

Highly dependent adult children ('failure to launch')

Eli R Lebowitz

Gradually transitioning from dependence on caregivers to independent functioning is a long-term process that begins early in life and continues throughout development. Infants begin life entirely dependent on their caregivers for everything from their very survival needs such as shelter, nourishment and protection from threats, to their emotional needs such as emotional regulation and soothing. As children grow and mature, they become increasingly capable of tending to their own needs and gradually take on more and more responsibility for filling them. Cultures differ widely in caregiving style and in normative expectations for individuals of different ages, yet the process of gradual maturation and the increased expectation for functional and emotional autonomy transcend culture and are present across human life.

By the time offspring are physically mature, generally by late adolescence or early adulthood, most are able to care for themselves and begin to experience life as independently-functioning adults. Separation from caregivers at this point is generally both acceptable and desirable (Arnett, 2000; Hendry & Kloep, 2010). Though cohabitation with parents can continue for a variety of reasons, adult children will generally spend much of their time outside the presence of caregivers, and many will have shifted to living away from parents either completely or for much of the time. Adult children are also usually expected to be increasingly financially self-sufficient. This can include being gainfully employed or investing in future employment through higher education or training. Adult children are also usually independent in their social functioning, seeking out and maintaining interpersonal relationships including acquaintances, friends, and intimate bonds.

For some significant proportion of individuals, the normative process of differentiation from parents and increased

autonomy appears to stall. In some cases, the adult child never achieves functional independence from caregivers while in other cases the process becomes arrested or reversed. In such cases, the adult child continues to reside with parents or at their expense, is not engaged in productive endeavours in either the occupational or educational domains and relies heavily on parents for the fulfillment of most needs. Social life is also often limited, sometimes to the point of complete self-isolation from the outside world.

This phenomenon, which is sometimes termed 'failure to launch', poses bewildering challenges to all relevant stakeholders including parents, mental health providers and the adult children themselves (Lebowitz, 2016). Startlingly little is known about either the antecedents or the causes of so-called failure to launch. The prevalence of the phenomenon has yet to be systematically studied and there is a dearth of data on optimal intervention strategies for the problem. Indeed, in many cases treatment of any kind seems almost impossible. When parents of an adult child who is not functioning independently seek professional assistance from mental health care providers, the assumption is often that the adult child must attend therapy to learn how to overcome the challenges keeping them from living a fuller life. Yet in many cases such therapy is not feasible. The adult child may express little or no treatment motivation and may decline to attend even an initial evaluation or assessment. The unfortunate outcome is often that no treatment is provided, and time continues to pass, further entrenching an already highly intractable situation.

The sense of frustration and helplessness experienced by parents in this situation, along with the ongoing toll that parenting a highly dependent adult takes on the physical, emotional and financial health of parents contribute to the severe burden that failure to launch places on

parents and families. This burden is exacerbated by the sense of shame and isolation engendered by the difficult family situation. Parents frequently cut themselves off from natural sources of support such as extended family, friends and the broader community, even actively hiding the reality of their lives from others and reducing their own social functioning. Likewise, the passage of time and growing discouragement and despair experienced by adult children who are unable to live independent lives, even as their peers progress through the natural steps toward autonomy, can contribute to severe mental health problems, further solidifying the lack of function in an ongoing cycle.

Parent-based treatment and non-violent resistance (NVR)

Parent-based treatment is most commonly applied in treating problems of children and adolescents and is rare in the context of adult children. Yet aspects of the failure-to-launch phenomenon suggest the applicability of parent-based treatment for this challenging situation. First, the common scenario in which the adult child expresses low motivation for treatment while parents exhibit a high degree of treatment motivation makes working with the motivated parents highly relevant; second, the dependence of the adult child on parents for most needs and the outsized role the parents play in the these adult children's lives can make the situation more akin to child or adolescent therapy than to typical adult therapy; third, the degree to which parents are usually accommodating the adult child's maladaptive symptoms provide practical targets for parent-based treatment; and fourth, the similarities between parent-based treatment for childhood and adolescent problems and intervention with the parents of adult children who remain highly dependent provide a natural translation of existing parent-based treatment protocols to this additional context.

