Theodore Lidz

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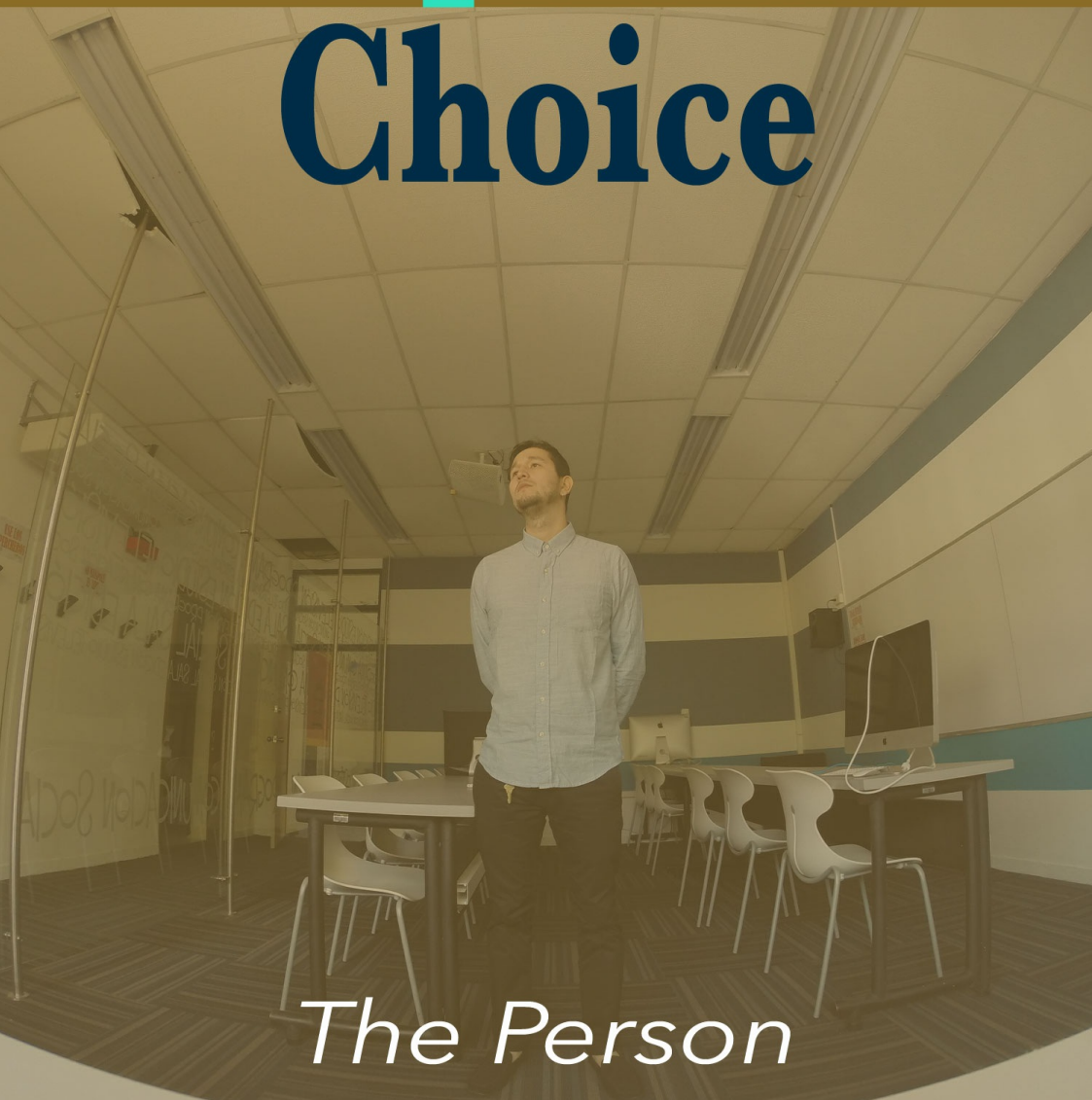

The Person

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From *The Person* by Theodore Lidz

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Occupational Choice

An occupation represents much more than a set of skills and functions; it means a way of life. It provides and determines much of the environment, both physical and social, in which a person lives; it selects out traits that are utilized most frequently and strengthened; and it usually carries with it a status in the community and provides social roles and patterns for living. Through determining with what sorts of persons one spends much of one's life, a vocation markedly influences value judgments and ethical standards. Occupation and personality traits are intimately related.

