AN INTRODUCTION TO THE VONA DU TOIT MODEL OF CREATIVE ABILITY

INTRODUCCIÓN AL MODELO DE CAPACIDAD CREATIVA DE VONA DU TOIT

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Introduction

The Vona du Toit Model of Creative Ability (VdT MoCA) is known as an occupational therapy practice model based upon the theory of creative ability by Vona du Toit (1974). As detailed by de Witt (2005), the model is predominantly taught and applied in practice in South Africa, the place of its origin. The theory of creative ability has a 40 year history in South Africa, but is relatively new to occupational therapy practice elsewhere.

Over the past five years the model has gained significant interest in the United Kingdom (UK) where it is taught on four undergraduate OT BSc programmes, is applied in many services particularly in the field of mental health and has been the focus of a national and international conference in 2009 and 2010 respectively.

SUMMARY

The Vona du Toit Model of Creative Ability (VdT MoCA) is known as an occupational therapy practice model based upon the theory of creative ability by Vona du Toit (1974). As detailed by de Witt (2005), the model is predominantly taught and applied in practice in South Africa, the place of its origin.

RESUMEN

El Modelo de Capacidad Creativa de Vona du Toit (Vdt MoCA) es conocido como un modelo de práctica de la terapia ocupacional basado en la teoría de capacidad creativa de Vona du Toit (1974). Tal y como ha explicado Witt (2005), el modelo se enseña y se aplica en la práctica predominantemente en Sudáfrica, su lugar de origen.

Contributions to those conferences were made by OTs from Japan where the model is also in use. The theory of creative ability provides a logical but sophisticated theoretical explanation of how human beings develop and 'do' as occupational beings.

However, gaining understanding of the theory through reading alone is problematic due to there being very limited literature. Rather than repeating the information on the theory found elsewhere, this paper expands on existing explanation in an attempt to make the theory of creative ability more accessible and understandable in basic terms. In doing so, this discursive paper draws upon the work of some of those thought to have influenced du Toit's thinking.

The author's own knowledge and that of experts in the theory of creative ability is also used to inform this descriptive paper on the theory of creative ability.
This paper also provides a brief critique of a theory/model that has lacked scrutiny by the profession and lacks research. A full literature review cannot be provided here, however an overview is provided of some of research undertaken to date.

Theory of creative ability: history

Since the untimely death of its author Vona du Toit in 1974, the theory of creative ability has been referred to as a theory, model, frame of reference and approach (van der Reyden 1984). With the advent of OT models, since the 1980s the theory of creative ability has also been known as the Model of Creative Ability as detailed by de Witt (years 2005), 'unofficially' known as the Model of Creative Participation and also, Motivation and Action (Casteleijn and Smit 2002). In response to criticism of this lack of agreement in the name of the model by Sherwood (2009a), the model was officially renamed as the Vona du Toit Model of Creative Ability in 2010.

Although debate and argument for or against its status as a model, frame of reference or approach is absent from the literature, there can be no doubt that Vona du Toit was developing a theory of creative ability up until her death. A booklet entitled 'Patient volition and action' published by the Vona and Marie du Toit Foundation (du Toit 1991, 2006) is comprised of papers and presentations by Vona du Toit between 1962 and 1974. These document some of the early development of the theory of creative ability with references to some of the influences on du Toit's thinking such as Buber (existentialism), Frankl, Rogers (phenomenology) and Maslow (motivation theory). An occupational therapist and a psychiatrist, Weinstein and Schossberger (1964) are widely accepted to have had a significant influence, and Piaget's influence is also apparent. This range of influences upon du Toit's knowledge of occupational therapy resulted in the theory of creative ability as an occupational therapy theory.

Similar to stages of development, du Toit describes levels of ability (creative ability) and therefore the theory of creative ability is most readily identifiable as being from a developmental frame of reference. However, the philosophical foundations of the theory are of significant importance. These relate to du Toit's conceptualization of the terms creative and creativity.

Creative and creativity

Du Toit recognized that 'creativity' is a term that has great breadth and depth to its meaning and has many differing definitions provided by a range of disciplines (du Toit 1970 in du Toit 1991). As it is difficult to define, du Toit recommended that OTs confine themselves to "more specific and functionally significant terms" (du Toit 1970 in du Toit 1991, p22) of creative response (one's response to opportunities and demands with a readiness to exert effort to participate), creative participation (participation/doing), creative act (the tangible or intangible product as a result of participation) and creative ability. However, the term 'creative' itself is subject to multiple interpretations, most commonly that of being innovative, having imagination or artistic flair.

However, this is not the meaning within the theory of creative ability. Rather, to be creative and to have creativity has a more philosophical meaning.

To be creative is to have the ability to create. The process of creating is creativity which is the process of creating something that did not exist before to the person creating it: "By one's own intensely experienced action, something arises which was not there before" (Buber 1947). This may be something tangible such as styling one's hair into a new hairstyle or intangible such as a change in one's self image or knowledge. Rogers (1959) defined creativity as, "the emergence of a novel, tangible product (something that may be experienced, seen, touched or heard: concrete structure or an aspect of a relationship or new formings of one's personality), growing out of the uniqueness of the individual".

