ACCESSING THE CREATIVE SELF

A.E.HOLSTEN

It is indeed a great honour to have been invited to this conference, to be allowed to share my thoughts with you. Thank you! Honour comes with responsibility, a responsibility to do justice to this fascinating and captivating Model of Creative Ability.

Very conscious of the fact that, with the exception of a few people here, I do not know my audience. I however sense that you in your heart must have been touched by the great potential of this model. We may have varied knowledge and experience with creative ability – but surely that can only enhance the quality of our discourse. Some may know it all – how threatening! Carl Jung (1933) once said: "Nothing worse could happen to one, than to be completely understood:" Let's take the risk.

At this moment I am intensely aware of Vona du Toit's presence here today. She would have been so proud of us all. I have this vivid memory of her, her perhaps having been my greatest teacher, showing the road ahead. I can still visualize her in dialogue with us, the first group of students she trained; her eyes intently on each one of us, using her voice and her expressive language, to enchant us with Victor Frankl, Martin Buber, Heidegger, Kierkegaard and later "creative ability". Visiting her in her beautiful home was an experience. Each gathering would end with us quietly listening to Max Bruch's Violin Concerto – that now is "creative ability culture". This is where my love for occupational therapy originated –my love for philosophy, creative ability and Max Bruch.

As a result, throughout my working life I have been intrigued by the mystery of creative ability. Yes, Vona du Toit had an inestimable influence on the lives of so many occupational therapists. Why did we take so long sharing this information? Perhaps it is looking at things for a long time, that ripens you and gives you a deeper understanding.

Accessing the creative self . Is that possible? Can occupational therapists do it? Does the Model of Creative Ability meet these requirements? With you I would like to philosophise and reflect about creative ability, what I understand, what I don't understand .....and much more.....

It all starts with the question whether the theory of creative ability can really be regarded as a model? Are the criteria for model design, that is model development, validation and organization, met? According to Reed (1994) model builders organize and present their models in a variety of ways. They however all describe three components:

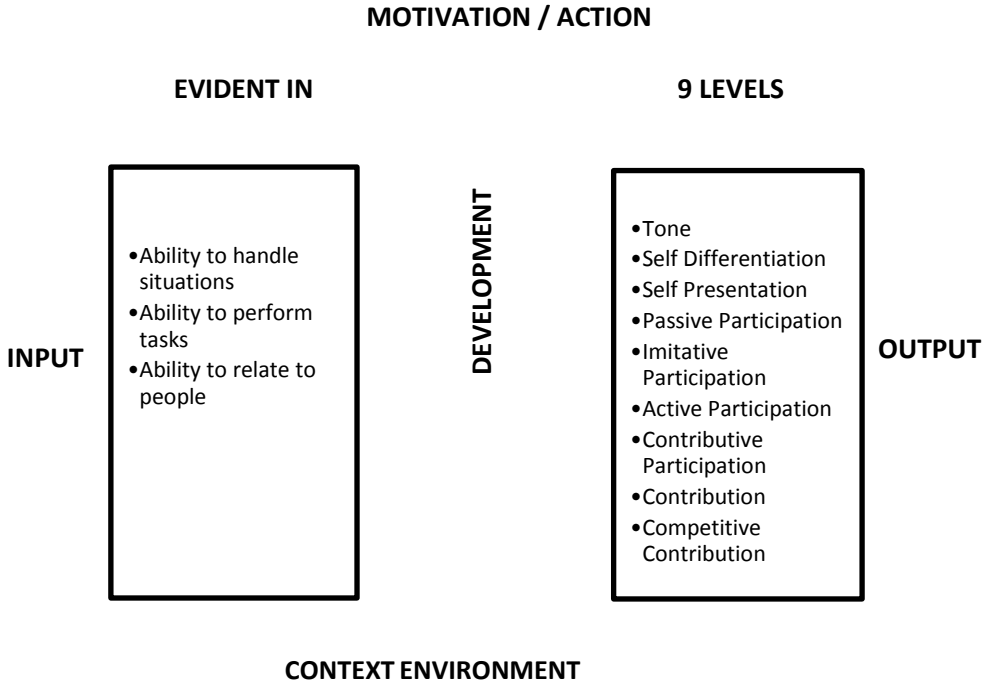
A sound philosophical base
Key concepts, well defined
Their relationship and implications for practice.

Immediately a number of questions arise:

Is the philosophical base sound and comprehensive? Are theoretical constructs well described?
Are key concepts well defined? The concept "creative ability" captures my attention.
What makes the Model of Creative Ability a developmental model?
Is the Model of Creative Ability a valid assessment tool?
Can the model be applied in more fields of practice, for instance the physical field ?

Let us now have a closer look at the model:

OVERVIEW: VONA DU TOIT MODEL OF CREATIVE ABILITY: DIAGRAM 1



THE MODEL AND ITS THEORETICAL CONSTRUCTS

Forgive me for selecting existentialism as my foundational philosophy and not any American framework such as pragmatism.
Existentialism demonstrates that occupation is not only central to occupational therapy, it is central to life.

The Self	-	Searches for meaning in life	-	Meaning is found in relating	-	Finding expression in occupation	-	Leading to well being
						At a specific level of creative ability		

Everything starts with the self, the being. In existential philosophy being refers to the existence of an individual and unique person.
The self needs to find meaning in life. According to Frankl (1978), this cry for meaning is the most distinctive characteristic of human beings, the primary motivational force.

