

# Relational Entitlement, Early Recollections of Parental Care, and Attachment Orientation

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**Abstract** The present study examined whether inadequate parental care has a long-term impact on pathological relational entitlement in romantic relations, and whether this impact is mediated by insecure attachment style. Our cohort of 335 Israeli adults completed Sense of Relational Entitlement (SRE), Experience in Close Relationships (ECR), and Parental Bonding Instrument (PBI) questionnaires. The results generally supported our hypotheses. Avoidant attachment style fully and negatively mediated the link between maternal adequate care and SRE total entitlement. Anxious attachment style fully and negatively mediated the link between PBI paternal adequate care and SRE total entitlement. Women were found to report more relational entitlement. These results support the notion that pathological relational entitlement has its roots in recollections of early parental care and attachment experiences. The results of the study are discussed in the context of adult attachment and romantic relationships.

**Keywords** Entitlement · Romantic relationships · Parental care · Overprotection · Insecure · Attachment style

Relational entitlement, or an individual's subjective feeling of a right to certain privileges in a wide range of areas (Tolmacz and Mikulincer 2011), is one of the main characteristics of narcissistic personality in psychoanalytic literature (Jacobson 1959; Kohut 1966; Moses and Moses 1990), and is

characteristic of those who feel they are entitled to special treatment (Freud, 1916/1963), exempt themselves from the rules that apply to others (Jacobson 1959), and claim preferential attention and treatment (Horney 1950).

In accordance with psychoanalytic writings, relational entitlement can be perceived as opposite ends of a continuum, ranging from a tendency toward excessive, or inflated sense of entitlement (i.e., a subjective sense that one is entitled to have all one's needs met) to a tendency toward restricted sense of entitlement (i.e., a subjective sense of limited legitimacy that one's needs have to be fulfilled) (Blechner 1987; Grey 1987; Levin 1970; Shavit and Tolmacz 2014; Tolmacz and Mikulincer 2011). Hence, both ends of the continuum are considered pathological.

An inflated sense of entitlement may begin in early childhood, reflecting identification with parents' pathological entitlement (Levin 1970), lack of parental love or sense of value (Moses and Moses 1990), or parental depression (Stern 1985). A restricted sense of entitlement may stem from early experiences of shame or fear of being psychologically or physically abused or hurt (Levin 1970).

Sense of entitlement appears to have age and gender characteristics as women and younger individuals report higher levels of pathological relational entitlement compared to men and older individuals (Tolmacz and Mikulincer 2011). It is also context specific, as an individual may have a high sense of entitlement at work, and a low sense of entitlement in personal relationships (Kriegman 1983; Moses and Moses 1990). Empirical data has shown that relational entitlement is an important aspect of interpersonal tension, especially in the domain of couple relationships, and is associated with abuse, violence, dissolution and divorce (Campbell et al. 2004; Gibson-Beverly and Schwartz 2008; Hannawa et al. 2006; Pryor et al. 2008; Sanchez and Gager 2000; Tolmacz and Mikulincer 2011; Wilson and Daly 1998; Wood 2004).

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Therefore, understanding the mechanisms that activate pathological entitlement can facilitate the development of treatment and prevention strategies.

According to Attachment Theory, warm and consistently available caregiving is central to the development of secure attachment in early childhood and for ensuring psychological wellbeing, whereas rejection and unavailable caregiving contributes to the development of insecure attachment (Ainsworth et al. 1975; Bowlby 1982; Parker et al. 1979). Early experiences with caregivers are internalized and form internal working models that direct an individual's behavior, and become prototypes of later relationships, conceptualized as typical attachment style (Ainsworth et al. 1978; Bartholomew and Horowitz 1991; Bowlby 1982; Sroufe and Waters 1997). Thus, according to Attachment Theory, parental care is the main factor that engenders the establishment of attachment style, which, in turn, determines the individual's socioemotional adaptation and relational patterns throughout adult life. Secure attachment style is thought to contribute to adaptive socioemotional functioning, whereas insecure attachment style is associated with maladaptation and troubled interpersonal functioning (Hazan and Shaver 1987; Holman et al. 2009; Mikulincer and Shaver 2007; Shaver and Hazan 1993; Waters and Waters 2006). In support of this assumption, research has revealed important associations between early parental care and later attachment styles. Adult secure attachment style is related to retrospective perceptions of parents as being affectionate and caring, whereas adult anxious and avoidant attachment styles are related to retrospective perceptions of parents as being less affectionate, more rejecting or overprotective in a way that undermines their children's independence needs (Berry et al. 2007; Brennan et al. 1998; Matsuoka et al. 2006; Mickelson et al. 1997; Tait et al. 2004; Wiseman et al. 2006).