NVR is a theoretical orientation and treatment approach that has been found to be effective for a number of childhood and adolescent problems. The method disavows the use of force and coercion in interpersonal processes and focuses on self-change rather than direct manipulation of the behaviour of others. Its processes emphasise the minimisation of escalation and conflict and rely heavily on social support and public opinion in place of direct force. These principles have been translated into parent-based treatment approaches in work led in large part by Haim Omer of Tel Aviv University (Omer, 2004).

The first implementation of NVR for parent-based treatment focused on work with parents of youth with severe externalising problems, including violence, aggression and destructive behaviours (Omer & Lebowitz, 2016). The treatment in this context focuses on providing parents with tools to resolutely resist the problematic youth behaviours, while minimising unhelpful escalation and recruiting support for the parents' struggle from outside the immediate nuclear family. NVR also provided part of the theoretical foundation for SPACE (supportive parenting for anxious childhood emotions), an entirely parent-based treatment approach for childhood and adolescent anxiety and obsessive-compulsive disorders (Lebowitz *et al.*, 2020). In SPACE, parents focus on reducing their own accommodations of the child's anxiety symptoms while maintaining a supportive attitude towards the genuine distress experienced by the child. By focusing treatment objectives entirely on reducing the parents' own well-intentioned but ultimately unhelpful accommodations, parent-child escalation is minimised as parents make no direct demands of the child nor attempt to use force in changing the child's behaviour.

Parent-based treatment, informed by the principles of NVR, provides a novel and potentially efficacious means of intervening in the context of failure to launch (Lebowitz *et al.*, 2012). Parents can identify the ways in which they are accommodating the lack of function in their adult child, and work to systematically reduce the accommodation to promote gradually better function. For example, when parents are contributing to the maintenance of social isolation

by limiting the presence of others in their home due to the distress that social interactions cause their adult child, they can opt to open their home to guests and invite the guests to express support and care to the adult child. When parents accommodate by providing the adult child with internet access so that they do not experience the boredom that would naturally result from lack of any productive endeavours, they can make internet access contingent on some functional progress in the child. By maintaining the focus explicitly and exclusively on those things parents can directly control (e.g. inviting guests, providing internet access), renouncing attempts to directly force the adult child to make behavioural changes, and recruiting support from their community and network, escalation can be largely avoided.

A parent's description of parent-based treatment for a highly-dependent adult child

We are parents of a severely anxious adult son. His anxiety and obsessive compulsive disorder kept him from living an independent life from a young age and led our entire family to accommodate his anxiety in multiple ultimately unhelpful ways. Over the years, we tried every available treatment, from cognitive behavioural therapy to medication, but his avoidance of school, activities, and social situations continued unabated. Our lives revolved around his anxiety. When people said we were coddling him, we accepted the blame but wondered, "how do we get him to do these things?" No one was able to help, nor did anyone suggest how our behaviour could be changed to achieve an improvement in our son's functioning. Fast forward to his 23rd birthday when we found Dr. Lebowitz and his novel approach to working with parents.

By this point, we were sceptical and bruised from years of failed treatments and from feeling blamed for our son's condition. During our first meeting with Dr. Lebowitz, we were relieved to hear that he would never ask us to force our son to do anything. We had tried this for years and it had never worked. Instead, we would focus on our behaviour by becoming aware of our reactions to our son's anxiety and by making a plan to reduce our accommodations. We started slowly by learning to accept our son's anxiety and to express confidence in

his ability to function despite it. We started with our son's frequent daily requests for reassurance. As we began to see some success in decreasing those requests, we addressed a more ambitious goal – having our son get a job. We formally announced this plan to him in writing and began implementing it with small incremental steps, starting with having him apply for jobs. We did not force our son to do any of these things, instead relying upon the natural boredom that resulted from limited internet access as a motivating force.

As we methodically worked through the plan, we began to see that years of struggle had habituated us to viewing our son as not capable of handling difficult things. As we stuck to the plan and had small successes, we grew to see that we were capable of handling our son's anxiety and that our son was capable of handling anything. He could apply for jobs, interview, get jobs, lose jobs and keep a job. The process was not always easy. Learning to resist accommodating him without using force and coercion and by focusing instead on our own behaviour and goals, became the aspirational bedrock of our responses. "You are not in a fight with your child," Dr. Lebowitz continually reminded us. We also broke through years of shame and secrecy by sharing our situation with family and friends for the first time. This provided additional support in sticking with our plan and in de-escalating fraught encounters.

