



## Mother's perception of their closeness-caregiving and intrusiveness toward adult sons with a diagnosis of schizophrenia or drug addiction

Szymon Chrząstowski, Marta Zagdańska

### Summary

**Aim.** The aim of this study is to compare different aspects of closeness in the relation of mothers towards their adult sons suffering from schizophrenia or drug addiction.

**Material and methods.** Mothers were divided into three groups according to the diagnosis of their sons: 1) schizophrenia, 2) drug addiction, 3) control group. Subjects completed the California Inventory for Family Assessment. Its scales showed acceptable reliability and validity.

**Results.** Mothers perceive their interaction with drug addicted sons as less close, more aggressive and unpredictable than mothers from the control group. Unexpectedly mothers of patients with schizophrenia describe relationships with their sons in a more positive way than mothers from the control and drug addiction group (warmer, less possessive, less intense separation anxiety and less aggression). Additionally, they describe their relationships as less open and striving to avoid conflicts.

**Conclusions.** Further studies should be conducted to verify if mothers of sons with schizophrenia describe their relations in positive terms as a result of the following: 1) self-protective bias, 2) a low level of openness or 3) good coping.

mother-adult relations / schizophrenia / drug addiction

### INTRODUCTION

One of the main premises of the systemic approach to families states that mental disturbances of one family member bring the problems of the entire family out into the open [1]. These problems may be revealed, among others, in specific forms of closeness-caregiving be-

tween given persons [2]. According to classical psychotherapeutic concepts, being overly close or a complete lack of closeness-caregiving leads to the development of pathology (both on the individual and family level) [e.g. 3].

Green and Werner [4] stated that positive aspects of closeness-caregiving are often mistaken with their pathological forms. They referred to them as intrusiveness, which is manifest alongside intensified separation anxiety, possessiveness and jealousy, violent and extreme reactions to emotional states of other family members, taking on responsibility for resolving the problems of other people and imposing ways of interpreting and experiencing the world onto others. The positive aspect of closeness-caregiving is revealed in showing warmth to others, spending time together, caring for another person, physical intimacy with that person (embracing

---

Szymon Chrząstowski<sup>1</sup>, Marta Zagdańska<sup>2</sup>: <sup>1</sup>Faculty of Psychology, Warsaw University, Poland, <sup>2</sup>Department of Psychiatry, Wrocław Medical University, Poland; Correspondence address: Szymon Chrząstowski, Pracownia Psychologii Zaborzeń Rodziny, Faculty of Psychology, Warsaw University, 5 Stawki Str. Apt. 7, 00-183 Warsaw, Poland.

Acknowledgments: We would like to thank Ms Magdalena Górská for her help in conducting this research.

The research was partially founded by The Faculty of Psychology own research



and kissing one another) as well as a profound anticipation of one another's behaviour. Werner and Green [5] constructed a special questionnaire – the California Inventory for Family Assessment: CIFA, intended to analyse closeness-caregiving and intrusiveness in the manner that family members relate to one another.

Closeness-caregiving disorders are often attributed to families of persons with a diagnosis of schizophrenia. The mothers of psychotic patients have been described as overly caring and controlling, while fathers as being dominated by their wives [6]. The dysfunctional way that parents relate to their child was even considered as one of the aetiological factors of the illness. The results of studies have not, however, confirmed such a picture of family relations [7]. Nevertheless, it has turned out that the specific atmosphere prevalent in the patient's family home that is permeated with hostility, criticism and being overly involved in one another is connected with a greater frequency of psychotic relapse [8, 9, 10]. Other results of research indicate that at least some of the parents who feel hostility towards their children (young adults diagnosed with schizophrenia), tend to steer away from their children [11]. This way of relating to the child is particularly characteristic for parents with a strong sense of burden resulting from the necessity of having to take care of the ill child. In extreme, but as research indicates, not that very uncommon cases, patients diagnosed with schizophrenia are victims of physical and mental violence on behalf of their closest relatives [12]. The lack of clear and unambiguous solutions concerning the shape of closeness-caregiving in families with psychotic members spurs further research [13].

Another group of families where closeness-caregiving disorders may occur are families of drug-addicted persons [14, 15, 16]. It is considered that interactions in those families have an intrusive, symbiotic nature or, contrary to that, a distanced nature. The results of research with the aid of the Parental Bonding Instrument [quoted after: 17] reveal that persons that are addicted judged their parents to be cold and indifferent while at the same time being controlling and intrusive. Mothers of such persons are considered as critical in relation to their children, which is manifest among others in the fact that

in describing them, they use many negative adjectives [16]. In relation to their addicted children, they are often dominant and controlling, while at the same time failing to be consistent in their actions [15]. It therefore seems that the families of children both treated for schizophrenia as well as addicted to substances are characterised by intrusive forms of closeness-caregiving, its absence, or even rejection of the child.