Similar to the thinking of Buber and Rogers, du Toit's notion of being creative and creativity, relates to one's creation of oneself and one's world. Such creation occurs as a result of each decision made in response to the multitude of situations, demands, opportunities and challenges encountered in the moments of life. In response to these we make decisions and choices: this is a creative process. Through this process 'Man' "is determining the quality of "Being" – becoming Himself" (du Toit 1962 in du Toit 1991, p2).

The process of creativity begins with awareness followed by a creative response which leads to creative participation, resulting in a tangible or intangible product. Through this process of response, participation and product, there is change – creation of oneself. Subjective experience and perceptions of how fulfilling participation and product(s) have been to the person, influences how he/she responds in the future to similar or other opportunities and demands (figure 1).

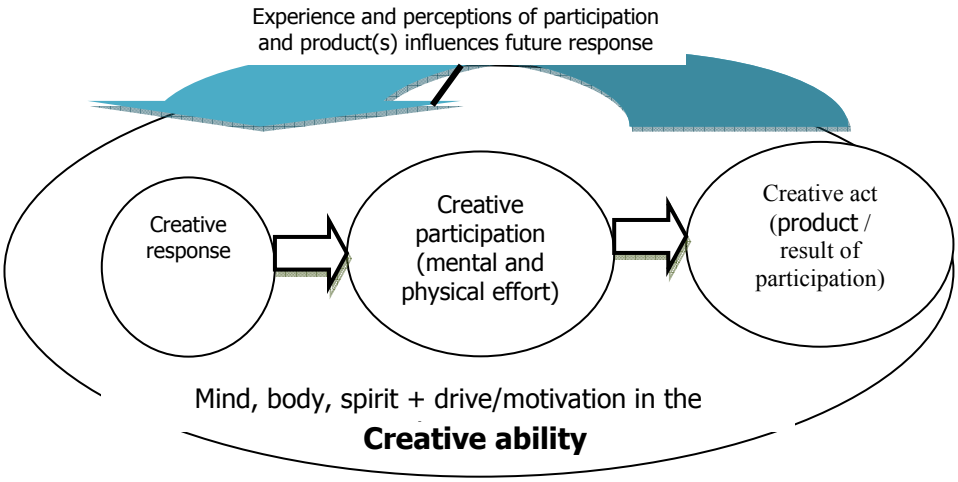

Figure 1. Creative ability as total of person in the environment.

Creative ability: motivation and action

Human beings are conceptualized as inseparable mind, body, spirit and drive or motivation, responding to and influenced by the environment. An individual's creative ability is this 'totality' as explained below.

Human beings (mind, body, spirit, drive/motivation) (fig 2: i) are viewed as having a need to find meaning in life (Frankl 1963) (fig 2: ii).

Finding meaning involves *relating to* one's world i.e. connect with, find meaning in, understand and/or make use of (iii).

The world for relating to, is made up of the self and the human and non human environment (Buber 1947). Du Toit identified the human and physical environment as made up of materials, objects, people and situations (iv).

Relating to the world requires more than thinking about the world; it requires action (making relational contact with) through activity participation (v). Action is the exertion of mental and physical effort. This effort for activity participation is dependent upon a person's creative ability manifested in the response, participation and product. This process requires the components of creative

ability e.g. initiative, ability to handle tools, relate to people, task concept, manage differing situations (vi).

Therefore, creative ability is the total person in the environment: motivation expressed in action. Motivation governs action, action is the expression of motivation and influences motivation. A person's creative ability is observable in his/her actions or activity participation. Therefore du Toit details levels of motivation and corresponding action as the levels of creative ability.

