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FINAL DRAFT

EXPLORING NEW DIMENSIONS AND LOOKING BEYOND THE CURRENT POTENTIAL OF THE VONA DU TOIT MODEL OF CREATIVE ABILITY

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Robin Joubert

1.Introduction

As I prepare to bid my final farewell to the exceptional profession of occupational therapy at the end of this year, it is a huge honour and privilege for me to include in my final OT journey, a trip to London to deliver this address to you today. Thank you!

I am going to commence with sharing a brief vignette with you explaining my relationship with Vona du Toit. I trained as an OT from 1968 to 1970 at what was then referred to as the Pretoria College of Occupational Therapy. Vona was at that time Head of this College. I can't remember exact chronological details but it was shortly prior to this time that she was diagnosed with breast cancer and had already undergone a radical mastectomy and, periodically during the 3 years I was there, she underwent various chemo and radiation therapy courses that impacted upon her health but also resulted in, arguably, the most productive and creative period of her life when the cancer was in remission. So I got to know and interact with her at a difficult and hugely demanding period in her life, but also at a very productive and creative period in her life. Her delightful daughter Marie was in my class and one of my best friends. Marie was tragically killed in a motor vehicle accident the year after we all qualified in 1972 and Vona's health started to deteriorate after this .

As though she knew that her time was limited and in an almost frantic attempt to complete her work and get it out into the open domain this was a time when Vona seemed to be constantly going off to WFOT and other conferences all over the world to present papers on the MoCA. And in the final stages, so adamant was she, I am told on the trustworthy anecdotes of colleagues close to her at the end of her life, that she insisted, against doctor's orders, in attending the 1974 WFOT conference in Canada where she presented her last paper on the model. She was so sick at the time that she had to have intravenous drips put up on her when she returned to her hotel room. On return to South Africa she was collected from the airport by an ambulance and taken to hospital where she died shortly after. I share this particular anecdote with you because it so perfectly illustrates the type of feisty and courageous character and person that Vona du Toit was.

I was privileged to be one of a group of students that were the recipients of her early teachings on this model. It is difficult to describe the extent of the passion and deep, almost spiritual, engrossment that Vona had with developing the theory behind the

model. And like all passionate people, her expression of ideas and thoughts were so intense and convincing that, as students, we literally hung on her lips and then took her ideas out into our clinical fieldwork pracs, experimented with them and then came back to her classroom to share our experiences with her. I recall on a few occasions when there wasn't a lecture venue available for us, she would have us come into her office and all sit around on the carpeted floor surrounding her desk from whence she would lecture, using no props, she simply spoke and asked our various opinions about what and how we interpreted her various explanations of the theory behind the model. It was difficult not to love her, she had a deep serenity and calmness about her and a genuine sincerity in her ability to engaged with others either individually or as a group. This gentle side of her camouflaged a very strong will and tenacious capacity to defend her theory and those who opposed her.

And so, there, I leave with you a little fraction of the person that was Vona, as perceived through the eyes of one of her many adoring students.

2. Putting the Model of Creative Ability into context

2.1. Models and their place in occupational therapy

The human species and the various multiple worlds and contexts that we live in are far too complex and diverse to put into nicely labeled little packages and boxes that we can store on theoretical shelves and pull down and open up when we need a recipe to one or other of the many challenges that we as occupational therapists face. So it's important that I state from the onset that I have some concerns regarding OT models and theoretical frameworks and the fanatical dogmatism that OTs sometimes attach to these. I am perhaps made more cautious of models and theories related to human occupation by virtue of the fact that I come from Africa, where models are not part of the indigenous African worldview and thus since most models have been designed to accommodate Western values and world views, many of them do not fully accommodate African values and world views, particularly as these relate to the link between human occupation and health and interpersonal relations. Baum cited in Iwama (2006:viii) agrees that most of the OT models used today are *'informed by common experience situated in the Western world'* and so one has to ask the question, how do these apply to other worlds? Iwama *et al* (2011:90) further maintain that when OTs try and apply their models to clients who come from other world views and cultural perspectives the model templates may not fit well and may lead to '*biased interpretations of the others ethos and realities of life'.* And I suggest that this could even lead to placing a pathological label on an otherwise perfectly 'normal' person and, in this case, one with a high level of creative ability.

