**Creative Ability**

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I am pleased to have this opportunity of presenting to you a few thoughts on creative ability, especially as "media graded to restore creative participation" has recently been accepted as one of the 7 categories of the therapeutic media of our profession. The formulation of this classification will enhance the quality of our clinical contribution only if the profession accepts this as a directive to promote theoretical and practical research into each category of therapeutic media, in order that each Occupational Therapist may remain or become a specialist in the implementation of each therapeutic medium.

The medical profession demands that any new clinical procedure be validated in terms of clinical results. This implies that a new procedure has to be evaluated against a set standard, usually the norms of recovery in the area in which the claims are made. An assessment of the value of a procedure is done according to the negative or positive effects elicited in the patient by the application of the procedure. It therefore becomes essential for us as a paramedical group, similarly, to standardise the clinical definition, method and results of implementation of each therapeutic procedure - in this case, media graded to restore creative participation. This should be done not by means of a subjective evaluation of the effects of the procedure, but rather by measuring the results attained in treatment, using each procedure and, if possible, by comparing these results with those attained in control groups. In this case, the clinical research would relate to measuring the results of treatment aimed at restoring creative ability or "volition" in patients and based on the concept that creative ability recovers or re-emerges in sequential stages.

It was in an attempt to do this in our "setup" in Pretoria that I tentatively submitted the "Stages of Development of the Creative Response" as a starting point for our deliberations and as a beginning to the clinical research which we are doing in the following areas:

1. The area of gross / permanent residual disability (spinal unit and, in particular, the quadriplegic group of patients);
2. The chronic regressed psychotic patients (at Weskoppies Hospital);
3. The emotionally disturbed children in the Child Guidance and Perception Clinic at the HF Verwoerd Hospital, including:
4. The autistic children, and
5. Children who are disabled from birth (e.g. cerebral palsied children at the Pretoria School for the Cerebral Palsied).

I would like to share this classification and some of the background thinking with you. I present these thoughts fully aware that they represent a clinical beginning and not a rigid or absolute claim of validity. I present this scheme in the hope that it may stimulate further clinical research.

**Definition:**

The term "creativity" is used by many different professional groups and it is assigned as many different definitions as the professions using it. Some of these definitions are incompatible or contradictory. This fact led C Taylor to advise that "researchers either choose a tentative and existing definition of creativity or develop a definition of their own which will enable them to go on with their work". The absence of any creative ability is perhaps more easily discernable than its presence because of the complexity and uniqueness which each individual brings to its portrayal.

I would suggest, therefore, that in Occupational Therapy we use the term "creativity" as little as possible and only as a blanket or cover term, and that we confine ourselves rather to use the more specific and functionally significant terms "creative capacity", "creative response", "creative participation", "creative act" and "creative ability".

As I see it, "creative capacity" is the total creative possibility or creative potential possessed by a particular individual. Genetic factors such as intelligence and personality structure will influence this capacity. I use "capacity" in accordance with the definition in Webster's dictionary as "all that can be contained".

**Creative Response -** is the positive attitudinal reaction which an individual displays towards opportunity. This attitude precedes action. It is the "turning towards" or "contact seeking" element. A creative response reflects the "being prepared to participate", or anticipation of pleasure in participation.

**Creative Participation and the Creative Act -** are practically synonymous. There is, however, a slight difference in the emphasis or nuance of meaning. This is the only reason why I have retained both terms. Creative participation emphasises the "process of being involved in", a "doing with" component, whereas the creative act is the actual crystallisation of the creative response and creative participation in action. The final "product" - producing a culminating point of creative response and creative participation - is the creative act.

**Creative Ability -** is that area of the individual's creative capacity or potential which he has actualised and defined or manifest in himself. The individual is able to operate freely and creatively within this area. Creative effort or action on the boundaries of this area, that is, maximum effort, will result in increased creative ability. Creative ability represents the usable area of the creative capacity.

**Perhaps I can now attempt a definition of creative ability:**

Creative ability in an individual is manifested in a tangible or intangible product which acts as evidence of the level of psychical development attained. It is characterised in the individual by his ability to form a relational contact with materials, people and events, and by the measure of his anxiety control which would influence his preparedness to function freely and with originality at his maximum level of competence.

