While the Experience sampling method (ESM), a structured self-monitoring technique, offers a promising approach to supporting person-centered care, there has been a general lack of user involvement in implementing these digital innovations in routine mental health care. The present study explored the perspective of people with a history of psychotic disorders using a user-centered design within focus groups. While people with lived experience recognize the potential of ESM to become more aware and increase control over their mental health through early detection of symptoms, concerns were voiced about the validity and burden of mental health self-monitoring. Participants indicated that ESM tools should allow for a high degree of personalization and enable assessing a broad range of daily-life experiences not limited to psychotic symptoms (i.e., including moods and emotions, social functioning, and general functioning). Future developments of clinical ESM tools for the management of psychosis should allow for a broad assessment of individuals' daily life experiences, identify solutions for easy personalization, and address potential barriers for use by identifying factors that influence the perceived burden of ESM and strategies to strengthen confidence in self-monitoring.

1. INTRODUCTION

Approximately one in 150 people are diagnosed with a psychotic disorder, such as schizophrenia, during their lifetime (Moreno-Küstner et al., 2018), and up to 8% of the general population experience psychotic symptoms (e.g., delusions and hallucinations) (van Os et al., 2009). Psychotic disorders are some of the most burdensome mental health problems and are accompanied by elevated risks of experiencing discrimination, social isolation, unemployment, homelessness, and increased risks of suicidal thoughts and behaviors (Castelein et al., 2015; Rössler et al., 2005). Therefore, people with a psychotic vulnerability often require ongoing lifetime care and support (Rössler et al., 2005; Thomas et al., 2016). The recognition that a narrow focus on symptom reduction does not provide satisfying treatment outcomes for many people with chronic mental health problems has encouraged a general shift in clinical management toward more community-based and person-centered care in the past decades (Gask & Coventry, 2012; Medeiros et al., 2008; Thomas et al., 2016). This shift involves moving away from long-term institutionalization, prioritizing individual treatment goals, and promoting greater involvement of service users in decision making. The benefits of a person-centered approach include greater empowerment and treatment engagement among service users, which are associated with improved clinical outcomes and decreased relapse (Calabrese & Al Khalili, 2021; Gask & Coventry, 2012).

Despite these benefits, one major challenge of person-centered mental healthcare is that providers and service users often lack the tools to support the integration of person-centered approaches into clinical practice (Gask & Coventry, 2012; Gondek et al., 2017). The experience sampling method (ESM), also known as ecological momentary assessment (EMA), is a structured diary technique that enables the collection of detailed information on people's mental health in their daily life context (Myin-Germeys et al., 2009). This method has been developed within ecological psychology, which emphasizes the importance of studying behavior and illness in the everyday life context where it occurs (Charles & Sommer, 2012). Nowadays, ESM is deployed by prompting

individuals to complete brief self-assessment questionnaires multiple times a day on their smartphones for several consecutive days (Myin-Germeys et al., 2009). As a research tool, ESM has provided insights into underlying mechanisms of psychosis and other mental illnesses by revealing how contextual factors influence psychopathology in daily life (Myin-Germeys et al., 2018; Myin-Germeys et al., 2009). ESM has, for example, been used to study variability in psychotic symptoms (Delespaul et al., 2002; Reininghaus, Oorschot, et al., 2019) and emotions (Cho et al., 2017; Vakhrusheva et al., 2020), as well as the interplay between mental well-being and daily life stress (Myin-Germeys et al., 2005; Myin-Germeys et al., 2001; Vaessen et al., 2019), social interactions (Chavez-Baldini et al., 2020; Mote & Fulford, 2020), and daily activities (Granholm et al., 2019; Parrish et al., 2020). While ESM is thus not a new methodology, the ubiquity of technology and smartphones in today's society (WHO, 2016) has enabled the potential use of ESM to support person-centered management of mental illness (Myin-Germeys, 2020).