However, having said this and alluded to some of my concerns about them, I do believe that models have an important place in our profession because they help us to

systematize our thoughts and apply appropriate principles and methods to the implementation of assessment and interventions for those we serve.

Models '*endeavor to simplify the big picture, making the complex more explicit and more readily understood',* Krefting (cited in Supyk-Mellson and McKenna, 2010:68) And so in our particular profession where we are constantly dealing with the highly complicated task of understanding and applying knowledge about human occupation and how it relates to health and wellness this helps us to organise our thoughts and acts better.

So how do we gauge models and their integrity and veracity to stand up against testable criteria? Can we put the VdT Model of Creative Ability to test to determine if it stands up to the expectations of a good model? I decided to do this using 9 descriptors for models developed by Law *et al and* cited in Christiansen and Baum (1997) these descriptors, in my opinion, provide a useful checklist against which to determine the veracity of models. I have further elaborated on what I consider to be basic requirements under each descriptor that should assist in determining this veracity of the model.

2.2. Gauging the Vona du Toit Model of Creative Ability against acceptable standards:

Descriptor	How MoCA compares
1. **Who developed the model**? This should be a respected scholar and pioneer who has had a substantial amount of time and experience in the field of OT. They should have research experience and preferably post graduate qualifications.	• Vona is arguably one of the most respected pioneers in the development of OT in South Africa. • Attained her OT Diploma and various others in education attained through 4 of SAs most respected Universities (UCT, Wits ,Rhodes and PTA)In her days there were no degrees or post graduate degrees for OT • Vona had many years of experience in both the practice of OT as well as establishing OT departments and training for OTs at Pretoria College of OT.
2. **Its Origens**: what was the motive behind its development and was it developed using empirical evidence in a systematic and reputable manner?	• Based upon a belief in the inter-relatedness between motivation and action, providing us with an understanding of what motivates people and provides a way in which to measure the level of motivation (van der Reyden, 2004) • Resulting in the classification of sequential, interdependent stages of volitional growth and corresponding activity participation (du Toit(1973) • Can be applied, first as an assessment strategy to determine an individuals level of creative ability, and then applied as a strategy to guide intervention in such a way as to bring the client to higher levels of creative ability. • **Empirical evidence** considered a vulnerable area of the model because there is no documented methodological evidence of proper research, but I would like to suggest that Vona used a form of qualitative research gaining information in a type of

	ethnography, focus groups and interviews which were based upon her own observations and informal interviews and discussions with students and clinical colleagues, which reinforced her developing theory.
3. **Population**: Does it apply to all age groups, across cultures genders and contexts?	• MoCA is quite universal i.e. volition and how this influences human's engagement with people, objects and situations around them and across all ages has foundations that are universal to all cultures. • However -largely influenced by Western philosophers and theorists and thus, thus although applied within African indigenous populations in South Africa…….. • To date it has not adequately addressed its applicability to the dominant perspectives within the African world view.
4. Its **Theoretical foundations:** what established theoretical foundations are used to support it	• The phenomenological theories of Martin Buber& Karl Rogers and also Piaget's Theory of Psychological and Cognitive Development amongst others, contributed to the foundations of this Model. (van der Reyden, 1994). Of 10 personality theorists rated on 6 criteria for gauging the verifiability of the theory, Rogers scored high on 5 out of 6 of the criteria (Hjelle & Ziegler,1983)Thus as one of the founding theorists influencing the Model, this is reassuring and reinforces the model's veracity
5. Concepts and assumptions: what are the basic tenets underlying the model	• In the interests of time and boredom I am going to assume you all basically know these and agree that they are sound and make sense
6. Client / therapist relationship: is there evidence of how the relationship between the therapist and client is used to enhance intervention?	The Model suggests that the progressional transition from one level to the next follows a 3 phase sequence: • of first being therapist directed, then • 'patient' directed to ultimately the • transition phase to the next level.
7. Expected outcome: once applied how does the model demonstrate a positive outcome in the occupational capacity of the individual?	• The Model assumes that by engaging the client in meaningful occupation, occupational therapy assists the client in the process of regaining occupational performance and quality of life. • The Model does not dictate specific activities /occupations but rathe suggests the characteristics they should have to be appropriate to th client's level of participation (de Wit, 2005)
8. Assessment: **[** Does the model have a specified assessment process that allows one to clearly determine progress along a continuum of recovery?]	• Absolutely!! • Daleen Casteleijn's Phd research where she used the Rasch measurment model to measure the validity of the levels of Creative Ability found that they are extremely valid for use as a measure.(Casteleijn, 2013) • Dain van der Reyden & Wendy Sherwood are also currently in the process of refining a matrix which allows for the therapist to plot the clients level of performance

9 Intervention: **[** Does the model provide clear guidelines and/or structure for intervention?]	• Yes, extensive guidelines from several sources, e.g. du Toit,(1974), van der Reyden, (1998) de Wit,(2005), Sherwood,(2011). • Substantial anecdotal evidence supports the theory but need for more empirical evidence.

