

# GEOFF GODING

## His Work and Times

*an interview by Moshe Lang, 1979*

MOSHE: Last Wednesday we had a farewell party for you at Bouverie and I spoke about what I thought were the major achievements of your professional life. What do you think have been your major professional achievements?

GEOFF: There's no doubt that the outstanding thing for me is the fact that in the mid 1970's I managed to finally get Bouverie Clinic accepted as a specialist Family Therapy Centre by the Health Department. We had been working towards this since we started here in 1956 and since then the reputation of the clinic has developed a great deal.

MOSHE: Are you saying that your most important achievement is the role that you played in the development of family therapy in Victoria (and Australia)?

GEOFF: Yes. It's interesting to look back on it. When I was clearing out my office I came across some things I'd written very early in the piece which indicated we were thinking in a number of systemic ways. However, we didn't have the techniques. Once we got a few techniques from my trip to Israel and to the first International Colloquium of Family Therapy in Delphi in 1970 and the attitude that went with them, we were able to work systemically with families in practice. It was then that the theory of family therapy and its practice became really significant.

MOSHE: Even prior to the discovery of family therapy you used to have an assessment interview with the whole family.

GEOFF: That's right. Sometimes we would have two or three family sessions as a data gathering procedure. But as a treatment process we just didn't have the knack. It's true that we saw more fathers than other clinics. When I used to talk about seeing fathers other clinicians would say "How do you get them there?" which made it clear that they hadn't really asked them to come because if you ask them they come in.

MOSHE: The way I understand it, we saw the whole family from time to time but we never really thought of the family as the unit of treatment. Once we be-

gan to see the families as the unit of treatment everything else followed easily.

GEOFF: That's right. Well fairly easily. The first twelve months after I returned from Israel and Greece wasn't easy. In fact, I remember what a difference it made when Professor Paulie,<sup>1</sup> who worked with us for twelve months, helped give us the techniques around which we could hang our concepts. But

you're right in that the idea of working with the family as a treatment unit allowed us to make a major transition. We were thinking in interactive terms for many years prior to that but we mostly worked with individuals or couples. The idea of working with the entire family has been much more exciting hasn't it?

MOSHE: Apart from family thera-

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### Geoff Goding In Memoriam

theory, trainees were exposed to Adlerian parenting groups, led by former group members, whom Geoff had trained to be therapists.

Then, in 1970, Geoff attended a workshop overseas given by Walter Kempler, the gestalt family therapist. Geoff returned inspired, and quickly passed on his new skills to other staff. By 1974 the clinic had become Melbourne's cradle for family therapy. In the following years Bouverie workshops and year long training courses were attended by hundreds of health workers of all disciplines - some from as far away as southern NSW. Formal family therapy training evolved, ultimately becoming the La Trobe University Diploma in Family Therapy (still taught at Bouverie).

Geoff had a genius for inspiring creativity in those around him. Co-therapy flourished and one way screen work was quickly introduced. He fostered family group work with schizophrenic patients. In collaboration with the Mental Health Research Institute, the first Australian study of the effectiveness of family work in child psychiatry was carried out. Geoff himself contributed to the theory of change, and his monograph of family therapy thinking was finally published by the Victorian Association of Family Therapists shortly before his death.

In 1978 the Association was founded and Geoff was elected as the first president. A year later he convened and chaired the first Australian Family Therapy Conference. Bouverie clinic staff became co-founders of the Australian Journal of Family Therapy, and Geoff served on the Editorial Board. Melbourne's largest private centre for family work was founded by ex-Bouverie staff.

In 1979 Geoff left Bouverie for private practice. His involvement with the world of family therapy only increased, and a third generation of family therapists affectionately bestowed on him the title of Grandfather of Australian Family Therapy.

Geoff was also noted marital therapist. The marriage Guidance Council made him a life member, for his honorary work in training and supervision over many years. Geoff still had time for College activities as well. He was on the Steering Committee which established the section of Child Psychiatry, 1968-9. He went on to serve as both President and Treasurer of the Section.