Research conducted in Poland on families of persons with mental disorders have not brought unequivocal results. Several fields of family functioning can be singled out on the bases of this research, such as, among others, the feeling of burden, the level of expressed feelings or interaction models that may play a role in the occurrence of symptoms of the illness and may also contribute to their sustenance [18, 19, 20].

The aim of this study is to compare different aspects of closeness in the relation of mothers towards their adult sons suffering from schizophrenia or drug addiction.

## MATERIAL AND METHODS

The participants completed the Polish version of the California Inventory for Family Assessment - CIFA (*Kalifornijski Kwestionariusz do Oceny Rodziny*) [5]. CIFA is a self-report measure to assess clinically-relevant aspects of closeness-caregiving and intrusiveness in family dyads. There are only a few questionnaires in the Polish language which can be used to analyse family or couple functioning like the *Kwestionariusz do Oceny Rodziny* (Family Assessment Measure) or *Kwestionariusz Autorytetu Osobistego w Systemie Rodzinnym* (Personal Authority in the Family System Questionnaire) [21, 22]. These inventories enable only certain aspects of closeness to be assessed. For this reason, an attempt was made to prepare the Polish adaptation of CIFA.

CIFA consists of 182 items which represent 13 scales: 1) warmth, 2) time together, 3) nurturance, 4) physical intimacy, 5) consistency, 6) openness/self-disclosure, 7) conflict avoidance, 8) anger/aggression, 9) separation anxiety, 10) possessiveness/jealousy, 11) emotional inter-reactivity, 12) projective mystification, 13) authority dominance. Scales 1-5 generate the closeness-caregiving dimension, scales 6 to 8 - openness

of communication and conflict management dimension, and scales 9 to 12 – intrusiveness dimension. The inventory focuses generally on overt behaviour rather than internal experiences. CIFA is available for assessing both parent-child and couple relationships.

The results of research conducted mainly in the US suggest good psychometric properties of CIFA [5, 23]. The Polish adaptation of this questionnaire was carried out with the consent and the participation of its Authors: Werner and Green [24]. The Polish version of CIFA reveals good or adequate internal consistency, ranging from .91 for the Openness scale to .53 for the Projective Mystification scale. The criterion validity of CIFA was supported by the result of the pilot study where responses to CIFA scales were correlated with score on the *Kwestionariusz dla Rodziców* developed by Ziemska [25]. As predicted, correlation between CIFA scores and the other relationship variables were positive but rather low (ranging from  $r = .19$  to  $.42$ ). Factor analyses using principal factor solution followed by Varimax rotation suggested that the Polish CIFA distinguishes Closeness from Intrusiveness. Additionally, CIFA scores didn't correlate with social desirability measured by the *Kwestionariusz Aprobaty Społecznej* developed by Drwal and Wilczynska [26]. There were two exceptions: more intense possessiveness ( $r = -.23$ ;  $p < .05$ ) or more intense intrusiveness ( $r = -.22$ ;  $p < .05$ ), than less intense social desirability.

Mothers were asked to describe their behaviour towards sons. Mothers were divided into three groups according to the diagnosis of their sons: 1) schizophrenia ( $n = 15$ ) (schizophrenia group), 2) drug addiction ( $n = 20$ ) (drug addiction group) and 3) control group ( $n = 39$ ) (control group).

Mothers of sons with a diagnosis of schizophrenia were recruited from parents whose offspring were hospitalised in the Institute of Psychiatry and Neurology in Warsaw or from participants of day centres for adults in Warsaw (*środowiskowy dom opieki*). The validity of the diagnoses was supported by two independent psychiatrists. The mean age of the first episode of psychosis was 19.8 years old ( $SD = 3.4$ ) and the mean illness duration was 9.8 years ( $SD = 7.1$ ).

Mothers of drug addicted sons participated in individual therapy or in the support group for parents of children using drugs. There was no

attempt to identify the phase of sons' drug dependence. All sons received psychological help due to their addiction.

