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*Case Study: She Wouldn't Pay Her Bill*

It was only after she dropped out of therapy that I realized I had probably driven Patricia away. A physician, a colleague of mine who treated her for depression and addiction to an anti-anxiety drug, had referred Patricia to me. She was depressed, anxious, rather paranoid, and had many physical complaints. Her goals were to improve her mood and come to terms with her suspiciousness of other people.

Patricia was thirty-two and recently married when we met. I saw her for almost two years. We met on a weekly basis, although she occasionally took short breaks from our meetings. At those times she wanted to try functioning on her own, which was fine with me. In truth, I found her difficult to work with. Patricia tended to blame her troubles on other people or on her vague physical problems. She was reluctant to accept any responsibility for the part she played in her problems. None of her physical complaints were ever confirmed as diseases, but she persisted in seeing endocrinologists, gynecologists, and neurologists about them. Some of the diagnostic tests were inconclusive, which encouraged Patricia to stay focused on the physical

symptoms. Also, she was always slow to pay her bill, and I tired of reminding her about this. Despite my negative feelings, I tried my best to help her, and in some ways I think I did. She said that I had helped her cope with the death of her father, make some career decisions, improve her social skills, and increase her confidence.

One afternoon Patricia was venting about the fact that her previous therapist, the physician, had done poor work with her. She made many derogatory remarks about this man that I perceived to be unfounded. This made me angry! It so happened that she was again several months behind in her payments to me. I confronted her quite sternly that day, stating that perhaps her comments about the physician represented her avoidance of dealing with her problems directly. I added that her failure to pay the bill seemed to be a reflection of her ambivalence about therapy. To my surprise, Patricia abruptly stood up and left, actually running out the door. The last thing she said, hysterically, was, "You'll get your money!" A few days later I got a letter from her, dated that same day. She wrote that I had seemed distant and angry. She claimed that I was attending to my own agendas that day rather than hers and that she had been insulted by my comments. She would never return because of my obviously negative feelings for her.

Patricia had always been extremely sensitive to nonverbal behaviors, and I think that she picked up on my feelings accurately that final day. But I had not been aware of those feelings myself! I think that I might have managed our relationship better with a clinical supervisor to help me with my reactions to Patricia—at the time I did not have supervision. I had never enjoyed working with Patricia, but I tried to be helpful. I think she was right—I had made those final comments as a way to vent my own anger rather than to serve her needs.