Integrating ESM in the clinical management of mental illness may offer several benefits. First, ESM could provide helpful information about how individuals function across daily life contexts, which can guide and tailor therapy (Bos et al., 2019; Hanssen et al., 2020). Second, self-monitoring could train mental health self-awareness, making individuals better at recognizing symptoms, emotions, and thoughts (Bos et al., 2019). Finally, real-time monitoring could alert individuals and their clinicians of significant changes in their mental health (Bos et al., 2019) and help predict psychotic relapse and rehospitalization (Ben-Zeev et al., 2017; Komatsu et al., 2013). While perceived usefulness, usability, and usage compliance of self-monitoring interventions such as ESM have been found to be overall high in people with psychosis (Kumar et al., 2018; Palmier-Claus et al., 2013; Smelror et al., 2019; Terp et al., 2018), ESM is still rarely used in the clinical management of psychotic disorders. One potential explanation for this is that most ESM tools are designed primarily from a research perspective and therefore fail to consider the perspective, concerns, and needs of the people who will use them. If these tools are to be implementable and viable, the format and content of ESM must be adapted to fit the clinical context of both health care providers and people with mental health problems.

Lack of user involvement in the design of digital mental health tools is a significant pitfall for the successful implementation of novel tools to support clinical care (Mohr et al., 2017). People with lived experiences of psychosis are rarely involved in determining the essential characteristics of the clinical ESM tools designed to improve their mental health. Although some ESM intervention studies have collected feedback from users with psychotic disorders (Hanssen et al., 2020; Kumar et al., 2018; Palmier-Claus et al., 2013; Smelror et al., 2019), this was integrated only at a later adaptive stage in the design of already defined prototypes. Employing user-centered design approaches, in which input from critical stakeholders is integrated from the early exploratory design stages, is required to ensure that stakeholders' needs, goals, limitations, capabilities, and preferences are firmly integrated into the design process (Mohr et al., 2017). To guide true user-centered design of clinical ESM self-monitoring tools, this study's objective is to understand better the perspectives of people with lived experiences regarding the use of ESM for clinical management of psychosis. To this end, we conducted focus groups with people with lived experience of psychosis and explored 1) their views on using ESM for clinical management of psychosis and 2) what daily-life aspects they consider most relevant to assess in their daily life.

2. METHODS

2.1 Participants and procedures

Participants were recruited through flyers and information sessions at two psychiatric institutions and a patient organization in Flanders, Belgium. Inclusion criteria were: (a) being at least 18 years, (b) having a lifetime diagnosis of schizophrenia spectrum disorder with at least one psychotic episode, and (c) having an adequate ability for reality testing. The last two criteria were assessed with the Comprehensive Assessment of Symptoms and History (CASH) interview (Andreasen et al., 1992). People with an acute florid psychotic episode at the time of initial screening or focus groups were not included in the study. The project examined different aspects of the lived experience of psychosis and consisted of several individual interviews and focus groups. For the objectives of the present study, we

used data from two focus group sessions that focused specifically on the use of ESM in people with psychosis sensitivity, involving a total of nine participants. The sessions lasted between 90 and 120 minutes and were moderated by a researcher and a research assistant. The research team started the session by explaining the basic concept and application of ESM. Following this, participants engaged in an open discussion in which they were asked to identify daily life aspects and experiences relevant to self-monitor for individuals with psychotic vulnerability. The moderator used a whiteboard to note down topics to establish commonalities and differences between suggestions during the discussions. The study procedures were approved by SMEC KU Leuven (G-2017 07 851), and participants provided written informed consent prior to study onboarding.

2.2 Data analysis

All focus groups were recorded digitally and transcribed verbatim by two research team members. Each participant was given an alias to guarantee anonymity. We performed an inductive, data-driven thematic analysis to ensure that the findings reflected participants' experiences rather than predefined research constructs (Braun & Clarke, 2006). Transcripts were coded in their full length, applying an initial open coding strategy (Saldana, 2012) using Nvivo 12 software (NVivo, 2020). The first author undertook the initial coding and revised and refined codes in collaboration with co-authors in peer debriefing sessions (Nowell et al., 2017). The codes were then compiled into meaningful themes and sub-themes by applying secondary coding strategies, including *pattern coding* to generate meta-codes, and *focused coding* to identify the most frequent and vital codes (Saldana, 2012). The final thematic framework was selected after several peer debriefing sessions, in which several members of the research team discussed and gave feedback. The main themes and sub-themes identified in the analysis are reported in this paper. Graphic overviews of the frequency of the different themes were produced to illustrate the extent to which these were discussed within the focus groups. Where clear and illustrative quotes could be found, these were translated from Dutch to English and used to exemplify participants' views and experiences (Table 1).

