Why They Change Career in Midlife

Voluntary Changers

Hoppock (1976) states that individuals will change their occupational choice when they believe that the change will meet their needs in a better way. Snyder, Howard, and Hammer (1978) reinforce this statement with the view that midlife career change occurs when the combination of the attractiveness of the new opportunity plus the expectancy of successful entry exceeds the force to remain in the current position.

One factor contributing to the consideration of midlife career change is a perceived discrepancy between the individual's career dreams and aspirations and the observed realities of the present and expected future work situation. Most workers probably enter a position recognizing a disparity between their dream and reality, but also with the hope or expectation that they will be able to bring the two factors into alignment. Some readjustment is possible in most jobs, but many do not have sufficient flexibility to accommodate the change desired by some workers. When this gap cannot be closed, the worker may become frustrated, particularly if the aspiration is especially important and the chance for attaining it appears remote. Thomas (1979) found that 76 percent of a sample of men changing from high-status careers said they changed careers in order to find more meaningful work. Sixty-nine percent of that same group said they wanted to have a better fit between their values and work, but only 11 percent wanted a better salary, and 13 percent wanted more security.

Occasionally a worker suddenly discovers or gradually becomes aware of an opportunity that appears to offer the possibility of fulfilling long-held dreams. The perceived break may be new, or perhaps only the awareness of its existence is new. Either way, the worker may now look at the present job and those aspirations in a new context.

Some workers will recognize internal changes in interests and needs, and will see self as a different person from earlier times, sometimes so different that the old dreams are replaced by new ones. Those changes in aspiration may lead to career change to provide an opportunity to pursue and satisfy the new goal. Similarly, changes in family pressures or circumstances can contribute to career change. Anticipated expenditures for a large house, educational fees, or dependent parents can motivate one toward opportunities that offer higher income. Reductions in those pressures resulting from paying off the mortgage or graduation of the last child may produce the reverse desire.

Increases in the number of dual-earner and dual-career families have permitted more workers to consider the possibility of midlife career changes. The existence of another income within the family permits more room to risk change. A spouse who finds fulfillment and satisfaction in work may cause the partner to seek activities that are similarly satisfying rather than only income-producing.

Conditions related to the work setting may also produce voluntary midlife change. For example, the relocation of the work site, revision of tasks included in the job, purchase by or merger with another company, new awareness of potential dangers, even the unexpected promotion of a colleague may cause the worker to initiate a change. Similarly, technological change in either process or product may upgrade or downgrade demands made on the worker and produce dissatisfaction and uncertainty that lead to voluntary change. Other factors that instigate voluntary change include distrust of supervisors, dislike of fellow workers, inadequate pay or working conditions, or conflict with company philosophy. Often these reasons are rationalizations for deeper feelings of discontent.

Voluntary change may occur as the result of increased maturity, greater insight and self-understanding, clearer conceptualization of one's values and goals, or changing needs and new opportunities. These would appear to be worthy motives leading the worker toward situations that enhance opportunity for self-actualization.

The possibility of underlying, less positive motivators must also be considered. Vaitenas and Wiener (1977) report a significant study comparing career changers with non-changers. They matched a group of young changers (median age of 29.4) with a group of older changers (median age of 43.0) and compared both groups to two similarly aged control groups of non-changers. Comparisons were made on measures of personal back ground, aptitude, interest, emotional adjustment, and personality. They found clear differences...
between changers and non-changers but little difference attributable to age. The changers were lower in congruity and consistency of interests and higher on emotional problems and fear of failure. The results suggest that at least some midlife changers and younger counterparts may be reacting to aspects of interest, emotional problems, and fear of failure that are possibly of long duration.

Voluntary midlife career changers often require more than career counseling in order to maximize opportunity in a new position. The counselor may need to help the client increase self-understanding in many areas, including those identified by Vaitenas and Wiener—consistency and congruence of interests, presence and extent of emotional problems that affect the worker in the job, and fear of failure. Such personal and motivational aspects must be evaluated and understood before considering abilities, values, life goals, and expectancies. Like younger clients, midlife career changers must first deal with self-knowledge and understanding before considering career information and job opportunities.