We find ourselves forming judgments about people according to their vocations. Physicians ask their patients, "What do you do?" and the response not only helps decide what sort of person they are taking care of, and what sort of fee they can charge, but also may help them reach a diagnosis and formulate a plan of therapy.[1] Taxi drivers and long-haul truckers, though both vehicle drivers, tend to have very different personalities and are even prone to different ailments.[2] Even though we have difficulty in defining the reasons for our anticipations, we expect a woman lawyer to be more aggressive and intellectual than a woman trained nurse and we are apt to relate differently and present different aspects of ourselves to them. Such preconceptions aroused by the name of an occupation are usually tentative and are sometimes erroneous, but there are good reasons for such "snap judgments" that psychological studies tend to validate.[3] Is it that similar personalities tend to select given occupations, or is it that the pursuit of a specific vocation leads to the development of certain traits? Both factors operate. Occupational choice is usually a function or a reflection of the entire personality; but then the occupation plays a part in shaping the personality by providing associates, roles, goals, ideals, mores, and a life-style.

Despite the importance of occupational choice in determining the further course of personality development and of the functions of an occupation in the emotional and physical well-being of those who pursue it, relatively little can be found on the topic in the psychiatric literature.[4] The neglect of the topic is even more surprising because people's choice of vocation brings into focus much of their developmental dynamics as well as many unconscious forces influencing their lives. Perhaps the topic has received so little attention because it has been only in recent years and in a relatively few countries

that the opportunity to select an occupation has been available to any sizable proportion of the population. In most countries well over fifty-percent of the people are engaged in farming; the differences between laboring jobs available to the poorly educated are scarcely worth considering; and skills, crafts, and small shops are traditionally passed from parent to child.[5] Then, too, not until after World War II did occupational choice present much of a problem for any sizable proportion of women. In most countries the type of schooling a child will follow is decided early in adolescence, or even earlier, in accord with expectations of the occupation they will pursue. In many societies, perhaps in most, parents believe it rather foolish to consider that children or even youths can make a career decision for themselves better than can their more experienced parents.

OVERDETERMINATION OF VOCATIONAL CHOICE

Currently in the United States, vocational choice constitutes a major problem for adolescents and young adults. Young people have probably never been so conscious of how much their future welfare depends upon the length and quality of their education, and of how the maintenance or advancement of their social and economic position involves their pursuing a suitable vocation. The extent of choice increases with educational level and lack of higher education tends to foreclose options both in adolescence and in later life.[6] Late adolescents, particularly college students, often live with the problem as a background against which they sample courses, try out jobs, and evaluate people they meet as models they might wish to emulate. Youths worry and cogitate about their future vocation and although their conscious evaluations and decisions are important, they are often motivated to make the decision by determinants of which they are unaware; not that unconscious factors are all important but rather that they are frequently the decisive element in a matter that is so highly overdetermined.

If, for example, we consider a class of medical students, we find that the reasons for their selection of medicine as a career are not only varied but often very private. Indeed, there is probably less frank discussion even among close friends about career choice than there is about sexual problems. Many students have considerable difficulty thinking through and conveying the reasons for the decision or how it was reached, and many of the reasons they give and accept themselves are clearly only part of the story. One is emulating her father; another is living out his pharmacist father's thwarted ambition; someone is responding to his mother's idealization of the obstetrician who delivered him—influences of

which the student is only partially aware because they were simply part of the atmosphere in which he or she grew up. There may be a student who has secretly vowed to herself to combat cancer, which robbed her of a mother, and another to learn to treat schizophrenia, which permanently removed his sister to an institution. Some consider medicine as a means of earning a secure livelihood that assures prestige in the community, and some as a means of social advancement. Others may have in childhood feared death and decided to meet the problem counterphobically, head on, as a foe to fight and at the same time to learn to tolerate death as a familiar. Another may have simply agreed with Philip Carey in Maugham's *Of Human Bondage,* who decided that if he could not be great he could at least be useful. Indeed, students may find it difficult to admit that they are following their idealism and finding a meaning in life by seeking to help others. These are all acceptable motivations, but rarely the only significant influences. Although it has been said that a surgeon may be a sublimated sadist who might have been a butcher if he had been less well educated, or that a psychoanalyst is only a refined variant of a voyeur, such sorts of pseudoanalytic statements are usually oversimplifications of characterologic influences that will be discussed later (see Chapter 19). Still, the author once studied three prizefighters and could not fail to note that all three had brutal fathers whom they had vowed to beat up when they were old enough and strong enough. And it appears fairly obvious from his autobiographical narrative that one of our greatest explorers almost lost his life seeking to overcome once and for all his childhood anxiety over separation from his mother (Byrd, n.d.).

To convey something of the complexity that can enter into a vocational choice, let us turn to a specific example which may serve to illustrate the fusion of childhood residues, characterologic factors, and realistic determinants that contributed to a decision. It is somewhat atypical, at least in being concerned with an unusual person whose capacities permitted a fairly wide choice.