Attachment theory also predicts that once attachment styles are formed they stay relatively stable and affect the individual's interpersonal patterns. Individuals with secure attachment style rely on their internal working models to modulate internal stress, and are able to benefit from intimacy to relieve tension and anxiety. Conversely, those with insecure anxious attachment style tend to use hyperactivation of the attachment system to cope with external and internal threats, and to intensify their bids for attention and responsiveness from intimate partners that ultimately burdens the relationship. Adults with insecure avoidant attachment prefer to use deactivation, suppressing overt display of the need for intimacy, and exhibiting a self-reliant attitude with partners, which similarly results in dissatisfaction within the relationship (Mikulincer and Shaver 2003, 2007). Also, anxious and avoidant attachment styles are predictive of unstable esteem of one's adult partner (Alfasi et al. 2010). Furthermore, emerging research has pointed to a link between attachment style and relational entitlement, which consequently affects the quality of romantic relations.

Specifically, in two separate samples, problematic aspects of the sense of relational entitlements (both inflated and restricted entitlement) were found to be associated with insecure attachment orientations (both anxious and avoidant styles). The authors concluded that these associations between relational entitlement and attachment insecurities are related to variations in the quality of emotional bonds with attachment figures beginning in infancy (Tolmacz and Mikulincer 2011, p. 88).

We examined the role of attachment style in linking early parental care and later relational entitlement. Historically, developmental theories and research tended to focus on maternal care while paying less attention to fathers, and neglecting to explore different trajectories associated with maternal and paternal care. Nevertheless, in recent years there has been a growing interest in the differential role fathers and mothers play in their children's development (Lewis and Lamb 2003). There is a paucity of findings and these are sometimes contradictory and inconsistent. Several studies found beneficial contribution of both parents' early sensitivity and supportiveness to adult attachment (Dalton et al. 2006; Grossman et al. 2005; Scharf and Mayseless 2008). Other studies reported that the mother's involvement was more predictive of adult attachment than that of the father's (Doherty and Feeney 2004; Freeman and Almond 2010; Manassis et al. 1999; Randal and Padilla-Walker 2009). Some discrepancy and inconsistency may stem from the use of different research methodologies (longitudinal vs retrospective designs) and assessment tools (interviews, observations, or self-reports).

## The Present Study

The goals of the present study were to explore the relations between early parental care, attachment style, and relational entitlement in adulthood, and to test interlinks among these constructs. It is generally agreed that adult attachment style, i.e., an individual's preferred strategy of dealing with closeness in relations, and especially in romantic relations, is determined largely by the quality of parental care received during childhood (Bartholomew and Horowitz 1991). Moreover, research has pointed to a link between attachment style and relational entitlement that also affects the quality of romantic relations (George-Levi et al. 2014; Tolmacz and Mikulincer 2011). Clinical evidence and theoretical formulations have suggested that pathological relational entitlement in the context of romantic relationships has its origins in inadequate early parental care (Bergman 1987; Terman 1980; Tolmacz and Mikulincer 2011). However, the specific mechanism by which parental early care shapes adult interpersonal relations overall, and relational entitlement specifically, has not yet been explored (George-Levi et al. 2014).

Following the aforementioned literature we propose that retrospective perceptions of early parental care, subjectively perceived by the care recipient as unavailable and insensitive or as overprotective and controlling, will be linked to this person's relational sense of entitlement, and this link will be mediated by his or her attachment style. Specifically, we hypothesized that (a) Retrospective subjective perceptions of high overprotection and low adequate care are associated with high attachment insecurity (high anxiety and avoidance) as well as with pathological relational entitlement; (b) Attachment insecurity (high anxiety and avoidance) mediates the association between retrospective subjective perceptions of parental overprotection, parental inadequate care and pathological relational entitlement. Thus, perceived poor care results in insecure attachment (both anxious and avoidant) that consequently leads to pathological relational entitlement. Because of the inconsistencies in the literature regarding the impact of parental care on later socioemotional adaptation, our study seeks to examine whether subjective recollections of maternal and paternal care are differently linked with relational entitlement, and whether age and gender are associated with different levels of relational entitlement.

## Method

### Participants

The sample comprised 335 Israeli adult volunteers, including students, civil employees, and high-school teachers. All participants were approached through their workplace, or school. The sample consisted of 226 women (67%) and 109 men (33%) ranging in age from 18 to 74 years ( $M = 40.21$ ;  $SD = 14.25$ ). Amongst our cohort 218 (65%) were married, 94 (28%) were single, 18 (5%) were divorced, and 5 (2%) were widowed.

Analogous to other entitlement research, the object of our study was the individual's subjective experience, and current involvement in a romantic relationship was not an inclusion criterion (Campbell et al. 2004; Gibson-Beverly and Schwartz 2008; Pryor et al. 2008).

### Procedure and Materials

All participants volunteered for the study and no monetary reward was offered. A set of five self-report questionnaires were administered to participants at their place of work, or study. Participants were informed that the study examined attitudes, thoughts, and feelings regarding close relationships. The questionnaires were administered collectively, completed and returned anonymously, thus assuring confidentiality. The following questionnaires were administered:

**Demographic Questionnaire** Participants were asked to provide the following data: Age, gender, country of birth (year of immigration, where relevant), current familial status, current and past romantic relationships, number of children, profession, current job status, number of siblings in family of origin, birth order, education, and familial status of parents.