Involuntary changers

Some midlife career changes originate from other sources than the worker's desire to capitalize on opportunity or pursue new or old aspirations. Sometimes the worker is confronted with the necessity of making an involuntary change that may be undesired, unexpected, and often disadvantageous.

A frequent example of an involuntary changer is the recently discharged worker. Whether the worker is released because of unsatisfactory work, inability to get along with a supervisor or dissolution of the company, the result is the same: the worker is suddenly separated from work that has been an important aspect of life. Closely related to the discharged worker is the forced-out worker—the individual who foresees imminent dismissal and resigns or quits before the boss can act.

Technological change can wipe out production processes and even entire plants, making many jobs obsolete. Similarly, company decisions to discontinue production, relocate or combine plants, develop a substitute process or product, or mechanize or automate manual processes lead to the obsolescence of workers.

Although most involuntary change happens unexpectedly, there are some situations in which the event can be anticipated, often far in advance. The most typical examples of this kind of change occur in those occupations that have "early leaver" characteristics, for example, professional athletics where one is an "old timer" by the mid-thirties. Another illustration of anticipated involuntary change can be seen in those occupations involving high physical risk and possibly early compulsory retirement, for example, firefighter, police officer, and military personnel. While some positions of this type do not carry age restrictions, the stress of heavy physical demand or the attractiveness of the pension plan essentially forces the worker to abandon the job once the minimum years of service have been fulfilled.

Jones (1979) has succinctly described the dilemma of the involuntary changer thus:

Involuntary career loss is often a traumatic and devastating experience for an individual. The necessity of identifying and beginning a new career, when the needs for security, self-direction, purpose, and future were being fulfilled in the former, may result in considerable turmoil. It is often accentuated by a grief reaction not easily understood by the individual involved.

Even though the workers may have viewed the job with little enthusiasm, its loss is still traumatic. The effect on the individual is not unlike the grief experienced with the loss of a family member. Jones states that the individual's vulnerability to grief in job or career loss will be determined by the person's understanding of why the loss occurred, the effectiveness of available support systems, and the ability to cope with stress. Until the grief aspect can be resolved, little can be done profitably in career planning. Once the person has worked through the grief, he or she can begin to focus on new opportunities or on establishing a new work life.

Involuntary changers such as forced-out workers or those who anticipated the change may have little grief involvement because they could foresee the separation and developed some accommodations before the event transpired. Although they are likely to recall good old days that now seem better than they were, readjustment is likely to be easier for them than for those for whom change was unexpected.
The counselor working with an involuntary changer must be alert for the possible presence of the grief syndrome. As in all career counseling, the counselor should first ascertain if there are particular obstacles or problems likely to interfere with effective career counseling. Where such factors appear to exist, they must be attended before proceeding to career considerations.

Two groups represent special needs clients. These include individuals who have a handicap as a result of physical or mental disability and individuals who are disadvantaged because of education, language, or economic factors. In one sense, every client has characteristics that might identify him or her as a special needs client because almost everyone has some physical, mental, educational, economic, or cultural limitation that impinges upon career considerations. For practical purposes, however, we will restrict our application of these two terms to those individuals where the handicap or disadvantage clearly intrudes on the career development process to a degree that demands special attention to that characteristic.

Handicapped Clients

Although many people have physical or mental disabilities, not all of them are considered to be handicapped by that disability. Technically, any physical or mental anomaly that limits the individual's everyday activities is considered a disability. A disability is thought to be a vocational handicap if it is sufficiently severe or extreme enough to limit the individual's employment opportunities. A simple illustration of physical disability can be observed in most individuals who use eyeglasses. Except for those who wear glasses for cosmetic reasons, most individuals resort to wearing glasses because imperfect vision interferes with their everyday activities. The use of eyeglasses usually improves vision to such a level that most people have no problem in their occupation, so the disability is not a vocational hardship. If the person develops, through accident or illness, an uncorrectable visual deficiency so severe that he or she cannot perform his or her previous work or some other work, the person's disability is a handicap. Similarly, a congenital disability that interferes with the acquisition of salable skills would also be considered a handicap.