Geoff was a soft-spoken man with a twinkle in his eye. He was humane, humble, open-minded and stimulating. Because his primary concern was to help, he was a fine supervisor as well as clinician. For all his achievements, he was above all a great mentor for those of us who were lucky enough to work with him. He remained a good friend to many. He is survived by his wife Alison and three daughters and their families.

py what other areas of your professional life do you regard as important?

**GEOFF:** Prior to the war, when I was a Christian, I used to have the fantasy of developing a little community hospital with a dozen or so beds.

**MOSHE:** You mean like the early christian communities?

**GEOFF:** Yes, a bit like that yes. Although I'd given up the idea by the time I went to England in 1948. I'd done my DPM [Diploma of Psychiatric Medicine] after the war and ran the male side of Royal Park after only six months of practice. In England I spent one year at the Maudsley and one year at Warlingham Park where I became involved in various types of patient-led activities. When I went up to Beechworth Psychiatric Hospital after I returned from England, patient-led activities was one of the many things I instigated and I was very pleased with the way they worked out. Patients were very keen to get involved with organising their own lives and so a very active patient community developed. They ran a variety of clubs and activities, they published the first patient magazine in Victoria and they had variety concerts that toured around the local towns. There were discussion groups, music groups and various sorts of activity and handicraft groups. We had a dozen, I think, different groups going at the same time. We had to do it that way because there was only me with some help from the local G.P. for 6 months and then I got one medical officer.

**MOSHE:** It only struck me then that your early dream of having a therapeutic community, and the concept of establishing patient-led groups is similar to family therapy in that they all involve facilitating clients to deal with their own problems. Many of the other activities that you've been involved with could also be seen in that way, for example, the mothers group.

**GEOFF:** I'm not exactly sure what the principle behind this approach is but as you say, it involves trying to involve and get the best out of people.

**MOSHE:** What else do you consider as the major achievements of your career to date?

**GEOFF:** Bringing up a family. Come on, ask me another question.

**MOSHE:** It may represent my bias, but I think that one of the things that

you should be very proud of is the major role you played in providing opportunities for non-psychiatrists in the psychiatric team to play a major role: Psychologists, Social Workers and Nurses and so on. I know that when I started working here fifteen years ago the idea of say a psychologist being involved in psychotherapy was almost taboo. This clinic gave many non-medical professionals the opportunity to develop psychotherapy and counselling skills.

**GEOFF:** Yes, I don't know whether I look on that as a major achievement or just a result of my laziness. If I've got people working with me I like to see them doing as much as they can. If a

Psychologist wants to do therapy and seems confident and able to do it well that's a good way of getting some of the work done. The way I think about it is that I didn't get in the way of people achieving what they were capable of. I think the fact that I don't feel very competitive helped.

**MOSHE:** I think you are disclaiming some of the credit that I think is due to you because, for example, when I arrived at the Bouverie Clinic there was an expectation that the Psychologist would do psychological assessment one day a week and for the rest of the time he/she was expected to do psychotherapy. Similarly for the Social Workers. You were

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scenes as programme convenor, Newsletter convenor and as a member of the Research Committee. This way he made close contacts with the third generation of family therapists. He loved this informal involvement with others, folding Newsletters, thinking through problems and discussing computers with those who understood them.

My major contact with him was through the Marriage Guidance Council. He was one of the founding fathers of this organisation as well, and he returned to make a further contribution in the 1980s. He supervised a number of staff, taught in the training programme and served on the Council's Professional Practice Committee. I had the privilege of having supervision from him over a number of years. He taught me far more about therapy than anyone else, but he taught even more about a particular approach to life. He was so challenging that after my first year with him, I felt obliged to ask him if he thought I had what it takes to be an effective therapist. He was a bit surprised at this and insisted that I should take it as a mark of respect for my talents that he could feel so free to be hard on me. It is hard to sum up what I learned. He was a very versatile supervisor and the work could go all the way from intense and hot debates about theory and ethics to very sensitive family of origin work. With me he thought very strategically, probably because that was how I was thinking. He insisted that good supervision was helping therapists to work more effectively in their own way.

