

THE MAN WHO HATED WOMEN

John Rowan

My orientation is basically humanistic. After a great deal of group work and training, and a good training and experience in four types of co-counselling, I trained with Dr William Swartley in Primal Integration. This approach, which I have described fully elsewhere in a number of articles and chapters, is integrative, comprising body work, emotional exploration, intellectual analysis and transpersonal approaches. It is very flexible in the way it enables the practitioner to adapt what the client seems to need, while being highly principled in the theoretical structure adopted. Although it has a place for pre- and perinatal work, it does not attempt to push clients in that direction; in the same way, although it has a place for transpersonal work, it does not push the client in that direction either. It is able to use any approach which has a place for the real self and an understanding of the importance of openness and authenticity.

I had been practicing this method for about twelve years when I took on the case described here. A couple of years later I contributed to a volume in which different therapists each described how they would meet and deal with one particular client . I said there: "As a therapist, I think I am quite nosy, quite intrusive, quite curious to understand everything. I tend not to let things slip by without questioning them. If some possibility occurs to me, I will usually check it out with the client, rather than holding back on it. I tend to work with the client, rather than standing back and observing the client." This puts me quite squarely in the camp of those like Richard Hycner (1993) and Petruska Clarkson (2003) who believe that the relationship heals, rather than any particular technique, and that as a therapist I had better be present in my full personhood, and ready for a real meeting with the client. Perhaps this is enough introduction to explain my general approach.

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INTRODUCTION

This is a fairly extended study of a client, a skilled manual worker aged 38 who entered counselling with anxiety, depression and a certain degree of paranoia, though not to the extent of suffering from any paranoid disorder, and obsessional characteristics, though not to the extent of suffering from obsessive-compulsive disorder: he was doing badly at work and had never had a relationship with a woman. It includes notes which he made at the time and has generously made available for publication. Certain details have been changed to avoid recognition, in agreement with the client.

PRESENTING COMPLAINTS

The man, who we shall call Tom, told a long tale of disappointment with therapists and doctors, and I thought at first that there was little chance of success with him. His problems had lasted for at least 14 years, during which time he had had a brief "nervous breakdown". He was referred through a mutual friend involved with the local MIND (mental health agency). He worked in a technical capacity for the London Underground Railway, repairing electrical problems on the track, and had been doing this for a number of years. He had recently moved out of the parental home into a flat nearby, where he lived alone, visiting his parents several times a week. He had a close, strong and mixed relationship with his mother, and a more distant and mutually critical relationship with his father. He was an only child. He had no sexual relationship, and no experience of any, though he had had one or two girlfriends for brief periods.

He had previously had therapy with a hypnotherapist some distance away for nine months, and had also been to NHS groups at the local hospital, but they had not helped. Nor had an analytic centre where he had had two sessions of individual therapy, which he did not really understand. In the countertransference, I was rather intimidated by all this, particularly as he did not appear to be psychologically minded. But my supervisor encouraged me not to give too much weight to these experiences.

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His appearance was neat and organized, average height, average features, a steady and quite precise voice, nothing that would make him stand out in a crowd. From the start, he took the therapy seriously, and took notes on each weekly session, in a reporter-type notebook. He then added to these during the week, from his further thoughts and ruminations. He insisted on reading out these notes at the beginning of each session, to make sure he had got the details right. This took up so much time (often half an hour or more) that the time for actual work was diminished. We agreed after a little experience of this to have sessions lasting 1½ hours, and this worked much better. I should perhaps say that I regard the 50-minute hour as a norm rather than as a rule.

THE STORY

It occurred to me that he might be diagnosed by some people as suffering from Obsessive Compulsive Disorder, but after reading two books on the subject I concluded, with the agreement of my supervisor, that this was not the case. He had not been hospitalised at any point for any mental problem. I do not believe in taking a full history at the beginning, and prefer to let the necessary details come out during the course of the work together.