So what does all this tell us?

With very few areas of weakness the veracity of the model stands up to all 9 areas of testing extremely well and thus, in my opinion, can be used both with confidence and pride by those who believe in it!

3. Looking beyond the boundaries and limitations of the model.

For purposes of clarity, from now on I will be referring to the Vona du Toit Model of Creative Ability simply as the Model.

3.1. Moving from illness to wellness:

Up until fairly recently, the model has been mostly applied to, and deemed specifically applicable to disabled children(mostly CP) and the psychiatrically disabled. Few papers or sources have touched on the application of the Model to physically disabled other than myself (Joubert,1980), Turnbull, de Witt & Concha(2002), and Jansen & Casteleijn (2009) and I am delighted to see that some of you in UK i.e Roshni Khatri and Rebecca Harland are also exploring this area. Furthermore and much more exciting, there appears to be an emerging set of evidence in the application of the Model to wellness rather than exclusively to illness (du Plessis, 2012). In the following discussion I am going to attempt to suggest to you, some different and challenging applications of the Model that moves it from the almost exclusive domain of illness and institutionalization into the domain of wellness and the world outside of the institution.

3.1.1. A quick Review of some of the basic tenants of the Model:

To better understand the application of the Model outside of the domain of illness it is necessary to briefly review the Model's basic assumptions which are that:

- Volition or motivation > 'intrinsic' motivation, is a biological or innate urge within the individual to explore and master the environment through physical and/or mental engagement in occupation and is the underlying source of energy for occupational behavior (Kielhofner and Wilcock as cited in de Wit, 2005).
- This volition > the fuel which ignites our creative ability and provides the ability to present ourselves freely, controlling our anxiety& limitations or fear, so as to function at our optimal level of competence without being self- conscious to (or stressed by) the opportunities offered to us (adapted from du Toit, 1991).
- We then initiate a creative response which reflects our preparedness to use our resources to participate for an anticipated reward by actively involving ourselves in those activities that daily living presents us with and engaging in them such that it challenges our abilities and resources (de Wit, 2005).

- All of this then results in a creative act which is the final action required to bring about a tangible or intangible end product.
- The success or failure of the "end product" thus influences the strength of the forthcoming motivational response to act upon future challenges

duToit's Model further maintains that it is in the process of responding to our motivation, engaging in activities and mastering these that we move up a hierarchical ladder of creative participation which is virtually non- existent at its lowest level of Tone and at its most creative when humans attain the highest level, i.e. competitive contribution.

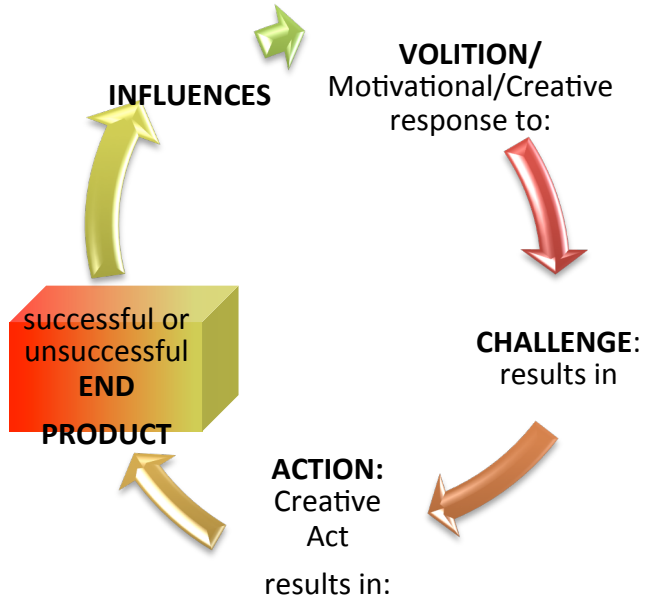

Fig 1: Motivational cycle based upon outcome of end product.