There are a few fundamental premises which determine the understanding of the concept of creative ability:

1. That the manifestation of creative ability gives evidence of the level of the psychical development which has been attained by any individual. The level and quality of an individual's psychical development will, in fact must determine the nature, quality and extent of his creative ability. The psychical level is thus the source or matrix whilst the creative act represents the product or human evidence of that psychical quality. I say "human evidence" in order to emphasise that the product, which is an essential component of creative ability, may be tangible or intangible. The product may result from the channelization of any of mans' human mechanisms, whether these be sensory or perceptual, motor, manual or intellectual.

 In order to consider the implication of this statement, it is necessary to be familiar with the stages of psychical recovery which I first presented in 1965 and which have subsequently formed the basis of our training and practice in the psychiatric field. Time does not allow me to dwell on the characteristics or treatment implications of the stages of psychical recovery, although these have formed an essential part of our exciting and rewarding clinical adventure. I must, therefore, limit myself to a very brief summary.

 The suggested stages of psychical development represent the sequential emergence in man of the spiritual or motivational component of his living capacity. When we apply this concept to a patient in whom the sequential psychical development has been disrupted or destroyed, it is perhaps simpler to say that the stage of psychical development in a patient is indicated by the quality of self directedness evidenced in his total functioning pattern.

 It is suggested that there are six stages of psychical development: tone, self differentiation, self presentation, participation, contribution and competitive contribution. The most important task in assessing the level of psychical development attained by a patient is thus to evaluate the quality of self directedness portrayed by him in every action of his daily living. This, together with the usual comprehensive assessment aligned to the pathology, will give a clear indication of the needs of the patient, and the aims, principles and method of treatment.

 Tone:

 In this context, "tone" refers to the basic biological tone which is essential for continued human existence. Without, for example, basic neuro-muscular physiological and mental or psychical tone, there is no starting point for human function in these areas. Biological function may be completely undirected or distorted by the individual or it may even dominate the individual's actions, as seen in the distorted eating patterns of the wet and dirty regressed psychotic patients.

 On the other hand, biological function may continue completely automatically in spite of the absolute indifference or active disinterest of the patient (that is, complete absence of self directedness) as found in the grossly traumatised patient who would rather die than live.

 It is at the first almost imperceptible signs of the return of an initially fragile and vulnerable self directedness that the gradual recovery of positive tone begins. The distorted, disinterested or apathetic background attitude of the patient gradually becomes directed towards living and reality rather than towards death and unreality.

 The return of self directedness is a positive sign, however negatively it may be expressed. For example, in the grossly physically disabled patients such as quadriplegics, the first sign of a returning self directedness or "tone" is frequently expressed in aggressive or resentful behaviour. On the social level, no reaction is expected from the patient. In fact any social exposure is only to the presence of a very selected few, and that only at the sensitive discretion of the Therapist. There can be no talk of an interpersonal relationship at this stage, not even with the Therapist, on a one to one basis. The most that can be claimed is that the patient tolerates a one-sided Therapist to patient therapeutic exposure or contact.

 Self Differentiation:

 This stage heralds the very basic, almost primitive growth of a new self awareness, associated at first with quantitative rather than qualitative self discovery or rediscovery. This process is obviously very far removed from the ultimate sophisticated "self awareness" progressively attained by the mature individual who, through the acuity and clarity of his intellect, becomes aware of the nuances of his uniqueness.

 The individual who has been reduced to this stage of psychical function by physical or psychiatric pathology will respond to situations structured by the Therapist specifically to invite him to find a definition of himself. Initially this will be a purely physical definition, for example of discovering a body image, but the patient must be led to discover other boundaries of his identity through graded functional self identification procedures so that he may progressively also differentiate himself qualitatively from things and other people around him.

 In the self differentiating process, the attainment of biological control appears to precede and overlap with establishment of a body image. The definition of body image appears to lead to the emergence of an ability to express basic emotions and to execute primitive egocentric decision making, particularly decision making related to comfort or discomfort, pleasure or displeasure.

 For the grossly physically disabled patient, it is a difficult and painful process to identify his new traumatised self. The Pretoria Multimotivational Therapeutic Apparatus (PMTA) has a very significant contribution to make to the rehabilitation of these patients during this stage. The Isometric Muscle Contraction Monitor (IMCM) may be used, for example, to convert the minutest residual muscle activity into activity participation. The process of conversion is this: the patient's active effort to move a particular muscle results in a myo-electric current which is picked up by the IMCM and used to switch electrically driven motivating tools or audio visual motivating equipment.