A young internist, R., consulted a psychiatrist on his return from military service. He had been assigned to Japan, where he had enjoyed the aesthetic properties of the country and of many of its inhabitants, but found himself becoming depressed and increasingly dissatisfied with his life as a *physician*. At the age of thirty-five, R. had already published several significant contributions to science and success in his career seemed assured. After he had been in Japan away from his practice for a year, he began to doubt that he was gaining satisfaction from medicine, resenting the demands of practice that required him virtually to forgo other interests. R. had shown considerable talent as a painter while in

college, and was now wondering whether he should abandon medicine and enter upon some artistic career; but as he had a wife and child, a radical shift in vocation would be difficult.

To clarify his predicament, R. reviewed the steps that had led him into medicine, recalling incidents and determinants that he had virtually forgotten until he had reviewed his life while relatively inactive in Japan.

During his junior year in college R. had been unable to decide what to do with his life. His father, a successful architect, had suggested that R. follow in his footsteps, as had his older brother, and join the flourishing family firm. R. had expected to become an architect but had been reluctant to abandon his hopes of becoming an artist; though on the other hand, he was concerned about risking his future on his artistic talent. Raised amid reasonable affluence, he would not enjoy penury. He decided to leave college for a year to study at an art school in New York, both to gain a better estimate of his abilities and interests and to get away to think things out on his own. Although he enjoyed painting and the life he was leading in Greenwich Village, R. found himself becoming even more indecisive as the year passed, and he became intensely anxious and somewhat depressed. Then, at the end of the year, much to the surprise of his family, R. announced that he was going to study medicine.

Now, some fifteen years later, R. was trying to reconstruct with a psychiatrist the events of that year in New York and examine how he had reached his decision. When he had left home to go to New York he had no thoughts of studying medicine. Indeed, had he been asked what he might become, he would not even have included medicine among the potentialities. He had, however, determined to reach a decision by the end of the year, for he feared that endless vacillation could lead him to drift into an unsuitable vocation.

In reviewing his early connections with medicine, R. recalled that he had suffered from an episode of rheumatic fever just before starting school which had kept him in bed for some months and had left him with a slightly damaged heart valve. For several years his parents had limited his activities and been overprotective whenever he had a respiratory infection. He remembered how close he had felt to his mother during his incapacitation. During high school, he had experienced some envy when the family physician had suggested to his studious older brother that he study medicine and eventually take over

his lucrative general practice—but this had been envy that his brother had been preferred rather than due to an interest in medicine.

During the year in New York, R. had shared a couple of rooms with a fraternity brother who was doing graduate work in physiology. He became intrigued by a subject about which he had been completely ignorant, fascinated by the intricate and complex balance of the human organism. A fellow art student contracted jaundice, and having little money became a patient on the public wards in a municipal hospital, where R. visited him and deplored the circumstances. R. recalled how as a child he would wonder how grownups could manage when ill without a mother to care for them; indeed, he had dimly considered the ability to care for oneself alone when ill as a sort of measure of maturity. As he talked, R. recalled his pervasive concerns about illness throughout his childhood and adolescence, which may have reflected his parents' unexpressed anxieties concerning his rheumatic fever. Perhaps, he reflected, learning that physicians received free medical care from their colleagues had influenced his choice of a career.

He had first consciously thought of studying medicine during a discussion of physiology when his roommate had talked about a friend who, after two years in law school, had changed his mind and was taking premedical courses. He realized that he, too, could still make a radical shift in his plans and perhaps escape from his indecision concerning the choice of art or architecture.

When Easter came and went, he started to experience episodes of acute anxiety and found himself worrying that he might have cancer. He could not decide about his future-—but slowly he reached the conclusion that it did not really matter what he did, provided he pursued it enthusiastically. He could learn to like and even enjoy anything that really challenged him. The next step carried the matter further when he decided, masochistically, that perhaps he should do what lie liked least and prove that aptitude and liking for a particular occupation made little difference. Such ideas virtually led to the choice of medicine, but there were other influences, too, several of which will be mentioned. R. felt, in retrospect, that he had been rebelling against his parents' expectations that his artistic abilities would define his future, and that lie had been reacting against the praise he received for his paintings which let him doubt that his parents loved him "for himself."

Then, with considerable embarrassment and uneasiness, R. suddenly remembered something he felt certain had been of considerable moment in his shift to medicine. When he was fifteen, he had gone camping with friends, his first extended stay away from home. He had become ill, suffering from nausea and feelings of malaise which may only have been the resultants of fatigue and nostalgia. Still, he had been convinced that he had cancer, probably because a cousin had died a lingering death from leukemia a few months earlier. His concerns mounted, and in his anxiety R. prayed and made a vow that if God would let him live for another twenty Years, he would devote his life to the welfare of mankind. As usually happens, after he recovered, his pact with God was forgotten. But during the year of decision in New York when he became anxious, depressed, and hypochondriacal, his vow returned to plague him. He doubted that the life of either artist or architect would redeem his pledge of self-sacrifice; one would be too enjoyable and the other too lucrative. The recurrent anxiety contained fears that he might soon die and recalled his earnestly given pledge, which helped explain his curious decision to launch into doing what he least wanted to do. It was a means of redeeming his vow and saving his life. R. was further shaken when the psychiatrist pointed out to him that the twenty years of life he had sought from God had been completed just at the end of his star in Japan and that now he was again uncertain about his future.

