Parents may see medical treatment, no matter how long or aggressive, as the acceptable price that must be paid for good care and survival. The young adult child may view it as a much larger forfeiture and long for the normal that they see with their friends, resenting the intrusion of the illness and treatment. “How much will this treatment get in the way of my lifestyle?” may be more important to the young adult than “Will I really die if I don’t [seek treatment]?” (Grinyer, 2009).

For an adult child who is older and has well-established independence apart from parents before the illness strikes, illness and treatment are viewed differently. Adults in their 30s and 40s may be actively involved in their communities. Work life is in its prime and childrearing takes time and attention. When serious illnesses occur, middle-aged adult children think of the effect of illness on their work, growing family, and social obligations. Parents and adult children are the most equal during this stage than at any other time in life. Serious illness requires renegotiation of the parent and adult child relationship. That is true particularly if a disconnect occurs between parents and adult children's expectations of appropriate parental caregiving behaviors.

Sometimes the life cycle of dependence and independence does a full rotation, and the “elderly” parent becomes dependent on the adult child. Perhaps socially isolated, they rely on the adult child to visit and keep them in touch with the family. If the adult child becomes seriously ill and the visiting decreases, it may bring additional isolation and resentment from the parent.

Etiology

Luann’s mother, Jean, raised her and her sister as a single mother. Now 57 years old, Jean feels as if she has been a