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Geoff Goding — An Appreciation

In March the Journal published an obituary for Geoff Goding, by Tom Paterson. This appreciation is prepared by another of Geoff's long-standing colleagues.

I first met Geoff Goding, then Superintendent of the Bouverie, in November 1964, when as a recent graduate I came to be interviewed for the position of Psychologist. At the end of the interview, Geoff offered me the job. I said I did not intend to stay for more than one year. He replied that would be perfectly acceptable to him because a major function of the clinic was to provide learning and training opportunities for beginning therapists. As it happened, I stayed till the end of 1979, leaving only some time after Geoff himself resigned.

This first conversation captured a significant feature of Geoff's professional life. At Bouverie Clinic Geoff provided a working and learning environment, supervision and training for a very large number of professional people. All owe him a tremendous debt of gratitude for their early training. Bouverie Clinic was one of the first to provide the opportunity for the non-medical person to do counselling and psychotherapy. At that time, it was generally unacceptable for non-medicals to engage in psychotherapy and Geoff rejected this prevailing attitude.

Geoff was very knowledgeable in many areas. He was interested in psychological testing, research and a whole range of approaches to counselling and psychotherapy. Even though the general orientation of the Clinic was psychodynamic, I recall

that after a year or so of working at the Clinic, Geoff told me that he had been reading about behaviour therapy, which reported some very promising results in the treatment of childhood autism. He asked me if I would be willing to offer behaviour therapy to an autistic child who was referred to the Clinic. Geoff was open to new ideas and new approaches. The welfare of the patient was his primary concern. He thus encouraged exploration and experimentation. Readers who have not lived through that period may fail to appreciate this point. In the 1960's the hostility between psychodynamic therapy and the emerging new behaviour therapy was intense. It was unusual for the Superintendent of a Clinic committed to a psychodynamic approach to recommend to a member of his staff to attempt behaviour therapy.

Geoff's other important contribution to the field was through his interest in involving the non-professional. He did this in a number of very significant ways. He was very active in the Marriage Guidance movement which in the early days used non-professional volunteers and trained them in marital therapy. Geoff was one of the first to do this. He was very interested in Adler and Dreikurs. Some parents, who received Dreikurs counselling, were subsequently invited to train as counsellors to assist other parents. Geoff believed there was nothing exceptional about giving psychotherapy opportunities to psychologists and social workers or in involving non-professionals. For him it was a mere question of pragmatics; there were simply not enough psychiatrists for all the people who needed help.

Geoff had a profound commitment to research. Miriam Tisher and I are forever indebted to him for the time he provided us for doing the School Refusal and Children's Depression study and for his support in developing the Children's Depressions Scale. Geoff was always involved and interested in what we were doing, read the manuscript on numerous occasions, and made the most minute corrections and detailed suggestions.

Geoff's commitment to his patients was second to none. Even though he was the oldest member of staff, both in age and seniority, he was the first to arrive and the last to leave. He saw more patients and worked harder than anyone else. Not only that, being Superintendent of the Clinic, it was his name and telephone number which appeared next to the Clinic in the telephone book. Therefore Geoff was available on the phone, not just to his own patients but to the patients of the Clinic. He was regularly telephoned at home, and he was pleased that patients did ring him. To him this was a "privilege", not a burden. The power of Geoff's therapy more than anything else was due to his dogged commitment to his patients. They knew he would see them through.

It was Geoff's profound commitment to his patients that led him to be interested in the 'more mundane' clinical cases. He paid detailed attention to the behaviour disordered child and explored models for helping and working with this group of children who were more commonly referred than any others. Similarly, there wasn't much glory in developing skill and understanding of marital therapy. However, Geoff was minutely interested in the marriage and understood the links between marital difficulties and the problems of the child.

It was this openness to new ideas that made Geoff so ready to accept family therapy when he first encountered it in 1970 at an International Conference. As a result of his initiative, family therapy was introduced to Bouverie Clinic and through it to Victoria. At the time, it appeared a radical idea. With the passage of years, it became clearer that it was also a continuation of what we had been doing. For years we had seen every member of the family. We encouraged both parents to attend. We took pride in seeing more fathers than perhaps any other comparable Clinic. Similarly, we would often see the siblings, and more importantly, always assessed the family, its functioning and interaction. We attempted to understand the child's problems in the context of the family. Geoff saw the whole family together for 1 - 3 assessment interviews. Prior to discovering family therapy we thought in terms of the family. With the introduction of family therapy, the family became the unit of treatment.

Interest in family therapy became widespread and this gradually led to the development of a Training Program. Various professions had their students in placements at the Clinic and therefore family therapy spread quickly around the helping professions.

The acceptance of family therapy by the professional community, the absence of the undeclared war between child psychiatry and family therapy reported overseas, was due to a large extent to Geoff's ability to present new and radical ideas in a positive and non-confrontational manner. He was the Superintendent of a highly regarded Clinic and a child psychiatrist of high repute. This facilitated the enthusiastic response to family therapy.

In 1978, *The Australian Journal of Family Therapy* was formed, first published the following year and in 1984 welcoming New Zealand. Geoff was a founding member of the Board, active for many years, and for quite a while was its treasurer.

In 1979 Geoff had already left his position at Bouverie and was travelling around the world for a year. We met in Israel at the Second International Family Therapy Conference. We went for a walk along the beach, and chatted about the possibility of organising the first Australian Family Therapy Conference in Melbourne. We wondered whether 20, 30 or 40 people would turn up to such a Conference. When we returned to Melbourne, we were involved in setting up a Committee, of which he was the Convenor. We had to close the registration at 240.

When the Victorian Association of Family Therapy was formed Geoff was naturally its first President.

I enjoyed a close collaborative working relationship with Geoff for fifteen years. He provided me with my first working opportunity as a psychologist in Australia. He gave me continuing support and supervision, and encouraged me to develop new ideas and techniques. I am not alone in this — many professionals and patients are profoundly indebted to Geoff.

Child Psychiatry, Marriage Guidance and Psychiatric Services in general owe a great deal to him. Family therapy in Victoria and Australia has been greatly enriched by Geoff's pioneering contribution.

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