Most psychosocial nurses have encountered clients who harbor excessive and unrealistic expectations about what the world owes them. In “The Behavioral Manifestations of Misguided Entitlement,” the author proposed that a mismatch exists between what entitled clients desire, need, and expect from others (expectations), and what is feasible given the prevailing circumstances (reality) (Kerr, 1985). Misguided entitlement arises when a person fails to perceive, accept, or act on the mismatches that occur between expectations and reality (H. Peplau, personal communication, May, 1985).

An individual’s internal and external factors will influence this process. Internal factors may include a person’s self-image, prevailing needs, anxiety level, and developmental competencies (i.e., how well developmental tasks are met). External factors may include a person’s available resources, family constellation, social status, and occupational achievements. These internal and external factors interact to influence whether misguided entitlement is manifested as a natural response to transitory pressures or indicates an enduring personality trait.

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MISGUIDED ENTITLEMENT

Whether situational or characterological, misguided entitlement arises when a goal is set as expectation becomes activated; movement toward the goal begins; goal attainment fails because expectations and reality are too far apart; and the frustration and anger that result are expressed as aggression, which creates anger control problems. This process is summarized in the Table.

"Entitled" Clients

Kerr (2002) asserted that misguided entitlement is common in clients with certain types of character pathology. Specifically, the author theorized that psychiatric patients exhibiting high levels of misguided entitlement share certain personality traits, including aggression, narcissism, sociopathy, paranoia, and depression. The Millon Multiaxial Clinical Inventory was used to measure these traits in 100 psychiatric inpatients and outpatients (Millon, 1987). In addition, an Entitlement Scale (Kerr, 2002) was developed so staff nurses could rate the misguided entitlement behaviors observed in the same 100 clients. Scores from both instruments then were tested for statistical significance.

High levels of misguided entitlement were found to be significantly correlated with high measures of aggression, sociopathy, and paranoia, but they were not statistically significantly correlated with narcissistic or depressive personality patterns. Aggression, sociopathy, and paranoia were confirmed as traits common in clients with high levels of misguided entitlement. High misguided entitlement scores were significantly correlated with Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) (American Psychiatric Association, 1994) diagnoses of borderline personality disorder, bipolar disorder, and drug and alcohol abuse. Such information allowed the author to extrapolate about the common behavioral manifestations of misguided entitlement seen in the clinical setting.

Clients with high levels of misguided entitlement tend to be emotionally aroused and experience angry outbursts and episodes of irritability, as well as feel mistreated. Once aroused, they tend to discharge their emotions through action, rather than through reflection or introspection. These clients are especially sensitive to disappointment, which creates a propensity for feeling abused. Ego deficits in impulse control, judgment, and reality testing are prominent (Kerr, 1990). These clients also show serious superego deficits. They usually feel justified in lashing out at people and report no remorse that their actions have violated other people's rights. Instead, they deny the negative effect their behavior has on others or rationalize their behavior as justified (e.g., "I'm entitled!"). Unconsciously, they believe their needs are more important than other people's needs. Their reasoning is akin to the attitude reflected in George Orwell's (1946) Animal Farm, "All pigs are equal, but some pigs are more equal" (p. 76). Serial killers and mass murderers reflect the most malignant form of misguided entitlement because they feel justified to torture or murder others for momentary self-gratification.

Projection is a primary defense used by these clients, who project their internal aggression and sense of powerlessness. Such clients often become enraged at people they perceive to be inept, incompetent, or inadequate, never realizing they are projecting into the external world what, in reality, lies within their internal world. These clients tend to project every dark feeling, thought, and impulse onto others, and they commonly scapegoat. Their capacity to distort reality in service of their self-image probably borders on delusional, which explains the association between delusional disorders and misguided entitlement. These clients will do almost anything to avoid "the pain of their own conscience, the pain of the realization of their own...imperfection" (Peck, 1983, p. 77).

Because these individuals cannot readjust their inner expectations or affect circumstances in the way desired, they feel a seething frustration. Interactions with others trigger disappointment and rage, so many clients attempt to cope by retreating into a grandiose sense of self-sufficiency. They attempt to manufacture from their own resources what is needed to feel self-sufficient. Needing others tends to trigger their sense of powerlessness and evokes feelings of shame (Kerr, 1980).

