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Personality organisation and mentalisation in group of individuals with alcohol use disorder

Organizacja osobowości a zdolność do mentalizowania w grupie osób uzależnionych od alkoholu

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Abstract

Introduction and objective: The personality organisation model proposed by Otto F. Kernberg allows for describing an individual at different levels of personality organisation: healthy/neurotic and higher/moderate/low borderline. It is assumed that there is a correlation between an individual's ability to mentalise and the level of personality organisation. The aim of the study was to find out whether there is a relationship between personality organisation and the ability to mentalise in a group of alcohol-dependent individuals. **Materials and methods:** The research was conducted in a group of 91 alcohol-dependent individuals. The mean age of the respondents was 43.50 years (standard deviation, *SD* = 12.90). The research used the Inventory of Personality Organization (IPO) by John F. Clarkin, Pamela A. Foelsch and Otto F. Kernberg, the Mentalization Scale by Aleksandar Dimitrijević et al., the Alcohol Use Disorder Identification Test published by the Polish Agency for the Identification of Alcohol-Related Problems and an original sociodemographic questionnaire. **Results:** The study showed significant correlations between different aspects of personality organisation and mentalisation. The higher the severity of abnormalities in personality organisation, the lower the ability to mentalise. Alcohol-dependent men and women were also shown to differ significantly in their ability to mentalise, intensity of aggression and moral values. **Conclusions:** The study showed that the ability to mentalise in alcohol-dependent individuals decreases with increasing deficits in personality organisation, which seems to be relevant for the design of therapeutic interventions.

Keywords: personality organisation, mentalisation, alcohol use disorder

Streszczenie

Wprowadzenie i cel: Opracowany przez Ottona F. Kernberga model organizacji osobowości pozwala na opisanie jednostki na różnych poziomach organizacji osobowości: zdrowym, neurotycznym oraz wyższym, średnim lub niskim borderline. Zakłada się, że osiągnięta przez jednostkę zdolność do mentalizacji pozostaje w związku z poziomem organizacji osobowości. Celem prezentowanego badania było znalezienie odpowiedzi na pytanie o związek pomiędzy organizacją osobowości a zdolnością do mentalizowania w grupie osób uzależnionych od alkoholu. **Materiał i metody:** Badania zostały przeprowadzone w grupie 91 osób uzależnionych od alkoholu. Średnia wieku badanych wynosiła 43,50 roku (odchylenie standardowe, *standard deviation*, *SD* = 12,90). W badaniach zastosowano Inwentarz Organizacji Osobowości Johna F. Clarkina, Pameli A. Foelsch i Ottona F. Kernberga, Skalę Mentalizacji autorstwa Aleksandra Dimitrijevicia i współpracowników, Test Rozpoznawania Problemów Alkoholowych opublikowany przez Polską Agencję Rozpoznawania Problemów Alkoholowych oraz metryczkę własnego autorstwa. **Wyniki:** Rezultaty badania wykazały istotne związki między różnymi aspektami organizacji osobowości a mentalizowaniem. Im wyższe nasilenie nieprawidłowości w organizacji osobowości, tym mniejsza zdolność do mentalizacji. Wykazano również, że kobiety i mężczyźni uzależnieni od alkoholu różnią się istotnie w zakresie zdolności do mentalizacji, natężenia agresji oraz wartości moralnych. **Wnioski:** Przeprowadzone badania wykazały, że wraz z pogłębianiem się deficytów w zakresie organizacji osobowości zmniejsza się zdolność do mentalizacji u osób uzależnionych od alkoholu, co wydaje się mieć znaczenie dla projektowania oddziaływań terapeutycznych.

Słowa kluczowe: organizacja osobowości, mentalizacja, uzależnienie od alkoholu

INTRODUCTION

Alcohol dependence is a serious and multidimensional problem in many societies (Cierpiałkowska and Ziarko, 2010), disrupting an individual's functioning in various aspects of their life (Dziukiewicz, 2017). It is estimated that approximately 140 million people are addicted to alcohol in the world (World Health Organization, 2018), with than half of them additionally meeting the criteria for other mental problems, including personality disorders (Dragan, 2008; Woronowicz, 2009). The prevalence of personality disorders in this population poses a significant challenge for clinicians and psychotherapists, also due to the difficulties of these patients with establishing and sustaining a therapeutic relationship (Clarkin et al., 2013; Gabbard, 2009).