Questions which have stayed with me are: "How can you get them to say what they want to one another?", and "How can s/he get what s/he wants?". His ideas about difficulty seeing the extramarital relationships of clients as particularly problematic because they had the potential to add richness to life provided that they were managed in an open way and didn't subtract from the marriage. He was very resistant to any suggestion that there were limits on a person's capacity to change or to be perceived differently by others. I was often in trouble for settling on the idea that so and so was a particular type of person. That was not giving them a chance. If a student was not performing well, that was because her/his teachers or supervisors had not yet found the key to helping her or him. He was tenaciously hopeful and didn't like the idea of people giving up on each other.

I never had a sense of him feeling overburdened by his patients. He was very available to them, and respectful of them. Anything critical was said with a wry sense of humour. Some of them were very long term because he wouldn't

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also available to offer support and supervision. Not only did you not stand in the way of anyone who wanted to do psychotherapy, you were also available to provide support through supervision.

GEOFF: Yes, thanks. I'd agree with that pretty well.

MOSHE: I know it's true.

GEOFF: I think I tended to look out for campaigns and initiatives that sort of worked against the stream a bit. As I got older, I'd also try and be sensitive to where the growing edge was, and to try to enable people to develop along those lines. I've been very lucky with most of the developments I've initiated here because the people I've worked with have been able to take up these ideas and develop them very quickly. I think this is why I particularly like working with a team. When there has been difficulties or when things have got sticky I've tried to get time to spend with staff and that's always had priority over the paperwork as it were. However, responding to where the need is means that you're doing bits of this and bits of that all the time and I think looking back on it I would have liked to have been more organised. For example, having seen something that I really wanted to do I would have liked to have just focused on that. This is something that I've never really done in my life. It's had some advantages and disadvantages.

MOSHE: You've also responded to the needs of clients first.

GEOFF: Yes, personally I feel that you can't develop a clinic properly without doing a lot of clinical work yourself. I also think it's the responsibility of the leaders to take the difficult cases.

MOSHE: In retrospect, I think you've been able to do a number of things that were very radical but you did not seem to invite resistance or opposition.

GEOFF: Yes, I try to be reasonably tactful with the powers that be, based on the principle that even though they may not be actively supportive they won't block what you're doing unless you put them in an impossible position. I really didn't know whether I or the clinic was approved of or not. Bouverie wouldn't get a mention if they were taking people around the state's services and so I felt we were a bit on the outer. Nevertheless, they still gave us our money and that was the important thing.

MOSHE: I was thinking more about your colleagues than the authorities.

GEOFF: Well it wasn't openly expressed Moshe.

MOSHE: Another thing I think you should feel proud of is the role you played in encouraging and organising non-professionals to be involved in a whole range of activities to help clients.

GEOFF: Yes, I enjoyed that role. When I was the director of training at Marriage Guidance, I supervised the training of a good group of people and they did very competent work. The important thing is the quality of the supervision. We used much the same principle then as we do now in family therapy training. We gave people enough training so that they could stand on their own feet and then gave people supervision so that they could learn on the job.

MOSHE: This would work well if you selected people who are naturally capable.

GEOFF: Yes. Yes. We used a fairly intensive selection procedure. It's not something I find terribly easy. I got lots of surprises about people; some whom I was doubtful about turned out well and some I thought were going to be great didn't turn out to have much capacity for development. Another thing I'm quite pleased about is the Mothers Group that I ran for a number of years. When the group closed down, four mothers asked if they could stay on as helpers and use the knowledge they'd gained to develop new groups. I gave them a course of twelve sessions in leadership training and they then ran groups in the suburbs coming to me every six weeks to tell me how they were getting on.

MOSHE: How long have they been running the groups for now?

GEOFF: About six years. Last Tuesday, I think, they had fifteen couples and they had to divide into two groups.

MOSHE: Do you think those mothers may do just as well or maybe even a better job than us professionals might do?

GEOFF: In that specific area, I think they're doing very well. I listen to them talking in their group every now and then and I think the fact that they have the same status allows them to speak with a great deal of confidence. They are very well accepted by the others; perhaps in a way that we couldn't be.

MOSHE: It would be well worth documenting this experience.