Meaning is found in relating and connecting. “Being with others” is central to existential philosophy. The expansion of this notion is mainly attributable to Buber.
According to Martin Buber (1958) we relate to:

The physical world
Human beings (the interpersonal world)
A higher spiritual being (transpersonal world)
The self (intrapersonal world)

Relatedness, connectedness finds its expression in occupation (Jasper 1919). It was Vona du Toit's provocative thinking that made the link between activities and the levels of creative ability.
But how does the African , the Japanese , or the American way of thinking fit into this philosophy?

I HAVE ALWAYS WONDERED ABOUT THE TERM "CREATIVE ABILITY"……..

Presently there is no single, authoritative perspective or definition of "creative" or "creativity", as the concept is multi–dimensional in nature. That should however not prevent us from thoroughly examining the meaning of creative ability and its related concepts. If we want to design an acceptable Model of Creative Ability, it is inevitable that key concept be defined. A few thoughts:

The concept "creative ability" is related to word constructs such as creation, creator, creature and creativity. The Latin word of origin "creare" means to produce. You see its relationship to "product".

Its most profound meaning is perhaps embedded in quotations from the Bible. We might not be believers, but it somehow makes a lot of sense: "So God (the creator) created human beings, making them to be like himself (able to create)". He blessed them and said: "Have many children (peak of human creation), so that your descendants will live all over the earth and bring it under their control. I am putting you in charge". (Genesis 1:27,28). Creating appears to be the highest human function and this function is reflected in creative ability Its mind – boggling how important the Model of Creative Ability could really be- it dealing with the most important human function.

This could explain why man has such a strong need to express his inner self, by creating a world for himself and behave in a creative manner in the different areas and situations of his life, thereby meeting life's challenges and making sense of his world (Landau,1999) .

The person as a whole is involved in the creative act ; with self esteem and a sense of being as vital ingredients. It is hard to believe – creative ability in its simplest form is just being. We become creative by communicating with our inner and outer world, by exploring, imitating, experimenting , thinking, producing and dealing with limitations. There seems to be a close link to problem solving , imagination and intelligence. Most important, there is an element of growth, of change, of becoming – creative potential becoming creative ability. Exploring this concept a little more, we may find some new answers and guidelines for designing our Model of Creative Ability, thereby tapping into something larger than ourselves.

UNDERSTANDING THE LEVELS OF CREATIVE ABILITY AS DEVELOPMENTAL MODEL

Since the last congress, the creative ability concepts have been described with more precision and detail. I will refrain from presenting them as such, and would like to approach the topic from a different angle and in this way address one of the other issues of the model.

The model is viewed as a developmental model and developmental constructs are considered – yet, except for the reference to the main Cycles of growth in man and indirect application of human development principles, it has not been described as yet how the levels of creative ability develop as from birth onwards. This is a major task to undertake, but one that is of vital importance:

- We will not find accurate descriptors of motivation and action, unless we observe their origin in human development from birth onwards. The levels of creative ability in their purest form are evident and the most obvious in developing children at especially the first 4 levels. I would therefore like to present the descriptors of motivation and action (as they have been newly defined by the OTASA Interest Group) in relation to child development. I refer you to Diagram 2.
- Diagram 3 represents the fascinating stage of Self Presentation in the child. This stage may stretch over 4 years with some of the most important and dramatic developments taking place. Slowly, but surely this stage flows into Passive Participation and School Readiness. Not only is Passive Participation the starting point of working life, it is also the beginning of formal education. It would be worthwhile to compare Passive and Imitative Participation in children and adults.
- Certain creative features such as exploration can only be understood while observing a developing child – the exploration we see in adults is only a reflection.

LEVELS OF CREATIVE ABILITY AS DEVELOPMENTAL MODEL: DIAGRAM 2

LEVEL	MOTIVATION DESCRIPTOR	ACTION DESCRIPTOR	PUBLIC UNDERSTANDING	OUTCOME
1. TONE **0 – 6/8 weeks**	- Biological Existence - Fragile directedness towards living - Egocentric to just maintain existence - Not motivated to find out about self and others	- Automatic/reflex action - Unplanned - Haphazard - Purposeless - In relation to survival needs	I want to stay alive	Preparation for constructive action.
2. SELF DIFFERENTIATION **2 months – +- 2 ½ years** **No norms**	- Egocentric, feeble, erratic - Usually still directed at satisfying basic needs - Differentiating the self i.e. basic awareness of self, of own abilities, others and environment - Wanting to achieve control over body and body functions - Prepared to make contact, reach out, touch/hold	- Unplanned, purposeless - Early explorative (manipulating, contacting,) action with destructive and incidental results	Who am I really? What can I do? I am wondering about my environment?!	
3. SELF PRESENTATION **2 ½ years – 6-7 years** **(Norm-awareness level)**	- Intention , willingness to explore self, abilities and world - Learn and explore basic Skills - Tentatively present self and abilities to others and in different situations - To enquire	- Intentional exploration of materials, objects, and of basic skills and abilities, involving both process and product. - Exploration of ability to influence the world. - Presents skills to receive feedback - Shows a growing awareness of norms - Becomes task and product conscious	Have a look at what I can do , what I have learned already! Am I not smart?	Behaviour and Skill Develop-ment for norm compliance
4. PASSIVE PARTICIPATION **Starts with school Readiness** **(Norm-direction level)**	- Directed at participation in activities, relationships and situations, however needing guidance. - Wanting to meet norms and requirements	- Norm directed constructive action - Task concept is present, but not consolidated - Experimental course of action without being sure of eventual outcome - Habituated activities are norm compliant	I can do my daily activities so well! But I need you to help me - only a bit.	