The control group consisted of mothers who participated in pilot studies on CIFA basic psychometric properties. They were recruited from parents whose children were in post-primary education and additionally had never been treated by psychiatrists and had never been involved in psychotherapy. Since the level of the potential psychopathological symptom among children was not assessed, there was a slight possibility that the control group consisted of mothers of children with some degree of mental health problems.

The sons of mothers from the drug addiction and the control group ranged from 15 to 19 years old. Mean age of sons with schizophrenia diagnosis was 28.3 years old (ranging from 20 years old to 47 years old). Sons with diagnosis of schizophrenia were older than the sons from the two other groups.

The mean age of mothers from the schizophrenia group ( $M = 58.1$ ) was higher than mothers from the drug addiction group ( $M = 46.2$ ) as well as from the control group ( $M = 46.7$ ) ( $H(2,73) = 22.32$ ,  $p = .0005$ ).

Tab. 1 reports basic demographic information about mothers who participated in the research. The majority of participants came from cities and had at least passed their matriculation exam (about 70%). Over 50% of mothers in each group had two children. The majority of mothers from the control group were married (84.6% of mothers) in comparison with 60% of mothers from the schizophrenia group and 40% of mothers from the drug addiction group. The drug addiction group consisted mainly of single mothers. This result is consistent with results of this research which indicates that drug addicted people often come from divorced families [13, 27].

## RESULTS

The aim of this study is to compare the intensity of mothers' closeness-caregiving and intrusiveness towards their sons with a diagnosis of schizophrenia or drug addiction. Tab. 2 shows the means and standard deviations for CIFA scales in three groups. Because the assumptions for a one-way analysis of variance were not met, the Kruskal-Wallis test was applied.

**Table 1.** Sample demographic characteristics by group

Demographic characteristic	Mothers		
	schizophrenia group	drug addiction group	control group
Place of residence			
Town	15 (100%)	19 (95%)	38 (97.5%)
Village	0	1 (5%)	1 (2.5%)
Education			
Primary	3 (20%)	5 (26.3%)	1(6%)
Secondary	5 (33.3%)	11 (57.9%)	14 (52.9%)
Higher	7 (46.7%)	3 (15.8%) *	18 (41.1%) **
Current marital status			
Married	9 (60%)	8 (40%)	33 (84.6%)
Divorced or re-married	3 (20%)	9 (45%)	5 (12.8%)
Widowed	2 (13.3%)	2 (10%)	1 (2.6%)
Informal relationship or single	1 (6.7%)	1 (5%)	0
Number of children			
1	5 (33.3%)	5 (25%)	10 (25.6%)
2	8 (53.3%)	12 (60%)	24 (61.5%)
3	2 (13.4%)	3 (15%)	4 (10.2%)
4	0	0	1 (2.7%)

\* missing data for one participant

\*\* missing data for six participants

**Table 2.** Descriptive statistics for study variables by groups

	Mothers' description of their behaviour towards their sons					
	schizophrenia group		drug addiction group		control group	
	M	SD	M	SD	M	SD
<b>Closeness-caregiving</b>						
Warmth	13.13	1.52	11.81	1.62	12.42	1.65
Time together	11.00	1.95	10.71	1.75	11.14	1.84
Nurturance	11.91	1.09	11.30	1.63	12.30	1.35
Physical Intimacy	5.13	2.54	6.43	1.69	8.34	2.82
Consistency	11.64	1.95	9.05	1.79	10.92	1.58
<b>Intrusiveness</b>						
Separation anxiety	2.93	2.43	4.51	1.96	4.09	1.96
Possessiveness/ jealousy	1.62	1.72	3.01	1.86	3.28	2.62
Emotional interre- activity	7.20	2.22	7.55	2.21	8.10	2.11
Projective mystifi- cation	5.84	2.38	5.91	1.56	5.99	1.31
<b>Openness of communication and conflict management</b>						
Anger/ aggression	3.26	2.83	5.96	2.40	4.68	2.28
Openness	8.88	2.24	9.90	1.98	10.54	2.47
Conflict avoidance	6.55	2.75	4.46	1.69	4.28	2.03
Authority						
Authority/ dominance	7.80	3.92	6.30	2.17	6.92	2.24

There was a difference in the intensity of closeness-caregiving between the groups:  $H(2.73) = 11.39$ ;  $p = .0034$ . The U Mann-Whitney test indicated that mothers from the drug addicted group ( $M = 9.86$ ) perceived their relationship with their sons as less close than mothers from the control group ( $M = 11.08$ ) ( $U = 184.08$ ,  $p = .001$ ). There was no statistically significant difference between other groups.

