

VOCATIONAL ORIENTATION THERAPY*

C. J. Joubert

A. PEDOTHERAPY AS VOCATIONAL ORIENTATION THERAPY

As a pedagogic situation, vocational orientation is not only a diagnostic but also essentially a pedotherapeutic situation. In a diagnostic situation a vocational orienter applies all media at his disposal to understand the nature and ways of a youth's being-in-the-world.⁽¹⁾ This understanding is necessary but even more fundamental is the fact that a youth has to make personal decisions with respect to implementing his positive human potentialities.⁽²⁾ Thus, assumed is an intentionality as his readiness to choose and act. It is a fact of experience that an inability of youths to be aware of and use their potentialities and/or shortcomings can confuse their intentionality as a readiness and willingness to choose and act. To bring clarity to such cases it is necessary that a vocational orientation situation also function as a pedotherapeutic one. When it does, it involves applying special methods with the aim rectifying or re-educating a youth in his disturbed world relations. These special methods are known as therapy and in particularly pedotherapy because they are used in a pedagogic situation.⁽³⁾ Since these methods are implemented in a particular form of a pedagogic situation, namely, a vocational orientation situation, there is mention of vocational orientation therapy.⁽⁴⁾ Because this involves pedotherapy with youths the vocational orientation therapy will generally take the form of conversational therapy.

Vocational orientation therapy is described as pedagogic influencing to re-establish or re-construct a youth's willingness-to-accountably implement his readiness to choose and act; in other words, this therapy essentially is nothing more than conscience forming,⁽⁵⁾ as is the case with all educating. A conscientious choice has a normative

• *South African Journal of Pedagogy (1970), Vol. 4, No. 1, 30-43.

structure supported by emotions. Ideals, and an awareness that a task of life has to be fulfilled, result from this.⁽⁶⁾

It often seems during a vocational orientation study of youths that certain emotional factors such as anxiety, depression, aggression, negativism and religious uncertainty arise to such an extent that their personal structure is changed so that their intentionality as a future-perspective and a power to choose and act is reduced or even neutralized.⁽⁷⁾

Anxiety usually arises when trust is withdrawn, when a youth not only sees the task but is not receptive to the inner fulfillment from it.⁽⁸⁾ In regard to vocational choice this means that uncertainty, frustration, depression and aggression regarding what the future might hold can result in an intentionality confusing anxiety. Anxiety confronts a youth with his own distressful situation and with himself. This involves a confusion of his own future because of a lack of heart or trust to venture into an unknown and unpredictable vocational future. Bellak⁽⁹⁾ mentions anxiety, depression, distress and hypochondriasis as affective lived experiences that can contribute to being a spiritual invalid, a state that arises when a person, who possesses the potential to actualize himself in his life world, shows fear and attitudes that make him an invalid. Then, paired with this is a deficiency in his readiness to choose and act, and the vocational orientation therapy has to be focused on clarifying his future which results in reducing anxiety. To the extent that trust increases, the heart to venture and the purposeful resolve to willingly act and enter a vocational future increase.⁽¹⁰⁾ According to Langeveld it is a familiar phenomenon that many youths, just before entering “puberty”, show a “negative phase”⁽¹¹⁾ in which a negativity to the future also is manifested. Especially with youths who find themselves in an over-protective family milieu and who consequently are more helpless than expected,⁽¹²⁾ a negativity will arise because of deficient tendencies to explore. This negativity not only points to defective affective educating but to defective educating regarding decision-making. In an over-protective family milieu choices are made for a youth with the consequence that his own responsibility for choice is not realized and very often is pushed off onto the vocational orienter.

In spite of an orienter's attempt to encounter and support him to independent choices, some youths continue to take a negative stand toward their own future. No reference to solving their problems gives satisfaction and all thoughts of the future are rejected.⁽¹³⁾

Children with limited potentialities often find themselves in situations of educative distress because parents and educators encounter questions and difficulties in educating them; even though these difficulties are not different enough from everyday educating to be incomprehensible, still they are serious enough so that ordinary educating does not help. Such youths require special ways of educating in accordance with the particular situation of each. These ways of educating are not easily understood and manageable by parents and when lacking can lead to neurosis. Neuroses differ greatly from person to person and the nature of the vocational orientation therapy will differ accordingly and involve the use of means and methods for re-establishing what in daily educating went astray.⁽¹⁴⁾

The education and valuation of the original milieu clearly leaves its impression on the educand. From this the value image that is real for a youth and that deeply influences his life is clear. This also is the most fundamental basis or ground for his likes and dislikes, also in vocational choice.⁽¹⁵⁾ Therefore, the therapy has to have its point of departure in the educational and value-systems of the family.