**Sense of Relational Entitlement (SRE) Scale** The SRE, developed by Tolmacz and Mikulincer (2011), contains 33 items that are used to assess entitlement-related thoughts, feelings, and behaviors in romantic relationships. Each item is rated on a 7-point scale ranging from 1 (*not at all*) to 7 (*very much*). The scale yields five empirically derived factors: (a) Vigilance of negative aspects of partner and relationships (vigilance), which includes ten items (e.g., "I am possessed with my partner's faults"; "I am often preoccupied with the question of whether my partner is good enough for me") and relates to the individual's tendency to focus excessively on the negative aspects of a romantic partner, i.e., to devalue, mistrust and criticize a romantic partner, and to end a romantic relationship when a partner fails to meet expectations; (b) Sensitivity to relational transgressions and frustrations (sensitivity to transgression), that includes nine items (e.g., "When I am not getting what I deserve from my partner, I become very tense"; "When my partner frustrates me, I cannot let it go") and relates to the strength of negative cognitions and emotional reactions to a romantic partner's perceived offenses and transgressions; (c) Assertive entitlement, that includes six items (e.g., "I will not make do with less than what I deserve in a couple relationship"), and relates to an individual's assertiveness and personal confidence in romantic relationships, and an unwillingness to compromise personal needs in the relationships; (d) Expectations of a partners' attention and understanding, which includes four items (e.g., "I have high expectations of my partner", "I expect my partner to understand me without having to explain myself"), and relates to exaggerated and rigid expectations of the partner's understanding, attention, and acceptance; (e) Restricted entitlement, which includes four items (e.g., "I am often preoccupied with the question if I deserve my partner"), and assesses an individual's lack of confidence in his entitlement, and reluctance to openly express his needs and expectations within the romantic relationship. High scores on each of these factors represent high levels of the described tendency.

The SRE scale yields three composites (Inflated, Restricted and Assertive) as well as a global score of pathological relational entitlement. Because the use of the composites has produced inconsistent results (e.g., George-Levi et al. 2014), the present study uses the SRE global score, which consists of averaging all 33 items, where high scores represent pathologically high levels of relational entitlement (Tolmacz and Mikulincer 2011). The scale was tested and validated in two large-scale studies (Tolmacz and Mikulincer 2011), and has

been found to have good psychometric properties (George-Levi et al. 2014; Shavit and Tolmacz 2014).

Cronbach's  $\alpha$  for the five SRE factors in the original study ranged from .74 to .91 and in our study, from .68 to .87. Cronbach's  $\alpha$  for the SRE total score in the original study was .88 and in our study .91.

**Experience in Close Relationships (ECR) scale - Hebrew Version** The ECR is a 36-item measure used to assess adult attachment style. It was developed by Brennan et al. (1998) and adapted into Hebrew by Mikulincer and Florian (2000). Cronbach's alphas for the Hebrew version were .92 for anxiety items, and .93 for avoidance items.

This scale contains statements regarding feelings within relationships. Respondents indicate on a 7-point scale ranging from 1 (*not at all*) to 7 (*very much*) the degree to which a statement describes their own experience in close relationships. The scale yields two scores, one reflecting anxiety (18 items, e.g., "I worry a lot about my relationships") and the other reflecting avoidance (18 items, e.g., "I do not feel comfortable opening up to other people").

High scores on the anxiety dimension represent a strong tendency toward anxious attachment, whereas low scores represent a more secure attachment style. Similarly, high scores on the avoidance dimension represent a strong tendency toward avoidant attachment, whereas low scores represent a more secure attachment style.

In the present study, reliability scores for the two dimensions were as follows: Avoidant style (Cronbach's  $\alpha = .87$ ) and anxious style (Cronbach's  $\alpha = .90$ ).

**Parental Bonding Instrument (PBI)** The PBI, developed by Parker et al. (1979), is a 25-item scale designed to measure retrospective recollections and perceptions of early parental attitudes and behaviors along a continuum from warmth and respect for autonomy to overprotection and control (Parker et al. 1979; Raskin et al. 1971; Schaefer 1965). The PBI has been widely used for assessing recollections of parent-child relations (Bloch et al. 2007; Denollet et al. 2007; Gerra et al. 2009; Sakado et al. 2000; Suzuki et al. 2011). Participants are asked to rate the degree to which each item (e.g., "My parents tried to control everything I did" or "My parents did not talk to me very much") describes their parents' early behavior and attitudes, on a 4-point scale, ranging from 1 (*not at all*) to 4 (*very much*).

The measure yields two subscales: Parental care (12 items) and parental overprotection (13 items). High scores on the parental care subscale indicate recalled perceptions of parents as caring, whereas low scores indicate recollections of parental indifference and rejection. High scores on the parental overprotection subscale indicate recollections of parental overprotection and intrusions, whereas low scores indicate recollections of independence and autonomy.