[Please include Table 1 here]

3 Results

3.1 Participant demographics

Nine individuals with no experience using ESM took part in the two focus group sessions. Participants were between 34 and 54 years old, six identified as male and three as female, and all had completed a university-level education (data missing for one participant). Four participants received their income from regular work, four from sickness benefits, and one from a pension. Eight participants had received the diagnosis ''unspecified schizophrenia spectrum disorder and other psychotic disorders'', of which one also had the diagnosis ''bipolar disorder type II'', while one participant had been diagnosed with *''paranoid schizophrenia'' (American Psychiatric Association, 2013)*.

3.2. Perspectives on using ESM for clinical management of psychosis

Three overall themes emerged in exploring participants' views on using ESM for clinical management of psychosis (Figure 1). These were (1) *benefits of using ESM,* (2) *concerns about using ESM*, and (3) *further improvements of ESM tools*.

[Please include Figure 1 here]

Theme 1: Benefits of using ESM

Participants expected that using ESM to self-monitor could have several benefits, of which the *prevention of relapse* via early detection of changes in mental health was the most frequently mentioned. Participants explained that recognizing behaviors or experiences as abnormal can sometimes be challenging and indicated that it could be helpful if ESM would detect subtle changes in behavior or symptom patterns. They envisioned that ESM tools could thus be designed to trigger warning messages that would notify them when something was ''not right''. In addition, some suggested coupling ESM with their personal crisis plan, allowing ESM tools to automatically present

individuals with guidance to tackle a mental health crisis when detecting certain behaviors or moods. A second benefit discussed was the opportunity to *train self-awareness*. The frequent self-assessments were considered potentially helpful to enhance awareness and self-insight by making people better at recognizing symptoms and the thoughts, feelings, and situations that trigger symptoms. Finally, a subsequent benefit of relapse detection and awareness training was believed to increase individual control and autonomy, making people less dependent on professional health care (*quote 1*).

Theme 2: Concerns about using ESM

Although participants were open to using ESM, they also voiced several concerns. Participants generally agreed that using ESM during acute psychotic episodes could be problematic. This was mainly due to concerns about whether people experiencing acute psychotic symptoms could provide *valid and reliable* answers to the assessments, as their ability to assess their behaviors and experiences might be inhibited or distorted. Participants also suggested that people might provide ''fake'' answers if they do not trust the app. This could, for example, be the case for people experiencing paranoia, who would feel that they were ''being tested''. Participants were also concerned that misinterpretations of ESM questions or socially desirable answers could influence the validity of the ESM data. Therefore, it was stressed that ESM questions should be phrased using clear, common, non-suggestive, and non-stigmatizing language. Potential *adverse effects* of using ESM, including negative emotional fixation in response to the ESM questions and increased smartphone and tool dependency, were other important concerns voiced by participants (*quote 2*). Finally, participants were concerned that the many continuous daily assessments could become *burdensome* and stressful (*quote 3*).

Theme 3: Further improvements of ESM tools

Participants had various suggestions for increasing the potential usefulness of ESM tools*.* Firstly, *personalization* was considered highly important as it was stressed that everyone is different and will have different experiences of psychosis. Personalization could be achieved by allowing users to formulate personal questions or enabling individual selection of predefined questions (*quote 4*).

Furthermore, it was suggested that personalization could be achieved by using intelligent algorithms to recognize individual symptoms and behavior patterns that tailor questionnaires accordingly. In addition to personalization, several participants suggested combining ESM self-assessment with *passive monitoring* of behaviors such as smartphone usage patterns (e.g., time spent on social media) and physiological measures (e.g., heart rate, movement, sleep), which several participants already had experience with and perceived as helpful. Combining self-reported and passively collected data sources was believed to improve the validity of the data by providing a check for the validity of the self-reported data.

3.3. Daily-life aspects most relevant to monitor

A great variety of suggestions were brought up by participants regarding daily-life aspects that they perceived as relevant to monitor. These were grouped into four overall themes (Figure 2), of which (1) *psychotic symptoms* were the most frequently discussed, followed by (2) *moods and emotional states,* (3) *social functioning,* and (4) *daily-life functioning.*

[Please include Figure 2 here]