The outcome of this cycle is thus:

- Depending on what level of creative participation we are situated e.g. if we are situated on a lower level of creative participation such as self presentation, the volitional response to the failure of our "end product" may be one of regression e.g. and failure to move forward and reinforce our creative ability OR>

- If we are situated higher up on the levels of creative participation e.g. competitive contribution then our response to the failure of our initial end product may be one of further igniting our volition to find new ways of correcting our "end product" in which case our creative ability may grow.

- ✖ Persistent and consistent failure to achieve a successful end product, even on the higher levels will ultimately strangle our creative ability

Looking beyond the current boundaries of the Model.

3.1.2. A wellness rather than an illness approach to the model:

Previously the focus of the Model has been on people who are mostly mentally ill and some focus on CP children and physical disability where individuals tend to function more at the lower levels of creative ability. But if we start applying the model more to situations in which the individuals are considered physically and mentally well but may be affected by contexts which obstruct participation in meaningful occupations, such as poverty, occupational injustice or occupational deprivation, then it is probable that we would most likely be dealing with individuals who are situated more at the upper end of the levels of creative participation . Vona's application of the Model was for the most part done within institutional settings where environmental, situational and cultural context becomes equalized and uniform for all inmates. For example, cultures become neutralized, the food one eats is the same for all, rising and going to bed is rigidly dictated and largely everything residents do is controlled by those who care for them. However pathological and abnormal this situation is it does allow Occupational Therapists to much more easily manipulate the variables that contribute towards the growth and development of creative ability.

This in contrast to the real world where each individual lives within their specific geographical, environmental, situational and cultural context each one differing from their neighbour's and each one exercising its own sit of influences upon the variables that contribute towards the growth and development of the individual's creative ability.

3.1.3.Re-application of the model:

So what if I suggest that the application of the Model to these various so called "normal" situations outside of the institutional setting could for example:

- Could it not better equip us to gain an idea of someone with severe traumatic brain or spinal cord injury's level of functioning prior to his/her injury which could assist us in planning a more carefully graded intervention programme for them.
- What if a company called you in and asked you to work out a programme that would contribute to the development of higher levels of creative functioning of top executives within the company?
- What if you worked for WHO and they asked you to assist with implementing programmes for refugee camps in Sudan where large numbers of people are

displaced and the impact of literally sitting doing nothing all day is impacting on their health and potential to grow?
- What if you were invited by your education department to assist them in implementing programmes for pre school children that would keep them at optimal levels of functioning and prepare them better for School?

Are not each one of these situations, that could be facilitated much better if we applied the Model to them?

In order to appreciate the potential here I need to take you through some of the soft spots and emerging challenges in the model because they are relevant to where we are going with the model.

4. Some soft spots in and research challenges to the Model

4.1. The effects of the environment and individual contexts upon the development of creative ability:

In my opinion, and for reasons I have already touched on and which is supported by recent research done by Rolyn du Plessis (2012), the Model inadequately addresses the impact of the physical **environment** within which individuals may live i.e. the geographical e.g. urban or rural, climatic hot or cold and residential i.e. type of structural shelter one lives in. Neither does it adequately address the individual's **context** i.e. aspects such as ones religious or cultural and socio-economic or socio-political background; or the gender expectations or roles within which the participating individual exists and how these two factors may contribute to the facilitation or inhibition of creative ability.

While du Toit certainly acknowledged these, probably because her initial research was institutionally situated, in my opinion she brushes over them too , but in the world of "wellness" environment and context may play an extremely influential role in determining the level of creative ability we are able to attain. And so a deeper understanding of these is particularly important if we are going to start applying the model more to situations outside of institutions of illness and apply it more to situations outside of the institutional setting.

In Rolyn du Plessis's (2012:8) fascinating Masters research she studied the effects of the lived environment upon a diverse group of people living in a very derelict block of flats that had become a slum, and how this environment impacted upon their levels of creative ability, her findings indicate *'that occupational therapists have underestimated the effect of the environment in terms of the range of factors that have an effect on peoples creative participation, the complexity of the interplay between the structural and individual environment and the importance of the perceived environment.'*

The individuals in her study were subject to the negative effects of occupational restriction, deprivation and poverty, many suffered the effects of HIV& AIDS on both family and community structures, had a lack of resources and access to health care.(Olivier, Oosthuizen and Casteleijn cited in du Plessis, 2012). All participants selected for this study were mentally and physically able individuals.