According to Broucek (1982), early shame results from eagerly expecting a positive response from the maternal object but experiencing a negative one. Perhaps the mismatches that constantly occur between expectations and reality for "entitled" clients generate a similar sense of chronic shame. Clients expect so much from others, but their hopes are dashed and their desires are
frustrated because reality does not match their expectations.

**ESTABLISHING RAPPORT BY CONFRONTATION**

Considering "entitled" clients' self-vulnerabilities, the use of empathic mirroring (i.e., when a nurse reflects back to a patient about what he or she perceives or understands, without any sense of judgment) is essential to establish rapport (Kohut, 1966). However, these clients have an arrogant and provocative interpersonal style, which often elicits a confrontation response in nurses to "put them in their place." Confrontation can be a useful therapeutic tool but often occurs when nurses are exasperated with clients (Kerr, 1995). To confront is to draw to a client's attention the natural negative consequence of his or her dysfunctional behavior (Kerr, 1987). When skillfully applied, confrontation can yield positive changes in clients. However, clients with high levels of misguided entitlement expect mistreatment, harbor untold grievances, and are narcissistically vulnerable. Any confrontation will be considered toxic until clients can trust a nurse's benevolence toward them.

**Example**

Mrs. Jones* was an outpatient being treated for depression after being hospitalized for 2 months. She talked endlessly about how much she had devoted herself to others as a social worker. Therefore, she reasoned she was "entitled" to receive treatment at no cost. She was enraged that she was expected to pay for the services she received. To expect free treatment based on prior good works was irrational. Logically then, only "bad" people should have to pay for treatment.

Initial therapy sessions were dominated by a litany of complaints from Mrs. Jones about hospital staff, in particular, and the mental health system, in general. Mrs. Jones's therapist did not point out the "error" in her logic but rather focused on being empathic, saying, "You must feel that no one truly understands how much of yourself you have given to others." Gradually, the empathic mirroring soothed Mrs. Jones's insecurity, giving way to a larger sense of trust and cohesion. As this occurred, her capacity to tolerate "confrontations" became possible, so difficult topics could be discussed.

**PREVENTING AGGRESSIVE OUTBURSTS**

The notion that empathic responses are needed to build rapport is neither original nor profound. All clients need to feel understood. However, empathic responses also serve to decrease "entitled" clients' frustration level. Because frustration always is simmering inside "entitled" clients, ready to erupt at the slightest provocation, empathic responses are key to preventing aggressive outbursts. When nurses comprehend the extent of clients' frustrations, much can be done to "soften" any delay, wait, or limit setting that may be required for clients.

**Example**

A client who requested to smoke broke the jaw of a psychiatric technician when he responded to the client, "You'll just have to wait." The technician acknowledged he said this with irritation in his voice. Although this does not justify the client's behavior, a different scenario might have occurred if the technician had said something such as, "I used to
smoke myself, so I know what it's like to want a cigarette. I promise, I will take you out for a cigarette just as soon as I possibly can."

Although everyone has to accept delays in gratification, the proposed response conveys appreciation for the importance of the request for the individual. "Entitled" clients translate any delays, limits, or "no" responses to mean, "You are not important, and what you want is of no significance to me." Whether or not it is intended, this message activates a sense of narcissistic injury, which, in turn, gives rise to ego syntonic retaliatory impulses (Kerr, 1995). The few extra moments needed to convey an appreciation for the importance of the request is worth the effort considering the time required to control a client after an aggressive outburst.

SETTING LIMITS

To acknowledge that a demand or request and the person making it are important should not be confused with indiscriminately catering to a client's demands. Sometimes limits must be set because psychosocial nurses cannot, or will not, succeed in preventing aggressive behavior. After emotional arousal is activated, and aggression is pending, empathetic remarks may be perceived as condescending. Therefore, when aggression is manifested, a directive, rather than reflective, approach is required. In this situation, nurses convey a "no nonsense" rejection of behaviors destructive to the best interests of the client, others, or staff.