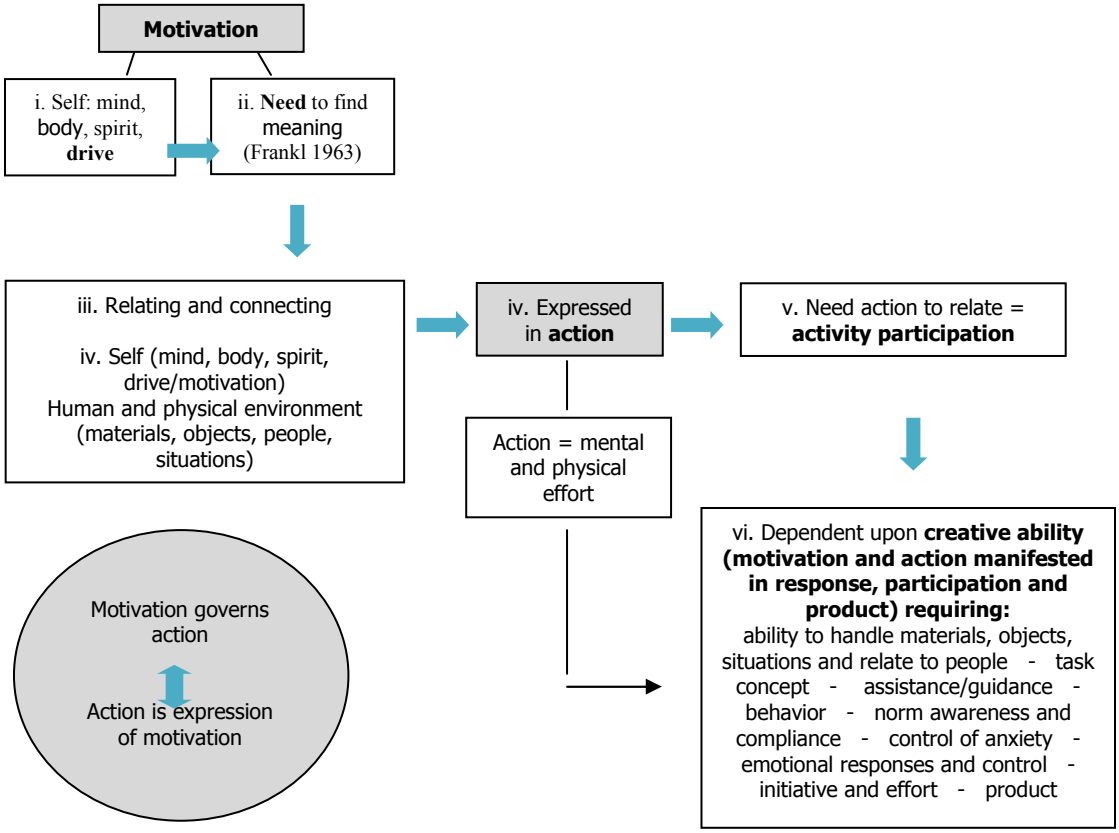

Figure 2: Relationship between motivation, meaningfulness of life, activity participation and creative ability (developed by Wendy Sherwood from a diagram by Dr Daleen Casteleijn)

Creative ability: motivation and action in the environment

A person's creative ability is constantly being influenced by the environment. A person can find the environment easy to relate to, for example when met with very familiar, pleasurable activities which he/she has mastered or can do freely such as making a meal. Being able to participate or do these activities effectively is an indication that these activities are within the person's creative ability. This is one way of illustrating du Toit's explanation of creative ability as the ability to freely present oneself without anxiety.

The environment also provides challenges in the form of relationships, activities or situations that are unfamiliar, complex or problematic. If these challenges are greater than a person's creative ability, he/she may experience a high degree of anxiety, frustration or stress. In such instances a person may withdraw from the challenge and not succeed or master it, or the degree of anxiety/stress experienced may result in the person regressing to a lower level of ability. A person's creative ability therefore changes in the moments of life, influenced by and in response to the opportunities and challenges of context and situation.

Process of change

In the example of creative ability above, a very important scenario is missing. That is, when a person encounters challenges he/she may respond with a decision to participate in those challenges and succeed or master them. It is through participation (action) in life's demands that a person changes – develops him/herself. Participation (action) requires and is the exertion of, mental and physical effort. Therefore, it is through effort that change or growth in ability occurs. If one stays within one's abilities, there is limited change. However, when one is challenged at the edge or boundary of one's current ability and masters/meets this challenge through exertion of maximum effort, there is resultant growth beyond current abilities into new abilities as a

new level of creative ability. This extension of creative ability is a 'using up' or 'taking up' of one's potential or creative capacity over time (figure 3).

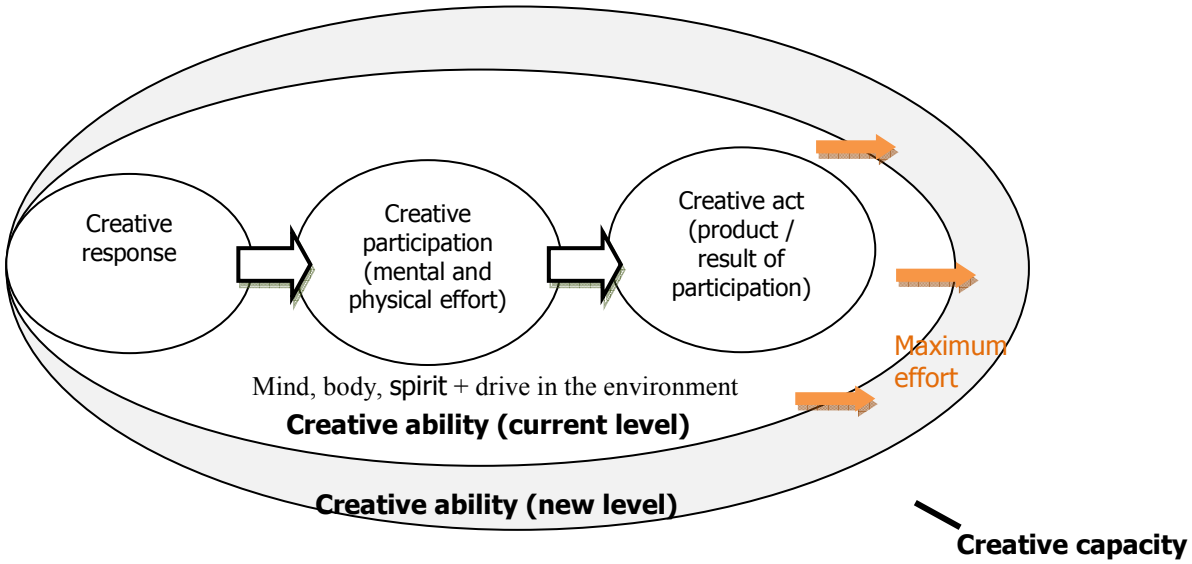

Figure 3. Maximum effort for growth into new level as the amount of one's full potential (creative capacity) (Adapted from De Witt, 2005)