Disability can appear at birth or anytime thereafter. The disability can be physical such as orthopedic or sensory, mental such as retardation or cerebral palsied, or emotional in nature. One can expect that within almost every school there are youngsters who have disabilities sufficiently severe to be considered handicaps. Also within almost every community one can expect to find adults with similar problems.

Many public and private rehabilitation agencies exist at local, state, and national levels to provide special services to handicapped individuals. Unfortunately, the range of services is uneven and their quality varies considerably in different geographic areas. Further, few agencies have effective outreach programs that attempt to find those individuals who might qualify for available assistance. Thus, many handicapped individuals are unaware of services that could help them.

The counselor of a handicapped client may find it necessary to extend the counseling role to a teaching role in order to familiarize the client with the variety of assistance programs available in the locality. It is also likely that the counselor may have to assume an advocacy role to help the client obtain services to which he or she is entitled. Having a disability often makes people reticent and reluctant to assert themselves, even when they may know of available services. The counselor also may assume the role of advocate in other situations facing the handicapped client besides obtaining agency services. Examples of other situations are likely to be found when the client seeks admission to training programs or placement in a work setting. The client may also need an advocate in establishing independent living arrangements or in other situations where he or she attempts to establish suitable living or working arrangements. Governing bodies have declared through many laws and legal decisions that handicapped individuals have the right to participate fully in society.

The goal of counseling with a vocationally handicapped person, as with a non-handicapped individual, is to assist that person to maximize opportunities to be a self-directing, independent, functioning individual who can take responsibility for his or her life, make appropriate career decisions, and implement those decisions in a way that brings satisfaction and benefit to the individual and to society. The presence of a physical or mental handicap often produces two opposite types of reactions in others that are equally disadvantageous to the handicapped. Some people project a person's disability to all aspects of that individual's life, and conclude erroneously that because the person can't walk easily he or she can't do anything else either. This often results in that other person doing for the
handicapped many things they can do for themselves, thus forcing handicapped persons into positions of dependency. Others are made uncomfortable by another's handicap and behave as though the disability were non-existent, expecting the handicapped to do everything that everyone else does, leading to frustration and failure for the handicapped person. Somewhere between these extremes is a more realistic position. In many cases handicapped individuals can and do compete successfully with the non-handicapped and lead lives that are just as fulfilling.

A matter for early consideration by counselor and client is the individual's attitude and feeling toward the disability and how he or she deals with that reality. Most desirable, of course, is an honest acceptance of the condition, recognizing clearly the scope of limitations produced by the disability but accompanied also by an equally clear understanding of what can still be done. Such clarity of self-understanding requires an unusual degree of maturity and insight. Consequently, the counselor will usually need to help the client explore his or her feelings and develop a better understanding of how he or she views the situation. Because the apparent disability is restrictive, it is necessary for the client to capitalize on a narrower range of activities and skills than the non-handicapped person. Before that can be approached effectively, the client must view self realistically and positively.

Closely related to the client's self-concept is the perception held by significant others in the client's life. This group can include parents and siblings in cases where the handicapped person is a younger individual, or peers, spouse or children if the person is an adult. Because there is a clear interaction between the views held by self and others, it is especially important for those others to react to the individual in ways that reinforce and support positive efforts toward self-sufficiency. It is entirely possible for a handicapped person to find the attitudes of significant others to be as disabling as the physical condition faced. When those significant individuals are helped to deal with attitudes and feelings toward their loved one's disability, the handicapped person finds it easier to deal with the disability. Occasionally, the counselor can help the client to recognize and correct the attitudes or feelings of those important others. More often, the counselor may become involved in family or group counseling to help build the attitudes of understanding, acceptance, and support that the client needs for successful career planning. Until the counselor is certain that the attitudes and feelings of the client towards self are positive, and the attitudes and feelings of those significant others are either positive and supportive or at least clearly understood by the client, there is little hope for success in career-counseling efforts.