The negation of a specific talent in making an occupational choice and the appeasement of God through altruistic choice may be somewhat unusual, but the complexity of the decision-making process may not be so extravagant as it seems. The residua of childhood anxieties over separation from the mother; the concerns over trying to compete with a father and older brother whom R. felt he could surpass; the influences of a serious childhood illness; the control of impulses through ascetic strivings are among the influences that coalesced to guide this individual into an acceptable path into the future.

THE DEVELOPMENTAL HISTORY OF OCCUPATIONAL CHOICE

The choice of an occupation does not usually take place abruptly, but tends to be the product of a long process that starts early in childhood and changes as the individual develops, and it reflects the nature of the personality integration, and, as we shall consider, the choice in adolescence or early adulthood frequently is not final, as persons change careers throughout life. The earliest considerations of a future vocation are diffuse and unrealistic, reflecting the little child's preoperational thinking and his egocentric, narrow view of the world. The three-} ear-old boy may state that he will be a mommy

when he grows up; the little girl will have skaty-eight children and live with her mommy and daddy. The boy may wait in suspense as someone counts the buttons on his clothes to find out whether he will be a "doctor, lawyer, Indian chief," or less fortunately "poor man, beggarman, thief."

As children enter into dramatic play with peers, their fantasy choices are abundant and shift from hour to hour. They not only decide to become a figure skater or a doctor, but become one in their imaginative activities. The play contains elements of trying out various occupational roles, but possibility, feasibility, ability, or the steps that must be taken to achieve the occupations in reality are not considered. Occasionally, a role that is somehow reinforced sticks, becomes a favored game and fantasy, and may eventually lead to an occupation, as when a little girl plays nurse with dolls, progresses to helping an overburdened mother care for younger siblings, and thereby gains approval and attention that offset the shift in her mother's attention to the babies and establishes a pattern for gaining praise and affection that eventually leads to a choice of nursing as a career.

In the juvenile period children plan to follow in the paths of various idols and heroes: space pilot, tennis player, movie star, probably more often someone known through television or reading than a person in their own environment. Gradually, consideration of ability and realistic limitations enter the picture; the baseball star becomes a sports announcer, the woman president in the image of Indira Gandhi or Golda Meir, a high school principal.

As children reach high school they may have some awareness of whether they will seek to emulate a parent or seek some parent surrogate or other ideal figure to follow. Tentative choices are made that may guide them for a time but youngsters know neither themselves nor the world well enough. During high school vacations, they may take jobs to see whether they like them, steps that can be decisive in finding a vocation if education does not go beyond high school. During the period of adolescent expansiveness, as previously noted, there is often both a turning away from parental models and guidance and an upsurge of idealistic goals.

A college education brings new careers into consideration as the students' horizons broaden and they come in contact with teachers with whom they may identify. Here, they also find opportunities to measure themselves against others with similar aspirations. Eventually, a *realistic* phase starts in which

young persons take stock of their capacities, their needs, and the potentialities that open before them. They are now all too aware that the realization of ideals and aspirations will require time and effort. They may carefully gauge where the winds are blowing and what careers will be apt to flourish in the years ahead.

In a general sense, there are two major ways of thinking about a career. Some consider it most important to seek out an occupation which will provide satisfaction and enjoyment and from which they can hope to gain a full and interesting life. Others will consider an occupation primarily as a means of earning a living to gain security or to achieve power, whereas satisfactions will come from a family, prestige in the community, sports, an avocation, or from something made possible by money, such as collecting paintings or girlfriends. A shift from the first of these approaches to the second is likely to occur as the time approaches for reaching a definite decision. Realistic decisions for women will include considerations of whether they will have children and when and the importance of their own careers in comparison with their husbands', and other such critical matters already broached in Chapter 10 and which we shall discuss below.

To *crystallize* goals and firmly commit oneself to a vocation, one must find a way of entering upon the career and gain a pattern to follow. The absence of a known pattern, usually in the form of one or more persons with whom to identify, can divert the youth from a field of interest. Crystallization requires commitment with acceptance of the ensuing uncertainties, but firmness of commitment is essential to prevent veering into new attractive areas that appear en route: some premedical students may be tempted into biochemistry or physiology through fascination with such fields or through identifications with teachers, whereas others will shed such temptations, having committed themselves to medicine. Although the attainment of goals requires commitment, objectives also change as individuals gain experience and also as new opportunities are appreciated or open before one, and malleability can be an asset in pursuing a career.