Example

When a man with paranoia began to verbally attack another man in group therapy, the therapist said, "Stop that, Steve!" The firm directive startled Steve enough to gain his attention for the split second needed. The therapist said, "It's not OK for you to do that to Joe. Your father did that to you—he hurt you with his words—and that wasn't OK either." The appeal was for Steve to empathize with his child-self. The anger could be heard in the therapist's voice because it was directed at the fact that Steve had suffered. Although Steve said nothing, he was able to remove himself from the group until his anger had subsided. So much can be conveyed by a nurse's tone of voice. While the words may be "textbook correct (e.g., "It must be frustrating to have to wait"), the tone of voice may communicate, "You are such a big baby." Understanding misguided entitlement activates within a nurse a sense of compassion, as well as the capacity to think clearly, even when disruptive counter-transference feelings occur (Kerr, 1992). Without such empathy, the type of relatedness required for the nurse-client relationship is impossible.

COPING WITH IRRATIONAL BELIEFS

After rapport has been established and difficult topics can be discussed with clients, the goal becomes to identify "entitled" thought patterns and behaviors, and to explore the irrational nature of the underlying assumptions. For example, a man with a narcissistic personality pattern may base his claims of entitlement on perceived "specialness." A woman who is paranoid may base her claims of entitlement on perceived "mistreatment." A sociopathic man may assert claims of entitlement on the basis that "people stupid enough to be duped deserve to be." The irrational beliefs unique to each person provide the framework from which his or her sense of misguided entitlement arises.

During this data-gathering phase, a nonjudgmental attitude is essential if nurses are to identify the specific irrational thoughts. If clients sense judgment, their beliefs will be driven underground. Only when all beliefs are identified can interventions be appropriately targeted.

Example

Laura was an inpatient who demonstrated a pattern of explosive outbursts whenever she received feedback. She did not like. A nurse helped Laura see how her aggressive outbursts were connected to feeling criticized. Laura began to gain some capacity to observe her own behavior, noting, "There I go again. I yelled at Allen when I thought he was criticizing me." The nurse then pondered, "I wonder why criticism, even when well intended, feels so injurious?" Further exploration uncovered a history of verbal abuse and criticism from Laura's parents. "Nothing I could do was ever good enough. They were always yelling at me for something."

Despite this insight, Laura continued her pattern of explosive outbursts. After one particularly uproarious outburst, she defended herself by saying, "Why shouldn't I? After all those years of biting my tongue, I'm entitled to express myself." In subsequent sessions, Laura's irrational beliefs were identified. While these beliefs were not particularly conscious, they were influencing her behavior profoundly. She felt entitled to:

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• Express her aggression without regarding how it affected others.
• Have others not take her anger personally or feel upset by it.
• Act as she did because of her early deprivations.

The irrational beliefs underneath certain behavior patterns will remain unconnected by the individual unless specific nursing interventions are aimed at uncovering them. Many times, the beliefs can only be inferred by the tenacity with which a client clings to them. Laura's ultimate belief was that she was entitled to be shielded from anything other than perfect acceptance. This had tremendous internal relevance to her.

Nurses must seek to bring such irrational thoughts into focus gently, tentatively, and within the context of genuine concern. Irrational beliefs justifying a sense of entitlement are relinquished only with great anxiety and sense of loss. For Laura to give up her right to "express herself" however she pleased would threaten her sense of being special and would underscore that her task was to contain impulse-driven behavior in the service of healthier adaptation.

Nurses then can use interpretative interventions that strengthen ego functions (Kerr, 1984). For example, the nurse could say to Laura, "It seems you have grown to believe that your anger should not create any repercussions for you, but the truth is that others are hurt by your anger. When they withdraw from you, you are left alone feeling abandoned. Your task is to express anger in ways that do not alienate others."

**SUMMARY**

As this process occurs, the painful affects become toned down for the clients. By exploring the source of clients' painful affects, wounded self-esteem, fearful projections, and dysfunctional defenses, misguided entitlement can be undermined. Much of this work will occur in a formal psychotherapy process, but nurses can create healthy object relatedness. To do so, they must see beyond the provocative and offensive behaviors to the vulnerable individual within who desperately needs compassionate and intelligent nursing care.

**REFERENCES**


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