The model of personality organisation and pathological personality organisation developed by Kernberg and colleagues in one of the most important contemporary concepts describing healthy vs. disturbed personality (Caligor and Clarkin, 2013). This model provides a different perspective on the aetiology of many mental disorders, including alcohol dependence, by focusing not only on their symptoms but also on other elements specific for an individual, including mental structures. The concept of human personality functioning formulated by Otto F. Kernberg has its origins in object relations theory. It is grounded in the assumption of an internalisation process that takes place from early childhood, i.e. the transformation of relationships with caregivers into internalised representations of relationships (Gabbard, 2009; Kernberg, 2012). Object relations refer to the individual's system of internal representations of the self in relation with others, including the psychic representation of the self, the psychic representation of others and the psychic representation of the interaction between self and others (Kernberg, 2012; Tyson and Tyson, 1993). According to Kernberg's (2012) assumptions, humans exist and mature in the context of interactions with other human beings. In addition to psychosocial factors, this model also attributes a large role in the formation of personality structures to genetic and biochemical factors (Caligor and Clarkin, 2013; Izdebska and Pastwa-Wojciechowska, 2013; Poniatowska-Leszczyńska and Małyszczak, 2013). The level of personality organisation is classified on the basis of identity diffusion, object relations, primitive defences, reality testing and moral functioning.

Kernberg' model of personality organisation (2012) allows an individual to be described at different levels of personality organisation: healthy (neurotic) and higher, middle or low borderline. Personality integration disorders are a consequence of biological predispositions and traumatic experiences during early childhood (McWilliams, 2009), among which special importance is attributed to emotional neglect, abandonment or maternal emotional instability, i.e. the child's experience of relational trauma, which affects the development of personality structure (Fonagy et al., 2015; Kernberg, 2012; Kernberg and Caligor, 2005). These experiences disrupt the development of mental structures essential for personality organisation; additionally, a link between these structures and the ability to mentalise has been suggested (Górska and Cierpiałkowska, 2016).

The term "mentalisation" is a multidimensional concept, primarily encompassing aspects of an individual's cognitive, emotional and social functioning (Górska and Cierpiałkowska, 2016). Fonagy defines mentalisation as a form of preconscious imaginative mental activity that enables us to perceive and interpret human behaviour in terms of intentional mental states, e.g. emotions, beliefs, goals (Allen et al., 2014). It is a process, where an individual has the ability to imagine another person's thoughts or feelings, as well as their intentions in relation to the observed behaviour (Allen et al., 2014). It also assumes the ability to separate one's own mental states from those of others, and a clear separation between subjectivity and external reality. The ability to mentalise requires "the development of symbolic representations of mental states, storing and transforming images of experiences in the mind and making inferences based on them" (Stawicka and Górska, 2016, p. 43). The clear link between the concept of mentalisation and attachment theory is highlighted, placing the development of mentalisation capacity in the area of the child's bond with the caregiver and indicating that difficulties or deficits in mentalisation are linked to negative experiences from this early relationship (Fonagy, 2000, as cited in: Allen et al., 2014).

Previous research findings have already shown some relationships between personality organisation and alcohol dependence, demonstrating that pathological development of personality structure and the associated personality disorders are important risk factors for alcohol dependence (Verheul, 2001). However, there is little research focusing on the individual dimensions of personality structure in substance-dependent individuals. The available reports indicate that identity diffusion, which is characteristic of borderline personality organisation, and the inability to establish and maintain stable intimate relationships can be observed in some of them (Wojtynkiewicz, 2018). Previous research has also shown significant correlations between mentalisation and alcohol dependence, thus demonstrating that difficulties in mentalising internal, interpersonal, social and external stimuli lead to emotional dysregulation, which in turn may be a factor contributing to substance abuse (Fonagy et al., 2015; Savov et al., 2013). To date, the relationship between personality organisation and mentalisation among individuals with alcohol problems has not been assessed. The research presented in this paper aims to determine whether there is a relationship between dimensions of personality organisation and dimensions of mentalisation among alcohol-dependent individuals, and whether there are any gender-related differences in the assessed variables.