 This process demonstrates to the patient the vital rehabilitative truth that he still can function. It proves to him that he can manipulate his world within his new limits provided he makes the effort. The patient's devastatingly depleted physical definition is thus presented to him positively through residual ability rather than negatively through placing emphasis on his distressing disability.

 Social stimuli are still presented on a one-way, purely compensatory level towards the patient who is still purely the recipient. There will be social exposure to others on the same psychiatric level in order to eliminate any two-way demand.

 At the transition stage between self differentiation and self presentation, the patient may be taught to observe differences between himself and others in respect of his colouring, for example, his brown hair, blue eyes, his physical stature, etc. No value judgements are made although it will be noted that patients are irritated by the presence of particular people and pleased by the presence of others, thus the seed of self selection of company is sown.

 Self Presentation:

 At this stage, the individual gives evidence of a desire to present the self which he has identified. He makes a move towards introducing himself to the world of people and things which he is struggling to return to, and in which he must establish a role for himself.

 It is very important to remember that one is looking for the quality of self directed presentation, thus the name "self presentation". Similarly, the patient must at this stage be involved in Therapist directed participation until he achieves self directed participation.

 Externally directed participation must be structured in such a way as to eliminate the anxiety factor in participation, and to ensure that the patient builds up pleasurable associations with participation. Only in this way will the quality of self directedness replace that of external directedness.

 Once again there appears to be a pattern in the stabilisation of self presentation. It would seem that the psychiatrically disturbed individual will present in a situation which makes motor demands before he is prepared to present in situations which make social demands, and only after this will he be ready to present in situations which demand involvement in tasks and activities. (These demands are obviously those compatible with the stage of self presentation.)

 The physically disabled individual finds the greatest difficulty in building up a preparedness to present his physical incapacity but he has to overcome this before progressing to self presentation in social and task situations.

 It is interesting to investigate more closely the social development of a patient at this level of physical function. For the first time there is a response from the patient towards others. Certain basic expectations related to personal care and social behaviour now become possible. The individual will, by personal effort, "choose" the company of certain individuals. The evidence of this capacity indicates that for the first time the patient is ready for a patient-Therapist relationship in which there is a patient echo-relationship towards the people and things around him. This becomes the main emphasis of treatment at this stage.

 Participation:

 This stage of development extends over the vast area of self directed "Doing". It progresses from passive participation to imitative, active and then competitive participation; from "Doing" without demands or norms, through the stage where therapeutically graded demands and norms are adhered to. Finally the stage is reached where the patient is capable of participating in accordance with self imposed norms and demands. The social ability of the individual follows a pattern compatible with his general functioning. The quality of social interaction is graded to reach the one-in-a-group equality level. The patient complies with demands of subordination and to cooperation with others.

 Contribution:

 The patient reaches the psychical level of contribution where the degree of his self directedness is sufficiently robust to accept and structure the norms most advantageously applicable to unpredicted situations. The outstanding characteristic of the individual's behaviour is that he has the personal quality which enables him to become committed to a task or responsibility on behalf of others and in this way adds a fragment of original thinking and doing. The same attribute will be evident in his social interaction. He can now assume a leadership role and equally voluntarily subject himself to the leadership of others.

 Competitive Contribution:

 This is the highest level of psychical development and obviously one not frequently attained by the psychiatric patient. At this stage, the individual demonstrates the motivational capacity to live and act according to his convictions. He has sufficient determination to make those things happen which he believes to have merit, and to do this in spite of competition or resistance from people or circumstances. An example of circumstantial resistance could, of course, be his physical disability.

 On the social sphere, this individual is evolved and assumes responsibility for himself and others.

**After this summary of the stages of psychical growth, I will present the premises associated with the concepts of creative ability:**

1. The quality and level of creative ability in an individual will necessarily be determined by the quality and level of his psychical development. There appear to be seven main characteristic of creative behaviour, each predominant in a particular stage in the development of creative ability. These seven stages emerge sequentially in the developing child. They are, in order, destructive responses, incidentally creative responses, explorative responses, imitative responses, originative responses, product centred responses and finally, for want of a better word, that of abstract responses.

2. Thus is may be said that creative ability emerges in the child, adolescent and adult in sequential stages which together form a pattern or scheme associated with the development of creative ability. This forms the crux of our treatment approach.

 We believe that this pattern can be restored in the child, adolescent or adult in whom creative ability has been submerged, arrested, disrupted, distorted or destroyed at any point through physical or mental pathology.