GEOFF: I'm trying to encourage the mothers to write it up. But as you know writing things up is not my forte.

MOSHE: Oh, no, you're always about to write something up!

GEOFF: About to try to write something up! Yes, I agree with that.

MOSHE: The mothers group actually touched Dreikurs himself and he said to me: "This is again something that Geoff has introduced into the local scene". What we've been saying Geoff is that the major areas of interest and achievement for you has been family therapy, the development of the multi-disciplinary approach and bringing non-professionals into the field. What else has been important in your career?

GEOFF: The work I've been doing on change is very interesting to me as is the whole concept of the role of contradiction in paradox. It's a theoretical area I'm really looking forward to working on further. In a nice sort of way the idea of contradiction of opposites fits with a theoretical interest of mine from way back: the dialectical approach. The idea that change comes through the interpretation of opposite has now been shown to be a theme in Eastern Mystical thinking as well in Marxist Materialist thinking. The idea of the interaction between the two opposite attributes of a process, the development of the other thesis, new thesis, anti-thesis seems to fit quite nicely with what they've been doing at Palo Alto. Another theme that interests me is how paradox fits into all of this, which is what I tried to explore in my latest paper. I've got a vague feeling that there's something more to derive from the theory of logical types.

MOSHE: It also fits with another interest of yours: Gestalt therapy, with its interest in opposites.

GEOFF: Yes.

MOSHE: You have been able to translate your theoretical interest into clinical practice, particularly I think, in the area of children with behavioural disorders; an area that has mostly been neglected.

GEOFF: Certainly, as you said the other night at my farewell, the majority of families who come to child guidance clinics have the diagnosis of behaviour disorder in one or more of the children, yet very little has been written about these disorders. I noticed looking back

over old papers and talks I'd given that I often used the families to illustrate systems theory. People could intuitively empathise with the dilemma that if I were that child and my parents behaved like that to me that's the way I'd behave and if I were the parents and my child behaved like that I'd most likely behave like the parents too. When I was moving house recently I came across some early talks I'd given about the psychopathology of war which indicated that I had much the same sort of attitude, very much an interactive approach way back in the 1950s. I also found a paper on "Student Unrest" which I really liked.

MOSHE: Are there any other theoretical contributions you have made Geoff that you feel are significant?

GEOFF: It's hard to bring any particular contribution to mind. I respond much better when you make a suggestion.

MOSHE: I must admit I was thinking of the social role that your work played. It's not that you originated the Dreikurs approach, for example, but you played a major role in facilitating the local professional community to adopt and adapt it.

GEOFF: Well thank you Moshe, I can see that but it wasn't intentional really.

MOSHE: Over the years, what people have had the most impact on your professional life?

GEOFF: Well, I guess you have been the most important influence given the number of things we've worked out together and the amount I've learnt from working with you with families. You very often put that bit of extra depth into an idea of mine. That's been good. I used to look up to Alec Sinclair as a sort of model in my very early days. When I was stuck I used to think, what would Alec do here? That was 1946 to 1950. J.K. Adey, who was my superintendent at Royal Park gave me great encouragement; he was very friendly and helpful but he's not someone I modelled myself on to any extent. His thinking was very descriptive. Dreikurs himself wasn't as inspirational as his writing. Then I guess Minuchin had the next really significant influence on me. I've noticed, however that I don't often model myself on people, I don't really have anyone as my hero. I'm probably a bit of an individualist in that respect.

MOSHE: Did any other overseas people have a significant influence on your work?

GEOFF: I did like Satir's work. When she did her 8 day workshop here in 1978, I was very impressed with her as a person. Jay Haley and Lyman Wynne were both quite important to me. Lyman was the first person to write about the subtle inter-relationships in families. He stimulated me to continue investigating inter-relationships in all of my work.

MOSHE: One name that is conspicuous by its absence is Walter Kempler; who I thought was a big influence on you.