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Variable	Females *n* = 26	Males *n* = 65	Total *N* = 91
Age [years] – *M* (*SD*)	44 (13.4)	43 (12.8)	43.5 (12.9)
Education – *n* (%)			
Primary	1 (3.9)	4 (6.1)	5 (5.5)
Middle	1 (3.9)	4 (6.1)	5 (5.5)
Vocational	2 (7.7)	14 (21.6)	16 (17.5)
Secondary	10 (38)	26 (40)	36 (39.6)
Higher	12 (46.5)	17 (26.2)	29 (31.9)
Marital status – *n* (%)			
Single	8 (30.8)	21 (32.3)	29 (31.9)
Widow/widower	1 (3.85)	0 (0)	1 (1)
Divorced	2 (7.7)	11 (16.9)	13 (14.3)
Separated	1 (3.85)	2 (3.1)	3 (3.3)
Formal relationship	8 (30.8)	22 (33.8)	30 (33)
Informal relationship	6 (23)	9 (13.9)	15 (16.5)
Age at alcohol initiation [years] – *M* (*SD*)	17 (2.5)	17 (4.2)	17 (3.8)
Age at problematic use onset [years] – *M* (*SD*)	32 (11.6)	28 (9.5)	28 (10.4)
M – mean; ***SD*** – standard deviation.			

Tab. 1. Descriptive statistics of the study group

MATERIALS AND METHODS

The study was conducted in addiction therapy clinics, day addiction therapy units, self-help groups of Alcoholics Anonymous (AA), and warming centres for homeless located in Bydgoszcz, Płock and Poznań. The participants gave voluntary written consent to participate in the study and were assured of its anonymity. A total of 91 alcohol-dependent persons, including 26 women (29%) and 65 men (71%), participated in the study. The age of respondents ranged from 20 to 77 years (mean, *M* = 43.5; standard deviation, *SD* = 12.9). Respondents declared all types of education, from primary to higher. The majority of respondents had a secondary education (40%). There were 30 participants declaring a formal relationship (32.9%) and 29 (31.9%) single respondents. The mean age at alcohol initiation was 17 years, while the declared mean age at problematic alcohol use was 28 years. Detailed characteristics of the study group are presented in Tab. 1.

Tools used

We used the Inventory of Personality Organization (IPO) by John F. Clarkin, Pamela A. Foelsch and Otto F. Kernberg (2001), in the Polish adaptation by Agnieszka Izdebska and Beata Pastwa-Wojciechowska (2013), to measure dimensions of personality organisation. The questionnaire consists of 83 self-report items rated on a five-point Likert scale (from 1 – never to 5 – always). The IPO items are divided into three main clinical scales: identity diffusion, reality testing and primitive defences. There are also two additional scales: aggression and moral values. In our study, Cronbach's α for the individual subscales was as follows: α = 0.86 for primitive defences, α = 0.92 for identity diffusion, α = 0.93 for reality testing, α = 0.87 for aggression, and α = 0.76 for moral values.

Mentalisation was assessed using the Mentalization Scale (MentS) by Dimitrijević et al. (2018) in a Polish adaptation by Monika O. Jańczak (2021). The questionnaire consists of 28 items rated on a five-point scale (from 1 – completely incorrect to 5 – completely correct). Three subscales can be distinguished in MentS: Self-Related Mentalization (MentS-S), Other-Related Mentalization (MentS-O), and Motivation to Mentalize (MentS-M). In our study, the reliability scores for the subscales were as follows: α = 0.79 for MentS-S, α = 0.85 for MentS-O, and α = 0.76 for MentS-M. The Cronbach's α score was 0.89 for the overall scale.

The Alcohol Use Disorder Identification Test (AUDIT), published by the Polish Agency for the Identification of Alcohol-Related Problems, is used to assess the severity of addiction. It is a 10-item self-report tool. Alcohol-dependent individuals were asked to complete the questionnaire, referring to the period during which they consumed alcohol. In our study, the Cronbach's α was 0.91.

RESULTS

Statistical analysis was performed using Statistica 13. The main question addressed in the study was whether there was a relationship between dimensions of personality organisation and the ability to mentalise among alcohol-dependent individuals. The Pearson correlation coefficient (*r*) was used to verify this relationship. The results of the analysis are shown in Tab. 2. Furthermore, an attempt was made to verify whether alcohol-dependent women and men differed in terms of the level of personality organisation and the ability to mentalise. The Mann–Whitney *U* test for independent groups was used to compare the outcomes.