Theme 1: Psychotic symptoms and experiences

The overall presence, frequency, and intensity of psychotic symptoms and experiences were perceived as a primary indicator of potential relapse and, therefore, considered highly relevant to monitor. However, the exact symptoms and experiences that participants deemed relevant were diverse and highly person-specific. The many different psychotic experiences were grouped into four sub-themes. One type of experience considered essential to monitor by everyone was related to experiences of ''*being out of touch with reality''.* For example, experiences such as feeling overly confident about one's own convictions and thinking that you are all-knowing, or experiencing distressing doubts in one's perception of reality and ability to determine what is real. Experiences of being of particular importance, having a mission to perform, and paranoid delusions of being tested or

under surveillance were also commonly mentioned. Evaluating such experiences and a person's general ability to perform ''reality checks'' was thus deemed helpful by participants. Another category of symptoms was related to *''having a hyperactive mind''*. This included, for example, having racing thoughts, which were described both as feeling more creative and getting more ideas and as having jumpy and unmanageable thoughts (*quote 5*). Other common experiences were making links and associations between non-related things, overanalyzing things in a pursuit to ''understand everything'', and coming to sudden groundbreaking insights about the world. A third sub-theme concerned *"experiencing strange things".* This involved visual and auditory hallucinations, such as hearing voices, reading other people's minds, or believing that others are reading your mind, as well as more abstract experiences of being in contact with higher spiritual dimensions, the interference of ''greater forces'', or generally experiencing something as illogical or inexplainable (*quote 6*). Finally, *''behaving strangely''* was considered an important aspect to evaluate. Examples hereof were displaying excessive and impulsive behaviors, such as excessive and incoherent writing, excessive use of smartphones and social media, and sudden radical decisions*.* Being very flirtatious and spontaneously striking up a conversation with strangers were also mentioned by some participants as psychosis-related behaviors relevant to monitor.

Theme 2: Moods and emotional states

Importantly, however, a broad range of daily-life experiences not limited to psychotic symptoms were also mentioned. Tracking changes in moods and emotional states was the second most mentioned theme. Here, *anxious moods and fear* were mentioned as important experiences related to psychosis, including the fear of relapse (*quote 7*) and ''losing control'' and experiences of feeling unsafe or being scared by your psychotic thoughts. *Feeling stressed* or overwhelmed was also considered an important indicator of mental instability and a potential trigger for psychotic symptoms. Therefore, monitoring sensitivity to environmental stressors (e.g., noisy, busy, or unfamiliar surroundings) and one's ability to cope with challenges were highly relevant. Furthermore,

experiencing sudden, uncontrollable, *intense emotions* such as guilt, shame, humiliation, despair, or being madly in love were things participants wanted to monitor. Finally, all participants recognized *increased vitality* as a shared experience related to psychosis. For example, this was described as feeling much better than usual, having enormous amounts of energy, or having an increased libido (*quote 8*).

Themes 3 and 4: Social functioning & General functioning

The third theme identified in the analysis concerned individuals' social functioning. To evaluate whether someone is in good mental health, participants found it essential to assess how someone feels they can *connect with others* or are experiencing *socially stressful situations*. Having conflicts with others was considered particularly important, as this will often indicate that someone is mentally out of balance (*quote 9*). Participants also suggested tracking whether someone has regular social contact or is withdrawing from contact with others. A final discussed theme was people's overall daily functioning with irregular day rhythms and sleep disturbances considered strong indicators of a decline in mental health (*quote 10*). Other relevant daily activities were getting regular meals, physical exercise, and whether someone still leaves their home.

4. DISCUSSION

We explored the views and opinions of people with lived experiences of psychosis on using ESM for clinical management of their mental health and identified several important benefits, concerns, and requirements for using and designing ESM in routine mental care.

First, our study showed that ESM is believed to hold the potential to support individuals with a history of psychosis in managing and understanding their mental illness. The primary perceived benefit of using ESM is the potential to prevent psychotic relapse through early detection of signs of mental health decline, coupled with automatic alerts and crisis guidance. This is in line with findings from an ESM intervention pilot, in which individuals with non-affective psychosis perceived ESM as a

potential resource for early and more effective mental health interventions (Palmier-Claus et al., 2013), and a mHealth co-design study where notifications of illness exacerbation and real-time guidance were considered key components to support individuals with schizophrenia in managing their illness (Terp et al., 2017). While relapse alerts are generally perceived as beneficial, an important next step in developing clinical ESM tools will be to assess both positive and potential adverse effects of such interventions. Secondly, some people with lived experience of psychosis also expect that ESM can help train and improve mental health self-awareness and self-management. Increased awareness of symptoms and thoughts has been reported in ESM pilot studies with people experiencing psychosis (Palmier-Claus et al., 2013; Smelror et al., 2019). However, while some perceived this as beneficial, our findings indicate that this could also be confronting and make individuals overly aware of negative thoughts and emotions.