The orienter has to seek the cooperation of the parents and try to bring about a re-orientation in a youth's primary milieu, i.e., family. Thus, re-educating is re-orienting in a family-world-situation as a pedagogic one. Authority, encouragement, help, self-activity, giving assignments, anticipation, concluding, showing evidence of goodwill, acceptance, punishment, etc. are means of educating that at least in principle can be used equally in orthopedagogics. However, as a rule, they ought to be used differently without violating the norm: more emphatically, more regularly, more intensely, more elaborately, more often, more discursively or sometimes not at all.⁽¹⁶⁾

More important than the educative means is the educative attitude or disposition of the parents or therapist.⁽¹⁷⁾ Sometimes feelings of their own impotence or of “being-different” are conveyed to their children. In families and/or communities where there is an appreciation only of certain achievements and a person is not evaluated in terms of his unique, though limited potentialities, vocational choice becomes a problem. A person should be evaluated as a totality of human potentialities and limitations, with the emphasis more on the positive.⁽¹⁸⁾

A person with extremely limited possibilities of vocational choice wrestles with a three-fold problem, namely, his own limitations, the reality of vocational choice and fellow persons. The way the limited and generally the handicapped are judged by a community and by vocational reality is for him often catastrophic. There are a variety of attitudes about the handicapped; many purposefully avoid any communication, others show pity, sometimes excessive and uninvited, while still others feel indifferent or awkward.⁽¹⁹⁾ It is extremely important that the fundamental attitude between the handicapped and others, in work and in other ways, be one of matter-of-factness, just as in any other case and that it reflect an attitude of respect for and recognition of human dignity. Both pity and indifference cause pain, even when the pity is authentic. With each person, also the handicapped, there is a longing for privacy being granted to cope with his own problems.⁽²⁰⁾

In the case of serious physical impairment, contemporary society is disposed to search for solutions to their practicing a vocation in artificial ways in protective forms such as sheltered work. If one thinks only of the life and work tempo, pressure to achieve, the demand for quick communication, etc., then such an attitude is understandable,⁽²¹⁾ but not a solution for all handicapped, especially those who subsequently long to be accepted and assimilated by others in the workplace. Frequently, the attitude of society toward the handicapped is a greater problem than the handicap itself. Each person has a deep seated yearning to be assimilated into a particular community and be protected and if this doesn't happen, feelings of isolation, hostility and alienation arise as a result of a

sort of being disowned and which is paired with anxiety. He stands distrustfully in a communal world in which he feels threatened.⁽²²⁾

Thus, an affect-laden social distress, as “house-famine”, also is mentioned when a handicapped person fruitlessly searches for a safe space as a dwelling, also in work. This aspect needs to be taken into account in vocational orientation therapy. The connectedness of person with others in work is a source of many disturbed relationships. The disturbances mostly are on an affective level and are breaks that cannot be mended by willful or intellectual effort but that can be because a subject, supported by therapy, is able to open himself again to the world and others. Educative means acquire meaning through the attitude, disposition, smile, face, handshake, voice, wink, caress, pat on the shoulder, etc. of the therapist and educator as communication media. Success obviously is not the result of a particular therapeutic method but of trust. Through trust a youth opens himself to the therapist and also accepts his help, irrespective of the means used in the vocational orientation situation as an orthopedagogic one. If a handicapped person also finds residential work, this can help him conquer in his own unique ways what appears in himself and others to be strange and threatening. Such a unique way of actualization only is possible if he is given the opportunity to do so.⁽²³⁾ Consequently, vocational orientation therapy with a handicapped youth primarily has to do with providing him with support to understand and actualize his unique limited potentialities as ways-of-being-with-limitations and not as “deviancies” that can be arrived at in an open vocational world. Limitation does not mean exclusion.