The PBI was translated into Hebrew, validated in previous studies, and has been reported to have adequate psychometric properties (Canetti et al. 1997, 2008). Participants in the current study completed the questionnaire twice, once for their mother and once for their father, resulting in four separate subscale scores: Maternal adequate care, maternal overprotection, paternal adequate care and paternal overprotection. Reliability scores for the four subscales were .86, .86, .87, and .82, respectively.

**Ethics** The Departmental Research Ethics Committee of the School of Behavioral Sciences of the Academic College of Tel-Aviv-Yaffo approved this study.

### Data Analyses

Means, standard deviations, and correlations between study variables are presented in Table 1.

Pearson correlation was used to test for association between gender, age and the main study variables. Path analysis models were tested following the hypotheses and the correlations obtained between study variables. Since our study variables are highly correlated, and in order to be able to present our findings in a concise, parsimonious manner, we separated our model into 4 sub-models. Each of the sub-models tests the mediating role of a single attachment style (avoidant or anxious) together with one of the parental care variables (overprotection or adequate care). Statistical significance was set at the .05 level, while marginally significant results ( $p < .1$ ) were also noted. Readers who wish to inspect the 4 path analysis models when correcting for multiple comparisons should consider  $p < .01$  as the required significance level, which is consistent with the Bonferroni correction for multiple comparisons.

### Results

In order to test the research hypotheses, the following steps were taken. First, Pearson correlation coefficient were calculated between the independent variables, potential mediators and outcome variables. As significant correlations are a requirement for mediation, the second step was testing the mediation hypothesis for those combinations of variables that met the requirement. The simple Pearson correlations (step 1) are presented in Table 1, while the subsequent path analysis models are presented in Figs. 1, 2 and 3 and Tables 2, 3, and 4. Following the simple correlations that are presented in Table 1, three out of four mediation models, affecting entitlement, were tested: (1) anxious attachment style mediating overprotection effect, (2) anxious attachment style mediating care and (3) avoidant attachment style mediating care. The role of avoidant attachment style as a mediator in the relationship between care and entitlement was not tested for lack of

**Table 1** Means, standard deviations and pearson correlations between study variables (*N* = 336)

	SRE global entitlement score	age	gender	PBI maternal care	PBI paternal care	PBI maternal overprotection	PBI paternal overprotection	anxious attachment style	avoidant attachment style
Age	<b>-0.16**</b>								
gender	<b>.13*</b>	<b>-.06</b>							
PBI maternal care	<b>-0.15**</b>	<b>-0.11+</b>	<b>-.07</b>						
PBI paternal care	<b>-0.10+</b>	<b>.02</b>	<b>0.09+</b>	<b>0.44**</b>					
PBI maternal overprotection	<b>.253**</b>	<b>-.065</b>	<b>.067</b>	<b>-.485**</b>	<b>-.352**</b>				
PBI paternal overprotection	<b>.236**</b>	<b>-0.092+</b>	<b>.124*</b>	<b>-.452**</b>	<b>-.348**</b>	<b>.832**</b>			
anxious attachment style	<b>0.54**</b>	<b>-0.21**</b>	<b>-0.10+</b>	<b>-0.21**</b>	<b>-0.23**</b>	<b>.350**</b>	<b>.275**</b>		
avoidant attachment style	<b>0.27**</b>	<b>-.01</b>	<b>-0.15**</b>	<b>-0.19**</b>	<b>-0.15**</b>	<b>0.09+</b>	<b>.067</b>	<b>.173**</b>	
M	<b>3.9</b>	<b>40.3</b>	<b>1.7</b>	<b>3.2</b>	<b>3.1</b>	<b>1.9</b>	<b>1.8</b>	<b>3.1</b>	<b>3.3</b>
SD	<b>.9</b>	<b>14.4</b>	<b>.5</b>	<b>.6</b>	<b>.7</b>	<b>.6</b>	<b>.5</b>	<b>1.1</b>	<b>1.0</b>
Range	1.1-6.4	18.0-81.0		1.3-4.0	0.0-4.0	0.9-3.8	1.0-3.6	1.0-6.6	1.0-6.1

significance of the simple correlations between the variables. In the following path diagrams, path coefficients may be regarded as measures of effect size.

Figure 1 presents the first model, testing the mediating role of anxious attachment in the relationship between overprotection and entitlement.

The direct and indirect paths between overprotection and entitlement are summarized in Table 2.