Throughout the lifespan, during the various stages of development from infancy to older adulthood, human beings gradually increase in ability as a result of participation in life and activity participation. Similar to stages of development, du Toit identifies stages or levels of creative ability through which a person sequentially progresses over time. There can also be regression. A continuous sequential regression in level of creative ability is most clearly evident in the course of dementia.

In day to day living, for each individual there can be a flow of progression and regression through the levels in response to life's demands. As an occupational therapist, du Toit explored changes in creative ability as the result of illness, trauma, stress or injury and how a person may recover some or all of his/her ability through occupational therapy. The processes required to identify a person's creative ability and to recover and gain creative ability, are the focus of the theory of creative ability as a practice theory.

A practice theory

Du Toit's explanation of the process of change for growth or recovery of creative ability identifies her work as a dynamic or practice theory. Occupational therapists commonly seek to improve a person's motivation and skills for activity participation and therefore improve his/her physical and mental health and well-being. Hence, therapists need dynamic theory which is theory concerned with change. Dynamic or practice theory guides the identification of a problem, explains how change will occur, specifies the theoretical information the therapist will use to promote change in individuals and the technical details of how to act on the problem. The theory of creative ability provides occupational therapists with such detail.

In providing a lot of detail regarding human beings' occupational performance in levels, the theory may at first glance be perceived as lacking acknowledgment of the uniqueness of each individual and not client-centred. However, the theory of creative ability is founded upon existentialism, phenomenology and motivation theory with an emphasis on understanding the person and his/her world. Application of the theory is most effective when the therapist finds out who the person is as a totality. Du Toit's first paper discussed the importance of the occupational therapist knowing the person and turning turns towards him/her with attentiveness, travelling with that life as a motivating, enabling companion in his/her process of recovering and discovering a life. The occupational therapist's aim is to facilitate a development or recovery of the total person in terms of Being-in-becoming and Doing-in-becoming (du Toit 1972).

Over many years, contributions have been made to the theory of creative ability in the form of an assessment recording tool by Dain van der Reyden and increased detail of the levels of creative ability and intervention techniques have become known as the Vona du Toit Model of Creative Ability.

The Vona du Toit Model of Creative Ability as a guide for applying theory to practice

The model guides occupational therapists in the task of:

- identifying a person's creative ability
- eliciting a response in the form of a decision to participate in the world (including occupational therapy)
- facilitating participation in activity of the 'just right challenge' i.e. not activity that sits too comfortably within his/her ability (too easy), nor activity that is too far beyond his/her ability (too difficult). The activity is 'just right' – it challenges the person at the edge of his/her ability
- facilitating his/her exertion of maximum effort

Uniquely for occupational therapists, this model provides an occupational therapy theory which guides assessment and also provides detailed guidance on the selection and use of activity for therapeutic benefit. This paper continues with a brief overview of the levels of creative ability and an illustration of how the model guides occupational therapy using a case example.

Levels of creative ability

There are nine levels of creative ability. However the last three levels (Competitive participation, Contribution and Competitive contribution) are rarely seen by occupational therapists because people at these levels are not in need of the healthcare services provided.

The levels of Tone – Active participation are most commonly seen within healthcare services. These levels are very briefly described in Table 1, but described in a lot of detail by de Witt (2005). The levels of creative ability consist of motivation and corresponding action. The name given to the motivation aspect of a person attempts to describe what the person is driven/motivated for. The name of the action describes the nature of the action seen in relation to participation in daily activities and occupation. There are recognizable differences between the motivation and action of each level as they represent a continuum from total dependency and egocentricity to

contribution to the community. However, the levels can be grouped according to broad similarities in their focus (de Witt 2005) (table 1).