It also is especially through faith* that a youth can take a unique position and in doing so arrive at a unique future perspective and vocational choice clarification. A person lives out of trust and trust is faith. It is only through faith that a youth can be assured that life is meaningful and that his participation in a vocational and vocational-choice world is not meaningless. For a believer being a person means to be addressed. Through faith a youth’s being called to fulfill his task will be clear to him. Thus, the orienter continually

* This paragraph is relevant to a South African context but may be less so to our own or a non-Christian one. G. Y.

has to direct an appeal to a youth to actualize his awareness of responsibility and conscience forming. This also implies a sensitivity for interpretation of and being addressed from the Transcendent. Thus, also in the vocational orientation therapy, the orienter has to confront a youth in such a way with the religious and moral included in it, that by being actively directed to the Transcendent, he becomes aware of the Principle employer (God) who stands behind the assignment to actualize his appeal. A youth has a will to give meaning to his existence from his being directed to a transcendent Authority. In his dialogue with this Authority giving meaning is accomplished and he arrives at the religious conviction that he continually has to answer, encounteringly answer and be accountable in his answering.⁽²⁴⁾

Because a person is openness to and connectedness with the extra-human, namely, the world of Spirit or Logos, it is possible to talk of Logotherapy.⁽²⁵⁾ With regard to vocational choice, logotherapy means the acknowledgment of intentionality as a readiness to choose and act in contrast to the psychoanalytic conception in which a person is viewed as driven and imprisoned by passion and vocational choice has to be supported by the strongest components of passion in the structure of personality. Vocational choice as intentionality requires a connectedness with values as a demanding power but not a value-drivenness. In vocational choosing form is given to values in freedom and responsibility. Because being a person is spirituality, thus is existence and possibility, at the same time, means a connectedness with values, Dasein shows an expressive character. Since a person always is possibility, an appeal can be directed to him and, indeed, an appeal to re-attune and re-orient.

B. VOCATIONAL ORIENTATION THERAPY AS ACCEPTANCE THERAPY

Acceptance implies, on the one hand, acceptance of one's self and one's situation but, on the other hand, acceptance of the other as fellow-subject. In vocational orientation therapy this implies the mutual acceptance of each other by parents and youths as well as by vocational orienters and youths. Acceptance is viewed as an existential moment when a person becomes aware of the meaningfulness of his own, unique and unrepeatable existence as a

task and/or of the existence of others. In vocational orientation therapy, this is a moment when a youth and a vocational orienter are in full encounter. Encounter is an existential moment of understanding, openness, acceptance, fulfillment of meaning.⁽²⁶⁾ In order to encounter a youth, the orienter has to take him into consideration as he, with all of his potentialities, dialogues with his landscape of vocational choice. In addition to the unfathomableness of his secret interior, as one whose task of choosing is problematic, he is more difficult to understand in this respect. This implies accepting him in his struggle with his possibilities of choice and his attempts to actualize his personal potentialities by vocational choice. A person only is free by continually accepting and mastering his situatedness. When our calling and lot are accepted, we then answer for our situation and are truly accountable.⁽²⁷⁾

Sometimes the task of acceptance is complicated by handicaps, poverty, seclusion, family circumstances, distress, misunderstandings, disappointments, boredom, doubt, impatience and more. Moreover, added to this is a person's difficulty in confronting values; then the choice task is even greater.⁽²⁸⁾ To overcome these stumbling-blocks by acceptance therapy means that a youth discovers the sense and meaning of life in his effort to realize his opportunities amid his limitations. In general, where there is life there are opportunities for serving, accepting a task and fulfilling a calling (vocation). When a youth understands this there no longer will be a place in his heart for aggression or refusing to accept his tasks but will muster everything available in answering positively to what has been asked of him. This motivates him and leads to increased purposefulness and perseverance.

In overcoming his vocational choice problems, a youth also especially has to be supported by his parents. It often is found that many parents have too high expectations of their child and when he does not meet them, he is rejected. The greatest lack in educating such a child is that in his affective disturbance he senses being rejected by his parents.

