The Reunion

Sue Walker

File note from Dr Adrian Laurie, Consultant and Medical Director, APU
14 July 1977
RE: Patient, Innes Haldane (d.o.b. 3.4.62)

Yesterday the staff admitted new patient Innes Haldane. At today's case conference all the staff were relieved to see that she had been admitted, since the patient's mother was resisting right up until the last minute, despite our best efforts with Mrs Haldane during family sessions. Innes is exhibiting classic signs of depression, coupled with the acting out that led to her admission: extensive truancy, shoplifting, a highly disruptive manner when she has attended school and sexually self-destructive behaviour. The final episode, when she picked up two strangers on a bus and took them home to have sex in her parents' bed, was probably the deciding factor for her resistant mother.

It is, of course, Mrs Haldane's own mental problems and her domineering behaviour over her daughter and husband, combined with her jealousy of her own daughter, which have led to Innes's condition. Again, it has classic elements. A loving father who clearly adores his daughter but who is also a weak husband. A frustrated wife and mother who feels life has not dealt her a good hand. Innes's blossoming into an attractive adolescent woman has been the final straw. Mrs Haldane's attempts to undermine her daughter throughout childhood have had their effect on the patient's self-esteem, to a considerable degree. Innes's acting out is a way of saying that she cannot and will not take any more. The sexual episode is undoubtedly her - albeit unconsciously - saying, 'I'm here, I'm young, I'm sexually attractive. You, Mother, are ageing. I have my life ahead of me and a father who loves me. Compete with that!'

I suggest initial work on talking about her relationship with both parents, and work on building up her self-esteem. The latter may be problematic, given the ego issues of some of the other patients in the Unit at present. However, I believe this challenge for Innes will be one that will help her.

That apart, we know Innes to be a tremendously likeable young woman, and that she will probably be popular with many in the Unit, staff and patients alike. I note from the Night Staff Log that last night she spent her first evening with Isabella. If that develops into a friendship, then I think it will be beneficial for both patients. However, Innes's admission and popularity will not go down well with some patients. All staff need to be on the lookout for any friction.

Copy to: Daily Nursing Log
Copy to: patient file, I. Haldane

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Half seven. Early home for a Monday night. Keys and shopping were dumped at the kitchen door, and she wandered over to open the living-room windows. Let some of the precious, hint-of-spring air from Primrose Hill wash into her home. The answering machine blinked once. She hit the message button and turned up the volume, heading back to the kitchen for a well-earned, ice-cold glass of white from the fridge.

The hesitant, familiarly deep voice boomed throughout the house.

'Innes? Innes, it's Isabella. Isabella Velasco. I ... I ... Don't ask me how I got hold of you ... I ... we live quite close, you know, would you believe? God, you sound just the same. Just the same! Look . . . please don't be angry ... I need to talk to you . . . see you. Can you call me as soon as you can? My number is seven fi—'

She smashed a bleeding hand on the stop button and threw herself into the window seat, blind now to the beauty of the evening outside, watching instead the blood dripping its way on to the rug beneath her. She staggered to the kitchen for a tea-towel to act as bandage, ignoring the broken glass on the floor, the overturned wine bottle by the sink.
Back at the phone, she put trembling fingers to the message button. And played the tape back. Six times.

To make sure that she wasn't in a nightmare.