What is emerging from this research is that the Model could be further developed to evaluate how a particularly negative environment and/or context can impact the creative ability of individuals either negatively or positively and so assist us in identifying these factors in various environments thus providing us with the knowledge of how to restructure environments to make them more conducive to allowing creative potential to develop.

Thus for example, we have to ask ourselves how can motivation be ignited to attain higher levels of creative ability in a context where the individual is living in such poverty that she or he does not know whether s/he will survive the week?

4.2. The Trombone effect: Moving backwards and forwards along the scale in reaction to new and threatening situations

I am sure that we all agree that in normal development, unhindered by physical, mental or contextual impairment, humans demonstrate an incremental progress up the hierarchical levels of motivation and action as applied within the Model
Rather like a parallel with Maslows hierarchy of needs. Thus let me speculate, for arguments sake, that for the average human being, once we have reached our established level of creative participation it would probably be somewhere between passive and competitive participation. Is it then not possible, having successfully graduated through the preceding levels and reached ones pinnacle, that during times of severe stress and anxiety, particularly when we are placed in new and potentially threatening situations, and where the difference between success and failure is crucial, we can fluctuate momentarily backwards down the levels of action and back up again? This as a response to our situation and as a means of controlling our anxiety and allowing ourselves to reconnoiter our new situation to determine whether or not we are able to cope within it? These short lived lapses back into previous levels of volition and action are only temporary, rather like ego defense mechanisms, and rarely result in permanent regression, we usually always revert back to our original level hence I hasve coined the term “trombone effect”. Let me give you an example:

Try and recall a situation such as e.g. when you first went to OT College or University or wherever it was that you trained, or perhaps you went to boarding School in your high School years? Or in your first OT post you were posted to a hospital or institution miles from where you live? How did you react? Did you not temporarily have to realign yourself ? Did you not show fleeting characteristics of *self differentiation* (redefining yourself in the new situation, *incidentally* finding ways that made you acceptable to the new environment and context) being insecure about handling new situations and being

more than usually dependent on physical assistance? Then cautiously *presenting* yourself, *exploring* with ways how people would or would not accept you and starting to look for those in the group with whom you feel most comfortable. Not too infrequently making mistakes in your attitude and approach. Norm awareness fluctuating according to what is popular with the crowd and perhaps even *imitating* the popular behavior that conforms with the particular group that you have identified as the one you feel most at home with.

This trombone effect is rather a frivolous idea and one that may not have huge importance for OT but I thought it was fun to share it, just to demonstrate how versatile the Model is!

4.3. Spirituality and Creative Ability:
Another area that Vona du Toit indirectly alludes to in her model is the **spiritual component** of the definition of OT and defines it as *'treatment of man the totality through his active participation in purposeful activity,* she goes on to discuss the substantiation of this definition by two basic principles.The first of these are that *'man through the use of body, (which is himself)in purposeful activity can, and indeed must, influence the state of his own physical, and mental health, and **spiritual** well being.*

We should not underestimate the impact of spiritual needs and influences upon the creative ability of the individual concerned. A scroll down the history of religious martyrs and activists such as Mother Theresa, Desmond Tutu, Martin Luther King, St Paul, Mahatma Gandhi and the Dali Lama provides a vast cache of individuals functioning at the top levels of Creative ability. What was it that drove them?

For many, if not most of us, spirituality forms an integral part of our context. There are things which move us in ways that are different and for most of us, deeply essential. And I do not mean religiosity here, although spirituality may be linked to one's religious affiliation, it is in many cases also apart from this. How much does our own spiritual well- being influence our inner drive and volition to live and be and do and thrive? If we are forced into a world in which the grime and slime of poverty and/or immorality pulls us into desperate forms of survival such as e.g. prostitution or drug dealing, which removes us from opportunities in which to allow our spirituality to carry us, how is it then possible for our creative ability to find completeness?