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Variable	Mentalisation – total score		Self-Related Mentalization		Other-Related Mentalization		Motivation to Mentalize	
	r	*p*	*r*	*p*	*r*	*p*	*r*	*p*
Primitive defences	**−0.30****	0.014	**−0.39****	<0.001	−0.07	0.476	−0.09	0.382
Identity diffusion	**−0.37****	0.000	**−0.37****	<0.001	**−0.25***	0.014	**−0.18***	0.088
Reality testing	**−0.35****	0.001	**−0.43****	<0.001	−0.13	0.209	**−0.21***	0.046
Aggression	**−0.34****	0.001	**−0.29***	0.005	**−0.23***	0.029	**−0.30****	0.003
Moral values	**−0.30****	0.003	**−0.33****	0.001	−0.13	0.208	**−0.19***	0.062
p – level of significance; ***r*** – Pearson correlation coefficient. * Weak correlation. ** Moderate correlation.								

Tab. 2. Pearson's r *correlations for the relationship between the level of personality organisation and the ability to mentalis*

Variable	Females (*n* = 26)	Males (*n* = 65)	*Z*	*p*
	***Me* (IQR)**	***Me* (IQR)**		
Primitive defences	46 (17)	44 (15)	−0.21	0.831
Identity diffusion	56 (19)	57 (23)	0.69	0.491
Reality testing	37 (23)	38 (22)	0.63	0.532
Aggression	26 (15)	34 (17)	**2.33**	0.021
Moral values	25 (11)	29 (9)	**2.76**	0.013
Mentalisation – total score	100 (18)	94 (17)	**−2.09**	0.041
IQR – interquartile range; ***Me*** – median; ***p*** – level of significance; ***Z*** – Mann–Whitney *U* test value.				

Tab. 3. Personality organisation and mentalisation in women vs. men (Mann–Whitney U *test)*

The analysis showed a negative, moderate relationship between all aspects of personality organisation and the overall mentalisation score. This means that the higher the severity of personality organisation pathology, the lower the ability to mentalise.

The results also show a significant negative correlation between all subscales of personality organisation and Self-Related Mentalization. The higher the abnormalities in personality organisation, the lower the ability to self-mentalise. In contrast, no relationship was found between Other-Related Mentalization and primitive defences, reality testing, or moral values, while a weak negative correlation was identified with identity diffusion and aggression. Identity diffusion, reality testing, aggression and moral values were statistically significantly correlated with Motivation to Mentalize. The lower the identity integration, the greater the impairment of reality testing, the less consistent the moral functioning and the higher the aggression, the lower the motivation to mentalise.

The Mann–Whitney *U* test for independent groups was used to assess differences between alcohol-dependent men and women in terms of the level of personality organisation and the ability to mentalise. The results of the analysis are presented in Tab. 3.

As shown in Tab. 3, alcohol-dependent men and women differed significantly in their ability to mentalise, intensity of aggression and moral values. No significant differences were observed for the maturity of defence mechanisms, identity integration and reality testing.

Regression analysis was used to test whether personality organisation and mentalisation significantly accounted for the severity of alcohol dependence (Tab. 4).

Predictors	*B*	*SE*	β	*p*
	$F(9,84) = 1.60; p < 0.136; R^2 = 0.049$			
Primitive defences	0.33	0.19	0.36	0.065
Identity diffusion	−0.14	0.21	−0.24	0.270
Reality testing	−0.09	0.17	−0.14	0.393
Aggression	0.13	0.17	0.14	0.381
Moral values	0.11	0.18	−0.08	0.658
Mentalisation – total score	−0.04	0.36	−0.06	0.877
Self-Related Mentalization	0.21	0.23	0.12	0.605
Other-Related Mentalization	−0.28	0.33	−0.17	0.592
Motivation to Mentalize	0.19	0.31	0.21	0.578
Dependent variable: Alcohol Use Disorder Identification Test, AUDIT. ***B*** – unstandardised regression coefficient; **β** – standardised regression coefficient; ***p*** – statistical significance; ***SE*** – standard error.				

Tab. 4. Linear regression analysis – influence of predictors on the dependent variable AUDIT

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The model was found to be non-significant, indicating that the dimensions of personality organisation and mentalisation capacity do not account for the variance in the severity of alcohol dependence. It is therefore not possible to conclude for this group of respondents that the greater the abnormalities in personality organisation and mentalising ability, the higher the severity of alcohol dependence.