Other concerns expressed by people with lived experience in our study focused on the validity and reliability of using ESM in people experiencing psychosis. ESM pilot studies reported similar concerns regarding the ability of ESM to accurately capture individuals' experiences and potential biases of self-assessments (Palmier-Claus et al., 2013; Smelror et al., 2019). Thus, it seems that many people with experiences of psychosis have skeptical reservations towards self-assessment tools such as ESM regarding validity and reliability. In addition, increased paranoia was reported as a main adverse effect in several ESM and self-monitoring studies in people with psychotic disorders (Palmier-Claus et al., 2013; Smelror et al., 2019; Terp et al., 2018). Therefore, issues concerning trust might be fundamental to tackle when developing ESM tools for people with psychotic experiences. While ESM has been demonstrated to be equally reliable in predicting treatment needs in people with psychotic disorders compared to other clinical assessment tools (van Os et al., 2014), skeptical attitudes and lack of trust can become an important barrier to the use and adoption of clinical ESM tools. Therefore, future research should further examine the underlying causes of skeptical attitudes towards ESM and explore what might strengthen trust in self-monitoring tools. One approach proposed in our study to increase the validity of ESM data was to combine the self-assessments with data from passive sensors.

The employment of sensing apps and wearables has already been widely explored within mental health research and care (Seppälä et al., 2019). Finally, increased technology dependency and usage burden were concerns identified in our study. The concerns regarding dependency raise questions about which role ESM should take in managing mental health problems. Participants in other studies have stressed that despite its potential benefits, individuals should not rely on ESM as their primary guide for mental health management (Bos et al., 2019), but should be complementary and not become a replacement for direct contact between health care providers and people with care needs (Bos et al., 2019; Palmier-Claus et al., 2013). Regarding the burden of ESM, this concern has been evaluated in various psychiatric populations with inconsistent conclusions regarding the level of burden acceptability (Bos et al., 2020; Glenn et al., 2022). The perceived burden will likely depend on various factors related to the individual user and the tool design. Hence, a better understanding of these factors is needed to effectively tackle issues related to usage burden in the design of self-monitoring tools for people with psychosis.

In line with other studies (Bos et al., 2020; Bos et al., 2019), we found that the opportunity to personalize ESM was perceived as essential to make it a valuable tool for mental health management. The importance of personalization was also reflected in the large variability in symptoms and other daily-life experiences that people with lived experience found relevant to monitor. Although shared categories of symptoms and experiences were identified, our data showed that no two experiences of psychosis are the same. With few exceptions (Hanssen et al., 2020), most ESM intervention research has used fixed sets of researcher-defined questions to assess psychotic experiences (Ben-Zeev et al., 2017; Kumar et al., 2018; Palmier-Claus et al., 2013; Reininghaus, Klippel, et al., 2019). Meanwhile, our findings show that no standard set of ESM questions is sufficient to capture the daily life experiences of people with psychosis. Therefore, clinical ESM tools must allow individuals to select and/or formulate questions that assess symptoms and experiences that are personally meaningful for them. In addition to increasing perceived usefulness, personalization might also reduce the perceived burden of ESM assessments (Palmier-Claus et al., 2013). Therefore, identifying and testing different practical

solutions for easy personalization of ESM tools will be an essential future task for researchers and designers, as this is a critical component in unlocking the potential clinical benefits of ESM.

4.1 Limitations

Although the present study relied on the views of nine individuals with a history of psychosis, the obtained data proved to be rich and cover a diverse range of aspects regarding how people with lived experience want to use ESM, what they want to monitor, and what they see as potential pitfalls, strengths, and further developments for clinical ESM tools. While more information might have been derived from a larger sample, this study did not aim to create an exhaustive checklist for the design of clinical ESM tools but to generate explorative, helpful input for future developments. The study was also not designed to be representative of a general population of people with psychotic experiences. Therefore, somewhat different results might have been generated from a sample with a different socio-demographic background.