There was also a difference in the intensity of intrusiveness between the groups:  $H(2.74) = 6.09$ ,  $p = .0475$ . The U Mann-Whitney test indicated that mothers from the schizophrenia group perceived their relationship with sons as less intrusive ( $M = 4.40$ ) than mothers from the drug addiction group ( $M = 5.25$ ;  $U = 101.00$ ,  $p = .03$ ) and the control group ( $M = 5.36$ ;  $U = 171.00$ ,  $p = .001$ ). There was no significant statistical difference in the intensity of intrusiveness between mothers from the drug addiction group and the control group ( $U = 389.5$ ,  $p = .99$ ).

The next step in data analysis was examination of those aspects of closeness or intrusiveness which were disturbed in relationships between mothers and their sons. The following variables in the studied groups differed from each other in a statistically significant way: 1) warmth ( $H(2.74) = 9.04$ ,  $p = .01$ ), 2) physical intimacy ( $H(2.74) = 14.40$ ,  $p = .007$ ), 3) consistency ( $H(2.73) = 20.25$ ,  $p = .00001$ ), 4) openness ( $H(2.74) = 6.27$ ,  $p = .04$ ), 5) conflict avoidance ( $H(2.74) = 7.89$ ,  $p = .01$ ), 6) aggression ( $H(2.74) = 9.58$ ,  $p = .008$ ), 7) separation anxiety ( $H(2.74) = 7.49$ ,  $p = .02$ ), 8) possessiveness and jealousy ( $H(2.74) = 6.36$ ,  $p = .04$ ).

Mothers from the schizophrenia group perceived their relationships with sons as warmer and less possessive than mothers from the drug addiction and the control group. Additionally, mothers whose sons suffered from schizophrenia declared less intensive separation anxiety in comparison with mothers from the other two groups. Results of particular statistical analysis based on the U Mann-Whitney test are shown in tables A, B and C in the appendix.

Mothers from the drug addiction group perceived their behaviour toward sons as the most aggressive and anger revealing in comparison with mothers from the schizophrenia group and the control group  $H(2.74) = 9.58$ ,  $p = .0083$ . What is more, mothers from the drug addiction group

described their behaviour toward sons as more aggressive than mothers from the control and schizophrenia group.

From the above description, it is possible to conclude that mothers from the schizophrenia group had a particularly positive attitude towards their sons. However, it is worth noting that these mothers were less open toward their sons with schizophrenia diagnosis and tried to avoid conflicts with them more intensively in comparison with the mothers from both the drug addicted and the control group.

Moreover, mothers from the control group declared more intense physical intimacy (understood as the degree to which they were seeking physical closeness, embracing, touching) with their sons than mothers from the schizophrenia and drug addiction group. Additionally, mothers from the drug addiction group perceived their behaviour towards sons as less predictable in comparison with the mothers from the control and schizophrenia group.

## CONCLUSIONS

The results of this research do not allow any thesis to be formulated concerning the particular dysfunction of closeness-caregiving in families with persons diagnosed with schizophrenia. The mothers of sons with psychoses assessed their interaction with their children more positively than mothers of persons from the control group. On the other hand, however, they declared less openness to their sons and more readiness to avoid conflicts than mothers from both the remaining groups.

According to one of the possible hypotheses, mothers, in filling in the CIFA questionnaire, strive to represent their relations with their sons in a particularly advantageous light. Although research on the psychometric properties of CIFA revealed a lack of relationship between the responses given by respondents and the need for social approval, it was, however, conducted exclusively on a group of parents with healthy children. This hypothesis is also supported by the fact that mothers of sons being treated for schizophrenia turned out to be less open and more inclined to avoid conflicts in comparison to mothers of persons without any disorders.

The overt manifestation of anger or anxiety in relation to the child could, in their mind, leads to an open conflict, which they try to avoid, because of the fear of invoking another relapse of illness in the child, for instance. They also often feel in some way responsible for the serious illness of their child. Perhaps, by judging their interactions with their children in such a positive light, they are trying to compensate and avoid experiencing a sense of guilt or even potential blame for the mental breakdown of their child. A question that arises in the context of the presented results concerns the extent to which mothers adequately judge their relations with their emotionally disturbed children. This question at the same time opens the discussion (exceeding the framework of this article) on the definition of adequate or objectivised judgements of parental relations [cf. 28].