It really is unavoidable that the parents are involved in the vocational orientation discussions. They are urged to accept their children so they can accept themselves. Acceptance implies a clear

insight into, understanding of and openness for the situation which then provides the possibility for corrective action and a good disposition toward him. Then their expectations will be reasonable in a given situation. It is a challenge to the parents to accept a child's potentialities as they appear in terms of his unique ways of being and not in terms of their desires.

“They must open themselves to the presence of the child's real being. They must concentrate on understanding the immediate voice of being, interaction, and communication toward a deeper, undefensive, and more fulfilling struggle for the future.”⁽²⁹⁾ This is evidence of genuinely accepting someone who has another way of being than what the parents had expected, and it is not a different notion from their accepting someone who is as they envisioned. A child's particular way of being directs an appeal to his parents for acceptance, for individual intervention and for recognition.

In the continuous course of educating an appeal is circumscribed within which a child's abilities and shortcomings play a role. The question is whether as one called he is able to take his own position by accepting his limitations and actualizing his abilities. Vocational orientation therapy continually has to be directed to self actualization and going beyond oneself as futurity. This emphasizes children and youths as beings who want to become someone themselves but, in being lost, this really can only occur by seeking security and trust which only can be provided by an adult. Successful vocational orientation therapy only can occur on the basis of trust as a foundation of affectivity.

A youth's changing in a pedotherapeutic situation is preceded by lived-experiencing differently. Each intentional directedness is a result of meaningful lived-experiencing.⁽³⁰⁾ Only when reality is lived-experienced differently does a youth enter it in new ways,⁽³¹⁾ ways that are in accord with his own re-orientation. In this re-orientation of a youth with deficiencies it will be experienced that there is a unique limitation as an obstacle that restricts him but also that there is the possibility of exceeding it. Becoming aware of a boundary means to already exceed it. The highest exceeding is in the normative as existential values such as freedom, honesty, choice,

responsibility, love, and more.⁽³²⁾ Norms are limitless, absolute and liberate a person from his boundness to the conditions of the situation in which he chooses.⁽³³⁾ The way in which a youth himself ventures in this situation is defined by the norms his educating has taught him.

Supporting a youth to self actualization requires from the therapist insight into youthful modes of existence as this is represented in the unique historicity of each youth with his culture, his relations in the world in which he lives bodily, his dispositions and behavior, life circumstances, ethical-religious views, life of affection, future anticipations. From this total grasp of a youth's world, i.e., from the meaningful ground structures of the range of situations, circumstances, cultural values to which he directs himself and of which he is conscious, and with which his behaviors, thoughts and feelings are involved, the orienter comes to know a youth's ways of giving meaning to his world. This refers to fathoming a youth in his total initiative of relationships to a world that he chooses and by which he is chosen.⁽³⁴⁾ In this way the limitations and/or shortcomings occupy a secondary place and primary is understanding and knowledge of the existential as being-in-the-world.⁽³⁵⁾ In this totality image of a youth the anxiety, mistrust, suspicion, hardness, and disbelief found in crisis situations are understandable and are not viewed as meaningless, haphazard disturbances but as meaningful, dramatic moments.⁽³⁶⁾ Initiative of relationships is co-determined by a youth's attunement or *Einstellung* (Husserl) or attitude (Merleau-Ponty) toward the fundamental problems of his life. There are infinitely many worlds that cling to a subject with his infinitely many attunements as dialogues or ways of existence.⁽³⁷⁾

Finally, a therapist has to understand and support a youth in real life situations as a practical vocational situated understanding and support to self-realization. Re-educating and rectifying do not occur only in the framework of mere discussions. It is not exclusively the result of advising and cautioning, commanding or forbidding, or merely appealing. It also involves a youth being given the opportunity to answer the appeal by self-activity in a practical situation that does not exceed the limits of his potentialities.⁽³⁸⁾