The final phase in occupational choice concerns the *specification* of interest within a field through the acquisition of specialized skills. It means further renunciation of diversified interests and activities, and often a willingness to delay gratifications such as income, children, and recognition. On the other hand, it can also permit the utilization of specific assets and personality traits as well as the cultivation of

special areas of interest. A young woman who is fully committed to being a psychologist can through specialization make use of her aptitude for mathematics by concentrating on statistical methodologies; or return to the humanistic considerations which had led her into psychology, but which had been caught in the blind alley of a rat-maze, by moving into clinical psychology or school counseling; or bring into her occupation her knowledge of art by studying the creativity or the visual imagination of painters. Such increased delimitation and specialization is often essential for reaching the higher levels of achievement and recognition, but it may come simply as an outgrowth of an occupation on which a person has already embarked, as when an attorney gradually moves into a specialized field such as dealing with corporate tax matters. Often, of course, the crystallization of a vocational choice is but the first of a series of specifications. Medicine, for example, is a field of interest that requires certain basic training, but further decisions must still be made: medicine; surgery, specific field of surgery; length of training; private, group, institutional practice; teaching; research, area of research; etc. Even after specification or specialization, further occupational decisions will be required throughout life which can markedly influence personality functioning: will the investigator accept a promotion that turns one into an administrator; will the clinical teacher turn from the care of patients to try to solve some puzzling problem in the laboratory?

Although the young persons' choice of an occupation usually influences their subsequent way of life and personality development profoundly, the decisions are not irreversible (Ginzberg, 1975). The time required to prepare for some careers, such as psychoanalysis or nuclear physics, diminishes the likelihood that those engaged in them will move far from them; yet persons of all levels of education may change occupations at almost any time in their lives. Community colleges, special schools, rehabilitation programs, help persons who had stopped their education at an early age to enter more skilled occupations. women often change occupations when they resume work after their children are in school. Even the commitment to the Catholic priesthood is no longer regarded as irreversible. Some persons who perceive that they have gone as far as they can in a given occupation will prefer to take a chance in a new occupation in midlife rather than experience years of frustration. Retirement at sixty-five will simply lead some individuals to move into a new field of endeavor. Then, too, many changes occur within individuals' original vocation that lead them into new orientations, as when an attorney enters politics, moves from corporation counselor to executive, or decides to teach in a law school. The choice of a career,

which is so often made only after prolonged soul-searching, may not decide the future as definitively as a youth is apt to believe.

WOMEN'S OCCUPATIONAL CHOICE

Women constitute approximately forty percent of the work force in the United States, excluding those whose full-time occupations as housewives and mothers are among the most arduous. They have the potential for succeeding at virtually any occupation except for a few that require a masculine physique,[7] though the number of women in some occupations has been limited by custom, prejudice, gender role allocation and training, as well as women's own preferences. The proportion of women in medical and law schools is increasing rapidly. Although the number of women in high administrative positions is low, and women may not have been raised to be sufficiently aggressive and competitive, it has become apparent that women can head governments as successfully as men.[8] However, as we have already noted, women usually take other matters into account in choosing a career in addition to some of those, or all of those, considered by men. Even though many young liberated women believe that marriage and child rearing should not interfere with women's careers any more than they do men's, that is not the way it has been or is likely to be for most women in the near future, or the way many women wish it to be.

For those women who place success in a career foremost and decide to remain unmarried, or to marry but not have children, the special problems are few though often still significant. For example, they will have to decide, if admission to, or advancement in, a field is closed to women, whether to eliminate it from consideration or to try to enter it and combat the prejudice. They may judge whether they have overcome or can overcome the fear of success discussed in the preceding chapter, or whether they can continue to accept the self-image of a single or a childless woman, or whether they can find a husband who will give his wife's career sufficient consideration when moving to a new location is required by one of their careers, etc.

About ninety-five percent of American women marry, and although the age at which they marry is increasing, particularly for educated women, it seems unlikely that the proportion will decrease appreciable in the near future. A very large proportion continue to desire children, though far fewer

children per family than formerly. Dual-career marriages with children almost always present problems for both spouses but particularly for the wife. The couple may decide that the homemaking tasks and the child rearing will be shared equally, but at least in times of crisis, as when a child is ill, the woman usually carries the major responsibility. Despite decisions and determinations prior to the arrival of a child, many women find that taking care of the child becomes a major source of gratification to them which they are reluctant to cede to a husband. Even when the children are properly cared for by a housekeeper or in a nursery, mothers who work fulltime wonder whether their absence is having a deleterious effect upon their children. Many women who have managed to continue their careers while their children were very young express doubts that it has been worthwhile. Some of the difficulties and concerns may be due to the manner in which the mothers had been raised to accept the primary responsibility for child rearing rather than to innate maternal tendencies, but the mother's feelings are still very important—as are the father's.