			.	
5.IMITATIVE PARTICIPATION **(Norm-Compliance level)** **Depends on Individual**	- Prepared to participate in all daily activities - Desire to comply with norms - To accomplish acceptable product, experiencing task fulfilment - To be accepted and do like others do	- Imitative, norm compliant action - Action according to imposed norms and demands - Evaluation of product and behaviour - Consolidated task concept is present	I want to be and act like others	
6.ACTIVE PARTICIPATION **(Norm Transcendence Level)** **Depends on Individual**	- To achieve industrial and social norms - To surpass norms	- Transcends norms – product centred - Individualistic, inventive novel, original action - Anticipation of happenings - Ability to adapt	I want to do better/be the best	Behaviour and Skill Develop - ment for Self Actualization
7.COMPETITIVE PARTICIPATION **(Norm Competitiveness Level)** **Depends on Individual**	- Directed at norm competition i.e. To be/do better than (compete with others) - To improve own performance	- Competitive product / centred action - Action dictated by tandards that individual seeks to surpass - Takes responsibility for product. Plans and organises - Can take delay, failure	I can do much better than others	
8.CONTRIBUTION **Depends on Individual**	- To improve, change situation or set of circumstances - To do for or with Situation	- Situation centred action - Intentional contribution to betterment/ improvement	I want to improve the situation around me	
9.COMPETITIVE CONTRIBUTION **Depends on Individual**	- To improve/change society in which individual lives - To do for/do with society at large	- Society centred action - Intentional contribution to betterment/ improvement - Self expectations surpass external expectations	I want to improve my society	

STAGE OF SELF PRESENTATION IN THE CHILD: DIAGRAM 3

THE PRE-CHOOL CHILD

	SELF PRESENTATION	**SELF PRESENTATION**	**SELF PRESENTATION**	**PASSIVE PARTICIPATION**
MODALITY	PHASE 1: +- 2 – 3 years	PHASE 2: +- 3 – 4 years	PHASE 3: +- 4-5 1/2 years	SCHOOL READINESS
1. Quality of Exploration	Manipulative exploration, very curious; not very selective	Intentional exploration of basic materials and objects	Intentional exploration to learn basic skills	Attained basic foundation skills
2. Handling objects, materials	Still uses objects/ materials to find out about own abilities. Gross-motor activity still more important. Becomes now interested in fine motor activity.	Play materials requiring fine motor ability attract attention. Process of handling tools, objects, materials is more important.	Creating something useful- the product is more important	Uses objects materials appropriately to create a product. Needs some direction.
3. Tool handling	Handling simple everyday tools e.g. spoon	Exploring/learning basic tool use e.g. scissors	Using basic tools to create product	Skilled use of basic tools with direction.
4. Product	Only manipulation of materials, tools, objects	Process – oriented	Product – oriented	Product – centred
5. Task Concept	No task concept	Partial task concept (Process)	Partial task concept (Product)	Task concept Not consolidated Needs direction
6. Situations	Situations are related to domestic/family scenes. Stereotyped handling of some situations. Imitates adults	More complex imitation of real world. Still centres around family and domestic scenes. Stereotyped handling under supervision of adult. Brings magical into handling.	Reconstruction of real world. independent handling of known situations. Needs supervision.	Reconstruction of real world. Independent handling of known situations with direction. Unknown situations need supervision.
7. Relations with people (observed in play process) Low self esteem is indicative symptom	Parallel play – plays beside other children. Shows affection, turn taking sharing Dependence on parents and immediate care givers	Associative play – with others, doing similar activities. Temperamental, strong, willed, quarrel some, shows empathy. Starts to show some independence from	Cooperative playing group of 2 – 5, organized around common goal; social give & take; tender; comforts others. Doesn't mind leaving parents. Wants to be	Cooperation/competition caring Independence from parents, has friends Needs/and is willing to take direction in formative settings

		parents and caregivers. Wants to be with other children	with friends, quarrels with siblings. Difficulty in formal situations (too many norms) Loves “teacher”	
8. Norm Directedness	Aware of few norms	Awareness of norms	Norm awareness well developed	Norm directedness
9. Time Frame	5 – 10 minutes on task	10 – 15 minutes on task	20 – 40 minutes on task	40 – minutes on task
10. Handling of anxiety/ emotional control appropriate behaviour. High baseline anxiety is indicative symptom	Awareness of correct behaviour in routine situations; compliance as it suits the child	Awareness of correct behaviour in routine situations. Some stereotyped compliance	Awareness of correct behaviour. Most of the time compliant	Compliant, needs some direction. Situation based anxiety may be present as a normal symptom.
11. Imagination, initiative, originality can occur at any level. Indicates creative potential.	Imagination present, depending on level			

ASSESSING THE CREATIVE SELF: DO WE HAVE A VALID AND RELIABLE TOOL?