The handicapped client also needs to understand clearly the nature of the disability and its implications for his or her life both vocationally and away from the job. Misunderstanding of explanations by physicians and others can occur and can result in needless self-restriction or reckless risk taking. If there appears to be any discrepancy between the apparent disability and the client's understanding of it, the counselor must explore the reasons for this misalignment. Often the client's physician can help counselor and client acquire a more precise understanding of the existing medical information. It is especially helpful if the physician can explain the situation in terms of residual physical capacities, including the extent to which the client can meet the commonly recognized physical demands. These factors can later be used directly in considering future occupational possibilities.

Historically, handicapped individuals have been restricted to very narrow segments of the world of work. Typical of such limiting views is the widely held idea that the only suitable occupations for a blind person are vendor in a government building, piano tuning, or making and selling brooms. In actuality, the range of occupations suitable for handicapped people is very wide indeed. Cook, Dahl, and Gale (1978) report a survey in which they found seriously handicapped workers in sixty-four of the eighty-two two-digit DOT Occupational Divisions and in every one of the nine one-digit DOT Occupational Categories. Dahl (1982) emphasizes that this does not imply that every handicapped individual can qualify for every job, nor can every non-handicapped person. Dahl further asserts that vocational counselors working with handicapped clients must consider two basic questions: (1) What occupations present realistic opportunities for disabled clients? and (2) What barriers exist to realizing such opportunities and how can these barriers be removed?

In general, career counseling with handicapped clients follows the same format as career counseling with non-handicapped clients. Obviously, the disability introduces an additional factor that requires the counselor to have and use a wider range of knowledge and expertise. The initial stage of establishing a basis for a counseling relationship requires the counselor to recognize immediately the impact that the disability may have had on the client and the way he or she deals with self, others, and everyday life. This influence is often revealed through an anticipation of failure and hesitancy to attempt new activities or develop plans, low self-esteem, inadequate communication skills, and often a narrower range of experiences in "the real world."
As in all counseling cases, decisions about the use of typical assessment instruments depend on the need for the information they can provide and the appropriateness of their use with the specific client. Careful assessment of client attributes is often extremely important because of the need to plan more precisely with handicapped clients. Zunker (1981, 1982) has described and evaluated a number of assessment instruments that are particularly appropriate for use with handicapped clients. An important part of the evaluation process, when suitable arrangements can be made with a rehabilitation agency, is the work sample. Typical agencies will usually be able to provide work sample settings for bench work, light machine operations, clerical jobs, and sometimes more complex tasks such as woodwork, machine shop, or drafting. Assessment through the use of work samples permits some appraisal of existing work skills and habits, the potential for acquiring training, and an estimate of physical capabilities. Using work-sample tryouts may also have therapeutic values for the client, who may change attitudes toward self and his or her potential as a result of such experience. Further, he or she may acquire a more realistic understanding of what other workers expect on the job.

The expanding and narrowing of options in the decision-making process provide an opportunity to consider carefully those occupations that hold realistic opportunities for this specific client. Some occupations that may meet the limitations of the client may have to be discarded for secondary reasons such as local transportation difficulties or inaccessible work stations. Planning for preparation through formal training or education may also necessitate confronting some of the same difficulties that will be encountered in the placement process.

Job placement of handicapped clients may involve the counselor to a greater extent than with most clients. Most employers are highly sympathetic with the desires of handicapped individuals to participate in all aspects of society, including work. Many, however, see real or imaginary problems in using these persons in their work site. Some fear that extra expenses might be involved, others are concerned about liability, union rules, seniority, or a host of similar matters. Many communities already include sources of help to resolve problems related to placement, and the counselor should be familiar with these sources before their help is needed.

Finally, handicapped clients who have been placed in employment are also in greater need of follow-up during the early period of employment. Often, problems of adjustment to supervisors or fellow workers can be easily resolved when they are identified early. Minor adjustments in the work station may be needed to accommodate the individual. Dahl (1982) has discussed some of the more common barriers to employment faced by seriously handicapped individuals and has suggested strategies that counselors will find most helpful for overcoming those barriers.

The Disadvantaged

Those labeled as disadvantaged include individuals with limited education (either in quantity or quality or both), with very limited economic resources (either urban or rural poor), and with geographic dislocation (often rural poor who have moved elsewhere in search of something better). Many individuals fit more than one of these categories, compounding the problems to be resolved.