MOTIVATION	ACTION	
Competitive contribution	**Society centred**	**GROUP 3** **Behaviour and skill development for self-actualisation**
Contribution	**Situation centred**	
Competitive participation	**Product centred**	
Active participation: To at least meet standards if not improve upon them; not being exactly the same, but having own ideas and doing things in a new way	**Original:** Tries out relating to materials, objects, people and situations in new ways; innovative, leadership qualities emerge. Manages anxiety well; used as a positive force	
Imitative participation: to behave and perform tasks to standards/ expectations; doing as well as others	**Imitative:** demonstrates behaviours and task performance to socially accepted standards; evaluates; problem-solving	**GROUP 2** Behaviour and skill development for norm compliance
Passive participation: to learn behaviours and skills for independent living; doing and being with others; learning socially acceptable behaviours and expectations of task performance	**Experimental:** experiments with behaviours and tasks in order to identify what is socially acceptable (norm awareness and compliance); experiments with activities to expand knowledge and skills; begins to evaluate performance (full task concept)	
Self-presentation: to develop identity and sense of self (likes/dislikes; what he/she can do); explore to find out about environment, people and situations; constructive 'doing'; learning how 'to do'; develop relating to others	**Explorative:** willing to try 'to do' a variety of activities, shows interest in what is going on, needs supervision to do tasks and to completion (partial task concept), effort is unsustained, communicates with familiar people	
Self-differentiation: to differentiate oneself from others and things; make contact with the environment including people	**Incidentally constructive:** handling materials, objects, people and situations is constructive in an incidental way (by chance) **Destructive:** makes contact with the environment; interacts with objects in a way that they are not meant to be used; limited awareness of and contact with people; brief periods of doing	**GROUP 1** Preparation for constructive action
Tone: existence	**Pre-destructive:** no or little awareness of or response to the environment	

Table 1: Brief description of six of the nine levels of creative ability and grouping of levels

Each person is uniquely individual therefore even though two clients may be of the same creative ability level and therefore there are similarities between them, those clients will also be quite different. The levels of creative ability describe common characteristics seen on each level and do not reduce a person to those characteristics. Understanding a person's level of creative ability has to involve knowing the person as an individual because it involves understanding the person's drive/motivation. For example: knowing who the person is, how he/she has become that person, what the person's world is and what meaning it has, what/who does the person want to become and so on.
However, for the purpose of explaining the theory of creative ability with brevity in the confines of this paper, this amount of case detail is not possible here. Rather, the focus is on illustrating a level of creative ability and guidance for intervention as outlined below.

Example of the tone and self-differentiation levels of creative ability

Here is a case based on my experience of visiting a ward to provide clinical supervision to occupational therapists using the theory of creative ability. A synonym is used for the client and all identifiers have been removed to protect his identity. This case has been developed for the purpose herein of illustrating some aspects of the assessment and intervention.

John is a 58 year old male with chronic schizophrenia and he is an in-patient in a long term mental health ward. John has a 23 year history of schizophrenia and is significantly institutionalised. The ward has over 30 clients for which there are six nurses per shift. There are two occupational therapists that also provide occupational therapy in other parts of the hospital. The ward consists of a large open area without defined partitions between the lounge and dining areas; dormitories, bathrooms and a smoking room. The ward is on the second floor and there is no access to a garden.

Description of John when I visited the ward: Some clients are sitting in the lounge area with the television on. John is sitting at a table in the dining area

with clients who are colouring-in pictures. John is sitting with his head down, appearing to be completely within himself and unaware of what is happening around him. He has his eyes closed but appears engaged in something: using his right hand he repeatedly taps his left hand with his fingers, suddenly lifts his head and taps his face then wipes his hand over his head and face and then puts his head down and rocks slightly. This is repeated many times for five minutes before the occupational therapist who is sitting next to him, speaks his name and touches him to gain his attention, but there is no response. He continues with the same behavior and the therapist continues to attempt to gain his awareness of her for approximately another five minutes.

Eventually he opens his eyes and looks at her before returning to the tapping routine, then, he suddenly lifts his head, looks at the therapist and sees her. The therapist directs his attention to the pencil and paper on the table and he picks up the pencil. He uses the pencil to make spot marks on the paper, using it to tap the paper in much the same way as he tapped onto his hand. Suddenly he puts the pencil down and goes into himself again.

Daily activity participation: John is always unkempt and usually unwashed. John frequently urinates in places other than the lavatory and without awareness that these are not the correct places for toileting. Nurses find it problematic to get him to take a bath or shower and he wears the same clothes for many days until nurses take the dirty clothes and replace them with clean ones. He does not communicate with others except when he needs a cigarette at which times he gestures to the staff by putting his fingers to his mouth. His daily pattern is to eat breakfast although he does not always eat; smoke in the smoking room and walk in the corridor, often displaying bizarre behavior such as stopping, clasping his hands together over his head and moving his head from side to side. He is often bare footed and his trousers are often undone and falling down. When approached by nursing staff he does not respond.

Assessment of creative ability

Assessment involves gaining as much information about the person as possible and in as many situations as possible in order to understand the person's level of creative ability for varying demands (e.g. activities, relationships, situations). The assessment methods are interviewing, observation of activity participation consisting of both familiar and unfamiliar activities in as many situations as possible and across the occupational performance areas, a social evaluative group and a task assessment (observing the person undertaking an unfamiliar activity as an assessment task).

Although it is recommended that an interview is undertaken first, clinicians select the methods that have the best utility within their services given the nature of the clients served and the service (Sherwood 2005). As in this case, interviewing is not always possible because this is an activity that is too difficult for the client to participate in. Information can be gained however from those that know him well such as the nurses and occupational therapists on the ward, family, as well as gain the medical and the psychosocial history from the notes and the ward team. This information gathering makes use of the observations of others (Sherwood 2005).