Similarly I do not believe in making a formal assessment, believing that it is much too soon to do that in the first few meetings. Also I share the existential belief of Hans Cohn and others that the client whom I see is not necessarily the same client that another therapist, or a doctor, would see. I believe in simply paying attention to what is front and centre at the moment, as has been argued in detail by the humanistic theorist Alvin Mahrer.

He had problems at work, mainly around the issue of relations with other workers, and especially his superiors. He experienced them as being very unfair and unsupportive, and as using his absences (due to the anxiety and depression) to make his attendance record look worse than it really was. We worked a good deal on this

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problem, and in a relatively short time he attained a much better sense of how to stick up for himself and hold his own. It was probably this success with assertiveness that made him stay with the therapy through the much more difficult material which followed.

It turned out that the main thing he wanted to talk about was women, for quite some time after we had begun. Because he kept these notes, and kindly allowed me to use them later, we can be quite precise as to what he was thinking. Here is an extract from his notes on the first session to which I have access, a month or two after the beginning of therapy.

I have severe difficulty in coping with sex and relationships. I have had many break-ups in my relationships, and have had virtually no sex life. The last time I broke up with a girlfriend nearly four years ago was the final straw. Psychologically these experiences with women have caused me so much damage that I find I can no longer form relationships at all. The prospect of asking anyone out creates so much fear and anxiety that I cannot take risks.

I feel that the whole scenario of broken relationships, anxiety and depression will repeat itself, should I become involved with women again. What is going to press this anxiety or panic button is the uncertainty and unpredictability I will be faced with. I can never tell how a woman is going to react, or what she will do. Therefore I am faced with a dilemma: should I avoid women altogether so that I can maintain my emotional health, but at the same time destroy any chances of finding a partner? Conversely should I take risks, and find myself in situations where this anxiety panic button is going to be pressed? How can you help me to sort out and resolve these frustrations and anxieties?

He obviously wanted an immediate solution, which he seemed to see as a kind of course of instruction in how to behave. But I didn't want to take that path, as his problems seemed to go deeper, and to have quite a lot to do with his relationship with his mother. He explained that his mother was not a woman in the sense in which he was complaining about women. She did not have the faults he ascribed to all women:

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she had a different and quite distinct set. But let us come back to women in general. He wrote, again about the same time:

Women behave as if it is their exclusive privilege and right to have a relationship. I feel as if they are saying to me "Unless you come up to our expectations, or have a personality and behaviour which satisfies us, we do not want to know you." They are telling me that I am inadequate, and must therefore change my personality to accommodate them.

This makes me feel very angry and bitter, because they are treating me in a condescending manner. I also feel that women are in a far stronger position because, they do not have to make much effort to attract a man, and can capriciously pick and choose their partners.

As a man I am treated like an old football, kicked around. It is as if I am searching and scratching around for a relationship, while women show little tolerance and compassion for my feelings. How am I to keep any pride, dignity and respect for myself as a man? I want to feel more in control.

This is a very general pattern with men. They want to feel in control. If you put it to them that this is the case, however, they will often respond by saying that no, they don't want control, they just don't want to be controlled. But that is really the same thing. Adam Jukes remarks about the way in which many men find difficulty in achieving a genuinely intimate relationship:

Such involvement represents a high degree of emotional maturity and integrity and the ability to surrender this integrity, secure in the knowledge of regaining it, and in the trust of the other. Most men are incapable of such relating, for the reasons I give in this book, yet they are sufficiently aware of their shortcomings to find them a continual source of guilt and frustration. (Jukes 1993, p.220)

The guilt and frustration come out very clearly here, where Tom is admitting to feelings and experiences which most men are much more reticent about. Let us listen to just one more extract from this earlier period:

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How do I cope with women's hostility and the anxiety and fear it creates? I want to be a confident more effective person, but I do not want to distort my personality. I do not want to be something I am not – e.g. extraverted, loud, brash. I want to be myself, my true personality, and bring out the best qualities.