The negative aspects of mother's relations with their children may also be revealed solely in their subtle (often non-verbal) behaviour, which is difficult to analyse with the aid of questionnaire methods. Finally, it cannot be precluded that the results obtained by the mothers of sons treated for schizophrenia reflect a positive change in their manner of relating to their child because of various sorts of psychological interventions that took place during hospitalisation. Considering also the long duration of the child's illness, the mothers could have simply learnt to cope with their problems. The results of the research may indirectly be the effect of the adaptation of the parent to the illness of the child. For comparison purposes, the period during which the mothers from the second group struggled to cope with the addiction of their child was relatively short. For this reason, it could have potentially caused greater tension in their relations.

A significant limitation of the conclusions stemming from the presented study (apart from the non-random selection of the sample) is the fact that sons diagnosed with schizophrenia were older than sons from the remaining two groups. Further research should verify to what extent the age of adolescents and young adults is connected with the way that parents relate to them, assessed with the aid of the CIFA questionnaire. On the other hand, the course of schizophrenia in sons may be considered as disadvantageous (considering the duration of the ill-

ness and the number of hospitalisations), which should rather be connected with the worse functioning of the family.

The results of the conducted research confirm that the relation of mothers to sons being treated for schizophrenia have greater difficulties in revealing the negative aspects of closeness-caregiving to the child in comparison to mothers of persons being treated for drug addiction. For example, in the case of the latter mentioned, aggression in relation to the child or reluctance towards the child may be expressed more directly and unambiguously. Further research should also confirm the suitability of the CIFA questionnaire in analysing the functioning of families with mentally disturbed members.

## REFERENCES

1. Tryjarska B. *Terapia Rodzin*. In: Grzesiuk, L. eds. *Psychoterapia Praktyka*. Podręcznik akademicki. Warszawa: Eneteia, Wydawnictwo Psychologii i Kultury; 2006. p. 75–144
2. Perris C, Arrindell W, Eisemann M. eds. *Parenting and psychopathology*. Chichester, New York: John Wiley & Sons Ltd.; 1994.
3. Stierlin H, Rucker-Emden I, Wetzel N, Wirsching M. *Pierwszy wywiad z rodziną*. Gdańsk: Gdańskie Wydawnictwo Psychologiczne; 1999.
4. Green R, Werner P. Intrusiveness and closeness-caregiving: rethinking the concept of family „enmeshment”. *Fam. Process*. 1996; 35, 115–136.
5. Werner P, Green R. *California Inventory for Family Assessment (CIFA) Manual for the Second Research Edition*. Retrieved: June 31, 2006, from: <http://ourworld.compuserve.com/homepages/pdwerner/cifa2.htm>.
6. Alanen Y. *Schizofrenia. Jej przyczyny i leczenie dostosowane do potrzeb*. Warszawa: Instytut Psychiatrii i Neurologii; 2000.
7. Perris C. Parental rearing and schizophrenic disorders. In: Perris C, Arrindell W, Eisemann M. eds. *Parenting and psychopathology*. Chichester, New York: John Wiley & Sons Ltd; 1994. p. 309–333
8. Marom S, Munitz H, Jones P, Weizman ., Hermesh H. Expressed Emotion: Relevance to rehospitalization in schizophrenia over 7 years. *Schizophr. Bull.* 2005; 31: 751–781.
9. Lenior M, Dingemans P, Schene A, Linszen D. Predictors of the early 5 year course of schizophrenia: a path analysis. *Schizophr. Bull.* 2005; 31: 781–791.
10. Butzlaff R, Hooley M. Expressed Emotion and psychiatric relapse: a meta-analysis. *Arch. Gen. Psychiatry*. 1998; 55: 547–552.