5. CONCLUSION

People with lived experiences of psychosis perceive ESM as a potentially beneficial tool to support them in better understanding and managing their mental health. A broad range of daily-life experiences, including but not limited to psychotic symptoms (i.e., moods and emotions, social functioning, and general functioning), were considered relevant to monitor. As was voiced in this study, future applications should allow personalizing ESM tools to the specific situation of people with lived experience of psychosis. Future developments must also carefully consider potential barriers to adoption, including perceived burden and potentially low levels of trust. Only by considering both the opportunities and the challenges will we be able to use ESM to its full potential in the clinical management of psychosis.

CREDIT AUTHORSHIP CONTRIBUTION STATEMENT

The study was designed by RS in collaboration with ZK and IMG. RS recruited participants and undertook data collection and interview transcription. Interview coding and analysis were undertaken by LT with support from AT. The first manuscript draft was written by LT in collaboration with GK and AT. All authors contributed to the critical review of the manuscript and approved the final version.

DECLARATION OF COMPETING INTEREST

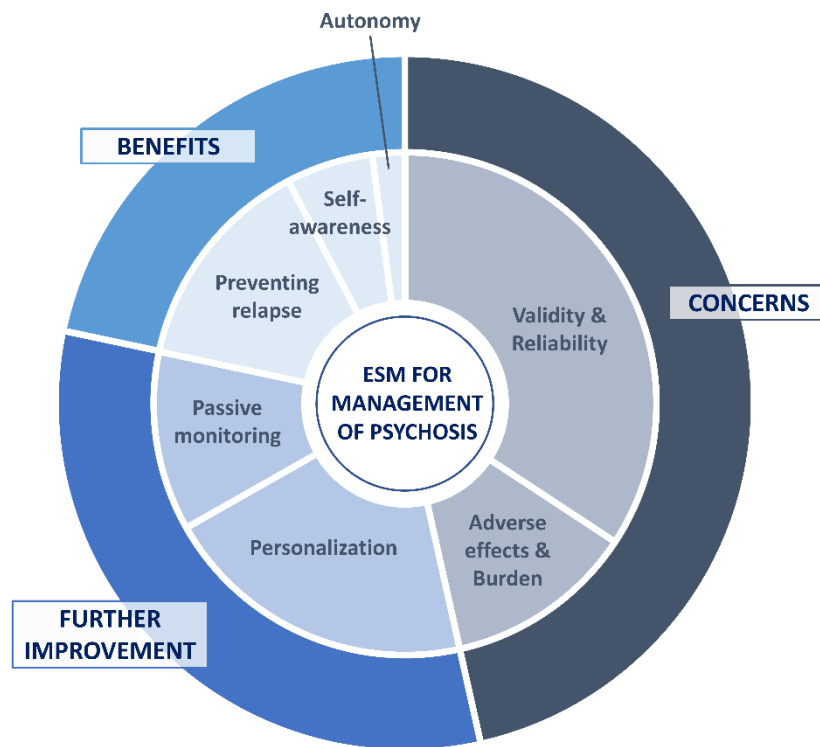No potential conflict of interest was reported by the authors.

Figure 1: Overview of main themes (outer circles) and sub-themes (inner circles) identified concerning the use of ESM for clinical management of psychosis and the proportion of data (number of references) assigned to these in Nvivo.
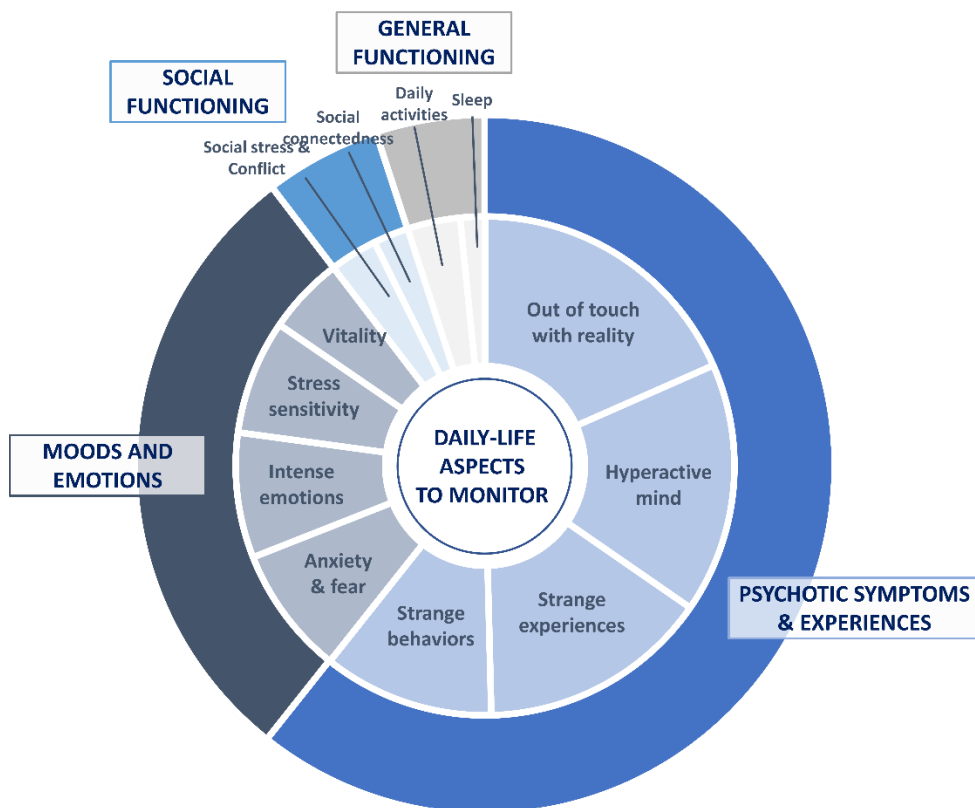