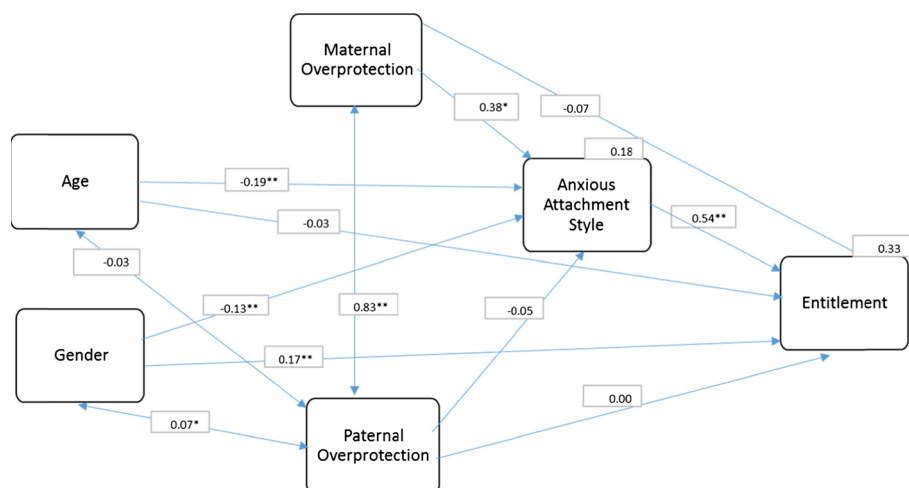
It can be seen that full mediation exists between maternal overprotection and entitlement, while neither direct nor

indirect relations exist between paternal overprotection and entitlement. The lack of effect can be explained by the strong relationship between maternal and paternal overprotection. The model yielded fit indices all above 0.95 (CFI = 0.998), RMSEA = 0.031 and  $\chi^2(3) = 3.9, p > 0.05$ .

Figure 2 presents the second model, testing the mediating role of anxious attachment in the relationship between care and entitlement.

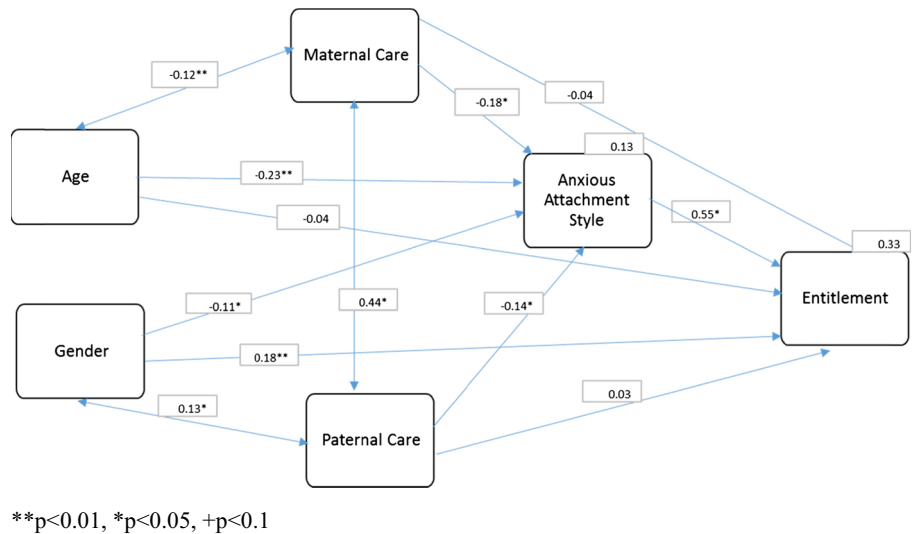
The direct and indirect paths between adequate care and entitlement are summarized in Table 3.

**Fig. 1** The Role of Anxious Attachment Style as a mediator in the relationship between overprotection and entitlement. Numbers above the arrows represent standardized direct effects. Numbers at the top of the endogenous variables represent multiple squared correlations. \*\*  $p < 0.01$ , \*  $p < 0.05$ , +  $p < 0.1$



\*\* $p < 0.01$ , \* $p < 0.05$ , + $p < 0.1$

**Fig. 2** The Role of Anxious Attachment Style as a mediator in the relationship between care and entitlement. Numbers above the arrows represent standardized direct effects. Numbers at the top of the endogenous variables represent multiple squared correlations. \*\*  $p < 0.01$ , \*  $p < 0.05$ , +  $p < 0.1$



It can be seen that full mediation exists between both maternal and paternal overprotection and entitlement. The model yielded fit indices all above 0.95 (CFI = 0.999), RMSEA = 0.016 and  $\chi^2(3) = 3.2, p > 0.05$ .

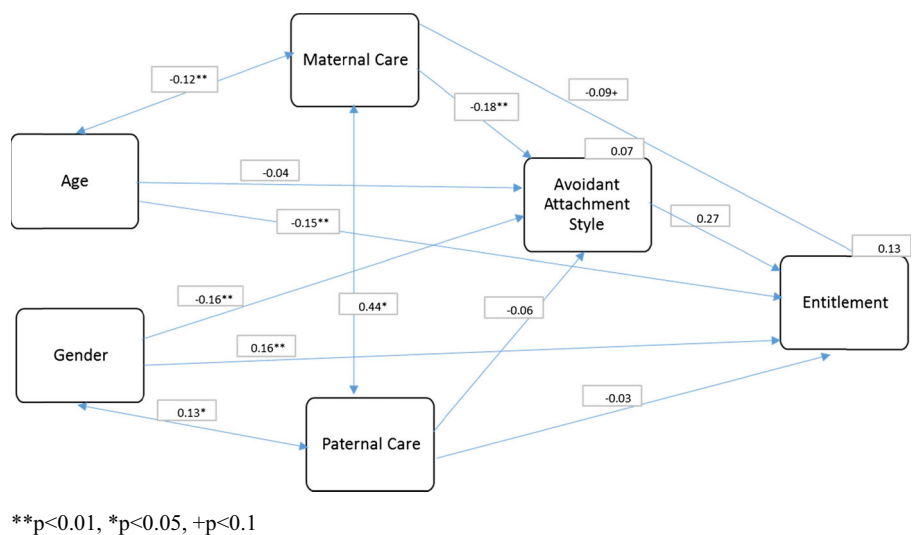
Figure 3 presents the second model, testing the mediating role of avoidant attachment in the relationship between care and entitlement.