Occupational therapists' observations are of the creative ability components (fig 2, vi), each time the client is seen, whether he is walking in the corridor, sitting in the smoking room, eating or at an occupational therapy session. These observations are related to activity participation in four occupational performance areas: personal management (self care and management of one's belongings and finances), social ability (relating to people), work ability (ability to be productive in relation to life roles; dependent upon concept formation and task concept), and use of free time.

The pencil activity is one that occurs each week, therefore this is a familiar activity.

John's level of creative ability

Much of the time, John is within himself, seemingly unaware of the world around him. This is a characteristic of the level of Tone. However, there are moments of fleeting awareness of objects and people when he is able to relate to nurses in order to meet a need for smoking, to be directed to pick up a pencil or to eat. These actions have been evident over a long period of time and are not therefore one-off incidents. These characteristics may indicate a level higher than Tone, therefore one may begin to consider the levels of Self-differentiation and Self-presentation.

Firstly, consider Self-presentation. John's awareness of the human and physical environment and ability to relate to it, is fleeting and of extremely brief duration. This fleetingness does enable explorative participation as seen at the level of Self-presentation. At the Self-presentation level, a person tends to show readiness to try to do a range of activities, to present self / one's abilities in order to do a range of daily activities, find out what can be done with the materials and objects and find out about differing situations and how to relate to different people - the nature of motivation is that of enquiry. John clearly is not on this level.

On the Self-differentiation level there are two stages of action: destructive and incidentally constructive. John's fleeting awareness, fleeting focus of attention and fleeting relational contact with the environment are actions of the Self-differentiation level. John's action is not destructive in terms of using objects in ways they are not meant. That is, his handling of objects is not destructive by pulling things apart, biting, ripping, throwing. The exception is toileting in the wrong places. Overall, there is 'more' in his relational contact with things than destruction. However, his actions are also not constructive – there is a significant absence of activity participation with the exception of smoking and eating. Rather, there is a sense that if there is constructive action, it will happen by chance rather than planned and intentional.

At this point therefore, one may be thinking of two possible levels: Tone, Transitional phase or Self-differentiation, Therapist-directed phase.

Phases of levels of creative ability

Progression and regression through the levels does not happen sharply but is a gradual process known as phases. At the beginning of each level there is a period of finding out and trying out activity participation motivated by the level. At this time, a person needs a lot of support in order to participate. In the therapy context, the therapist is required to act as an initiator and to provide support therefore this is called the *Therapist-directed* phase.

Through experience, activity participation becomes familiar enough for the person to sustain performance that is less dependent upon the support from another. Therefore, this is termed the *Patient-directed* phase. More characteristics of the current level are evident and therefore the quality of activity participation is improved.

The *Transitional* phase is characterized by the person being more independent for activity participation of the level in a consistent way. An individual's ability to perform action 'free' from anxiety indicates readiness for growth towards the next level of creative ability and this is evident in this phase when the person starts to show characteristics of the next level.

In the case of John, the actions indicative of the Self-differentiation level may indicate that he is in the Transitional phase between Tone and Self-differentiation. He could also be at the Therapist-directed phase of Self-differentiation. However, there is too little information on his ability to accurately identify his level and phase. If I were the ward occupational therapist I would need to gain much more information on John's activity participation across the occupational performance areas in order to do this, by offering John various opportunities for activity participation. This is what the second occupational therapists had done, including the biscuit making activity

described below which had initially been used as an unfamiliar activity for the task assessment.

This activity had become an intervention activity provided once a week. I was able to observe one of these sessions (below).

Treatment / Intervention

For each level there are general aims as the focus of intervention (termed 'treatment' in the theory of creative ability) for enabling recovery or development of creative ability. Additional aims specific to individual clients are identified by the OT and/or with the client.

To apply the theory of creative ability to practice the therapist considers the person, his/her world and the demands that he/she encounters now and will be demanded of him/her in the near future and longer term. This drives the intervention and the just right challenge as these must relate to the person's world. Thus the intervention is tailored to the individual, including decisions regarding the materials, objects, people and situations that are meaningful.

The therapist discovered that John played the piano as a younger man and used the ward piano in intervention. Similarly, the intervention described below is also a meaningful activity to John who was known to enjoy tea and biscuits. However, selection of activities solely because they are meaningful in the sense of being of interest or pleasurable, is not sufficient clinical reasoning in the therapy context. This food-based activity was selected because at this level there is often a drive to act to fulfil basic, physiological needs plus the activity has properties that lend themselves to being used therapeutically to meet the aims of the level. It is the therapist's responsibility to know the therapeutic potential in activities through activity analysis and to select and grade these for therapeutic purposes. Du Toit states that in the therapy context purposeful activity is that defined by the person (interests, values, life roles), the need for

fulfillment (meeting of needs), the purpose inherent in the activity itself and that in the therapeutic plan evolved through the therapist's professional training.