In planning a career, a woman may have to decide how to implement it and still have children. One solution is to finish the necessary preparation before having a child, but defer embarking on the career, while nevertheless keeping abreast of it, until the children have entered school. Some may decide instead to wait until they are sufficiently far along in their careers to enable them to have adequate full-time domestic help before having a child, or to rely upon a mother or mother-in-law to care for the child, so that they can return to work soon after the child is born without disrupting their careers. The woman, indeed the couple, who decides on a dual-career marriage does well to recognize at the time the decision is made that for most the relaxation upon returning home from work will be limited, and that the couple's expectations must be sufficiently malleable to allow for a change in plans as opportunity permits or necessity requires. Among women who planned a career are some who, after a hiatus to care for young children, will prefer to remain housewives and devote time to local politics, volunteer or part-time work, a hobby, or study. Women have an option, not available to men, of deciding to relinquish a career to become housewives and mothers. Many a graduate student, confronted by difficulties in completing a thesis, has slipped up in her contraceptive practices and had her immediate future decided for her, and others consciously opt out of pursuing a career. Educated American women whose husbands provide adequately for their families are in a position to foster a cultural blossoming among womankind.

Many young women, rather than planning a career after finishing their schooling, consider work as

a temporary activity until they marry, or until a husband can support a family. They consider that much of their future and their position in society will depend upon their husbands' careers, and they consider their own occupations as supportive of their husbands. They may enjoy work and even find life as a housewife and mother confining and look forward to returning to work when the children are grown, but they feel little urgency to hurry back in order to gain advancement. The jobs that are conventionally women's jobs—secretary, telephone operator, retail clerk, and, recently, bank teller—are not positions that usually open the way for great advancement. However, with the decreasing size of families, the majority of women now work.[9] It seems likely that more women would become involved in gratifying occupations in midlife if, when they were young, they had prepared for their lives after children no longer kept them occupied.

In keeping with their upbringing, which tends to foster the expressive or affiliative aspects of women's personalities rather than the more aggressively competitive, many young women continue to seek affiliative types of occupations. A secretary may seek a good wage but she is not as concerned with achievement in a career as with aiding the person for whom she works. Nursing, teaching, and social work are conventionally women's career jobs, and medicine is increasingly becoming a woman's as well as a man's career in the United States, as it has been in Europe—and all have a nurturant or affiliative quality. Although more women are becoming bus drivers, bank clerks, editors, accountants, lawyers, than heretofore, many women will continue to prefer affiliative occupations, even though new opportunities become open to them.

PERSONALITY AND OCCUPATION

Occupational choice reflects the development and integration of the personality. It is often difficult to follow just how specific career choices are determined, but personality traits which we term characterologic play a significant part in the selection of a type of occupation. We can note that fixations in psychosexual development will contribute to the decision: "oral" characters may be attracted toward becoming chefs or dieticians, or may seek security by becoming wealthy in order to be assured that oral supplies will always be available; "anal" characters with tendencies to obsessive meticulousness are likely to enter careers that deal directly with money, such as banking, bookkeeping, accounting—or with collecting and assembling; "phallic" characters may seek some occupation in which they can assert

power, or gain admiration for their physiques.

It is apparent that certain types of personalities are better suited for some occupations than others, and that some are unsuited for certain occupations. The human race can be categorized in various ways to take note of such compatibilities and incompatibilities (see Chapter 19). Occupational counselors and psychologists utilize such characterologic groupings as aids in placing persons in suitable occupations.[10] Such categorization is usually made on the basis of expressed occupational interests, personality traits, including intelligence and aptitudes, and noting whom a person would like to emulate.

The Influence of Occupation on Personality Development

We have been examining how the personality enters into the choice of an occupation, but we must now turn to consider how people's occupations become a major influence in the sort of adults they become. In selecting their vocations—if they can select—individuals tend to choose a social environment in which they feel comfortable, composed of persons with whom they like to associate and whose regard they seek. It will act to preserve personality traits they have developed or it creates strains that provoke change. Persons' identities gain solidity through their identification with a group of people pursuing similar objectives and with its group mores. Although occasional individuals maintain their own standards relatively independently of what those around them believe and do, most persons' superego standards bend toward the group values and to the ideals and demands of the group leaders, as became apparent during the 1973 Senate Watergate hearings. Persons who enter the advertising business may not be overscrupulous about truth, but they find themselves in an environment in which the truth is slanted for sales. They come to value the capacity to conceal and mislead and their personalities alter,[11] for they gain the esteem of those they esteem by their ability to mask the truth.