C. VOCATIONAL ORIENTATION THERAPY AS GIVING AID AND SUPPORT IN SELF-REALIZATION

The attunement of a person to himself is of essential importance for his self-realization. Thus, the therapy has to be directed to re-orienting the unique troubled situation until the person is able to modify his self-lived experiencing and self-actualization. The therapist has to try to understand the world of a youth as the youth himself lived experiences and experiences it and then reflect this understanding back to a youth with the appeal that he change it. Then a youth can distance himself from the direct, immediate lived-experiencing and take a more critical lived-experiencing of it and as a result make room for reality.⁽³⁹⁾

Re-construing the experiential world requires not only a return to the immediate lived experiences of the life world and re-evaluating it but also an intervention in existing reality and a transformation of it to another more positive and more actualizable reality. Everyone lived-experiences his world but what the world is for him is not determined by him alone but also by the influences of other⁽⁴⁰⁾ things, persons and circumstances and that often lie outside of the possibility of a youth's field of realization. Existing reality, then, has to be transformed into a realizable possibility. Very often a change in the life world such as placement in a boarding house, participation in a type of sport, ballet, chess, horse riding, etc. are answers to a child's problem. Many youth's possibilities of vocational choice are so limited that they cannot venture into ordinary vocational life. Some have so little confidence that they also will not venture. Such a person experiences himself as someone who is capable of nothing and lapses into a state of desperation and dejection. Intervention by a vocational orienter in the existing problematic situation and changing it to a more realizable vocational world by, e.g., sheltered work generally is the beginning of a change for the better.

In the restoration or improvement for example of physical potentialities in work can be accomplished by using orthopedic aids such as artificial limbs. Artificial legs, arms and hands, orthopedic shoes, neck support, girdles, leg braces and various other aids such as hearing aids, glasses, false eyes and teeth can be of undeniable

value. Persons with amputated limbs actually can be placed in any occupation where they can compete with non-handicapped provided they otherwise have the necessary abilities.⁽⁴¹⁾ Physical appearances and physical abilities also can be bettered or improved by physical therapy, plastic surgery, treatment for acne, obesity, etc.

Sometimes sheltered employment is the appropriate way.⁽⁴²⁾ In factories where sheltered work is used, a variety of manual skills are used such as making furniture, clothing and other dry goods, knit work, handmade sheets, mattresses, leatherwork, sheet metal work, steel furniture and bookbinding. Sheltered work makes provision for all persons who are so physically and mentally handicapped that they cannot compete in the open employment market but under protective circumstances. Blind and persons for whom the law makes special provision and who are under the jurisdiction of the Department of Labor are not included here. Employees continually are encouraged to enter the open market as soon as they possess the necessary skill, work productivity, work ethic and work disposition. In this sense sheltered work has a decidedly therapeutic significance.⁽⁴³⁾

The handicapped should be informed as early as is feasible of the possibilities of his acceptance into the vocational world; this will increase his motivation for being rehabilitated. The mere awareness that a future exists for him broadens his future perspective and enriches his emotional life. This also is a central factor in his accepting his situation. Along with a youth's awareness of a possible vocational future there also arises an awareness of his own worth [dignity] which contributes to his economic and social stability. Thus, it is the prospect of work that has to be created in the therapeutic situation to make his future expectations meaningful.

It is extremely important that employers, employees, welfare workers, vocational orienters, physicians and parents realize that intervention with a handicapped youth is not a one-person task but the task of all involved, individually and together. With a physically handicapped child certainly there cannot be the realization of a vocation without medical treatment. A physician should not direct his aim one-sidedly only to medical recovery but by consultation among the physician, employer and vocational orienter many

disappointments and misunderstandings can be avoided. For example, in the Netherlands a physician from the Royal Insurance Bank (a worker's compensation commission) supervises the medical treatment of injured and retarded workers and their decision about the date the employee has to return to work.⁽⁴⁴⁾ Also taken into account is the type of handicap and employment circumstances. For example, rheumatic patients should not work in damp, cold places and chronic heart patients have to avoid situations create tension. Persons who have epileptic seizures have to be placed so that they are not injured during a seizure.

