I'm Still Your Parent

When Support Becomes Control

Parents do not stop caring when their child becomes an adult. For families who have navigated neurodivergence, disability, school difficulties, mental-health pressures or years of advocacy, involvement may have been essential. The challenge is recognising when help that once protected a child begins to limit the adult's choice, privacy or confidence.

> Support says: 'I am beside you.' Control says: 'I need to decide for you.' The difference is not always obvious, especially when both can come from love and fear.

Why loving support can cross a line

A parent may have learned that if they do not chase the appointment, complete the form, check the bank account or remind repeatedly, something important may go wrong. Those habits can become automatic. As the child grows, the parent's behaviour may remain the same even when the adult's skills, preferences or support arrangements have changed.

Control can also grow from anxiety: fear of exploitation, missed medication, debt, unsafe relationships, job loss, loneliness or the future. Understanding the fear matters, but fear does not automatically give one adult authority over another.

Support should increase agency where possible

A useful test is whether the support helps the adult participate more fully in their own decisions. Assistance can be extensive and still be autonomy-supportive when the person's preferences are sought, communication is accessible and choices are respected.

> Needing support does not make somebody less adult. Independence is not the only goal; supported autonomy and interdependence may be far more realistic and humane.

What control can look like

Control is not limited to obvious commands. It may include expecting access to private messages, tracking location without meaningful agreement, taking over correspondence, contacting employers or clinicians without permission, demanding details about therapy, controlling spending, choosing clothes or food, making social plans, insisting on particular relationships, or using practical help as leverage.

Context matters. The same action can be supportive in one family and controlling in another. A parent managing bills because an adult has explicitly asked them to is different from withholding the adult's own money to force compliance.

Money and practical dependence

Financial support can create complicated power. Parents may reasonably place limits on money that belongs to them, but support becomes problematic when money, housing or transport is used to pressure an adult into unrelated choices: 'If you live here, I get to decide who you date' or 'If you don't do what I say, I won't take you to your appointment.'

Clear agreements are healthier than unspoken conditions. Separate genuine household expectations from attempts to control an adult's identity, relationships or private decisions.

Appointments, medication and health

Parents often hold years of medical knowledge and may remain important advocates. Ask the adult what role they want: reminder, transport, note-taking, attending, speaking when invited, or no involvement. Consent can be revisited rather than assumed forever.

> An adult may make a health decision a parent disagrees with. Where the person has decision-making capacity, disagreement does not transfer the decision to the parent.

Privacy is not secrecy

Parents can interpret privacy as evidence that something is wrong. Adults are entitled to areas of life that are not shared with family. Privacy can include health information, relationships, messages, finances and plans. Trust grows when disclosure is invited rather than demanded.

Relationships, partners and friendships

Parents may notice risks that an adult child misses, particularly where social communication, impulsivity or previous exploitation are concerns. Raising a specific concern can be supportive. Attempting to choose the adult's partner or friendships is different.

Try: 'I noticed they repeatedly speak over you and ask you for money. Does that concern you?' rather than 'You're not allowed to see them.' Specific observations preserve dialogue and make it more likely the adult will return for help if the relationship becomes unsafe.

Work, study and life choices

An adult child's career, education and lifestyle may not follow the path a parent imagined. Neurodivergent adults can have uneven capacity: highly skilled in one area while needing significant help in another. Avoid using support needs in one domain as evidence that the parent should make decisions in every domain.

When the adult becomes a parent

The shift can become especially difficult when your adult child has children of their own. Grandparents may have experience and may provide substantial help, but the adult child remains the parent of their child unless legal arrangements say otherwise. Advice works best when invited, and practical support should not become a route to overriding parenting decisions.

If there are genuine child-safeguarding concerns, those concerns should be addressed appropriately. Ordinary differences in parenting style are not the same as safeguarding risk.

Guilt as a form of pressure

Statements such as 'After everything I've done for you', 'You never think about me', or 'A good daughter/son would...' can turn connection into obligation. Parents are allowed to have feelings and needs, but adult children should not have to surrender autonomy to regulate a parent's distress.