11. Chrzastowski S. Ścieżki ku sobie i od siebie. Separacja w rodzinach osób z rozpoznaniem schizofrenii. Warszawa: Wydawnictwo Uniwersytetu Warszawskiego; 2007.
12. Read J, Goodman L, Morrison A, Ross C, Aderhold V. Childhood trauma, loss and stress. IN: Read J, Mosher L, Bentall R. eds. *Models of Madness. Psychological, social and biological approaches to schizophrenia*. Hove & New York: Brunner-Routledge; 2004. p. 223–252.
13. Cullberg J. *Psychosis. An integrative perspective*. London, New York: Routledge; 2006.
14. Rogala-Oblękowska J. *Narkoman w rodzinie. Wskazania do terapii*. Warszawa: ISNS UW; 2002.
15. Rogala-Oblękowska J. *Młodzież i narkotyki - rodzinne czynniki nałogu*. Warszawa: ISNS UW; 1999.
16. Rawa A. *Narkomani i ich rodziny. Problemy Rodziny*. 2002; 2/3: 67-70.
17. Górka M. *Poszukiwanie wrażeń i relacje z rodzicami młodzieży uzależnionej od narkotyków*. Unpublished master's thesis. Warszawa: Wydział Psychologii Uniwersytetu Warszawskiego; 2006.
18. Rostworowska M. *Zależność przebiegu schizofrenii od klimatu emocjonalnego rodziny mierzonego wskaźnikami Ujawnianych Uczuć*. Unpublished doctoral dissertation. Kraków; 1991.
19. de Barbaro B. *Brzemie rodziny w schizofrenii. Próba ujęcia systemowego*. Kraków: Sekcja Psychoterapii Polskiego Towarzystwa Psychiatrycznego. 1992.
20. Józefik B, Iniewicz G, Namysłowska I, Ulańska R. *Obraz relacji rodzinnych w oczach rodziców pacjentek chorujących na anoreksję psychiczną – część I*. *Psychiatr Pol*. 2002; 1: 51–64.
21. Fajkowska-Stanik M. *Transseksualizm i rodzina. Przekaz pokoleniowy wzorców relacyjnych w rodzinach transseksualnych kobiet*. Warszawa: Wydawnictwo Instytutu Psychologii PAN, Szkoła Wyższa Psychologii Społecznej; 2001.
22. Namysłowska I, Paszkiewicz E, Siewierska A, de Barbaro B, Furgal M, Drożdżowicz L, Józefik B, Beauvale A. *Kwestionariusze Manfreda Cierpki do Oceny Rodziny*. *Psychiatr Pol*. 2002; 1: 17–28.
23. Werner P, Stover, C, Green R. *California Inventory for Family Assessment: Integration of factor analysis results*. Poster presented at the Congress of the American Psychological Association. San Francisco; 2001.
24. Tryjarska, B, Chrzastowski S. *Polska adaptacja Kalifornijskiego Kwestionariusza do Badania Rodziny*. Unpublished manuscript; 2007.
25. Ziemska M. *Postawy rodzicielskie*. Warszawa: Wiedza Powszechna; 1969.
26. Drwal R., Wilczyńska J. *Opracowanie kwestionariusza aprobaty społecznej*. *Przegląd Psychologiczny*. 1980; 3: 569–583.
27. Kaufman E. *Substance abuse and family therapy*. Florida: Grune & Stratheim; 1985.
28. Dallos R, Draper R. *An Introduction to Family Therapy: Systemic Theory and Practice*. Maidenhead, Berkshire: Open University Press; 2005.

## APPENDIX

**Table A.** CIFA scale differences between mothers from schizophrenia and drug addiction group

CIFA scale	mothers description of their behaviour toward sons		U	p
	schizophrenia group	control group		
Warmth	13.13	12.42	187.0	.04
Physical Intimacy	5.13	8.34	118.0	.0001
Consistency	11.64	10.92	192.5	.06
Openness	8.88	10.54	177.0	.02
Conflict avoidance	6.55	4.28	151.5	.006
Anger/aggression	3.26	4.68	189.0	.04
Separation anxiety	2.93	4.09	171.5	.01
Possessiveness/jealousy	1.62	3.28	174.5	.02

**Table B.** CIFA scale differences between mothers from schizophrenia and control group

CIFA scale	mothers description of their behaviour toward sons		U	p
	schizophrenia group	drug addiction group		
Warmth	13.13	11.81	65.0	.004
Physical Intimacy	5.13	6.43	97.5	.08
Consistency	11.64	9.05	45.0	.0004
Openness	8.88	9.90	99.5	.09
Conflict avoidance	6.55	4.46	85.5	.03
Anger/aggression	3.26	5.96	69.5	.007
Separation anxiety	2.93	4.51	79.5	.01
Possessiveness/jealousy	1.62	3.01	81.5	.02

**Table C.** CIFA scale differences between mothers from drug addiction group and control group

CIFA scale	mothers description of their behaviour toward sons		U	p
	drug addiction group	control group		
Warmth	12.42	11.81	290.5	.11
Physical Intimacy	8.34	6.43	238.5	.01
Consistency	10.92	9.05	141.0	.00009
Openness	10.54	9.90	307.5	.18
Conflict avoidance	4.28	4.46	359.0	.61
Anger/aggression	4.68	5.96	263.0	.04
Separation anxiety	4.09	4.51	324.0	.29
Possessiveness/jealousy	3.28	3.01	369.5	.73