It has been said that "creative ability" is the expression of being. This implies that we may have access to the uniqueness of a human being , provided we have an effective assessment tool for measuring creative ability.

There are different views on assessing the levels of creative ability. The following is one suggestion:

Stage 1: A Detailed Assessment Using the Occupational Therapy Practice Framework

A detailed, precise and comprehensive assessment of the client's background and medical history, occupational performance components and skills, occupational areas, patterns and occupational performance context precedes the evaluation of his/her level of creative ability**.** This preliminary assessment gives an indication of the possible level and gives direction to the creative ability assessment that follows.

Stage 2: Evaluation of the Level of Creative Ability

The levels of creative ability are now used as framework for interpreting occupational performance in general. **Action** is observed in the abilities required for creative action {Diagram 4) as presented in the applicable occupational areas. Rating takes place according to the levels of creative ability (Diagram 2). Answering of the following questions is crucial in determining the level of functioning:

1. Can a client select and perform the activities of his daily life according to the norms of his specific setting?
2. Is task concept present and consolidated?
3. Is client able to form and maintain relationships and relate effectively to people in his daily life according to the norms of the specific setting?
4. Can client handle the situations of his life, performing his life roles according to the norms of society.

"Yes" indicates a participation/contribution level, " No" the lowest 2 levels, "Sometimes" usually the level of self presentation".

It is difficult to determine **motivation** precisely; but because of the close link with action , we can make assumptions about the level of motivation.

The most important factors influencing a particular level are:

Behaviour and control of anxiety
Dealing with norms
Problem solving
Optimum effort
Originality/Initiative

It is important to pay attention to the three distinct phases at each level of creative ability:

1. The therapist – directed phase where the therapist stimulates, nurtures and directs the client's action.
2. The patient – directed phase where the client takes over and selects and implements the action appropriate for the stage.
3. In the transition phase the characteristics of the next stage are detectable

Either during stage 1 or 2, it is important to engage a client in a variety of activities; otherwise your information may be incomplete or even incorrect.

Stage 3: Ongoing Evaluation

An ongoing evaluation is helpful to get a true picture of the client's level of creative ability. Time is necessary to identify the predominant creative actions or responses which most frequently and easily are expressed in action, over the broadest spectrum of living and which signify the general level of creative ability. The elements of constancy, predictability and reliability are in fact, determining factors. The handling of situations can only be observed over a period of time.

Interesting Features:

1. A client may be at different levels of creative ability, not only in his occupational areas, but in task performance, relating to people and handling of situations.
2. In any person there may be level fluctuation. Stress, illness, environmental factors, personal problems and many other factors may cause a temporary regression.
3. Performance in new situations, relating to unknown people , performing new and unknown tasks is often characterized by a regression to levels of self presentation or passive participation. This is a normal occurrence. With time , the client will however return to his usual level.

The Importance of the Occupational Performance Context:

Contextual factors such as:
Physical environment
Social environment
Cultural environment
Spiritual environment
Temporal factors
Personal factors
Disability Status

play a more and more important role influencing the levels of creative ability, their assessment and Intervention.

IN SUMMARY

WE HAVE TO KNOW:

WHAT TO ASSESS =
ABILITIES FOR CREATIVE ACTION
DIAGRAM 4

AND

HOW TO MEASURE =
DESCRIPTORS OF MOTIVATION AND ACTION
DIAGRAM 2

THIS PROVIDES ALL THE BASIC GUIDELINES FOR ASSESSMENT AND INTERVENTION

ABILITIES REQUIRED FOR CREATIVE ACTION: DIAGRAM 4

1. THE ABILITY TO HANDLE SITUATIONS

1.1. Comprehension/ Differentiation
1.2. Identification
1.3. Performance
- Acceptable Self Presentation
- Appropriate and normative behaviour
- Emotional control
- Problem solving
- Originality and Initiative
- Optimum Effort

1.4 Management of unfamiliar situations
1.5 Creating situations for need fulfilment

2. ABILITY TO PERFORM TASKS

2.1 *Task Selection
2.2 *Task Comprehension
2.3 *Task Identification'
2.4 *Task Initiation
2.5 *Task Implementation
- Planning and preparation
- Appropriate use of tools, objects, materials
- Following instructions
- Organization of task/work area
- Effective handling of mental demands, knowledge, problem solving, judgment, decision making
- Norm directedness: process, time frame, standard, habits.
- Initiative, originality
- Emotional control/Handling of anxiety
- Capacity of maximum or optimum effort
- Effective end product/result
- Routine

2.6 *Task Completion
2.7 *Task Evaluation
2.8 *Task Satisfaction/Success

* Task Concept

3. ABILITY TO RELATE TO PEOPLE

3.1 A stable Self Concept
3.2 Acceptable presentation of Self
- Appropriate behaviour
- Emotional control/Handling anxiety

3.3 Ability to Form and Maintain Relationships
- Awareness of people and their needs
- Receptivity to contact
- Expression of own needs
- Expression of adequate interpersonal responses
- Relationships that reflect quality

