

This column was inspired by the book *Wisdom for Parents. Key Ideas From Parent Educators*, edited by the late Robert E. Keim, Ph.D., CFLE, and Arminta Jacobson, Ph.D., CFLE. This book, which helps to fund the CFLE Scholarship, includes the shared knowledge and experience of many Family Life Educators, most of them CFLEs. *Wisdom for Family Life Educators* provides an opportunity for CFLEs to share the wisdom they have acquired after many years in the practice of Family Life Education.

The author of this issue's *Wisdom for Family Life Educators* column, **CFLE SaraKay Smullens, MSW, LCSW, BCD, CGP**, made two contributions to the *Wisdom for Parents* book, addressing the concepts of courage and loyalty in the family. In this article she shares her insight and perspective on the relevance of Family Life Education within the practices of social work and therapy and its value in addressing, rather than pathologizing human experiences.

Reflections on Family Life Education: A Profession More Essential Now Than Ever Before

By SaraKay Smullens, MSW, LCSW, BCD, CGP, CFLE

I am on record with my belief that therapy devoid of Family Life Education (FLE) denies clients the best opportunities possible to see, clarify, and chart a course toward understanding, fulfillment, enhancement, and healing in love, family, friendship, and work. I did not always recognize this.

Please stay with me as I explain the history that led me toward this essential recognition. While working for the Democratic National Committee (DNC) as a regional coordinator with special assignments at the White House during the brief term of John F. Kennedy, the president urged me to apply to Catholic University's National Catholic School of Social Service for a Master of Social Work (MSW) degree. Incredulous, as I am from an Orthodox Jewish Baltimore family, I nevertheless followed his suggestion. Doing so led to an extraordinary, eye-opening academic experience, one largely influenced by the orientation of psychoanalyst Sigmund Freud. During my year at Catholic U, I was treated with the utmost respect and was always free to express my views.

After the president was assassinated, I no longer wished to remain in Washington, DC. Fortunately, the University of Pennsylvania (Penn) picked up my scholarship and stipend. Penn's social work emphasis was not on Freud but on Otto Rank, largely recognized as the father of interactive and time-limited therapy, an approach centered on the present, whose disciples include Carl Rogers and Rollo May.

An early job upon graduation was at Philadelphia's Jewish Family Service, now the Jewish Family and Children's Service of Greater Philadelphia, a highly respected mental health resource, where I was introduced to FLE's mission and course of study and became devoted to its emphasis on developing knowledge and skill to navigate life's slippery slopes. In concert with the Rankian emphasis, FLE never pathologized. Instead, it offered

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tools necessary to cope with realities that adults must face: *Life experience is both painful and complicated. Although suffering can be minimized, we cannot escape it. Life offers both necessary and unnecessary pain. With appropriate knowledge and skills, we can escape or avoid the latter, and, despite all, find fulfillment.*

FLE remains true to the enlightened, humanistic philosophy I was introduced to many years ago. Most individual suffering is related to the impact of life events, not pathology. In keeping with FLE approaches, I do not see depressive reactions (to illness, loss, betrayal, connivance, loss of livelihood, rejection, fear, unrecognized anger, or

frustration with one's life direction) as illnesses. Instead, my clients and I address depression together as an understandable internal reaction—a forceful blow to emotional equilibrium that can be withstood and relieved

with appropriate insight, life skills, and medication as indicated. When one does not begin to achieve equilibrium, the reason for the depression cannot be determined and worked through (what is often described as “a black descending cloud” or “relentless hopelessness”), or a diagnosis of bipolar disorder or psychosis is confirmed, the definition of depression moves from emotional turmoil to psychiatric illness.

This enlightened, informed philosophy also held true in my recent decade of research into burnout, where I grew certain that this manifestation was not an illness but a reaction to being overwhelmed, overburdened, and overloaded. In 2019, the International Classification of Diseases (ICD-11) of the World Health Organization (WHO) (accurately!) specified that burnout is a syndrome not a medical condition, where the cause is work-related stress. My research points out that burnout also exists in four

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other arenas—personal, relational, societal, and physical. In the latter, one's body becomes a vessel for stress and signals us about its source: Once physical cause is ruled out, stomach pain signals us to ask ourselves what or whom can't we stomach? Back pain, what or who is breaking our backs? Who or what is a pain in the neck? What are we itching for? Etc.

Further, our bodies also help us to know the difference between burnout and depression. Depression caused by life events often feels like a fierce body punch. One may also feel blindsided and bewildered, as if slats in the floor of one's emotional home have disappeared. With burnout, the body speaks to us differently: "My shoulders, my arms, my being can no longer carry what is asked and expected. My brain feels fried."

In recent decades, as mental health professions have been impacted by a growing attempt to categorize psychological reactions in the same way medical science categorizes physical illnesses (where understandable reactions are classified as disorders), I have found the wisdom of FLE merits even more exposure, cherishment, and protection. The "brain diseases model" largely ignores the intricacy of emotional reactions, their frequent anchoring in real environmental circumstances, and the innate human drive to learn new coping and survival skills. Further, it encourages the development of new drugs to treat what is often appropriate emotional distress in an already overmedicated population.

Of grave concern is the "brain disease model," which dominates the 2013 *Diagnostic and*

Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), the powerful and definitive authority for psychiatric diagnoses. For the first time in the history of the *DSM*, the majority of decision-makers were researchers, with little or no experience serving the general population. This dangerous and oblivious trend continued in 2022 through the *DSM-5-TR* (text revision), introducing a "prolonged grief disorder," which both pathologizes and puts a time limit on bereavement.

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As one who has worked with grief-stricken adults and families for more than 35 years, including those mourning lives taken by the various permeations of the COVID-19 pandemic, I know with assurance that grief is not now, nor has ever been, a disorder. Nor is it a "one size fits all" reaction where a time frame can be imposed. When one *dearly beloved* dies, those who remain also suffer death—an overwhelming inner death, where relief is dependent on myriad factors, including the unique personal loss of each mourner; their support system; the shock of the loss; and the private, intimate realities in each relationship—some sustaining and fulfilling, others with painful and depleting experiences to come to terms

with. In truth, when love has been deep, we cannot expect mourning ever to leave us completely, which is as it should be, for we are human, and grief is our own personal, enduring love letter.

Despite the present crushing, limited diagnostic lens, the enlightened commitment of FLE holds firm in offering life-affirming and sustaining support, information, and direction. This, too, is a love letter, one never as important as in today's complex, breathlessly fast paced, often misguided, never anticipated life. ✨

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relevance of NCFR and the CFLE credential to the Family Life Education practitioner.

Our most recent effort in expanding our service to CFLE practitioners is the hiring of Beth Maddock Magistad, Ph.D., as the editor for *Network* (see page 6 for Beth's introduction). I look forward to working with Beth to continue to explore ways to increase the relevance of the *Network* to the practitioner audience.

Certainly, having the CFLE program hosted by NCFR is a major strength of the credential. It is important that we embrace the relationship between research and practice. By taking a few minutes to step back and look closely at how the governance of the CFLE program is organized and how the resources and services provided by NCFR can best meet the needs of the practitioner audience, we all stand to gain. ✨