One of the favourite male tricks is shown here - the attribution of the problem to the other party. It is the women who have the job of carrying the hostility. But as we saw just now, the client did in fact admit to being angry: in his case, however, this was not considered to be hostility, but rather an inevitable consequence of the way he had been treated by women. Thus justified, his anger with women went deep, and was sometimes expressed in violent forms:

I feel that if this goes on then my frustration and anger is going to get so bad that I will eventually start to seek my revenge. I swear that I am not just going to take all the shit that they throw at me unconditionally...

I want a way of fighting back. It feels as if I want to kill them for what they have done to me. Women would tend to treat my feelings as a big joke, as something to laugh at. I am going to get the last laugh.

These are quite serious statements. I did not believe he would act on them, simply because he was in therapy, and had therefore the opportunity to express these feelings rather than bottling them up. As Adam Jukes says:

In the final analysis it is difficult to judge the exact contributions made by, on the one hand, paranoid projection and, on the other, reality in one's final perceptions because of the necessity of determining the enemy's intentions in the absence of unambiguous information. Often the only information available is one's own fantasies, and in conditions of uncertainty one's worst fantasies prevail. (Jukes 1993, p.6)

This seems quite accurate to me, and quite applicable to the present case.

We did a lot of work on actual incidents of experience with women, and it turned out that in every case the woman's actions were understandable in terms of the way he

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had treated her. From seeing women as quite unpredictable and strange, he began to see how their actions could be understood as having some relation to his own. This was quite painful work, which he resisted all the way, but his persistence kept him at it.

We also tried an exercise which I have found useful. This is a visualisation, which because it is a fantasy must come entirely from within the client. Such work has been well described by Dina Glouberman in her book on image work. He cannot blame someone else, because there is no one else involved:

I was asked to picture a man and a woman in two boxes, and their reactions towards each other. I described how the man became frustrated and collapsed in a heap, while the woman remained aloof and indifferent.

We then discussed the part that I had played in my past relationships. It was discovered that I had sabotaged many of them, thereby confirming my feelings about women. It was what you termed a self-fulfilling prophecy. It was hard to understand why I did this, but a clue was my close relationship with my mother. Because I trusted my mother and regarded all other women as devious and unscrupulous, this relationship somehow excluded all other women.

His relationship with his mother was explored with the help of another exercise, of a different character. This was a piece of art work. I have found art work very useful in therapy, as it gives a piece of evidence which can be discussed again and again if necessary. This is how he experienced it:

Next I was asked to draw two women, the good and the bad. I then wrote against those women their positive and negative attributes, e.g. clean, attractive, good personality. It was found that both women had good and bad qualities and that I basically mistrusted both types. The good woman I identified with my mother.

It was important for him to realise just how much he put his mother into quite a different category and reacted to her so strongly. We worked on incidents with his mother, and found that her putdowns of him were quite predictable, and related to her own problems.

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By this time the therapy had started to work quite well on the level of his employment. He was experiencing less tension and dis-ease from this source:

I keep having these doubts about therapy as to whether it is going to work. Certainly it is giving me more insight and self-knowledge. That in itself is useful and I can bring my fears into the open. On the work level it seems to have helped a lot.

But he was still perturbed about the efficacy of therapy in dealing with his main problems. It seemed to help somewhat when I gave him some references to research which had been carried out:

We talked about personality development, and how changing one's attitudes brought about this breakthrough. I asked whether there was any scientific proof to back this up. You explained that an experiment was carried out on personal constructs, whereby points were taken before, during and after psychotherapy. Also a period of 2 years after treatment was measured. It was found that significant change and development had taken place with five subjects. Mathematically this could also be proved. I was reassured to find scientific fact to support this.