The occupational therapist working with John identified his level for the activity used in the occupational therapy session as Self-differentiation, Therapist-directed phase. The aims for Self-differentiation are to:

- Increase focus of attention
- Attempt to relate to people
- Become involved in activity
- Increase concept formation of self and environment

The guide to achieving aims and effective therapeutic intervention is provided as 'treatment principles'. The four principles are handling (therapeutic use of self), structuring (use of time and space) and presentation principles (how the activity will be facilitated), plus activity requirements (a list of activity characteristics). Each of these is graded in order to provide the person with a human and non human environment that is enabling to the person in terms of making relational contact with it and participation. Grading is also used to create the 'just right challenge'. Some of the principles for the Self-differentiation level are stated in table 2 and are illustrated in the description of intervention in this case below.

Handling	Structuring	Presentation	Activity requirements
Acceptance of behaviour; matter of fact, calm approach; encourage performance of activity; use simple language	Use environment that is familiar/ is secure for the person; have activity prepared; use only materials/objects directly needed at the time	Direct to do; verbalise everything; demonstrate and do with the person; explain half a step at a time	1-2 steps (or 4 steps divided into 2+2); no tool handling; encourages concept formation; provides quick gratification (within 5 minutes); involves repetition

Table 2: Treatment principles for Self-differentiation level

Following the treatment principles, the OT selected the activity of making biscuits using instant mix in a small, quiet room in the OT department. At the time of my observation, this activity had been done with John as a once a week session over the past four weeks. The activity consisted of putting water (ready measured) into a bowl of biscuit mix, mixing it with hands, forming small balls of mix, patting them flat and placing them onto a tray. Although this is more than 1-2 steps, simple activity can be split into sets of steps if they are simple. Therefore, making the mix is one set of 2 steps and rolling, patting and placing is another set of steps simple enough to be manageable at this level. The tray is placed by the therapist into a portable electric mini oven on the table. Whilst the biscuits cooked for 10 minutes, the OT and client have tea at the table.

The therapist had been working with John for several months and brought him to the session. For a while she patiently went through a process of 'bringing him out of himself' by talking to him and touching him to gain awareness of her. Just as before, he suddenly 'woke up' but with this therapist, he recognised and spoke to her. The OT presented the activity according to the principles, directing him in what to do and he responded. There were brief moments of bizarre content of speech or going into himself but in the main he communicated simply and participated until the biscuits were all made. John needed the therapist to demonstrate the biscuit making and the placement of biscuit mixture onto the tray two or three times before being able to do this with assistance. The biscuits were of the correct size and shape. He appeared engaged with and comfortable in this activity. During tea, John went into himself frequently in the absence of something to do but with a lot of supportive input from the therapist he was able to communicate a little about being hungry and liking the tea. The therapist opened the oven and asked him if he thought the biscuits were ready at which point John reached in and took a biscuit from the oven. He dropped it quickly, saying it was hot. He was unable to wait more than a few moments before starting to eat the biscuit, which he ate messily and immediately wanted another.

Based on the information I had been given on John and what I had observed of him on the ward, I was surprised and puzzled by the occupational therapist's announcement that the individual occupational therapy that she provided was a biscuit making activity. This seemed too demanding an activity for this client. However, in following the activity requirements she selected an activity that was just right for the motivation and abilities of the client according to the Self-differentiation level and which could address the aims. The way that the occupational therapist structured and presented the activity and used herself therapeutically enabled John to participate. The mistake was in asking him whether the biscuits were cooked, as he did not have adequate concept formation of the cooking process to answer this question, but rather had the drive towards satisfying physiological needs. The lack of impulse control but need for quick gratification made him reach for the biscuits and eat them, despite them being too hot. Also, gratification was delayed by waiting for the biscuits to cook which reduces the potential for John to realize his own efforts in the construction of something.

Although in brief, there is adequate detail here to illustrate that John's level of creative ability is different to that seen on the ward. His actions are indicative of the Incidentally Constructive action of the Self-differentiation level, and the phase is Therapist-directed John was able to 'be' at this level because the therapist graded and used herself and the activity so that they were pitched at his level: the human and non human environment was such that he could make relational contact with it.

Over the weekly sessions the therapist was working to challenge him so that he did not stay within the comfort of his abilities but was challenged for growth in ability.

When the therapist reported what John had done to the ward staff, they found it very difficult to believe. Indeed, once on the ward again, John regressed into the Tone-like actions previously described. Within the theory of creative ability, this is understood to be partly due to him being presented with demands that

are too difficult: he is unable to make relational contact. A more effective approach would be for the team to provide input and environmental stimulation pitched at his level, 24 hours a day. In theory, this would enable activity participation and thus improve his creative ability. This type of guidance is provided in the VdT MoCA which provides a general guide to a daily programme of therapeutic intervention that considers all of the occupational performance areas, indicating the amount of input that may be most beneficial for each level.

This is a basic illustration of a level of creative ability, assessment and intervention. A great deal of information about all of these is absent from this brief paper which cannot inform the reader of all that needs to be understood for effective application of the theory of creative ability.