 The basic method involved in the restoration of creative ability is for the Therapist to present the patient with the opportunity to re-establish in himself the pattern leading to creative ability. She does this by structuring situations which will elicit the desired creative response; situations which will, in fact, provide the patient with the opportunity to confirm and stabilise a growing creative ability in himself.

3. All the stages, each characterised by particular creative responses, are represented, however fleetingly, in each of the three main cycles of growth in man:

Cycle 1 - The egocentric cycle which extends from birth to the preschool age (5 - 6)

Cycle 2 - The social and imitative cycle which embraces the whole school-going period (from ±7 to ±18)

Cycle 3 - The adult, work-related cycle, commencing at the post-school age or the beginning of vocational training and extending throughout life.

It is obvious that the emphasis and the quality which pertains to each category of creative response will be very different in each of these three cycles.

Creative ability progresses in a spiral fashion embracing those creative responses which went before and moving on to those ahead. The spiral also increases in the depth or vertical dimension in its upward progression.

Thus the stages of creative ability are not rigidly demarcated at any one moment in time. There is a fluid fluctuation between 2 or 3 stages. Several stages of creative ability will thus be demonstrated by an individual during a particular period of time but the dominant characteristics demonstrated by the individual in his creative response, creative participation and creative acts will signify his stage of creative response.

It is necessary, in addition, to confirm the basic concepts included in my definition of creative ability, which are as follows:

* Existing creative ability only increases with effort at the frontiers of that ability, which are maximum challenge and maximum effort.
* Creative ability is expresses in a relational contact with materials, people and events.
* Creativity is manifest in a creative act which culminates in a product. The product is not necessarily concrete but may equally well be intangible or abstract.

Finally, before describing the stages of creative ability, it is essential to reinforce general considerations; the most important of these are, firstly, generalisations formed from a specific incident which usually give rise to superficial and inaccurate conclusions. The same is true about creative ability. It is not acceptable to generalise about the quality and level of an individual's creative ability from his participation in a single creative activity. Although this information may be significant and must be noted, conclusions drawn from such slender evidence will certainly be superficial and, in all probability, will also be inaccurate.

Secondly, it must be borne in mind that "creative ability" represents the sum total of each individual's creative responses and creative acts. In this sense, creative ability can be said to be the way each person actually expresses what he is. Therefore, creative ability will be a reflection of the whole person. Hence factors such as intellectual endowment, cultural background, interests and aptitudes are of vital importance. Moreover, all these factors are infused with the quality of "self directedness" which stems from the level of psychical development attained by the individual.

Thirdly, an individual may demonstrate various stages of creative ability as he gains competence and confidence in each activity attempted. It will however be the optimum levels attained by him which will indicate the boundaries of his creative ability. Similarly, the general level of his creative ability may be ascertained from the predominant creative attitude or response which he most frequently and easily expresses in his actions over the broadest spectrum of his living.

Fourthly, it is obvious that one individual will function at different levels in various activities, depending mainly on his interests and aptitudes. Judgement of a complex quality of living such as "creative ability" must, therefore, be in terms of significant characteristics within the area being judged in much the same way as, for example, the quality of "security" will be judged in a child.

Fifthly, Therapists need not be reminded that where there is pathology it will always be the primary and usually the determining consideration in assessment and treatment. In treatment aiming at restoring creative ability, it is therefore essential to interrelate information regarding pathology and information regarding the stages and characteristics of creative ability.

Pathology affects the total living capacity of the patient and, therefore, for the assessment of "creative ability" and the subsequent treatment cannot be divorced from knowledge, observation and the vital consideration of pathology. On the other hand, treatment gains in specificity when related to normal function and patterns of development have been defined. Distorted, retarded or even compensatory function cannot be recognised if the "norm" or frame of reference has not been identified.

Finally, it is true that fluid contents poured in or out of container, are determined by the size or capacity of that container, whereas it would require a miracle to pour two gallons out of one gallon from the same one gallon can. In a similar but obviously far more complex way, it would be impossible for any individual to introduce a higher psychical quality into his creative responses and creative acts that that which he has already attained in his psychical development. It is, however, a relatively common occurrence for individuals to give evidence of a lower quality of creative and relational (social) responses than those generally associated with the level of their psychical development. When dealing with human beings, no "straight line" or absolute deductions can be made.

**I will now attempt an elaboration of the stages of "creative ability":**

1. Stage in which destructive responses are predominant:

 The level of psychical development which gives rise to this destructive relational and productive mechanism is that of early self differentiation and possibly even that of a late tone.