In contrast, some occupations support more conventional superego standards and may, of course, be selected for such reasons. The clergy, police, and others attach themselves to the maintenance of ethical standards. Physicians select a profession in which their own welfare is supposed to be secondary to the well-being of their patients. Value systems and goals are reinforced or redirected.

In the process of learning a trade or profession, novices learn a way of life along with the

knowledge and skills of the occupation. It will shape or help shape many facets of their personalities. First-year medical students may wonder how physicians behave under a variety of circumstances and how they will reach decisions concerning life and death, and they unconsciously gain the answers from observing their teachers and colleagues and assuming their ways of behaving and styles of living before the end of their training. Whatever their traits before entering medical school, they develop a degree of obsessive meticulousness; assume a benevolent, protective way of relating to people; expect a type of deference from patients; intellectualize as a defense and learn to bide feelings or even repress them to a marked degree.

One can note how friends or brothers who have been close friends because of common interests, traits, and ideals begin to change and differ after more or less chance—or seemingly arbitrary—selection of different occupations. The factory worker spends his evenings out at the corner tavern, playing cards and spinning yarns, while his wife stays at home tending the children; but his brother who has become a priest acquires a very different set of interests, standards, and ways of relating to people. They have developed very different ego functioning—different intellectual assets, areas of competence, ways of relating—and they also have different outlets of id impulsions, with the priest requiring sublimation and asceticism to satisfy his superego. Here is a banker's wife in a small New England community, a pillar of conservatism, married to a puritanical husband; she gains little sexual gratification in her marriage and expects little but would not consider divorcing her husband, who is a "pillar of the community." Her childhood neighbor, who had similar beliefs and ways in childhood, lives among her Madison Avenue public relations colleagues a little farther west in New England, and now considers that her life would be blighted were it not sexually exciting, and tries analysis and divorce, or, more likely, divorce and then analysis, after her second marriage also proves not fully satisfying. Such comparisons cannot be made properly because no individuals are alike, and there are no "ifs" in life, but it appears from experience that the way of life dictated by a career influences personality functioning very profoundly.

The physician whose occupational choice was discussed earlier in the chapter might have become an artist or an architect except for certain chance occurrences that tipped the balance when the decision was being weighed. Life is aleatory and contingencies can make a difference. The life and personality of R., the physician, is different from what the life and personality of R., the artist, would have been. He leads a more regular life; he is a member of a medical school faculty; he has tended to suppress his

fantasy and shift his creative urges into disciplined research; he has learned scientific ways of thinking that permeate his domestic life and child rearing; he has married a social worker who also has a highly developed sense of social responsibility, etc. R., the artist, would seek gratification through what he painted, and acclaim through his paintings. If he were properly creative, he could innovate at the behest of his fantasy, unconcerned with the impact of his experiments on the future of science. He could and probably would work at irregular hours, and follow the direction of his creative impulses rather than his sense of responsibility. The people with whom he associated would cherish free spirits who lived as they liked without too much concern for social conventions. Success would not depend as much upon effort alone as upon his creative capacities. His ways of thinking would be less organized and scientifically trained, and perhaps free from intellectualizations that might hinder his artistic creativity. The occupational roles, the institutions to which one belongs, the style of life, the education in preparation for the occupation, the ideals and ideal figures one follows, the values of one's peers—all will greatly influence who one will be in later years.

The Mores and Morals of Various Occupational Groups

The understanding of the ways in which people of varying occupations lead their lives, and the perspectives and goals they are likely to hold, is essential to therapists, who must overcome tendencies to understand patients in terms of their own mores and morals. An illustration may serve to indicate how such understanding can increase a therapist's skills. During World War II two young officers were promoted to the rank of captain and sent to an anti-aircraft weapons unit defending a beautiful South Sea island well away from combat. One was delighted by his good fortune and thoroughly enjoyed the life on the island of his dreams. The other soon complained of intractable headaches that led to hospitalization until an experienced army physician sized up the situation. The second officer was a West Pointer whose life ambition was to become a general. His chances of ever becoming a general were minimal unless he found an opportunity to display his abilities—and preferably also his heroism—and become a colonel by the end of the war. He felt that he had been sidetracked into an unimportant position by a prejudiced senior officer and he could scarcely contain his hostility toward that officer and the army. In contrast, the captain who was pleased by the assignment was a reserve officer who, though a conscientious, patriotic citizen, had little interest in military life or in becoming a hero, preferring the life

among the Polynesian girls—which he had never really hoped to experience.