Poor hearing is no handicap in an occupation where a degree of noise is made. Such persons can be successfully placed in jobs such as a joiner, draftsman, sheet metal worker and typist. Persons whose motor skills are retarded need to choose occupations where precise movements are not required. It is important that employers and society accept that a defect need not be an obstacle to job performance. By a correct vocational choice and/or selective placement this can be avoided.⁽⁴⁵⁾ Nowadays it is a generally accepted policy that the handicapped can enter the open job market by selective choice and placement. However, it always has to be remembered that there is no work that one or another handicapped person cannot do and that there is no work that one or another handicapped person hasn't entered.⁽⁴⁶⁾ For this reason entering the open market continually has to be held out as a prospect for the handicapped. Only when this seems impossible should placement in a sheltered project be considered.

From the immediately preceding, hopefully it is clear that vocational orientation therapy, as self-actualization therapy, cannot and must not result in mere discussions with youths and/or their parents. It has to penetrate to the practical situation of a youth's life world and vocational world and has to result in his self-actualization as a person. This can be done only by the collaboration of a variety of institutions such as medial and hospital services, school and educative services for the handicapped, welfare, church and vocational services which, for example, include vocational orientation therapy, vocational choice and judicious vocational preparation, placement and follow up. Hopefully, such an approach will prevent a one-sided provision of assistance to a

handicapped person by which he is reduced to a mere mechanism. There is the danger that deviations, defects and obstacles will be diagnosed and then categorized in terms of which there is a particular curative recipe in the form of some artificial process. This can result in bringing the handicapped person as far as performing physical work but being spiritually restrained. Indeed, a lameness has to be strengthened mechanically but only when a person finds peace with his handicap and device will he really conquer it and be emotionally stable and happy.

According to Moustakis this is an existential moment when a youth stops fighting against himself and his world and he begins to realize his own potentialities.⁽⁴⁷⁾

SUMMARY

VOCATIONAL ORIENTATION THERAPY

A. Pedotherapy as vocational orientation therapy

It is a well-known fact that the inability of adolescents to use and realize their potentialities and/or shortcomings can confuse them in their choice of a vocation. To obtain clarity in such cases, vocational therapy is used. This means that special methods are used to rectify or re-educate a child whose vocational choice world has become confused. These special methods are known as therapy or pedotherapy because they occur in a pedagogical situation. Since these methods are implemented in a special kind of pedagogical situation, namely a vocational orientation situation, we speak of vocational orientation therapy.

Vocational orientation therapy is described as a pedagogical effort to help a youth who is unsure about his vocational choice situation and to bring him to a realization of his positive human potentialities. Vocational orientation therapy is a forming of conscience as is all educating. It is well known that some youths, for one or another reason, take a negative stand in their choice of a vocation and its realization in the future. Then vocational

orientation therapy has to be instrumental in helping him see clearly and make a decision.

Children with limited potentialities often find themselves in problematic educative situations because parents and educators are confronted with questions and difficulties in educating such children where, even though these difficulties may not be so serious that they are not understandable, they may be serious enough so that ordinary educating does not help. These youths then need special ways of educating that cannot easily be understood and implemented by parents and the lack of such educating can lead to neurosis. Neuroses will vary greatly from person to person and, therefore, vocational orientation therapy also will differ and will concentrate on ways and means of correcting what went amiss in the ordinary educating.

Vocational orientation therapy has to have its point of departure in the education and system of values of the family. The orienter has to seek the cooperation of the parents and attempt to bring about a reorganization of the family circle, especially regarding parental attitudes about education. In families and communities where there is a one-sided appreciation of only certain potentialities and the person concerned is not evaluated according to his own sometimes limited potentialities, the choice of a vocation becomes a problem. A person has to be evaluated as a totality of human potentialities and limitations, with the emphasis on the positive.

A handicapped person with severely limited vocational choice possibilities has a three-fold problem, namely his own limitations, limited vocational possibilities and his fellow beings. The attitude of the community regarding the handicapped often is a greater problem than the handicap itself. The present community wants handicapped persons to be placed in sheltered employment and does not consider them as being accepted in the ordinary world of work. This view gives the handicapped a feeling of isolation, alienation and hostility as a result of feeling disowned and which is accompanied by anxiety. They feel distrustful of a world in which they feel threatened. The handicapped and the community thus have to understand that limitations do not necessarily mean

exclusion, but that the handicapped can prove themselves in the occupational world.