DISCUSSION

The aim of the research presented in this paper was to determine the relationships between the dimensions of personality organisation and mentalisation capacity in alcohol-dependent individuals. It was hypothesised that the greater the abnormalities in personality organisation in the subjects, the lower their level of mentalisation. The obtained results confirmed this assumption and are consistent with other reports indicating that individuals with poor integration of personality structures have limited ability to correctly mentalise (Cierpiałkowska et al., 2016; Marszał, 2015). The ability to mentalise is related to the level of integration and coherence of the personality structure, the level of coherence and homogeneity of the attachment structure, and the level of coherence of self- and object- representations (Górska and Cierpiałkowska, 2016). In other words, mentalisation deficits will occur in the case of failure to achieve personality structure integration (Górska and Cierpiałkowska, 2016). It is assumed that the maturity of defence mechanisms significantly affects the ability to mentalise. Their formation depends on a number of factors, including the nature of stressful childhood situations and the experienced consequences of using a particular mechanism (Górska and Cierpiałkowska, 2016). Studies have shown that more mature defence mechanisms are associated with a better ability to mentalise, which is in line with the assumptions of mentalisation theory that primitive defences, such as acting-out, splitting or projective identification, play an important role in suppressing emotional awareness and reducing the ability to make sense of experiences (Costa and Brody, 2013). Experiencing high levels of negative affect and perceiving internal states as threatening, while not being able to elaborate on these states and regulate affect in this way, give rise to the need to block such difficult mental content by activating primitive defences (Górska and Cierpiałkowska, 2016). Psychodynamic theories emphasise that alcohol dependence is more likely to arise in individuals who experience an excess of overwhelming emotions and fears, and at the same time lack internal, symbolic ways of coping with them (Wojtynkiewicz, 2018). Under such circumstances, alcohol use becomes a way of acting-out or, as J. McDougall calls it, discharging-in-action (as cited in: Wojtynkiewicz, 2018). Identity, which is crucial for normal human development and psychosocial functioning, is a higher-order psychological structure responsible for the subjective sense of self and others (Caligor and Clarkin, 2013). A well-integrated identity is characterised by a complex, stable, deep, realistic but also flexible and accurate experience of self and significant others (Caligor and Clarkin, 2013). In our study, identity diffusion in alcohol-dependent individuals was shown to be associated with a lower mentalisation capacity. When the process of identity development is abnormal, identity diffusion occurs, giving rise to an identity structure with an inconsistent and unstable set of conflicting experiences of self, a lack of an integrated and coherent "core" sense of self, and a poorly integrated, fragmented and unstable pattern of experiencing significant others (Caligor et al., 2007). Research indicates that there are identity-related differences in the degree of identity integration between addicts and non-addicts (Corte and Zucker, 2008; Hardy et al., 2013). Individuals with integrated identity consume significantly less alcohol, and are additionally characterised by lower levels of anxiety and depression and better psychological well-being (Corte and Zucker, 2008; Hardy et al., 2013). Psychodynamic theories treat alcohol-dependent individuals as experiencing distress due to pathology in attachment and object relations (Flores, 2004), resulting in deficits in the identity domain. It has been pointed out that addiction is, on the one hand, an attempt to repair the state of hopelessness caused by a malformed identity and an attempt to prevent its further fragmentation (Khantzian and Albanese, 2008; Kueppenbender et al., 2008), but on the other hand, addiction secondarily deprives the affected individual of identity (Padykula and Conklin, 2010; Weegmann and Khantzian, 2011). In the context of identity, the co-occurrence of alcohol dependence and personality disorders cannot be ignored. Studies have shown that the prevalence of personality disorders among alcohol-dependent individuals ranges from 14% to 78% (Mellos et al., 2010). Furthermore, alcohol dependence is 2–3 times more frequent among patients with borderline personality disorder (BPD) than in patients with other personality disorders (Bornovalova et al., 2013). Insecure attachment plays an important role in the symptomatology of BPD, which may contribute to emotional dysregulation, impulsivity and impaired mentalising capacity (Buchheim and Diamond, 2018; Fonagy, 2000; Levy et al., 2011). Researchers suggest that the quality of the attachment relationship determines the degree of identity coherence and integrity (Bateman and Fonagy, 2010; Kernberg, 2012; Kerpelman and Pittman, 2018; Pittman et al., 2012). As opposed to secure attachment, insecure attachment is associated with identity diffusion (Kernberg, 2012). Furthermore, according to Kernberg's object relations theory (2012), identity diffusion is a core symptom of BPD, determining the presence and severity of other symptoms of the disorder, including impulsive behaviours such as substance abuse.