GEOFF: That's an obvious example of my ambivalence towards him. Oh yes, Kempler was very important in the first couple of years that we began developing family therapy here. Yes undoubtedly. I liked him very much. He was the first therapist I saw on video doing family therapy. He was the first bloke I'd ever seen who seemed to be doing what I wanted to do. Before I'd met him personally I'd been very impressed by his work on video. When I spent a week with him in Sweden in 1972 I was very

impressed with the clearness of his thinking and his unnerving ability to hit on somebody's weak spots. I wasn't quite so impressed with his ability to bring out the strengths of people. That week in Sweden was very important growth wise for me and I think I developed personally a great deal from that experience. It still affects me. But because it was painful, I feel ambivalent towards him.

MOSHE: You met him in 1970?

GEOFF: No, I saw him on videotape in 1970. I didn't meet him until 1972.

MOSHE: What about your trip in 1974?

GEOFF: In 1974 I went to Palo Alto, San Francisco. At the time I'd been thinking in terms of contradiction and polarisation and all that stuff and here they were working very skillfully using the positive side of the polarisation. It was much more positive than Kempler's approach. I thought, "This is exactly the sort of thing I want to do", and that was quite exciting for me. As well as seeing

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give up on them and others were long term because he did extraordinary work with them over a very long time. Through the eighties, he was one of the few people who was taking the phenomenon of multiple personality disorder seriously. He would regard it as disrespectful to his patients if I said that he did some brilliant work in this area which sadly he never wrote up, because this would deny their contribution to his learning.

Geoff was using externalisation long before it was taken up by the second generation of family therapists. He used his insights from gestalt therapy to help people conduct internal dialogues between different parts of themselves. He would sometimes encourage a person to give full verbal expression to his violent fantasies in a therapy session and would trust that this would give the person's more reasonable critical side access to them. He was adventurous and experimental in his work, but this was backed up by a great wealth of experience and reading.

His papers and his monograph went through countless drafts which were repeatedly submitted to critical audiences, including his students of course, for rigorous examination. His writing could not keep up with the developments in his thinking.

The communist ideals of his youth never ceased to be expressed in his life. The idea of claiming ownership of information was completely foreign to him. Hierarchy and status were totally unimportant to him. From the mid-eighties until he died he was part of a peer supervision group which I had convened in the late seventies. In the late eighties we worked as a reflecting team in his lounge room, trying out ideas which are now being written about, such as reflecting about the family in a situation of eye to eye contact, and ending with a direct encounter between the team and the family. In his last sessions with our group we discussed how he would tell his patients that he was dying and how he could find a way to help them let him die.

my daughter after some years. Alison and I enjoyed that spell in San Francisco.

MOSHE: I think another important experience you brought back to Australia was your involvement in group supervision.

GEOFF: Oh yes, when I was at the Maudsley back in the early days, Dennis Lee ran Jacob Farnsinger type groups. Farnsinger believed that personal analysis was very important to work through your own blocks. But he felt you could get the same effect with group supervision because not everyone would have the same blocks. We had group supervision 4 nights a week after work. We'd take it in turns to give verbatim accounts of our therapy sessions. We did a similar thing in my Melbourne peer supervision group, in the 70's George Christie, Bill Richards, Pat Scott, John Lewis and Howard Whitaker. We were all keen therapists and we met each Sunday morning to present cases. We all became pretty close.

MOSHE: Is group supervision something you've endorsed since that time?

GEOFF: Actually I think a combination of individual and group supervision is preferable.

MOSHE: Have other local people been influential in your professional work?

GEOFF: I don't know whether Keith Cathcart influenced me, he was a good friend. He was a psychologist. His attitude influenced me. He was so relaxed. He didn't get ruffled by anything. He enjoyed therapy—in fact he seemed to enjoy everything he did. The time I spent at Royal Park was very interesting. Val Ashburner and Dick Webb were beautiful people to work with. Talking about people who influenced me those two did. Perhaps Dick Webb especially.

MOSHE: Geoff you've talked about the people who influenced your career. What about some of the therapists who have impressed you most with their work?

GEOFF: Well the people I've enjoyed working with the most and who have impressed me the most are probably you and Brian (Stagoll). The difficulty with individual therapists is that you very rarely see them work. You don't even get to see individual therapists in role plays.