Unemployment rates among these special groups indicate quite clearly the problems faced by members. According to figures reported in the Employment and Training Report of the President (1981), unemployment rates far exceed the rate for the general population. For example, in 1980 the overall unemployment rate for adult men and adult women was approximately six percent. In that same year the unemployment rate for blacks was approximately 15 percent and for Hispanics almost 11 percent. Even those individuals from disadvantaged groups who are employed are often in lower-paying jobs with little permanence, security, or benefits.

J. V. Miller (1982) suggests that some of the major problems related to career planning faced by the disadvantaged include lack of basic skills, unsuccessful vocational adjustment at the early stages of career entry, low income levels, incongruity between self-concept and the low-level jobs previously held, and periods of unemployment. In other words, limited education, income, or language skill has restricted access to most jobs except the most menial and transitory, where wages are minimal and satisfaction from work is even less. Limited education and income often prevent breaking the cycle in which the individual is trapped.

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C. D. Miller and Oetting (1977) identified employment barriers faced by a disadvantaged urban group as four types: inadequate job qualifications, social and interpersonal conflicts, legal and financial problems, and emotional problems. They suggested that programs and services of the following kinds would remove many barriers:

1. Programs to assist with child care.
2. Information on using local transportation.
3. Programs that teach how to present qualifications.
4. Assertiveness training that emphasizes differences between aggression and assertiveness.
5. A program to resolve legal and financial problems.
6. Help with emotional and personal problems.
8. A program for health care.
9. Language usage and communication skill development.

Adult education and literacy programs have become more available in recent years. These provide one way of overcoming the lack of basic skills and increasing employability. Participation requires motivation on the part of the individual as well as the solution of several related problems such as transportation, scheduling, and child care. Some communities also provide access to skill training programs designed to prepare the person for participation in significant employment. Placement services, job clubs, or other support groups can assist the person in learning how to operate the system—learning how to interview for employment, use the telephone to seek job leads, prepare brief resumes, and meet employer expectations of punctuality, reliability, and cooperation.

Both J. V. Miller (1982) and Zunker (1982) discuss the importance of helping disadvantaged clients to work with both short-range and long-range goals. The counselor can use short-term planning accompanied by frequent rewards and positive reinforcement to help the client gradually move toward longer-range goals. Appropriate role models, with similar background, and confidence-building strategies will help the client to increase self-esteem and plan for longer periods of his or her life. Zunker has also described individual and group counseling procedures that are appropriately used with disadvantaged clients and has identified and described assessment instruments that can be used with such individuals.

Culturally Different Clients

The culturally different include both recent legal or illegal immigrants (Vietnamese, Cubans, Mexicans, Haitians) and descendants of former immigrants who have lived in a subculture in which family and community influences, language, ethnic factors, or religious practices have caused isolation and/or alienation from the dominant culture. Also appropriately included in this category are those whose families may have lived in this country for several generations but who, because of geographic isolation, self-imposed or for other reasons, have had limited contact with the general population (for example, the Amish and Appalachian residents). Some culturally different groups may have limited English skills, atypical educational experience, unfamiliarity with socially accepted practices, and a diverse background that has produced what many might consider to be unusual values, viewpoints, and behaviors.

Counselors in university counseling centers may encounter as clients students from foreign countries studying on that campus. Although most international students come to American campuses with rather firmly fixed career goals in mind, they, like their American counterparts, sometimes find that the goal was not wisely chosen. Helping that client to modify the earlier choice becomes especially difficult for the counselor whose understanding of that client's native culture may be very limited and even inaccurate. This difficulty is further compounded by the absence of any information about the structure of the world of work in that society. A further complicating
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ramification of this situation is faced when the student has decided that he or she wishes to remain in the United States rather than return home.

D. W. Sue (1978) has proposed a helpful framework for the counselor who works with culturally different clients. He has suggested a two-dimensional concept in which locus of control is the horizontal axis and locus of responsibility is the vertical axis. Using Rotter's social learning theory, he describes internal-control people as those who believe that reinforcement is primarily a product of their own action and external-control people as those that believe that reinforcement is not entirely self-related but can be produced by luck, chance, fate, or powerful others. Similarly, people with high internal locus of responsibility believe that success or failure is primarily attributed to the individual's skills or personal adequacy and people with high external locus of responsibility believe that the environment is more powerful than the individual. The quadrants produced by the intersection of these two axes provide four different ways to view individuals interacting with their environment or, in Sue's words, four kinds of world views.