3.4 Adequate Group Relations
3.5 Friends and Friendship

JANE'S STORY

Jane is 29 years old, unmarried and a university student. She is staying with her parents, her father being a pastor in the Methodist church and her mother a housewife. Her relationship with her parents is not very good, as she feels they interfere with her life and want to make decisions for her; they have little in common and nothing to talk about. Her parents are of the opinion that Jane cannot cope with her life and needs their support and guidance. She has a good relationship with her grandmother, who lives nearby. Yet she seldom sees her as she cannot cope with her study load. Her only sister, whom Jane loves very much, has immigrated to Australia. Having attempted many different courses, she now wants to become a librarian. At first she had wanted to become a nursery school teacher, but as she could not handle the children, she was advised to rather not work with children. Despite this advice, she then tried to become a teacher for high school children. This situation even more strongly showed up her inability to work with people. At this time she consulted an educational psychologist. Having had a close look at her past, it was realized that she had always been experiencing relational problems – with her parents, her class mates and any people she came into close contact with. She had never been able to make real friends and felt very isolated. The exception were her grandmother and her sister. Especially not having a boyfriend, not being married, affected her very much. She was very strongly advised not to do a job where working with people was involved. The possibility of becoming a librarian seemed to be a good idea. Yet at first she wouldn't listen to either her parents or the psychologist. Only after a third failed course and a nervous breakdown, she finally accepted the state of affairs and enrolled for the suggested course. Initially she coped quite well, especially in the courses where a lot of structure was provided. She however finds it difficult to do her own planning, make the required decisions and solve problems. Once she understands a task, she is able to do it – it however takes her twice as long as other students. She finds it difficult to work out a manageable work routine, works in a haphazard way and needs external help for her daily routine. Lizzie, a fellow student in the course, has made many efforts to become befriended with Jane; however Jane insists that there is no time available for anything else than her studies. During the university semester Jane only attends to her studies. Recently she has started not to attend church services as she is so pressed for time. Church members are worried about her and are constantly making telephonic enquiries. During holidays, she goes on organized tours, as she has no leisure interests. Lately she has even considered not to go on these tours anymore as she needs to catch up on her studies. With regard to management of herself she is very neat, tidy and meticulously dressed and groomed.

Congregation members have advised the parents to contact an occupational therapist in Private Practice to do an evaluation of her occupational performance and make recommendations.

EVALUATION OF JANE : SUMMARY

Level of Motivation and Action in Occupational Areas

Education/Work	Passive Participation
Personal Management (BADL)	Imitative Participation
Social Participation	Self Differentiation

Abilities for Creative Action

Handling of Situations:	Does not comprehend relational requirements in situations and finds it difficult to handle interpersonal elements in situations and lacks interpersonal skills .
Task Performance:	Selection of tasks a big problem: does not understand the value of spiritual, social and leisure activities in her life. Only maximally participating in educational/work activities. Can't work without a structure; time management is a problem; not able to evaluate social tasks; does not take evaluation of herself well.
Relating to People:	Self Concept: Unaware of her social inabilities, has unrealistic self expectations.; unaware that she needs others. Does not present herself well in social context. Only relates well to grandmother and sister (because of their skills?); unable to pick up cues

from her social environment; responses are inadequate; not in possession of basic social skills.

Using the Model of Creative Ability as assessment tool, provided valuable information about Jane's general occupational performance and guidelines for intervention.

APPLICATION OF THE MODEL OF CREATIVE ABILITY IN THE PHYSICAL FIELD

HOW DO THE LEVELS OF CREATIVE ABILITY PRESENT IN CLIENTS WITH PHYSICAL PATHOLOGY?

Discussion will be limited to clients who have become disabled by unexpected, severe and permanent loss of physical function, as it is possible to make generalizations to conditions with a lesser impact. Physical pathology may be experienced as an overwhelming threat to the self, causing regression and disruption of creative ability to an earlier level.

Clients experience primarily:

- difficulties accepting their changed or new body and self, some hating and rejecting their own body
- loss of some physical capacity to do task performance
- loss of mobility and independence
- loss of control over the environment
- inability to handle and adjust to new life situations

What initially may be retained is :

- mental/ cognitive action
- communication skills
- process skills

Initially there may also be a gross discrepancy between levels of motivation and action.

Early intervention is of vital importance so as to prevent spreading of the problem.

Because of their immense importance , the first three stages will be highlighted.

At **Tone** the client may be so shocked, that he/she is not prepared to either face or find out about the new self and is simply existing. Due to the physical pathology, often even the most basic activities cannot be performed and the client allows the environment to control survival activities with an attitude: "Do what you want to do with or to me!"Client may be apathetic, unresponsive and indifferent to the world, building a wall around him, doing what he is told to do, not wanting to think about the new self. There may be controlled behaviour and even acknowledgement of the trauma, yet confrontation with subjective feelings is avoided at all times. It is interesting to note that one sometimes finds an unrealistic view of the future, an attitude there is nothing to worry about, everything will be okay. The underlying problem is still the same: an unpreparedness to differentiate the new self.

Self Differentiation is a crucial and dangerous stage for the client with physical pathology, as he is now facing reality. He does not know the new self, what abilities have been lost, which have been retained, how the new self fits into the environment, what others think about him.

There is a very shaky willingness to share the illness experience with others, define and differentiate the new self, finding out what still can be done, and that it can be satisfying to achieve small things.