This refers to some research by Ninoska Marina at Brunel University which I had written about before. I have no hesitation in talking about factual matters in this way if they seem to be relevant. There seems to be no point in filtering everything through the relationship, when the answers are really obvious and useful. My supervisor agreed with this and confirmed my departure from general practice. We went on to talk more about his father. His relationship with his father was also important. He experienced his father as very rough and ready, sometimes quite abusive and outspoken, and had long ago decided not to be like him. But this led to its own difficulties:

To be more successful, I feel that I need to be assertive and confident, the very qualities my father has to a greater degree. Unfortunately being assertive, confident and outspoken are the very attributes that I react against, because it is

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then being like my father. Therefore I tend to behave in a rather quiet and reserved manner.

So his self-image was partly formed in a negative way, by reference to a hostile reference figure. It was also formed in a positive way, by reference to an exemplar:

I was then asked to visualise a person who I thought had the qualities of a true man, someone who I admired and respected. This could be fictional or real. I chose Sherlock Holmes.

What an interesting choice! A detective, a cool mind, a keen observer, but not a great success with women, so far as we know. This turned out to be quite important in explaining many of this client's attributes. Of course, the reference to Sherlock Holmes might also have been a derivative of his dissatisfaction with me, as too much like a detective and not enough like a mentor. But the detective work was very interesting, and led to some memories coming back which had been repressed and warded off before:

I found that I had remembered an upsetting event which happened to me when I was about 9 or 10. I used to play with the girls next door to my grandmother, A- and B-. Because of a growing awareness of girls and sex, I had my first encounters with them. I took A- home to my parents' one day while they were out. I took her into my bedroom but could not have full sex. My cousin C- found out and told my uncle. I then got chastised by my uncle, and afterwards I felt extremely ashamed and guilty. That night I wept and felt nausea and tension. I felt so bad about myself that I confronted A- and told her what I thought of her. From then onwards I kept girls away from me.

Here we have sexual abuse being admitted, not from the receiving end, as is more usual, but from the angle of the perpetrator. Further details had emerged, of course, in the sessions themselves. And it can be seen how sexual abuse from this angle can be just as damaging as it is from the other and more usual standpoint. It seemed that this experience was actually very important in helping to form his ideas and feelings about

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females and how to handle them. This made the work on women very slow. It did gradually move, especially in reference to situations where there was no chance of any sexual involvement:

I expressed that it was easier now to speak to women, and to feel more relaxed about myself. This was because of an increased awareness and openness, which was initiating this change.

This was progress, but it was not really in the area of most anxiety. It referred to the public sphere, rather than the private.

Let us now skip on to a period nine months later, when one might have expected some change to have taken place on the main issue. The problem was, however, that although the client was now quite able to talk about feelings, he found it very hard to get in touch with them. He was also very inhibited physically, so that the idea of hitting a cushion, for example, was unacceptable. This is a technique which I have found to be useful in bringing feelings into the room directly, instead of talking about them from a distance. It is common within humanistic practice. Because he could not countenance this sort of thing, the whole area of feelings remained in shadow. Here is what he was writing:

I feel in such a state of anxiety about relationships because there are no guidelines or rules to follow. I like life to be neat and orderly, but relationships throw me into confusion because I cannot cope with uncertainty and risks. Women are unpredictable, and one never knows what they will do. It is unexpected things that will cause panic and anxiety, and I do not know how to handle it. I cannot control women's behaviour or prevent myself from getting hurt - e.g. past experiences. Fear of women and what they can do to me still remains a difficult problem.

It is a situation of being kept down and oppressed. I cannot get anything or anywhere in my job, or in my sexual or personal life. I face a constant struggle in my life to get anything at all. It almost seems as if I am being denied these

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things, or that they are being taken away. I face this paradox in that I work hard to strive for things but get absolutely nowhere. Why is it that I put in so much effort, but find that my endeavours are absolutely fruitless?