Occupational choice, then, forms one of the crucial decisions of a lifetime. Such choices are usually highly overdetermined, reflecting much of the entire prior personality development, and the conscious reasons usually are but part of the determinants of the decision. The occupation selected and pursued may, then, become a major influence in the subsequent personality development, the persons with whom one interrelates, and the type of life that is led. The problems of occupational choice faced by women differ in some respects from those of men, because most women have wished to include time and opportunity for rearing children in their plans. In a reasonably affluent society, the choice of occupation made as an adolescent or young adult is no longer as decisive as formerly, as people often change careers at any time in the life cycle.

REFERENCES

Aries, P. (1962). *Centuries of Childhood*. Alfred A. Knopf, New York.

Byrd, R. (n.d.). *Alone*. G. P. Putnam's Sons, New York.

Ginzberg, E. (1975). *The Manpower Connection*. Harvard University Press, Cambridge, Mass.

Ginzberg, E., Ginzberg, S., Axelrod, S., and Herma, J. (1951). *Occupational Choice: An Approach to a General Theory*. Columbia University Press, New York.

Holland, J. (1966). *The Psychology of Vocational Choice*. Blaisdell Publications, Waltham, Mass.

Morris, J., Heady, J., Raffle, P., Roberts, C., and Parks, J. (1953). "Coronary Heart-Disease and Physical Activity of Work," *Lancet*, 265:1111-1120.

Strong, Jr., E. (1943). *Vocational Interests of Men and Women*. Stanford University Press, Stanford, Calif.

SUGGESTED READING

Ginzberg, E., Ginzberg, S., Axelrod, S., and Herma, J. (1951). *Occupational Choice: An Approach to a General Theory*. Columbia University Press, New York.

Hiestand, D. (1971). *Changing Careers After Thirty-Five: New Horizons Through Professional and Graduate Study*. Columbia University Press, New York.

Holland, J. (1966). *The Psychology of Vocational Choice*. Balisdell Publications, Waltham, Mass.

Smuts, R. (1971). *Women and Work in America*. Schocken Books, New York.

Notes

1 Jeremy Morris (1953), for example, in his epidemiologic studies of coronary occlusion found that London bus drivers were significantly more vulnerable than conductors. Was this because of differences in the amount of physical activity, of emotional stress, or was it a reflection of the different personalities of drivers and conductors?

2 In my experience taxi drivers in large cities are often attracted by a job requiring minimal skills in which they can be reasonably independent. Subjected to constant stress, they often suffer from gastric disturbances including peptic ulcer. The long-haul truck driver is more fiercely independent and aggressive, often carries a chip on his shoulder and finds an outlet in driving his huge truck. Severe and intractable headaches related to the tension of driving and his aggressivity are not uncommon. The cab driver is also subject to frequent sexual stimulation by the behavior of passengers and by suggestions to male cab drivers from women that coming into the apartment for a few minutes will be more rewarding than finding another passenger. There are as yet few women long-haul truckers.

3 See, for example, E. K. Strong, *Vocational Interests of Men and Women*.

4 The first dynamically oriented study, which still remains one of the most significant, combined the efforts and skills of an economist, psychiatrist, and other social scientists (Ginzberg et al., 1951).

5 In the Middle Ages, parents placed their children as apprentices with another family at the age of seven (Aries, 1962).

6 Although many high school graduates earn as much as, or more than, many college graduates, the value of a college education is measured properly not in monetary terms but by the quality of life it permits.

7 It is highly unlikely, though not impossible, that a woman could become a linesman on a professional football team, and any such opportunity would be limited to women with unusual physiques. However, the absence of women from some occupations that require considerable strength is only a matter of custom. Women in the Soviet Union clean and repair roads. In New Guinea women carry the heavy loads. When asked why men do not, at least, share these tasks, the indigenes are taken aback and say that everyone knows that women are built so that they can carry more than men. There is no reason why women cannot be bomber pilots, and, sorrowfully, they probably will be.

8 Moreover, at the time of writing, both the governor and the secretary of the state of Connecticut and the provost of Yale University are women.

9 In 1970, sixty percent of women between the ages of twenty-five and sixty worked at least part-time, and of women between forty-five and fifty-five, sixty percent were still working or again working. Further, seventy percent of separated and divorced women below the age of sixty-five worked, and, as we have seen, a sizable proportion of marriages now break up.

10 Holland (1966) has found it most useful to divide persons into the following categories: realistic, intellectual, social, conventional, enterprising, and artistic, or into combinations of these categories; but some are virtually exclusive of another, such as realistic and artistic. He has also placed occupations in the same categories. He considers that inventories of interests are personality inventories; that members of a vocation tend to have similar personalities and developmental histories; that persons in a vocational group having similar personalities will create characteristic interpersonal environments; and that vocational satisfaction, stability, and achievement depend upon the congruency between one's personality and the environment in which one works.

11 A recent study suggests that such traits also influence their children, who learn that what they say and can get away with is more important than what they really do.