The direct and indirect paths between overprotection and entitlement are summarized in Table 4.

It can be seen that full mediation exists between maternal overprotection and entitlement, while neither direct nor indirect relations exist between paternal care and entitlement. The lack of effect can be explained by the strong relationship between maternal and paternal care. The model yielded fit indices all above 0.95 (CFI = 0.998), RMSEA = 0.016 and  $\chi^2(3) = 3.2, p > 0.05$ .

Participants' age effects on relational entitlement were fully mediated by anxious attachment style when testing links between parental overprotection and relational entitlement. Specifically, younger participants tended to report more attachment anxiety, which, in return, was associated with higher relational entitlement. Similarly, anxious attachment style fully mediated between age and relational entitlement when testing links between parental adequate care and relational entitlement. However, participants' age effects on relational entitlement were not mediated in the case of avoidant attachment style where significant negative effect was found only between age and avoidant attachment style, so that younger participants tended to report higher tendency toward avoidant attachment. Finally, women, in all three models tested, tended to report higher levels of relational entitlement, and these

**Fig. 3** The Role of Avoidant Attachment Style as a mediator in the relationship between care and entitlement. Numbers above the arrows represent standardized direct effects. Numbers at the top of the endogenous variables represent multiple squared correlations. \*\*  $p < 0.01$ , \*  $p < 0.05$ , +  $p < 0.1$



**Table 2** Direct and indirect standardized effects in testing the mediating role of anxious attachment style in the relationship between overprotecting parental care and relational entitlement

TO: entitlement		
From	Direct	Indirect
age	−0.03	−0.11**
gender	0.17**	−0.07*
Maternal overprotection	−0.07	0.21*
Paternal overprotection	0.00	−0.03
Anxious	0.54**	-----

\*\* $p < 0.01$ , \* $p < 0.05$ , + $p < 0.1$

effects were partially mediated by both anxious and avoidant attachment styles.

### Discussion

The goals of our study were to examine the interlinks between recollections of early maternal and paternal care, attachment insecurity, and relational entitlement, and to test a mediation hypothesis in which attachment insecurity was proposed as the mechanism by which early poor parental care is linked to pathological relational entitlement. Specifically, we hypothesized that adult subjective reports of poor parental care, as measured by high PBI overprotection and by low PBI adequate care, are associated with high attachment insecurity (high ECR anxiety and avoidance) and with SRE pathological relational entitlement and that attachment insecurity (high ECR anxiety and avoidance) mediates the association between PBI subjective recollections of poor parental care and SRE pathological relational entitlement.

Our hypotheses were generally supported. The links between retrospective perceptions of parental care and pathological relational entitlement were mediated via attachment style so that avoidant attachment style fully mediated the link between PBI maternal inadequate care and SRE pathological relational entitlement, and anxious attachment style fully mediated the link between paternal inadequate care and SRE

**Table 3** Direct and indirect standardized effects in testing the mediating role of anxious attachment style in the relationship between inadequate parental care and relational entitlement

TO: entitlement		
From	Direct	Indirect
age	−0.04	−0.13*
gender	0.18**	−0.06*
mother care	−0.04	−0.10*
father care	0.03	−0.08**
Anxious	0.55*	-----

\*\*  $p < 0.01$ , \*  $p < 0.05$ , +  $p < 0.1$

**Table 4** Direct and indirect standardized effects in testing the mediating role of avoidant attachment style in the relationship between inadequate parental care and relational entitlement

TO: entitlement		
From	Direct	Indirect
age	−0.15**	−0.01
gender	0.16**	−0.04*
mother care	−0.09+	−0.05**
father care	0.03	−0.02
Anxious	0.27*	-----

\*\*  $p < 0.01$ , \*  $p < 0.05$ , +  $p < 0.1$

pathological relational entitlement. Furthermore, applying Bonferroni’s correction for multiple comparisons, results were marginally significant for showing that maternal anxious attachment style mediated the link between inadequate maternal care and SRE pathological relational entitlement, as well as the link between maternal overprotection and SRE pathological entitlement. Participants’ age effects on relational entitlement were fully mediated by anxious attachment style when testing links between parental overprotection and relational entitlement. In the case of parental inadequate care, mediating effects were only marginally significant when applying Bonferroni’s correction for multiple comparisons. Finally, women, in all three sub-models tested, tended to report higher levels of SRE pathological entitlement. When using Bonferroni’s correction for multiple comparisons, results were marginally significant for showing that anxious and avoidant attachment styles partially mediated these links.