4.3. Application of the model to socio-political issues such as occupational deprivation, apartheid and justice.

I am really not in a position to give sound theoretical arguments to what I am about to share with you now. I have a deep conviction that because of the manner in which occupational science, and by default also Occupational Therapy, are moving away from the institutionalized and medical focus on illness to a more communal socio-developmental focus on health, and the deeply convincing effects of human occupation upon health, that there is a much broader place for the Model in this milieu. The Model

provides us with an opportunity to look at people differently and see within them their particular unique potential. It provides a foundation upon which to evaluate situations that lead to, or are in a state where occupational disruption occurs, it provides a basic guide to how such situations can be changed or adapted to reverse the effects of occupational disruption upon people and thus also provides an opportunity to prevent ill health from occurring.

4.3.The applicability of the Model to cultures and world views other than Western ones..

This is one area that I know has caused righteous concern amongst some of my South African Colleagues. There are some, particularly OTs who are from the African culture, who feel that the model is too Eurocentric. For example, the African worldview is unique and contrasts with the characteristically scientific Western world view (Higgs & Smith,2008). Whereas the traditional existential and phenomenological worldviews that influenced Rogers's thinking and which is woven into Vona's Model of creative ability, are often counter culture and are concerned with the individual, as opposed to African worldview which is traditionally and intrinsically communal and should be understood in a cultural sense (Higgs & Smith, 2008) almost everything that is done is done with regard to communal concerns, living and existing alone or in isolation is seen as abnormal. Life revolves around collectivity rather than individuality. I personally don't think this is a major issue, I think the Model is flexible and versatile enough to accomodate individual and communal needs and this appears to be emerging in new research such as that of duPlessis(2012) and it will be interesting to see the outcome of research by Fasloen Adams (2013) who is currently doing her Phd get info

But let me illustrate this appreciation of contexrual and cultural differences better by illustrating it with an example. I must ask your indulgence with the quality of these portraits, they were photographed from various newspaper sources, deliberately because I personally liked the photos for what they illustrate for me.

I want you to take a very careful look at these two gentlemen on the screen. I want you to reflect upon their features and inwardly "diagnose" the possible level of creative ability you would expect each to be on based on first appearances. I will not ask you to reveal your "diagnosis".

Let me introduce them to you now. Both recently died and both are South Africans.

First we have Judge Arthur Chaskalson:

- ✖ highly respected lawyer and activist during apartheid and was on Nelson Mandelas defence team at the infamous Rivonia treason trial
- ✖ Started a legal resource center to provide legal help to poor black South Africans while Mandela was in prison
- ✖ Was appointed President of the constitutional court after Mandela became President of SA.

- ✖ Became Chief Justice of SA
- ✖ Commissioner of the international commission of jurists
- ✖ Married to Lorraine 2 sons

Then we have Mr Buks Kruiper,

- ✖ One of the last of the elders of the Khomani San, one of the most famous bushman groups, and considered the greatest repository of cultural and veld knowledge for this group.
- ✖ Mostly lived the life of traditional bushman, shied away from publicity.
- ✖ Legendary animal tracker he could reconstruct the behaviour and thoughts of an animal simply by studying their footprints
- ✖ Had greater knowledge of the medicinal plants of the Kalahari than anyone else
- ✖ Married to !Nat who conceived their youngest son at 55 years old. Buks maintains he knew of a medicinal plant to make women conceive!

So which of the two is on the highest level of creative ability?

Agree that both possibly on the same level or pretty close to one another.
But there are some points to ponder:

- Put Arthur in Buks's world and he would probably not survive
- Put Buks in Arthur's world and he would probably not survive
- The handling of tools , materials and situations for both men is based upon their context and entirely different to one another
- If we base our assessment of levels too much upon Western values and expectations it is likely we will inadequately evaluate the person who comes from another culture or world view
- We need to build this into the Model

Conclusions:

Well there you are, some new and hopefully provocative views of, and insights into Vona du Toit's Model of Creative Ability. In my opinion it is a model, that despite its shortcomings which I have briefly touched on today, has enormous possibility for growth and further development before attaining its full potential. To do this I suggest we need to move our focus of attention:

- ✖ from illness to wellness,
- ✖ from institutions for the mentally and physically ill to the global, real world
- ✖ from the focus on individuals to focus on communities,
- ✖ from a past that tended to concentrate mostly on the lower levels of creative participation to a future that provides a greater regard for the higher levels of creative participation.

I also hope that this presentation has convinced you of the integrity, alacrity and adaptability of the Model in meeting a much broader sector of needs than we first imagined. This presents researcher with many challenges……..

These are exciting challenges that I would love to see realized before I die, so that gives you about a maximum of about 20 years left of my life.
I thank you

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