Because of the predominantly destructive relational component towards materials, people and things outside the self, there can be no real or constructive relationship with other people. The main relational efforts appear to be turned inwards and dissipated in a struggle between the ambivalent forces of self differentiation and self destruction. This inner and undemonstrated process of primitive self discovery appears to commence with the assumption of biological control and progresses to the acknowledgement of the basic physical and emotional boundaries of the "self".

The products of this stage are the result of destructive action or forces, for example, throwing, tearing, stamping or banging. Satisfaction is derived out of destruction for the sake of destruction, and in the growing child destructive action emerges out of the stage in which he is preoccupied with the discovery and enjoyment of movement rather than activity. The inevitable message or invitation contained in destructive action is that "just as whole things may be destroyed, so broken things may be made whole again".

In this sense, a definition of construction automatically grows out of a definition of destruction. The main purpose of this stage appears to be the crystallisation in the individual of a definition: the difference between destruction and construction.

2. Stage in which incidental creative responses are predominant:

 The background psychical level of this stage is that which exists over the various gradations of self differentiation.

 The relational quality demonstrated is a minute movement towards, or tolerance of materials and things. The relational component towards people is expressed by the patient by giving evidence of his consciousness of the presence or absence of others, and by his recognition and acknowledgement of particular individuals. At the transitional level (in patients who have lost this attribute), there is a tolerance of physical contact. Developing children need and enjoy physical contact.

 The productive aspects of the incidental creative responses are also significantly different in the normal developing child from that of the individual with pathology. In fact, I refer to the stages of development only to illustrate the growth of volition and activity participation.

 In the child there is a coincidental recognition of the form, order or design which emerges out of a destructive action or situation. For the individual demonstrating pathology, situations and methods of presentation require meticulous structuring in order to evoke the same absolutely anxiety free and pleasant "surprise - surprise" discovery of an incidentally created product. The pleasant feelings associated with handling of materials which is built up in this way (concrete) is the operative therapeutic agent.

 Examples of techniques in treatment are paint blotting or smudging of various forms; the multitudinous variety of paint spraying, throwing or blowing techniques; incidental printing techniques, e.g. marbling, sponge printing with crumpled paper; and splattering, for example on the rotating wheel.

 Throughout the treatment, but particularly during this stage, the method of presenting the various activities is as important as the nature of the activity, and the attitude or response evoked during the execution of the activity is far more important than the product resulting from the effort.

3. Stage during which personal experimental or explorative responses are predominant:

 The psychical matrix of this phase is the later stages of self differentiation and self presentation.

 In both treatment and development there should be an exposure of either patient or child to a wide variety of materials and things which will result in as wide a range of concrete relational experiences.

 The qualitative dimension of "forming a relationship", which includes the element of consistency, is still lacking. The predominant characteristic of relational behaviour is that of short contact with and acknowledgement of "the otherness" of materials, things and people, and an expressed awareness of different situations.

 This phase obviously presents the optimum opportunity for building up an increasing area of pleasant and non threatening associations with material handling and new situations, in addition to a feeling of security in contact with people.

 The creative products will largely be dictated by the inherent properties of the material which the patient happens to be handling. The important differentiating factor between this stage and that associated with the stage of incidental creative responses is that now, although the exposure to material may be initiated by the Therapist, the patient's actual handling of the material is determined by his own motivation or desire to do so.

This stage must essentially be approached as a time of experimental handling. Although the patient or child is presented with a variety of materials, no task is set and, therefore, there is no pre-planned or anticipated product. Therefore, there can be no element of judgement. Gradually, however, the inherent quality or nature of the material handled will impose its own norms related to function. The individual may also start formulating his personal acceptance or non-acceptance of his own more-or-less coincidental products. It is interesting to note the difference between the quality of the completely incidental product which emerges immediately after the destructive phase, and the unplanned, and in this sense coincidental product which develops out of the exploratory handling of materials.

4. Stage in which imitative creative responses are predominant:

 The exploratory stage is followed by the relatively long and perhaps therapeutically most significant and demanding stage of imitative creative responses.

 The background level of psychical development of the various gradations of imitative creative responses is that ranging from the Therapist directed and transition stages of self presentation to the early tentative efforts at self directed passive participation. This is an important time for continued self differentiation in the qualitative dimension.

