SEX ROLE IDENTIFICATION
AND YOUNG WOMEN'S
IRRATIONAL BELIEFS

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ABSTRACT: The present study was designed to examine the relationship between young women's beliefs about approval, frustration, and dependency and their sex-role identification. Sixty-six college women responded to a questionnaire which contained the Irrational Beliefs Test (Jones, 1969) and the Multidimensional Sex Role Inventory (MSRI; Bernard, 1981). As predicted, women who score high in irrational beliefs concerning approval, frustration, and dependency also scored higher on the MSRI scale pertaining to anxiety and neuroticism than did their more rational counterparts. Also, the high irrational group scored lower than did the low irrational group on the MSRI scale measuring instrumental-agentic traits. These results have two implications for feminist RET psychotherapists. First, they clarify the value of using instruments to assess both irrational beliefs and sex role identification in treatment planning. Secondly, they sensitize the psychotherapist to the impact of sex-role socialization and identification on the psychological adjustment of young women.

Women are disproportionately more likely than men to request psychotherapy, often presenting themselves with symptoms that are closely linked to "normal" female sex-role socialization, e.g. depression, anxiety, guilt, poor self-esteem, and passivity (Walen & Grieger, 1982).
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1988; Wolfe, 1976). It is not surprising, then, that several researchers have reported that feminine or communal personality traits such as sensitivity to others are associated with poor mental health unless they are replaced by or coexist with agentic or masculine traits such as assertiveness (Burchardt & Serbin, 1982; Elpern & Karp, 1984; Hovland, Alsaker, & Vollmer, 1988; Kaplan & Sedney, 1980; Kimlicka, Cross, & Tarnai, 1983; Spence, 1983; Tinsley, Sullivan-Guest, & McGuire, 1984).

Rational-Emotive Therapy (RET) practitioners have been quick to adapt their psychotherapeutic techniques to reflect current knowledge about the relationship between sex-role identification (masculine and feminine personality traits) and psychological adjustment. In fact, Janet Wolfe (1986) has suggested that compared with other schools of therapy, RET may “come closest to meeting the criteria for effective feminist therapy . . . [because] it deals with the shoulds, musts, self-rating, and love-slobbism inherent in sex-role messages . . . [providing women with] a concrete method for disputing them” (pp. 400-401). Sensitive to our male-dominated culture, Albert Ellis (1977) has long recognized that many psychological problems presented by female clients, for example pronounced needs for men’s approval, are not evidence of psychopathology so much as they are exaggerations of expected feminine values and behavior.

Sex Differences in Irrational Beliefs

Consistent with the clinical observations of feminist RET practitioners (c.f. Walen & Grieger, 1988; Wolfe, 1986), Jones (1969) reported that women were significantly more likely than men to endorse three, stereotypically feminine irrational beliefs. These beliefs were: (1) demand for approval (that is, the belief that it would be awful if one was not liked or loved by others); (2) frustration reactive[ness] (or the belief that difficulties cannot be tolerated and life should be easy); and (3) dependency (that is, the belief that an individual needs to rely on someone stronger to get along). Two recent studies, each using Jones’ (1969) Irrational Beliefs Test (IBT), have replicated these findings. Hampton, Lambert, & Snell (1986) found that female and male psychologists in private practice expect mentally healthy women to be more irrational than mentally healthy men. Specifically, mentally healthy men were expected to be freer from irrational beliefs concerning demand of approval, frustration reactive[ness], anxious overconcern, and dependency than were mentally healthy women. Coleman