Difficulties in identity integration and the use of primitive defence mechanisms among alcohol-dependent individuals may give rise to distorted perceptions of the external and internal world, making it unrealistic (Caligor and Clarkin, 2013). Reality testing is defined by Kernberg (2012) as the ability to differentiate sources of perceptions and stimuli as

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internal and external. It is also the ability to realistically assess one's own thoughts, behaviours and emotions in relation to social norms (Kernberg, 2012). The results of the presented research show that alcohol-dependent individuals characterised by disturbed reality testing show lower mentalising capacity. As pointed out by Jańczak (2018), although Kernberg does not directly refer to the construct of mentalisation in his model of personality organisation, it can be linked to the dimension of reality testing. Both mentalising and reality testing capacities are stable in healthy individuals, temporary decreases in these properties in conflict areas may be observed in individuals with neurotic levels of personality organisation, while both functions are usually severely impaired in individuals with borderline personality organisation (Hörz et al., 2012). It has been suggested that temporary impairments in reality testing can occur, for example, during alcohol intoxication (Caligor and Clarkin, 2013). It also appears that the system of illusion and denial (Mellibruda, 1997) typical of alcohol-dependent individuals, characterised by strong immature defence mechanisms, will also be associated with clearly disrupted perception and interpretation of external and internal reality.

The study described above also showed higher levels of aggression and lower consistency in moral values in alcohol-dependent males vs. females. Considering the characteristics and functioning of men in Polish culture, these findings do not seem surprising since aggressive, hostile or antisocial behaviour is more common and more acceptable in men than in women (Pastwa-Wojciechowska, 2008). Female and male respondents also differ in terms of their ability to mentalise, with females showing a higher competence in this regard. Considering the dimensions of moral functioning and aggression, as well as the ability to mentalise, it can be assumed that alcohol-dependent women present a significantly different psychological profile in these areas, which raises the question of whether there is a need to differentiate therapeutic interventions for alcohol-dependent women and men.

Regression analysis further showed that personality organisation did not account for the variance in the severity of addiction, which seems to indicate, given the theoretical assumptions that personality organisation is a relatively fixed characteristic of an individual, developing since childhood and thus primary in relation to psychiatric disorders, that any disruption in personality structure can lead to the development and severe course of alcohol dependence.

As for the possible practical implications arising from our study, it could be argued that diagnosing personality organisation in alcohol-dependent individuals and assessing their baseline mentalisation capacity could allow for choosing specific therapeutic interventions. As emphasised in the literature (Miller et al., 2001), not only abstinence but also changes within intrapsychic mechanisms should be the goal of therapy. Therapeutic institutions in Poland most often implement programmes based on the psycho-bio-social model of addiction by Mellibruda (1997) and integrative addiction therapy. Despite its multiple benefits, it also has the fundamental disadvantage of adopting a single dominant model for working with alcohol-dependent patients, leading to treatment programmes tailored to the general population rather than focusing on the needs of individual patients (Opora and Breska, 2018). Kernberg (2012) argues that a structural diagnosis should be used in addition to a nosological diagnosis in order to diagnose patients with mental disorders, as it allows for a broader understanding of psychopathology and the selection of an appropriate treatment approach.

Our study had some limitations. The small sample size, especially the underrepresentation of women compared to men, is one of them. The lack of a control group is also an important aspect. The cross-sectional nature of the study, which makes it impossible to establish a causal order and to answer the question on to what extent the level of personality organisation and mentalisation may be the cause of addiction, and to what extent the addiction secondarily contributes to a change in the level of personality organisation and the ability to mentalise, is another important limitation.

Conflict of interest

The authors report no financial or personal relationships with other individuals or organisations that could adversely affect the content of the publication and claim ownership of this publication.

Author contributions

Collection, recording and/or compilation of data: AF. Writing of manuscript: KIM.

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