It is mainly through religion that a youth can make a responsible vocational choice. Only through religion can a youth find the assurance that the occupational world has meaning. Religion will clarify to him that he is being called to realize a task.

B. Vocational orientation therapy as acceptance therapy

Acceptance implies not only accepting oneself and one's situation in the world but also others as fellow-beings. In vocational orientation therapy it implies the mutual acceptance of one another by parents and children and by the vocational orienter and youths.

Acceptance is an existential moment when a person becomes aware of the meaning of his own uniqueness and singularity and/or that of the other's existence. In vocational orientation therapy it is the moment when a youth and an orienter have an encounter.

Encounter is an existential moment of understanding, openness, acceptance, fulfillment of meaning. In vocational orientation therapy it implies accepting a youth in his struggle with his possibilities of choice and efforts to realize his potentialities as a person through his vocational choice.

Acceptance is sometimes complicated by handicaps, poverty, family circumstances, etc. To overcome the stumbling blocks by acceptance therapy means that a youth discovers the meaning of life through his effort to realize his opportunities amidst limitations. Where there is life, there is opportunity to serve, to accept a task, for vocational fulfillment. When a youth understands this, there no longer will be room for aggression or refusal to accept that he is being called for a task. Then he will put everything possible into positively answering what has been asked of him. This motivates him and leads to greater purposefulness and perseverance.

It is essential that a youth be supported by his parents in conquering his vocational choice problems. Often it is found that parents have too high expectations of their children and when the child does not meet their expectations he is rejected. It is unavoidable that parents be drawn into vocational orientation

discussions and strongly advised to accept their child in order to enable him to accept himself. Acceptance implies a clear insight into, an understanding of and openness for the situation, which then provides a good opportunity for corrective treatment and a good disposition toward him. The expectations in the choice of a vocation will then be reasonable. It is a challenge to the parents to accept the possibilities of their child, not according to their desires but according to the possibilities he has.

The change in a youth as a result of therapy is preceded by a difference in experience. Only after reality is experienced differently does a youth approach it in a new light, in a way that is in accordance with the re-orientation as re-education.

C. Vocational orientation therapy as giving aid and support in self-realization

Re-education and recovery do not occur only within the framework of a discussion. They are not the result of encouraging or discouraging, of commanding or forbidding, or appealing, but a youth has to be given the opportunity to answer to the appeal by doing something himself in a practical situation that is within the reach of his limited potentialities.

Each person experiences his own world but his opinion of it is not only formed by himself but is influenced by other things, persons and circumstances. The vocational choice world often is beyond the possibility of realization by a youth. The existing reality has to be changed into a workable reality.

The vocational possibilities of many youths are so limited that they dare not risk participation in ordinary occupational fields. Some have so little confidence that they do not want to venture. Such a person experiences himself as someone who is capable of nothing and lapses into a state of desperation and dejection.

By taking positive action in the existing deadlock the vocational orienter can assist in changing it to a workable vocational world, for instance, by sheltered employment, which often is a change for the better. In restoration or improvement of, e.g., the physical

potentialities in the occupational world, the use of orthopedic aids such as artificial limbs often is helpful. Plastic surgery and physical therapy can improve appearance and ability.

The handicapped should be informed in a timely manner of the possibilities of his acceptance in the occupational world, which will promote his motivation for recovery. The knowledge that a future exists for him broadens his perspective of his future and enriches his emotional well being. A youth experiences his own worth and the possibility of an occupational future that ensures economic and social stability. Thus, it is the prospect of work that has to be created in the therapeutic situation to make the expectations of the future worthwhile.