Brief critique

The contemporary information on the VdT MoCA is provided as a chapter within a South African text for occupational therapy in mental health edited by Crouch and Alers (2005). A chapter for reference has been considered sufficient for qualified therapists because the model is taught on several undergraduate occupational therapy programmes in South Africa and is taught in a great deal of detail over most of the programme on at least three programmes (Sherwood 2005). However, in the confines of a chapter the model is inadequately detailed and explained. Furthermore, the assessment screening tool has not been published. A text dedicated to the model is urgently needed including the assessment screening tool.

The theory and model should be evaluated against criteria for theory and for occupational therapy models. Within the theory of creative ability, not all concepts are defined and this urgently needs to be rectified.

The client-centredness of the VdT MoCA needs to be more clearly articulated and some of the terminology needs to be evaluated against that of contemporary practice such as use of the term treatment.

The effectiveness of the VdT MoCA in practice has been widely asserted by clinicians and educators over the past 40 years. The model is purported to be widely used in practice in South Africa (Turnbull et al 2002; Casteleijn and Smit 2002) and is having a positive effect on practice in the UK (Sherwood 2009b, 2010; Harvey and Fuller 2009), and Japan (Sherwood 2010). That the model has not only continued to develop but is so widely used in practice and is the model of choice for some educational establishments teaching occupational therapy, is astounding given that there has not been leadership for the model since the death of Vona du Toit. However, there is a need to identify a lead or a group of people that will lead and take responsibility for the model if it is to develop in the ways required for contemporary practice. In 2010, a Colloquium was held on the model in South Africa at which areas for development were identified and a working party established to co-ordinate actions to address priorities. However, official responsibility for the model in terms of authorship, evaluation and development of the model through research has not been established. This needs to be addressed in order to evaluate and direct research.

Overview of research

De Witt (2005) explored therapists' perceptions of what constitutes task concept as an important construct in the theory of creative ability. This study resulted in a revised framework of task concept. However, more in-depth study into task concept is needed. A recent MBA study explored the overlap between the theory of creative ability and management theory to identify whether the difference between Competitive participation and Contribution equates with the difference between management and leadership (Foster-Pedley and Grobler 2009). The study offers a conceptual model of growth in the higher levels. It is suggested that the name 'competitive contribution' given to the highest level

does not accurately reflect the sentiments of the theory of creative ability theory and could be replaced with 'collaborative contribution'. This is the only literature that seeks to identify the detailed characteristics and processes of the highest levels of creative ability. Research into the effectiveness of the application of the model is limited to a very small study into the effectiveness of intervention delivered using the theory of creative ability for people with diabetic foot problems compared with regular intervention. The outcomes were more positive for the creative ability intervention group, however the sample was too small for meaningful statistical analysis and inference, requiring further studies.

There have been several studies on assessment. Drawing upon various theories and tools including the VdT MoCA assessment, van der Vyver and Willemse (2006) devised an assessment tool for use with children with severe learning and physical disabilities. This tool needs to be tested for validity and reliability. Casteleijn and Smit (2002) tested the psychometric properties of the creative ability screening tool developed by Dain van der Reyden. The tool was found to have very good reliability and validity. This is established with a sample of adults with schizophrenia and needs further testing. As a PhD study, Casteleijn (2011) has since developed the Activity Participation Outcome Measure for the model, which is currently being piloted in South Africa and the UK. As MSc research, Rice (2011) has identified activities that could be used to assess the domains of the outcome measure when used in the field of mental health. This study is yet to published and research into these activities is yet to be undertaken.

Turnbull et al (2002) investigated the relationship between recovery of creative ability and the traditional medical indices of head injury recovery measured by the Glasgow Coma Scale. The two scales had a high level of agreement suggesting that the assessment of creative ability offers a 'sound and practical approach to establishing and recoding the neurobiological status' of people with

head injuries. However, further studies are needed to further test these findings.

Sherwood (2005) undertook a qualitative study that explored mental health occupational therapists' methods and processes of creative ability assessment. Amongst other findings, this study identified that there is a process of sensing the level to knowing the level, the latter being reliant on performing the task assessment. The findings suggest that the assessment methods allow flexibility in performing the assessment, enabling therapists to work time efficiently. Participants perceived the assessment to accurately identify clients' levels of creative ability and the model was an important contribution to their ability to be occupational therapists.

In addition to the research described, there have been a large number of conference presentations on the model particularly in the UK. Recently presentations have been made in South Africa that includes presentations on research in progress such as, a PhD study into whether there is a link between creative ability and community participation with the aim of developing a measuring tool for occupational therapists to measure a community's level of creative ability (Adams 2011). Also the theoretical foundations of the model are being examined in order to 'ground' the model in science (Coetzee 2011). A PhD study is also in progress on the construct of effort by the author of this paper.

In terms of need for research, every aspect of the model requires research. Priorities for research in the occupational therapy profession include generating evidence of efficacy and effectiveness of occupational therapy intervention and this is also a need in relation to the model. However, effectiveness of intervention can only be established for a theory or model that meets set criteria for each respectively. The model must be clearly and fully articulated, there must be clear methods and processes of assessment and publication of tested assessment tools. Research into all of these aspects has to be a priority.

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