MOSHE: Of course, there is nothing particular about family therapy's open-

ness, is there. People could show their therapy with individuals just as easily as family therapists show their work with families.

GEOFF: Yes, maybe, although working with an individual, I think, you develop a very intimate relationship with your client which doesn't really fit with video taping. Having a video there when you're doing a one to one thing does make a difference. I would have much more difficulty being an observer of individual therapy than of family or couple therapy.

MOSHE: Coming back to people who's work you particularly liked?

GEOFF: Of the overseas people Minuchin stands out. I liked Satir's work. With groupwork, Kempler was very powerful but painful and on the local scene Plum Gerard did some very powerful work in groups. She is an intuitive worker but she really is powerful. Not unlike Kempler. I liked Sid Forsey's work too. George Cally ran an activities group which we had going here once a month on Friday nights. He was very good to watch and work with.

MOSHE: And Alec Sinclair?\*

GEOFF: He was very important when I started psychiatry. He took us on the 6 month refresher course after I left the army. When I was at Royal Park I used to talk to him and he was very supportive. He was a really good sensitive therapist and as I have said already in my early days if things were a bit difficult I'd think "What would Alec do here". When he started to fail it was like losing a father.

MOSHE: What about people who you have actually worked with in co-therapy or co-facilitating groups?

GEOFF: I enjoy working with female co-therapists. I like the sort of father/mother atmosphere, the heterosexual thing. But working with you and Brian was very exciting.

MOSHE: I certainly enjoy working with you and I think at times we've worked very well together. This being your interview, what do you think made us a good team when we were a good team?

GEOFF: We had a similar sort of background and aim in our thinking and I think, we had a rather similar sense of humour.

MOSHE: You mean very good?

GEOFF: Oh subtle and all that, yes,

yes. And I think we were also complimentary in that I would perhaps be sort of quicker intellectually in a problem solving way and you'd be more subtle and deeper so, when I was sort of yacking away, you'd be thinking and you'd often come in and say what I was thinking of. Also in a number of interviews things were moving along and you'd just make the key intervention that would change the whole thing. That was one thing I really enjoyed about you. Sometimes I'd do the same thing but you did it more often I did.

MOSHE: One thing I found working with you was your ability to perceive what I was trying to do and sometimes understand what I was thinking better than me. You helped me to develop my ideas and take them further.

GEOFF: Yes, I recognise that.

MOSHE: Okay, we've talked about the nice things, what about regrets or anything you would have done differently if you had another chance?

GEOFF: Well, I don't know. I guess I would have liked to have been a bit more organised in the sense of determining what was the most important goal and focusing on that rather than being too much of a responder. If somebody wanted something from me I'd tend to respond. Consequently, I suffered the continual nag of unfinished paperwork and not enough time to do my own work.

MOSHE: Are you saying that you would have liked to have been more of a conductor than a reactor in relation to yourself?

GEOFF: That's right. Yes.

MOSHE: If you were a conductor, what would you have done that you have missed out on doing?

GEOFF: I would have liked to have published the various talks I gave, which I got to the stage of a reasonable verbal presentation but not to the stage of a publishable paper. Half a dozen I expect would have been worth publishing. I would have also liked to have taken an hour off here and there to just think about the whole system. Looking at all the inter-relationships and seeing where to move next, what the weak spots were etc. I don't think I did enough of that. I think that was one difficulty which led to the most unpleasant experience I've had which was at the end of my time at Sunbury Psychiatric Hospital. The staff

had been used to running the place custodially and I pushed the place a bit much. I tried to do the same thing at Sunbury that I did at Beechworth without realising that it was a very different place. I didn't appreciate the system enough. I worked with the patients rather than through the staff which put the negative staff off even further. There were various other complications including a Departmental investigation. It was a virtue in disguise, however, in that as a result of the investigation they offered me Collins Street Clinic in 1956 which became Bouverie Clinic soon after.

MOSHE: You mean they tried to get rid of you from Sunbury?

GEOFF: Yes, that's right. And they succeeded.

MOSHE: So you would have liked to have published more of your work?

GEOFF: Yes, yes. It's important not so much to get your name in print but to give you contact with people all over the world.