REFERENCES

1. See the following regarding vocational orientation research:
Landman, W. A. Die praktyk van beroepsoriëntering.
Opvoedkundige Studies No. 43, pp. 11-22.
2. Langeveld, M. J. Beknopte teoretiese paedagogiek, 5th edition, p. 75.
3. Nel, B. F. Die grondbeginsels van 'n pedagogiesverantwoorde pedoterapie. In Jubileumlesings, p. 57.
4. Landman, W. A. Die essensie van beroepsoriëntering en -terapie. Opvoedkundige Studies, Special Issue, p. 206.
5. Landman, W. A. 'n Antropologies-pedagogiese beskouing van beroepsoriëntering, pp. 120-121.
6. Bigot, L. C. T. Psychologie. Edited by J. Bijl (14th Edition), pp. 142-143.
7. See Landman, W. A. Die essensie van beroepsoriëntering en -terapie. Opvoedkunde Studies, Special Issue, p.207.
8. Moor, P. Heilpaedagogiese psychologie. Part II, 2nd Edition, p. 69.
9. Bellak, L. Psychology of physical illness.
10. Landman, W. A. op. cit., pp. 207, 209.
11. Langeveld, M. J. Inleiding tot de studie der paedagogiese psychologie van de middelbare skooltyd. 7th Edition, pp. 89-94.
12. Langeveld, M. J. Ontwikkelings-psychologie, 2nd Edition, pp. 41-47.
13. Landman, W. A. op. cit., pp. 210-211.

14. See Dumont, J. J. Richtingen en meningen in de paedotherapie. In *Opvoeding, Onderwijs en gezondheidszorg*, Vol. 15, No. 6, p. 162.
15. See Garbers, J. G. Beroepsbepaling pedagogies benader, p. 74.
16. Dumont, J. J. op. cit., p. 163.
17. Dumont, J. J. op. cit., p. 164.
18. Van Dongen, J. C. De lichamelijk gehandicapte mens, p. 24.
19. Van Dongen, J. C. op. cit., p. 36.
20. Van Dongen, J. C. op. cit., p. 37.
21. Van Dongen, J. C. op. cit., p. 28.
22. Van Dongen, J. C. op. cit., p. 29.
23. Van dongen, J. C. op. cit., p. 28.
24. Landman, W. A. op. cit., p. 213.
25. Frankl, V. E. *Homo patiens*, p. 12.
26. See Moustakas, C. *Existential child therapy*, pp. 2-6.
27. Van Peursen, C. A. *Riskante filosofie*, p. 85.
28. *Opvoeding, Onderwijs, gezondheidszorg*, Vol. 16, No. 5, 1965, p. 172.
29. Hanna, C. The self-defeating search for love. In Moustakas, op. cit., pp. 100-101.
30. See Kockelmans, J. A. *Over fenomenologische psychologie*. Publicaties van de Katholieke leergangen, No. 17, L.C.G. Malmberg's-Hertogenbosch, 1964, p. 12.
31. Dumont, J. J. op. cit., p. 243.
32. See Buhler, C. *Therapy in an existential crisis*. In Moustakas, op. cit., pp. 102-118.
33. Van Peursen, C. A. op. cit., p. 41.
34. Buytendijk, F. J. J. *Psychologie van de huisarts*.
35. Buytendijk, F. J. J. *Voorontwerp van een anthropologische fysiologie*.
36. Buytendijk, F. J. J. *Psychologie van de huisarts*.
37. Luijpen, W. *De fenomenologie is een humanisme*, p. 37.
38. See Dumont, J. J. op. cit., pp 247-248.
39. See (a) Dumont, J. J. op. cit., pp. 244-245.
(b) Rutten, F. J. (1963). *De mens in de psychologie*. *Nederlands Tijdschrift voor de Psychologie*, Vol XVIII, No. 4, p. 285.
40. See (a) Landgrebe, L. *Moderne filosofie*, p. 82.
(b) Luijpen, W. op. cit., pp. 35-36.

41. Rehabilitasie in S. A., Dec. 1961, pp. 203-210.
42. Schutte, B. C. Rehabilitasie en besinning. Rehabilitasie in S. A., March 1965, pp. 14 et seq.
43. Maritz, J. S. Rehabilitation within the framework of sheltered employment. Rehabilitasie in S. A., Dec. 1961, p. 184.
44. Machanik, G. New horizons in rehabilitation. Rehabilitasie in S. A., Dec. 1961, p. 217.
45. Van Rooyen, I. J. J. Die kreupele in die ope arbeidsmark. Rehabilitasie in S. A., Dec. 1960, p. 234.
46. Van Rooyen, I. J. J. op. cit., p. 235.
47. See Moustakas, C. Existential child therapy, p. 4.