Our son is now working steadily full-time and is working toward living independently. Dr. Lebowitz has helped transform our behaviour and this has, in turn, transformed our son's level of functioning. Importantly to us, rather than blaming us for our son's condition, Dr. Lebowitz showed great confidence in our ability as parents to act as change agents for our son. It is not an exaggeration to say that this treatment profoundly changed our family's lives. We hope it can offer other families an additional and much-needed tool to help them with this difficult problem.

Summary and conclusion

The phenomenon of highly dependent adult children who are not actively engaged in productive occupational, educational, or vocational endeavours is common and challenging for all involved. Parent-based treatment, informed by the principles of NVR and by parent-based approaches for children and adolescents, can provide a practical and potentially

efficacious solution that does not rely on direct participation of the adult child.

This article was written in collaboration with the parent of a highly-dependent adult, who chose to remain anonymous.

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Eli Lebowitz studies and treats childhood and adolescent anxiety at the Yale Child Study Center. His research focuses on the development, neurobiology and treatment of anxiety and related disorders, with special emphasis on family dynamics and the role of parents in these problems. He is the lead investigator on multiple funded research-projects, and is the author of research papers, books and chapters on childhood and adolescent anxiety. He is also the father of three great boys.

NVR and resource-orienten

Sven Bussens

Building confidence for non-violent resistance (NVR) action, with the help of resource-oriented practice

A strength-oriented and connecting dialogue with a focus on collaboration, resilience and a more desired future.

I would like to provide a short and practical introduction to how our clients can benefit from the combination of the two frameworks mentioned above, including the mindsets and techniques.

Resource-oriented practice facilitates processes concerning NVR. In this article, my aim is to build hope, choice, trust and awareness through dialogue. In our resource-focused centre, our experience is that when those elements are activated, clients are more prepared and able to think about and practise NVR-related interventions and actions. Clients entangled in destructive patterns have often lost the connection with their own needs and capabilities, leaving them feeling helpless and hopeless. We want to invite them to re-connect with resources and rebuild their strength.

What you select becomes more important in the dialogue and by extension in the client's co-created new reality.

Below, you'll find a practical approach. After the client explains the problem, a dialogue develops.

'John' is 12 and dominates his family. This session begins with his mother telling her story of distress.

"What a story. These circumstances must be very difficult to deal with as a parent. How do you manage?"

The client is invited to connect with her own resources and her role as a parent. She's invited into an active role: an actor who influences her environment. The client receives recognition and an indirect compliment.

"I don't know. I guess I have to. He's our child, you know, our only child. It's normal we don't give up on him. What can we do about it?"

"I can hear that you and your husband care about him. You don't want to give up on him, despite the fact that he has some unacceptable behaviour. At the same time, it takes a lot of effort for both of you to be there for him and help keep him on the right track. Am I right?"

The child's self is disconnected from his behaviour. The facilitator tunes in with the existential wishes and needs of the parent. He also introduces a more NVR-related language.

"Yes. But it's not easy. It's demanding and we have been in this situation for two years now. We tried everything: shouting, punishing, calling the police, ... even ignoring him."

"You must care a lot about him. You tried many different things in the hope of finding

something that works enough to invite him to change his behaviour. It's clear to me that both of you really want a good future for John. Is that correct?"

Again, the facilitator connects with the existential wishes and needs of the parent. He also recognises the efforts of both parents. The assumption is that a (re-) connection with clear existential wishes as parents contributes to the re-building of strength.

"Yes. That's right. But nothing works, whatever we try. He just stays in bed, refuses to listen, keeps hanging out with bad friends, and so on. So, in the end, nothing is changing."

"Am I right that you're looking for change, that you feel that despite all your efforts, as his parents, the desired change is not forthcoming?"

The facilitator connects with the client's role and efforts as a parent. He's inviting her to shift from "what she doesn't want" to "what she does want instead".

"Yes."

"Can I ask you what kind of change you're looking for? What kind of change will make you and your husband more comfortable?"

The facilitator invites the client to describe her desired future. A clearer picture of the desired future helps to discover precursors of that preferred future today, in the past and in the nearby future.