MOSHE: Which of the papers you began would you have liked to have developed further?

GEOFF: One of the difficulties in writing papers for me is the discipline to go back to it once I've got it to the stage of giving a talk. But this is not the case with the last one I've done on "Change and Paradox."<sup>5</sup> I really like to continue to work in this area.

MOSHE: I know you won't like this question but I'll still ask it, "What about books that have been important to your development?"

GEOFF: The two outstanding books I guess would be Minuchin's "Structural Family Therapy" and the Palo Alto book on "Change". They were two important books for me. A book by Flugel called "A Hundred Years in Psychology" was very important because I passed Psychology in the DPM on that book alone, just after I got out of the army. That and "The Id and the Ego" were the only psychiatric books I was able to get hold of in the army. But I think I've got most out of journal articles. I think by the time ideas get consolidated into a book they seem to lose their flexibility and liveliness. Being an eclectic thinker, I like to find useful concepts and build them into my own theory. Minuchin's book is a different kettle of fish because it is beautiful integration of theoretical expedition, facts and clinical illustrations.

MOSHE: You're an integrated eclectic, if there is such a term?

GEOFF: I think the stream that runs through the clinic activities are the gestalt concepts at the simple end and some of the existential writers ideas at the more complex end. Laced with object relations as described by Fairbairn and Guntrip which I've been keen on for many years.

MOSHE: Yes, I was thinking that Fairbairn and Guntrip haven't featured yet and I was wondering how you now view their work?

GEOFF: Well they're of course not people but concepts and the concepts have been very useful. I've been able to develop them in my own way but I do go back to the primary sources every now and then. I think right from the start I differed from them. I've enjoyed reading Guntrip. He was useful for me. So in one group I have the experiential ideas, object relations and some underlying Freudian ideas particularly the ego mechanisms and in a separate influential group are, Minuchin's structural ideas and the concepts of change and paradox outlined in Palo Alto and by Haley.

MOSHE: Changing the subject Geoff, I want to talk to you about your clinical work with patients and families. I'll start with something that I think is very very striking; that in all the years of practice I believe you have never had one patient who successfully committed suicide and for that matter homicide.

GEOFF: That's true.

MOSHE: I also know that you have not simply selected patients who were unlikely to kill themselves. I wonder how you account for this because I think it is a remarkable record.

GEOFF: Unusual anyhow, I gather. Referrers don't especially send me suicidal people but I certainly get a lot of depressed patients who have made suicidal attempts.

MOSHE: It's probably true that you get a fair proportion of patients who have been seen by other people.

GEOFF: Yes. Quite a number. So the selection hasn't been a factor. I don't know what it is but my hunch is that from early in the peace I've been pretty comfortable working with my feelings when patients express a good deal of their feelings. I like this to happen. I sort of rather welcome it and so I don't try

to get them to push their feelings away. There's no doubt that having ten or fifteen years in which nobody has suicided also helps me to respond in a very confident and accepting way. If somebody talks about being suicidal it's easy for me to get across to them that I'm interested in what they think and feel.

MOSHE: You mentioned that you feel very comfortable with patient's feelings and consequently you allow full expression of their feelings. Yet many people would think that one of the dangers of doing psychotherapy with a patient who is precarious is that encouraging him/her to express their feelings may interfere with his/her defensive structure which could in fact lead to suicide. You're saying the opposite is true.

GEOFF: Yes, but I don't push it when a person is severely depressed and suicidal. I rarely work by confrontation but rather by allowing or enabling them to experience their feelings fully.

MOSHE: I also know that you encourage or if not encourage, you let clients have your telephone number at home so they can ring you at any time.

GEOFF: Yes, it has been useful and important on a few occasions. Clients very rarely abuse it.

MOSHE: When you say very rarely how often?

GEOFF: I'd say I would get a call no more than once in six months after I've gone to bed. Certainly not enough to make me regret having given out my number.

MOSHE: It may have been one of the holding things for patients to have your telephone number and knowing that they could ring you at any time. And from your point of view it really hasn't interfered with your life?

GEOFF: No, I've enjoyed it.