It is of importance that the experiences with the new self are positive, otherwise the client may regress or decide life is not worthwhile living.

It is extremely stressful and anxiety provoking to discover the new self. To cope with these feelings, client may turn to anger, isolation, withdrawal or denial.

At **Self Presentation** the client is now directed towards exploring his abilities and inabilities. He discovers residual ones, is learning new abilities, compensating for others and presenting himself , the new self to the outside world. With increasing awareness of not only abilities, but inabilities, there may easily be regression to the previous stage. Starting to face the norms and reactions of the outside world can be a very painful process.

It is only when the client starts to express words like the following: “My life is not what it used to be and I may never fully accept it, but there are things that I can do and want to do” that there is progress to the levels of participation and perhaps even contribution.

It is quite characteristic that in some areas a client can progress to higher levels of **Participation** and **Contribution** without having fully explored all residual abilities. The author is also convinced that the levels of Self Differentiation and Self Presentation are often intertwined in physical pathology, with the one concentrating more on the internal and the other more on the external processes.

CASE DISCUSSION : TIMOTHY

Timothy, a 47 year old man from Soshanguwe, was admitted on the 1st September 2008 to hospital with a C8 Tetraplegia as a result of a MVA.

During an interview he provided the following information:

Personal history:
He is happily married with one son (16 years old) and two daughters (5 and 11 years old). They get on well. They have a house with five rooms, electricity and an outside toilet.

Educational background and work history:
He matriculated in 1980; was trained as a motor mechanic and worked 15 years for Capital Motors. Since 1995 he has run his own workshop at his home and employed three assistants who have been with him from the start. His wife assists with the clerical side of the business.

Income:
After payment of his assistants’ wages and all overheads, his monthly income is between R15, 000 and R20, 000.

Leisure and other activities:
He is a keen soccer fan and spectator at most soccer matches in his area. During the weekend he jogs with his son. He believes there is no time for other hobbies. He is a deacon in his church and a member of the town council of Soshanguwe.

Timothy appeared to be very depressed during the interview and declared:”There is no future for me ; the doctor told me I will never walk again. This means I can’t work, I will receive no income. What will happen to my children? My wife will leave me . I cannot eat or dress independently, I can only lie in my bed. In actual fact I don’t want to live.”

The above interview indicates a high level of functioning prior to the accident.

GENERAL GUIDELINES FOR INTERVENTION

To facilitate growth , the following procedure is suggested:

1. Setting aims and objectives
2. Selection of suitable situations
3. Selection of suitable activities
   - who selects
   - type of activity
   - process/product
4. Task Planning
   - to facilitate task satisfaction and the “I can”

- stimulate interest
- stimulate maximal effort
- stimulate identification

5. Appropriate Structuring
   - the creation of the correct emotional climate
   - effective physical setting
   - duration
   - interpersonal setting
   - organization of task
   - requirements e.g. norms

6. Presentation of the Task
   - Explaining aim/objective
   - Explaining task – task comprehension
   - Giving instructions
   - Prompting and initiation of task

7. Monitoring of Task Execution

8. Correct Handling/IPR
   - Self-concept development
   - Encourage interpersonal efforts
   - Control of behaviour
   - Channelization and control of emotions-anxiety, aggression

9. Situation/Task Evaluation

Principles of intervention could also be applied according to the abilities required for creative action

As we mainly see the three levels of Self Differentiation
Self Presentation
Passive Participation

Specific Guidelines for intervention will only be discussed in relation to these three levels.

INTERVENTION WITH TIMOTHY

INTERVENTION AT SELF DIFFERENTIATION

Aims and Objectives:

- Encourage Timothy to share his illness experience.
- Stimulate Timothy to want to know (differentiate) about his new self, his abilities , and how the new self fits into the environment and to provide the necessary experiences.
- Facilitate the "I can" or " I am".
- Encourage explorative manipulative action to stimulate positive concept formation of the new self and abilities.

Selection of Suitable Situations:

- Exposure to selective everyday situations, mainly from the area of Personal Management:

having a meal, dressing, sitting outside in a wheelchair with other clients, smoking and talking.

- Exposure to known interpersonal settings: with his wife and the therapist monitoring the situation.

Selection of Suitable Tasks and Activities:

- Therapist takes responsibility for the selection of tasks, as Timothy is unable to make any decision regarding what he wants to do, or is able to do.
- Type of activity: 1 – 2 step handling actions or
  1 – 2 step product creations are possibilities.
  A third option is considered: More than 2 step known tasks, mainly in the field of Personal Management e.g. eating with a universal cuff, adapted dressing, maintaining the sitting position in his wheelchair, washing of the upper half of the body.
- Product and Process: Both product and process are considered important and possible in the performance of mostly Personal Management tasks.
- The importance of an immediate, satisfying result is observed, when he learns to smoke, using an assistive device.

Planning of Task / Activity:

- Meticulous planning by therapist is necessary for Timothy to experience successful "differentiation".
- Plan how to facilitate "I can" and "this is me" and this is "me in relation to my environment "
  Satisfaction and pleasure
  Experiencing the self as being the creator.