Figure 2: Overview of main themes (outer circles) and sub-themes (inner circles) concerning the daily-life aspect most relevant to monitor for people experiencing psychosis and the proportion of data (number of references) assigned to these in Nvivo.

Table 1: Quotes for illustration of participants views and experiences

QUOTE NUMBER	THEME (subtheme)	QUOTE
Quote 1	BENEFITS (Autonomy)	**Ellen:** *I think the app is a good intermediate step. Like during the period when you don't completely understand how to take care of yourself, to help you understand how you work. And then afterward to be able to continue on your own.*
Quote 2	CONCERNS (Adverse effects)	**Robert:** *Actually you should do that yourself. You have to learn for yourself [to recognize symptoms] (…) And if you put that [symptom information] in that app, eventually you might be dependent on that app.*
Quote 3	CONCERNS (Burden)	**Robert:** *That's actually very burdensome isn't it, such an app? If you do that ten times a day? (…) Because while you are walking around with such an app, you are actually trying to recover. Then you actually need all your attention for your… own thing. And then you still have to answer questions?*
Quote 4	FURTHER IMPROVEMENTS (Personalization)	**Charlotte:** *Yes exactly… that you can enter your own pitfalls in the app, and that it then asks you about those pitfalls.*
Quote 5	PSYCHOTIC SYMPTOMS (Hyperactive mind)	**Terry:** *Yeah, like the way Lucky Luke shoots faster than his shadow, your thoughts can run faster.*
Quote 6	PSYCHOTIC SYMPTOMS (Experiencing strange things)	**Rita:** *One of the last times I had a psychosis… the hour had changed, and some clocks adjust themselves automatically, others didn't, but I didn't realize the hour had changed. So I woke up and I saw; "It's eleven o'clock," and then ten o'clock in the kitchen and I thought "wooow". And I was completely… "Time goes backward and forward here, I can't follow anymore."*
Quote 7	MOODS AND EMOTIONS (Fear and anxiety)	**Robert:** *Once you've been institutionalized, you've started a vicious circle. Because you hardly…well, for me anyway… That's so… so terrifying… that you… anything that hints that that could happen again… Yeah then… you really start to freak out. Thinking "Shit, this is going to happen again".*
Quote 8	MOODS AND EMOTIONS (Vitality)	**Terry:** *In such a state [during a psychosis] you get enormous… that has enormous energetic powers… you get a huge boost and that can express itself in all kinds of aspects, including sexuality.*
Quote 9	SOCIAL FUNCTIONING (Social stress & conflicts)	**David:** *For me… starting a discussion or something [is relevant to monitor]. At one point I actually got into a discussion with my psychiatrist and then I also said: "Yes, no, what you are saying are authority arguments", and he said: "normally you would never do something like that".*
Quote 10	GENERAL FUNCTIONING (Sleep)	**Simon:** *…and sleeping… well, if I crawl into bed, and say: "Now I'm going to… sleep all day." Then I'm usually back [in a bad mental state] …*

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