MOSHE: Most therapists find that they usually have a number of patients who have been very significant to them and have taught them a great deal. Have you had that experience too?

GEOFF: Yes. Oh yes. Undoubtedly. I wish it were true that I learnt from all my patients and from every interview. I think it's a good criteria whether an interview has gone well or not. One of the outstanding patients I've had is a patient with multiple personality partly because over the years I've seen such changes in

her. She gave me a very clear picture of psychodynamics at work. She's been important for me and a charming person too. Another person was a woman with schizophrenia who had a horrific childhood in camps of various sorts. She had a lot of humour, personality and courage. A very interesting personality, very aggressive; she'd slash train seats with a knife. She always carried a long carving knife or a packet of razor blades. One day in a session she actually produced a long knife from under her skirt and pretended to slash at me. I was sitting like this very calmly and saying, "I know you're feeling very angry with me but I'm actually feeling afraid when you do that". The knife got lower and lower, closer to my hand and finally she cut the top my finger. She immediately changed. She saw the blood you see, and was apologetic, saying "I'm sorry". It was a fascinating experience and she helped me learn a lot about schizophrenia.

MOSHE: It's interesting that the people who have influenced you the most have all been individual clients. What about families?

GEOFF: It's interesting that you should say that but most of my professional career has been working with individuals you see, it's only really in the last eight years that I've been working with families. That's one thing. The other thing is that I don't get as intimate with any particular member of a family as I do with an individual patient and the other thing is that it is much quicker so there's only the odd family with whom I

would have more than a dozen or more interviews. Whereas I may see individuals for up to three or four years. I think I'm also in a reflective mood in this interview and so I'm thinking back on those earlier days and the recent events of my family work doesn't seem to come up so easily. There's been some families who have been very important to me.

MOSHE: Nonetheless, it is very interesting, whether because of the intensity and the fact that it goes on for much longer, that an individual therapist learns more from his/her patients than does a family therapist.

GEOFF: You certainly learn more about systems and more about how people interact from families; obviously its not an answerable question is it?

MOSHE: We are getting towards the end of the interview Geoff and I wanted to ask you about your plans for the future?

GEOFF: When I come back from 5 months travelling overseas, I'll do half time private practice and maintain contact with family therapy training and supervision. There's a lot of things I'd like to do in the training area. I hope your plans of setting up a training program will come to fruition. I'll be able to help you if it works out. I hope to enjoy my leisure too. Low tides, sailing and all those nice things. I also hope that with a bit of extra time on my hands I'll be able to go out and visit and have lunch with people I've been neglecting. So I'm really looking forward to it.

MOSHE: Would you like to have the last word.

GEOFF: Just to say that the last seven or eight years with Bouverie has been really important to me and last Wednesday night's farewell was quite a highlight for me and something that I'll remember forever, especially your speech.

MOSHE: Beautiful. Well, all the best.

GEOFF: Thanks Moshe.

Footnote: Dr. Geoff Goding was: Medical Officer, Royal Park, 1946-48 Registrar, Maudsley (London), 1948-49 Registrar, Warlingham Park (London), 1949-50

Psychiatrist Superintendent, Beechworth Hospital, 1951-54

Psychiatrist Superintendent, Sunbury, 1954-56

Psychiatrist Superintendent, Bouverie Clinic, 1956-79

In Private Practice, Kew, 1980-92

Footnote 1: Professor Paulie was a psychodrama therapist who had a great impact on Geoff, but did not contribute much directly to the family therapy field. Footnote 3: ref.

Footnote 4: Rudolf Dreikurs studied under Alfred Alder. He saw the child's symptoms as goal directed, eg. to get attention. Dreikurs' prescription to parents was usually paradoxical, in order to help parents extricate themselves from the unhelpful pattern of behaviour surrounding the symptom.

\*Alec Sinclair was a prominent Melbourne psychiatrist

Footnote 5: Geoff published *Change and Paradox in Family Therapy* in 1979 in the *Australian and New Zealand Journal of Family Therapy*. Vol. 1 No:1.



Artwork from the children in grade prep at Lyndale Primary School who were invited to draw the "...warm things about their families."