One might well feel a little disappointed that after this lapse of time not much more had happened to modify his attitudes. I confessed to my supervisor that I did sometimes feel disappointed in the progress made. The client did in fact feel this himself. He wrote at the same time:

THERAPY PROBLEMS CONTINUED (his heading)

I feel that therapy is too academic and should be showing me a way out of my problems. I need more solid practical solutions. I need advice on how to lead my life so that I do not get into panic/anxiety states. Therapy is pointless unless I can prevent these problems from re-occurring. What specifically can I do about deeply entrenched attitudes, that are fixed? Why do I persist with these attitudes when they are not doing me any good and are counterproductive?

What therapy is not doing is showing me how to handle my fears and anxieties. It is not telling me what I should be doing to overcome these problems. I feel angry towards you for not doing more for me. There is direction in therapy but not enough, and I do not quite know where it is all heading. What can I expect from therapy, and if I have not resolved these problems by Christmas or the New Year, what else can I pursue? I do not want to finish therapy prematurely without having resolved these problems. I want these problems sorted out, I want to feel whole. Is there a solution? I have not changed my attitudes at the moment. I do not know how to change my attitudes or sort my problems out.

If I cannot resolve these problems, what is going to happen to me? Because I cannot cope with my sexual problems, it is putting my health under strain. Could I break down under this pressure?

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At about this time he was doing something under his own steam which would have some effect. He started a men's group. He had picked up this idea from a magazine which I was involved with, called *Achilles Heel* – a profeminist men's movement periodical. As issues come out, I had a habit of putting them on a table in my consulting room, and inviting my clients to look at them. I also helped by providing a booklist, of material which the group might find useful in their discussions. This whole thing seemed useful.

But a few months later we had a very important breakthrough, which changed everything. What happened was that his grandmother died. He had been very close to her in his childhood, and in fact she had been better to him, he said, than his mother. He had very happy memories of her, and missed her very much. As he realised his loss, he burst into tears. I encouraged him to lie down and to give way to the feelings, carrying on like this for most of the session. It was more a question of being with him in his grief than of doing anything. This contrast between being and doing is I believe, very important in psychotherapy: the therapist's ability to be present is more central, I believe, than any knowledge of theory or technique. This was a turning point, and my supervisor described it as an opening of the heart.

After this, a lot of things changed. He took over and moved into his grandmother's house, which was more distant from his parents' home, and visited his mother much less often. He made friends with a woman, and this became a sexual relationship which he appeared able to handle. His men's group came to an end, and he explained that he had become more and more at odds with the other men in the group, who seemed to want to spend all the time talking about the faults of women.

It was as if all the work we had done at a cognitive level had transferred itself, lock, stock and barrel, into the emotional level. Instead of intellectual insight, he had emotional understanding. It was as if he had opened up his emotional world, and was now able to inhabit it regularly. My supervisor agreed that this was a remarkable change.

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He left therapy soon after, and I heard later that he had acquired a regular girlfriend, and was having a sexual relationship with her. How this turned out would be another story, which would have to be told somewhere else.

Enough has been said, however, to point up some very interesting aspects of men's reactions to women. The views which he expressed are very common amongst teenagers, but they usually change in the twenties, because of greater maturity and also because of more experiences of success. In this case, for a number of reasons, they did not. So we have here a pure culture, so to speak, uncontaminated by successful experiences. I believe these feelings and ideas underlie much of what seems very different on the face of it; and it only requires one bad experience for them to be revived. This is also the view of Adam Jukes. So this case taught me a great deal about what lies behind the facade of many men, who are less explicit about what they are feeling.

FOLLOW-UP

After contacting Tom to get his permission for this case history to be published, I got the following reply:

Thank you for your letter dated 9th Dec 1994. I have read my case history, and would like to say that it is an accurate account of the various stages we went through in therapy. When I first consulted you I also thought at the time, that it would not work. I had as you stated a long history of disappointment with therapists and doctors, and thought at the time "oh no not another therapist". I was determined though to put everything into it, as I believed that it was my last chance.