Relational entitlement, i.e., an individual’s expectation and subjective sense of rightness to have one’s needs met in full by an intimate partner, was the focus of the current study. The main finding of the study was that the quality of early parental care, as subjectively perceived and recalled during adulthood, contributes to adult attachment style, i.e., one’s feelings and behavioral tendencies in close relationships, which, in return is linked with one’s relational entitlement expectations within intimate relationships. As described above, adult subjective perceptions of early parental care as being inadequately caring, i.e., being cold, distant, rejecting or unavailable and, to some degree being inattentively overprotective, i.e., intrusive, controlling and not allowing independent exploration, were linked to attachment insecurity. Insecure attachment style, in return, was linked to a tendency to form pathological, unrealistic expectations in the form of either exaggerated or restricted sense of entitlement to having one’s emotional and physical needs met by his or her intimate partner. These findings add to a growing body of literature linking early parental care and couple relations (Black and Schutte 2006). Previous research has shown that a person’s subjective accounts of early parental care and attachment experiences, lead to the formation of internal working model of attachment, which, once formed, shapes one’s expectations, emotions, and social behavior during adulthood (Mikulincer and Shaver 2007). Our findings

point to a specific mechanism by which this process may exert itself, i.e., relational entitlement. Specifically, it is suggested that early experiences of parental care as perceived subjectively by the adult individual, shape one's tendency to expect the fulfilment of his own needs and to respect the needs of a partner in close relationships.

Theoretical and empirical findings suggest that anxious adults, having experienced the attachment figure as inconsistently available, learned to rely on hyperactivation of the attachment system as a way of recruiting the attachment figure's attention when dealing with internal or external threats (Mikulincer and Shaver 2007). Furthermore, anxious individuals tend to hold a negative view of themselves and a positive view of others, which increases their neediness and dependency (Bartholomew 1990). Combined with our findings, it can be argued that having retrospective perceptions of early parental failures at fulfilling one's early needs may become generalized later in life into constant preoccupation with availability of emotional support (i.e., anxious attachment orientation). The constant worry regarding the availability of support from others may translate into interpersonal demandingness, or disavowal of one's needs, which may jeopardize the mutuality that is the cornerstone of a satisfying relationship. Thus, a vicious circle can be speculated in which an individual's neediness and lack of security generates intense demandingness or constant disavowal, which, subsequently, may lead to actual frustration and lack of satisfaction within the relationship. Conversely, avoidant individuals similarly experience relationships as frustrating, however, they tend to perceive their early attachment experiences to be mainly characterized by parental rejection and anger. As a result, they have learned to deal with the repeated experiences of parental emotional and physical unavailability during times of distress by deactivation of the attachment system and by self-reliance (Ainsworth et al. 1978). As adults, they hold a dismissive state of mind regarding their early childhood experiences, play down the importance of attachment relationships and tend to recall few concrete episodes of emotional interactions with parents (Main et al. 1985). They tend to feel awkwardness with closeness and prefer to rely on compulsive self-reliance and exaggerated self-worth while devaluating others (Bartholomew 1990). Together with our findings, it can be argued that avoidant individuals not only pay less attention to their emotional experiences, but also are less attentive to the needs of their partners. They constantly feel frustrated sensing that their needs are not met by others (because they downplay them and fail to make them known to their partner, hence tend toward restricted entitlement) or by expressing them in a hostile, demanding fashion (hence, displaying excessive pathological entitlement). This may lead to spousal resentful refusal to meet their needs, which confirms their expectation for relational disappointment.

Results of the current study tentatively suggest that anxious attachment style mediated the link between retrospective subjective perceptions of maternal overprotection and pathological relational entitlement. Although given the Bonferroni correction, this link was only marginally significant, it is consistent with Bowlby's (1979) conceptualization of compulsive caregiving, and with the related and more recent conceptualization of pathological concern (Shavit and Tolmacz 2014). Accordingly, in some cases, parental compulsive caregiving may be motivated by the parent's narcissistic need for control and power rather than by the child's emotional need for protection. When occurs, such caregiving may interfere with the child's need for independence and exploration and may therefore be registered by the child, and later by the adult, as parental overprotection. Our findings suggest, albeit tentatively, that being raised by a parent who was perceived as overprotective, may lead to a generalized, intense dependence on others (i.e., anxious attachment). Furthermore, it may result in an unmodulated expectation to be cared for by a mate or a romantic partner, as well as inability to acknowledge the partner's needs and rights. Alternatively, the compulsive care associated with overprotective parenting may interfere with an individual's ability to acknowledge his own needs and negotiate fulfillment within intimate relations, hence, restricted relational entitlement.