> A healthier version might be: 'I miss seeing you and would like more contact. What feels realistic for you?'

Safeguarding is different from control

Respecting autonomy does not mean ignoring serious risk. Abuse, coercion, financial exploitation, significant self-neglect or an immediate threat to safety may require action. The response should be proportionate to the actual concern and use appropriate safeguarding routes where necessary.

In England and Wales, the Mental Capacity Act 2005 begins with a presumption that an adult has capacity. People should be supported to make their own decisions, and an unwise decision alone does not establish lack of capacity. Capacity is assessed in relation to a specific decision and at the relevant time.

> Neurodivergence is not a capacity assessment

Autism, ADHD, dyslexia, learning disability or mental-health difficulty does not automatically mean an adult lacks capacity. Some people need communication adjustments or more time to understand information. Supporting decision-making is different from replacing it.

When support is genuinely extensive

Some neurodivergent adults need substantial lifelong support. Respect still matters. Choice can exist within supported routines: what to wear, when to take a break, who enters a room, how information is presented, which activity happens first, or who provides personal support.

Autonomy is not all-or-nothing. The aim is to maximise meaningful participation and dignity at the person's own level.

Repair when control has damaged trust

> 'I can see that I have sometimes treated my worry as permission to make decisions for you. I thought I was protecting you, but I understand that it has made you feel controlled. I want us to review what help you actually want and where I need to step back.'

Repair requires behaviour to change. If the adult says they do not want reminders, continuing to remind them while saying 'I am trying to respect your independence' will not rebuild trust.

Whose decision is this? Worksheet

The decision: _____

Who is directly affected by the consequences?

_____

Is this my decision, their decision, or genuinely shared?

_____

What support has the adult actually requested?

_____

Am I responding to immediate risk or to my own anxiety?

_____

If I disagree, can I express concern without taking over?

_____

What is the least restrictive way I can help?

_____

Support or control? Quick check

Support: asks permission; explains options; listens; adapts communication; respects a no; reviews support; encourages confidence; allows manageable mistakes.

Control: assumes permission; withholds information; monitors unnecessarily; uses guilt; threatens withdrawal of unrelated support; speaks over the adult; treats disagreement as disobedience; ignores boundaries.

For the adult child

I would like support with _____.
I do not want help with _____.
Before giving advice, please _____.
Information I want kept private includes _____.
If you are worried about me, I would prefer you to _____.
A boundary that would improve our relationship is _____ .

A message from Space to Breathe Therapy

Parents can remain deeply involved in an adult child's life without owning that life. The most supportive relationships often make room for both truths: 'You may need me' and 'you are still your own person.'

> Stepping back from control does not mean becoming indifferent. It means allowing care to be shaped by consent, respect and the adult's evolving needs. Sometimes the strongest parental message is no longer 'I'll sort it for you', but 'I trust that this is your life, and I am here when you want me beside you.'

References & evidence notes

United Kingdom. *Mental Capacity Act 2005*. Statutory principles include presumption of capacity, practicable support for decision-making, the right to make unwise decisions, best interests and least restrictive intervention.

Department for Constitutional Affairs. (2007). *Mental Capacity Act 2005 Code of Practice*.

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Trew, S., & Russell, D. H. (2026). Family Adaptation in Families with Autistic Members: A Scoping Review and Thematic Synthesis of Relational Systems, Context, and Development. *Clinical Child and Family Psychology Review*.

American Psychiatric Association. (2022). *DSM-5-TR*.

Evidence/legal note: This resource is general educational information and not legal advice, safeguarding advice for a specific case, or a mental-capacity assessment. The Mental Capacity Act material applies to England and Wales. Family circumstances vary considerably. Parental involvement is not inherently controlling, and some adults need intensive lifelong support. The key principles are proportionality, accessible decision-making, dignity, consent where possible, and individual assessment of risk and capacity.

Space to Breathe Therapy