Structuring:

- Physical Setting: Quiet area, containing selected stimuli determined by attention span.
- Interpersonal Setting: A climate of total acceptance and security is created.
  Usually no other people are present , except selected clients in a parallel setting to stimulate awareness . In Timothy's case, his wife is used as a co-therapist.
- Organization of Task: To make possible successful participation, work layout is structured and materials and tools are prepared.
- Requirements: No norms are set, except for intellectual demands e.g. helping with planning, finding possible solutions.
  Encouragement, approval, caring, support are of major importance.

Presentation of Task/Activity:

- Explaining Objective: Often the objective is not explained and client is surprised by the result - as was in the case where it was made possible for Timothy to smoke.
  Objective should always be related to something important/realistic to client.
- Explaining Task: It is safest to do , and not to explain too much; elicit information for task comprehension after the event.
- Giving Instructions: Simple, clear instructions, step-by-step with prompting and repetition.
- Task Initiation: Tasks are initiated by therapist or Timothy's wife
- Encouragement: Encouragement and approval are necessary for task Identification.

Facilitation/Monitoring: Timothy's explorative actions regarding himself, his abilities and relation to the environment are encouraged. Outcomes are highlighted .

Handling and Encouraging Interpersonal Efforts:

- Milieu: One of total acceptance, support and understanding, within a permissive atmosphere, where biological support is given.
- Self Concept: Abilities are recognized and reinforced. He is encouraged to verbalize his feelings and experiences.
- Encouragement of Interpersonal Efforts: Any efforts regarding his wife and children are encouraged.
- Control of Behaviour: Often Timothy feels like giving up, and needs a lot of extra support.
- Expression and Control of Emotions: It is important to encourage Timothy to express his emotions, his anxieties, his anger, his apathy and then assist him to understand them.

Task Evaluation: No evaluation
Recognition is given for any effort

INTERVENTION AT SELF PRESENTATION

Aims and Objectives:

- Direct Timothy's motivation to explore and learn basic skills and to be willing to present the new self to others.
- Encourage and facilitate intentional exploration in order to learn basic skills, present these to others, thereby becoming aware of norms.

Selection of Suitable Situations:

- Exposure to all appropriate everyday situations at work, at home, at church and in the community. Handling of situations is practiced in group context.

Selection of Suitable Tasks and Activities:

- Therapist in collaboration with Timothy and his wife select suitable tasks and activities for Timothy.
- Type of activity: Timothy is exposed to a number of 4 – 5 step, short term activities, representing his occupational areas: This includes learning to use the tenodesis action in a variety of activities; learning adapted typing; becoming more computer literate; learning new management skills for the work situation; practicing wheelchair dexterity; becoming independent in most Personal Management tasks; practicing behaviour in new social situations; exploring new leisure pursuits etc. He is amazed at what possibilities exist. With time he becomes less anxious and is prepared to present himself to others.
- Process and Product: Timothy is equally interested in learning skills , as well as applying skills in the making of a real product. He is willing to put in a lot of effort.

Planning of Task/Activity:

- Planning is still the responsibility of the therapist, but now in collaboration with Timothy and his whole family.

- The therapist assumes responsibility to transmit excitement and creates awareness of abilities/inabilities in light of the "I can".
- Known and favourite activities enhance security and counteract trauma and frustration

Structuring:

- Physical Setting: Area where activity is usually done, with graded external stimuli.
- Duration: Rather short term. Indicators are frustration and boredom.
- Interpersonal Setting: Individual attention is important to support the fragile ego.. There is exposure to a selected few others from the spinal unit, where presenting the new self, new behaviours are practiced and experiences are shared. Timothy's wife is often present.
- Organization of Task: Although therapist is still largely responsible, interest in own work lay-out and work method is stimulated.
- Requirements: Timothy is made aware of correct performance in a round about way. Elementary problem solving is elicited. The emphasis is on the learning of skills . Participation is important, not the product. No norms are set regarding product or task completion.

Presentation of Task/Activity:

- Explaining Objective: Very brief, to the point explanation of skills to be learned.
- Explaining Task: Task implementation is discussed together so as to provide Timothy with a new understanding of the task at hand.
- Giving Instructions: Step – by- step with continuous guidance to elicit the required reaction
- Task Initiation: Timothy is so keen and needs no encouragement to initiate any task.

Facilitation/Monitoring:

- Timothy needs no encouragement to explore, yet it is important to make him aware of his achievements.
- Special opportunities are created to make him aware of the real norms: "how much do we still have to learn?"
- He is encouraged to solve problems by himself.

Handling and Encouraging Interpersonal Efforts:

- Milieu: General acceptance, security and controlling depression is very important.
- Self Concept: Abilities are reinforced, but now in the light of inabilities. Therapist to be aware of depression as a result of realization of inabilities. A lot of encouragement is necessary.
- Interpersonal Efforts:
  Assist Timothy with the feedback he receives from group.
  Encourage correct interpersonal responses'
  Stimulate receptivity to response of others.
- Expression and Control of Emotions:
  Stimulate the expression of wide range of emotions; allow him to express his anxieties and fears.
  Assist him to express and be in control of negative emotions.

Task Evaluation:

- Performance of Timothy is evaluated in a positive way.
- Time and standard aspects are not evaluated.

INTERVENTION AT PASSIVE PARTICIPATION

Aims and Objectives:

- Direct Timothy's motivation to participate in his daily activities, situations and relationships.
- Encourage and facilitate experimental action in the performance of his daily activities
- Stimulate norm compliance in habitual activities and the acceptance of norm direction in others.
- Stimulate Timothy's task concept with emphasis on task implementation and realistic task evaluation.