The current findings point to different explanatory mechanisms linking recollections of mothers' and fathers' early care, attachment security and relational entitlement. Results indicated that reports of fathers' inadequate care were linked with relational entitlement and this link was fully mediated via attachment anxiety. In the case of mothers, reports of inadequate care were linked with relational entitlement, however, this link was mediated via attachment avoidance. These differences are in line with earlier findings showing fathers had an impact on their offspring's attachment, albeit through different mechanisms than those accounting for mothers' impact (e.g., Bacro 2012; Paquette 2004). Further research is needed in order to understand the distinct roles that fathers and mothers play in their children's social and emotional development in general, and in the area of adult relational entitlement in particular.

Our results support earlier findings with relation to age showing that younger participants tended to report more relational entitlement (Tolmacz and Mikulincer 2011) and goes on to show this link is fully explained by anxious, but not by avoidant attachment style. In other words, it is not age per se, which accounts for younger people's tendency to have unrealistic expectations within close relationships. Rather, younger adults, who are occupied developmentally with the wish to form close and long lasting relationships, if prone to feel anxiety within intimate relationships may also tend to have pathological entitlement expectations.



Further research should examine the different involvement of these two attachment styles with mediating age.

The present findings show that women, as a group, reported more pathological relational entitlement. These results are in line with other studies showing that women reported higher levels of pathological relational entitlement (Tolmacz and Mikulincer 2011), as well as higher pathological concern compared to men (Helgeson 1994; Shavit and Tolmacz 2014), suggesting women might have internalized cultural expectations to fulfill others' needs (Chodorow 1989; Tolmacz and Mikulincer 2011).

In summary, the current findings point to the quality of early parental care as retrospectively perceived in adulthood, particularly neglect and lack of warmth, and to some degree, overprotection and intrusion, as a tentative antecedent of pathological relational entitlement, as measured by the SRE. However, some caveats need to be outlined. First, the correlational and cross-sectional design employed by this study limits our ability to draw conclusions regarding temporal causality. For instance, it is possible that anxious attachment orientation leads adults to retrospectively describe early parental care as insensitive and lacking in warmth, and their present intimate relations as lacking in spousal attention and love. Alternatively, relational entitlement, recollections of early parental care, and experience in close relations (i.e., attachment orientation) may be attributed to other mediating factors, not measured by us, such as depressive affect, being subjected to violence or the experience of a current traumatic relationship that may color both past and present relational views. Longitudinal studies are warranted to assess parental care in childhood and relational entitlement attitudes across the lifespan. Moreover, future studies should also include behavioral observations of parental behaviors as well as couples' interactions. Second, the wide range of ages within the current sample together with the uneven gender distribution, may have concealed and weakened existing links and mediating effects. Third, the study used retrospective perceptions of parental care. Clearly, these perceptions are subjective and do not necessarily reflect the actual care provided. While keeping this potential bias in mind, the PBI has been widely used for assessing retrospective recall of perceptions of parent-child relations (Bloch et al. 2007; Denollet et al. 2007; Gerra et al. 2009; Sakado et al. 2000; Suzuki et al. 2011), and specifically their relations with attachment styles (Berry et al. 2007; Brennan et al. 1998; Mickelson et al. 1997; Tait et al. 2004; Wiseman et al. 2006). Nevertheless, there is a possibility of potential influence of participants' interpersonal circumstances, and state of mind at the time of the study on their reported recollections. Finally, the present findings were all collected using self-report measures and, therefore, are subject to social desirability bias.

## Implications

This study employed an empirical, quantitative design to better comprehend the phenomenon of relational entitlement, and explore its development in the context of early parental care and patterns of interpersonal relations, specifically attachment styles. Pathological relational entitlement can lead to interpersonal tension, frustration, and sometimes violence in romantic relationships, and may become the referral issue and treatment target for individual, family and couple interventions. The current results offer some insights for practitioners to consider when designing interventions and treatments that target this pathology. For example, the link that was found between perceptions of early parental care, attachment style, and relational entitlement calls for therapeutic exploration and processing of subjective narratives of early childhood experiences, and comprehension of how they impact and shape present intimate relations as well as family dynamics.

In conclusion, understanding and altering negative childhood narratives and building more positive recounts may help to prevent repetitive patterns of pathological mating and intergenerational transmission of inadequate parental practices, and may also serve as a protective mechanism in times of stress (Lieberman 2007). Such understanding may assist practitioners who treat/counsel individuals, couples and families who struggle with negotiating mutual respect, and acceptance of their own as well as their partners' needs and rights. Knowledge of the dynamics behind the development of pathological relational entitlement that characterizes abusive partners, and abusive and neglecting parents, may facilitate empathy and acceptance in therapists who counsel these challenging patients.

**Compliance with Ethical Standards** As the corresponding author, I confirm that all procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

**Disclosure of Potential Conflicts of Interest** As the corresponding author I confirm that none of the authors of this paper has any relationships or interests that could have direct, have potential influence, or impart bias on this work. None of the authors is aware of any real or perceived conflict of interest. No funding or grants were asked or received.

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