 The relational elements are as gradable as the products which the individual is invited to imitate. Experimental relationships are not only formed with materials and things but now, most significantly, extend to social situations. From this stage onwards, the nature of the relational element varies considerably in accordance with the characteristics which prevail in the three main cycles of age and development. There will be egocentrically orientated imitation of motor, social and skill activities in the school-going age group, and imitation of the more mature social behaviour and productive work competence in the final cycle. The differences will obviously be apparent in both the method of handling and the resultant product.

 The element of judgement will be introduced gradually, starting with emphasis on warranted favourable comparisons both of product and performance, and reinforced by encouraging the individual to express personal criticism and judgement. This is necessary in the establishment of a norm of self expectation.

 This is a significant stage of creative development because the individual has built up sufficient ability in the intellectual and relational spheres and has sufficient experience in task and material manipulation to be mouldable.

 Many individuals do not have the intellectual, psychical or creative reserves to develop beyond the stage of imitation. In these cases, the imitative creative process lends itself to very satisfactory channelization into an area of work of the imitative, repetitive kind. These work situations may be found in sheltered workshops and on the open labour market.

5. Stage in which originative creative responses are predominant:

 The psychical source of this response fluctuates between the consolidation of self presentation and the establishment of patterns of active participation.

 Relationally, self discovery is continuing on this higher level of endeavour. The individual will actively seek contact with things, materials and, for the first time, people. This is an expression of generalised pleasurable anticipation associated with a relational contact with the materials, things and people in his world.

 The most important characteristic demonstrated by the individual in this stage of creative growth is a growing quality of self assurance and self confidence with leads to self assertion. The individual anticipates acceptance and there is a residual feeling of self worth. Both what he is and what he does becomes acceptable to himself and because of this, he understands that there are norms which have to be adhered to. He anticipates approval from others but in view of his acceptance of norms, he has the ego strength to accept criticism in terms of these norms.

 The individual expresses his self assurance in a willingness to alter existing things and situations by adding something new, something of his own to them, not only to things and situations but also to interpersonal relationships. This is a significant stage in increasing the depth dimension of interpersonal ability. (It must be remembered that interpersonal ability is considerably different from social ability.) At this stage a mature sense of humour is often apparent.

 The products of this stage will obviously vary in accordance with the three chronological cycles. In the first there will be imaginative play, in the second the ability to initiate new games, rules and skills, and in the third the introduction of new design form or structure to aspects of life and work.

 In the treatment of pathology the situations will be structured to nurture the element, initially, of wanting to add a variation to that which is duplicated. This will be followed by encouraging the individual to attain the stage of wanting to make or do something different, and to take initiative in groups.

6. Stage in which most creative responses are product centred:

 This is the mechanism optimally associated with active participation and work preparation.

 Relationally, the individual moves up the scale from the ability to form a one-to-one depth relationship to that of demonstrating reliable social behaviour in any unselected group of people. The individual reinforces his capacity to function creatively in many areas of participation, and later experiments with his capacity to make an original contribution in the fields of his interests and aptitudes. The sum total of his actions reflect the psychical qualities which he has attained, i.e. his ability to participate actively and competitively, and to contribute positively to his life situation. He has gained a social versatility and is able to manipulate his interactions with people. He can now interchangeably assume roles which require subordination to an authority figure, and those demanding leadership qualities in himself.

 He develops his decision making capacity and upgrades his ability to assume responsibility in the vertical as well as horizontal dimensions.

 Norms which relate to behaviour and to production are established and graded. It is important to realise that there is a correlation between the ability to subordinate oneself to a set of outside norms and the ability to subordinate oneself to a particular authority figure. Hence the reinforcement of these abilities in the individual are of primary importance at this stage.

 The individual functioning on this level is prepared to accept judgement, both of the performance and of the products of his performance. He develops a new tolerance of the faults of others and a readiness to respond with companionship to members of an unselected group.

 Participation in work is graded from general participation over a broad and representative sociological area to participation within a specific sociological area. Moreover, it may be graded from general participation within a specific work situation within that sociological area. Grading will apply to all aspects of work capacity, conveniently classified under the headings: personal presentation, social presentation, and work competence.

7. Stage of the highest creative responses (abstract):

 The psychical qualities of competitive contribution characterise the individual's creative acts. Generally speaking, the characteristics displayed by an individual at this stage would reflect the qualities enumerated in the definition of creative ability. This individual would function in accordance with his self expectations, which surpass any external expectations. He is spiritually independent and has the ability to manoeuvre, manipulate and direct his relational and creative skills to the benefit of society.