Selection of Suitable Situations:

- Expect Timothy to handle known everyday situations.
- Gradually expose him to unfamiliar and unknown element in everyday situations e.g. taking him to church or a soccer match or a meeting.

Selection of Suitable Tasks and Activities:

Timothy has been discharged.

- The therapist in collaboration with Timothy and his wife have planned a routine of daily activities
- Type of Activity: Activities represent all Timothy's occupational areas. Most of his work tasks are now centred around managing the workshop. He and his wife have advertised for a trained mechanic to do the supervision of assistants and they are planning to extend their services. The therapist has planned 3 home visits to assess any further needs. Timothy has joined "Sport for the Disabled" and is already quite good at table tennis. His wife takes responsibility for his transport. He still lacks endurance and sometimes things get a bit much for him. He is still a bit unsure whether they as a family will survive.

Planning of Task/Activity:

- Timothy now does his own planning , referring constantly to his wife.

Structuring:

- Every task , every situation is analized by Timothy and his wife to determine the most effective manner of performance. This also applies to organization of his daily tasks. Any unknown elements are discussed and then carried out with the assistance of his wife. Preparation for any new or unknown interpersonal settings still need some preparation and practice.
- Timothy is aware of norms, but especially in the work situation finds it still difficult to comply with time demands. Most work activities still take a longer time to carry out; the same applies to his Personal Management activities.

Presentation of Task/Activity:

- For reasons of insecurity, Timothy often needs a little encouragement to initiate tasks, especially where unknown elements are involve

Facilitation/Monitoring:

- Preparation for unfamiliar activities and situations regarding the church- and town council, new leisure activities, relationship with assistants and his children, Timothy needs preparation and support.
- He also needs support in the development of realistic self expectations regarding task selection and norm compliance.
- It is important to highlight success and competence, approval by others, giving constant reassurance.

Handling and Encouraging Interpersonal Efforts:

- Milieu: Supportive and compensatory, the approach however being primarily product centred.
- Self Concept: Timothy's self esteem is "vulnerable" , as he is fully aware of expectations and sets very high standards for himself. Therefore he needs recognition and reassurance.
- Interpersonal Efforts:
  Timothy is very sensitive to the reactions of other people and still needs to cope with them. New interpersonal responses have to be learned and practiced.
- Expression and Control of Emotions:
  Assist Timothy in handling his anxieties , fears and insecurities.

Task Evaluation:

- Assist Timothy with realistic task evaluation.

AND IF THERE IS LITTLE CREATIVE CAPACITY?

Creative capacity refers to an individual's maximal creative potential. Some creative potential is in every person, although it may be influenced by several factors such as physical incapacity, severe behavioural problems, mental health, intelligence and the environment. Some children are born with little creative potential available to them. These may be children with autism, cerebral palsy, blindness, Downs syndrome, uncontrolled epilepsy and others. It is important, irrespective of the severity of the disability, to look out for factors other than medical symptoms that allow such a child to live a life worthwhile living. Occupational therapists working in this field have realized that there is something unique in these children and that each child has a unique creative potential that augments or limits the way it responds.
To bring some quality of life to these children and their families, it becomes important to stimulate and activate what little potential they have. Intervention with these children usually starts at tone and there may be growth to only self differentiation or self presentation .
Since applying assessment and intervention principles derived from the Model of Creative Ability, better outcomes have been achieved and handling of these children has become easier. What can be offered to these children:

1. Allow the child to just be – it is hard to believe creative ability in its simplest form is just being.
2. Early creative learning which takes place through the senses and involves a basic stimulation programme.
   Awareness of the body, the self, abilities , immediate surroundings, objects and materials is created The child is encouraged and invited to take part. Later follows the stimulation of e.g. fine motor abilities , awareness of shapes and colours, the learning of concepts, numeracy etc

3. Gross motor participation to activate learning, normalize tone and improve gross motor skills.
4. Learning some habitual activities, mostly Personal Management activities such as eating by themselves in the dining room , toilet training, cleaning up, dressing, washing themselves.
5. Taking part in simple 1-2 step activities by initially being exposed to others doing activities, then doing the activity with the therapist, later imitating and sometimes even exploring.
6. Learning some habitual skills such as sitting down, following instructions. Basic social behaviour is encouraged: saying please, basic manners, turn taking, following some rules etc
7. A structured environment is created for the child at home and at school .
8. Through outings basic life experiences are provided.

I would like to come back to my original question: Can the Model of Creative Ability really be regarded as a model? Having explored some of the issues, I would like to conclude:

The model has a philosophical base, assumptions and key concepts, yet much clearer definitions are needed..A major barrier to understanding and applying this model is, that concepts are used that are not clearly defined. Main characteristics of creative behaviour which have their origin in philosophy and psychology, still need to be identified.

The model is extremely useful in the field of occupational therapy , but needs a wider application. It has been successfully documented in the psychiatric field of practice. Assessment tools have been developed, yet have not been fully researched.

Model organization and documentation is still in its beginning stage.

We are therefore dealing with a model in progress, moving towards a known destination, a model that has so much potential. Let us all be part of it and may our dream become reality!

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