I can see that the work we did together was important, and a turning point in my life. Although therapy was painful, it went deeper than what I had experienced before. All aspects relating to my problem were discussed, and I understood it not only intellectually but more importantly emotionally. I did not force change it developed from within myself.

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Looking back in hindsight I can see how I have changed, and feel horrified to believe that I held such angry and bitter feelings. Therapy is not something I would like to go through again, but at the time it was necessary because of the seriousness of the problem. The [nationality] girlfriend I was dating a few years back, I married on the [date]. We spent our honeymoon in [place], and then moved into my grandmother's house, which we have been busily decorating for the past year. We are happily married and hope to spend Christmas Eve with friends in [another part of the city], and go to church at the Midnight Service.

I hope you have a happy Christmas, and I give you my approval for the details of my case history. I hope that it will be of benefit to others.

This letter seemed worth including for its encouragement both for any clients or potential clients who might see it, and for any therapists who may be struggling with similar problems.

One of the implications is that it is wise to vary the length of sessions as and when necessary. We were able to go back to the more usual length of sessions once he gave up the habit of reciting all his notes each time. Another implication is that it is sometimes all right to take clients' questions about the efficacy of therapy seriously, and not to treat them always as resistance. Another implication is that brief exercises may be useful, so long as they are acceptable to the client. And a final implication is that it may be outside circumstances that make the difference and enable big changes to be made; not everything is the work of the therapist.

POSSIBLE MORALS

Don't apply labels like 'Obsessive-Compulsive Disorder' unless they are really unavoidable. They can get in the way of seeing the client as a person.

Be prepared to be flexible in the use of techniques, letting them emerge out of the 'between' rather than be applied in a formulaic way.

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Use external circumstances to deepen the work if that is possible. Make the most of serendipity.

Don't give up on the client when no progress seems to be made. Don't agree to time limits on therapy. Some clients change quickly, others change slowly, and this has to be respected if we are to do justice to the person. I was shocked the first time I read one of Harold Searles' case studies, and he started off by saying – "I had been working with this patient for 35 years at the time of which I am writing" – because I thought this was typical psychoanalytic overkill. But I have learned since that therapy can sometimes take a long time. This is confirmed by recent research (Blomberg et al 2001) and Puschner et al (2007).

Do realise that men are different from women, and understand their deep fears about women, which have been well explained by Christiane Olivier (1989) and others in the feminist movement, as I have outlined elsewhere (Rowan 1997).

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John Rowan is a qualified individual and group psychotherapist (UKAHPP and UKCP), a Chartered counseling psychologist (BPS) and an accredited counselor (BACP). He works in private practice in London.

He has a Ph.D from Middlesex University, is an Honorary Fellow of the United Kingdom Council for Psychotherapy and a past member of its governing board, representing the Humanistic and Integrative Section.

He is a Fellow of the British Psychological Society (member of the Psychotherapy Section and the Counseling Psychology Division, the Counseling Psychology Division, the Transpersonal Psychology Section and the Consciousness and Experience Section).

CONTACT INFORMATION: <http://www.johnrowan.org.uk/>

John Rowan is the author of a number of books, including the following:

- * A Guide To Humanistic Psychology 3rd Edition (AHPP 2005)
- * Subpersonalities – The people Inside Us (Routledge 1990)
- * Discover your subpersonalities – Our Inner World and the People In It (Routledge 1993)
- * Healing the Male Psyche – Therapy as Initiation (Routledge 1997)

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- * The Reality Game – A Guide to Humanistic Counseling & Psychotherapy 2nd edition (Routledge 1998)
- * Ordinary Ecstasy – The Dialectics of Humanistic Psychology 3rd edition (Routledge 2001)
- * The Future of Training in Psychotherapy and Counseling (Routledge 2005)
- * The Horned God (RKP 1987)
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