The internal control/external responsibility (IC/ER) quadrant, according to Sue, typifies American middle-class culture. People with this view believe they are masters of their fate and responsible for what happens to them. This viewpoint is also fundamental to a philosophy of counseling and held by most counselors. Most minorities, however, subscribe to the views reflected by one of the other quadrants. For example, people in the external control/external responsibility (EC/ER) sector have felt they have little control over how others define them, and blame themselves or their people for their problems. Those who adhere to the external control/external responsibility (EC/ER) view see their problems of poverty, lack of education, and unemployment as the result of an oppressive social system that they are powerless to change. Thus, the counselor who holds a typical American viewpoint may fail to understand that the client looks at the world in a very different way and the counselor may, then, have expectations for client behavior that are unrealistic. The counselor may focus attention on the individual and expect him or her to initiate change when this approach is contradictory to the client's self-concept and view of the world. Misunderstanding may occur in either direction--the counselor may expect client behavior that is impossible for the client, or the client may misunderstand the counselor or the counseling process. Sue maintains that counselors must become culturally aware so that they understand their own view of the world and also understand and accept the possible legitimacy of the views of others.

One group of studies (S. Sue, Allen, Conaway, 1978; S. Sue and McKinney, 1974; and S. Sue et al., 1974) reported that Asian-American, black, Chicano, and Native American clients terminated counseling after one contact about half of the time while Anglo clients did so less than one-third of the time. The disparity in rate of termination was believed to be due to inappropriateness of interpersonal interactions. Another study (Padilla, Ruiz, and Alvarez, 1975) identified three major factors that interfere with establishing a good counseling relationship, including (a) a language barrier, (b) class-bound values suggesting that counselors work within the middle-class range, and (c) culture-bound values that are used to judge normality and abnormality in clients. Sue and Sue (1977) also suggest that other factors that interfere with communication between counselor and a culturally different client include aspects of nonverbal behavior such as personal space (interpersonal distance during verbal exchange), eye contact, and conventions like hand-shaking or other body contact, silence, loudness of speech, and directness in address.

Sue and Sue recommend that the counselor, recognizing that counseling is a white middle-class activity, guard against possible misinterpretation of behaviors and recognize that many aspects of counseling may be antagonistic to client values. Further, the counselor must evaluate his or her theoretical framework in light of client needs and values and determine the appropriateness of counseling approaches. He or she must be more action-oriented in initiating counseling, structuring the interview, and helping clients cope with problems of immediate concern. D. W. Sue and Associates (1982), in a position paper on the competencies needed for cross-cultural counseling, include the following statement:

The reality is that in most cases, counseling a person from a culturally different background poses major problems. In a cross-cultural counseling situation, differences between the counselor and client may potentially block, either partially or wholly, a counselor's (a) true understanding of the client's situation, difficulties or strengths; (b) ability to empathize with and understand the world view of the client; and (c) ability to utilize culturally relevant counseling/therapy modes. Cross-cultural counseling problems are most likely to occur when there is a low degree of client-counselor assumed similarity in terms of their respective backgrounds, values, and life-styles. Because cross-cultural counseling has been defined in terms of assumed dissimilarity between the counselor and the client, the importance of sociopolitical interpretations of differences must also be an intimate part of the definition.
They suggest the beliefs and attitudes, knowledge, and skills needed for effective cross-cultural counseling. These include openness in attitude that permits the counselor to be aware of his or her own cultural heritage and its values and biases, to recognize the differences that exist between counselor and client, and to be sensitive to the needs and feelings of the client. Further, the counselor must be aware of the sociopolitical system in his or her country, knowledgeable about the minority group represented by the client, and conscious of institutional barriers. Finally, he or she must be a skilled counselor, able to generate many verbal and nonverbal responses, to send and receive messages accurately and appropriately, and to intervene on behalf of the client when appropriate.