The Model of Creative Ability

Recommended Reading:

Introduction
The Theory of Creative Ability was first developed by Vona Du Toit in 1972. However, further developments on the theory continued and later became the Model of Creative Ability. The Model of Creative Ability focuses on guiding occupational therapy intervention in the field of psychiatry and it has been said to be effective for all psychiatric diagnoses. The Model is particularly useful in mental health settings where therapists work with large heterogeneous groups of clients, therefore enabling access to treatment in the most cost-effective manner. The theoretical basis of the model is the developmental.

Fundamental Concepts
Creative ability is defined as the ability to freely present oneself, without inhibitions, limitations or anxiety. It also relates to one’s preparedness to function at the maximum level of competence, free from self-consciousness. This ability develops over a person’s lifetime and is contextual. A person’s creative ability can only develop within the limits of the person’s maximum creative potential given the optimal circumstances. This is referred to as one’s creative capacity. Creative capacity is influenced by a number of factors such as intelligence, mental health, opportunities within the environment, personality and security. Therefore, creative capacity differs from one individual to the next based on these factors. Reaching creative capacity is seldom, there is always room for growth. However, growth does not occur automatically, but requires exertion of creative effort at the boundary of the person’s creative ability in order to extend that creative ability. This exertion is referred to as maximal effort.
The theory of Creative Ability relates that there are three interdependent aspects that are required for growth in creative ability, namely; creative response, creative participation and creative act.

1. Creative response- positive attitude towards opportunity at hand and anticipation of pleasure despite anxieties about capability or outcome. This precedes creative participation.
2. Creative participation- process of active participation in daily activities that challenges the person’s abilities.
3. Creative act- the tangible or intangible end product of the creative response and creative participation.

Central concept of creative ability
Volition has been identified as the central concept of the theory and it comprises of two intrinsically linked components, namely motivation and action. Motivation refers to the inner drive of the person that initiates occupational behaviour. The focus of this underlying source of occupational behaviour is different at different stages of occupational development, therefore motivation is dynamic. There are six levels of motivation that are sequential and different from each other. These are; tone, self-differentiation, self-presentation, participation, contribution and competitive contribution. These levels are targeted at developing specific life tasks and they indicate how strong the motivation is as it develops throughout life.

Action relates to translating motivation into mental and physical effort which results in occupational behaviour and the production of tangible or intangible end products. There are ten sequential levels of action that describe the person’s occupational behaviour and performance development. The levels differ in the quality of ability to relate to the environment and its contents. These levels are; predestructive, destructive, incidental constructive action, explorative,
experimental, imitative, original, product centered, situation centered and society centered.

As the person progresses through the motivation and action levels, a wide range of skills and occupational behaviours are acquired, therefore it is imperative in practice to be able to identify where the client is at within each level. The client’s position is related in terms of phases and there are three creative ability phases, the therapist-directed phase, the patient-directed phase and the transitional phase. In the therapist-directed phase there is a high probability of the client’s occupational behaviour regressing to a previous level, because the client demonstrates both the skills and occupational behaviour characteristics of the previous and current level. However, without support, structure and encouragement from the therapist, the level of function will not be maintained.

When in the patient-directed phase, the client can maintain occupational behaviour independently. This is because characteristics of occupational behaviour at a specific level are evident. The transitional phase is one in which the client demonstrates some occupational and behavioural characteristics of the next level. However, this is limited to the presence of optimal circumstances; otherwise the occupational behaviour is on the current level.

Development of creative ability
The development of creative ability provides description of how occupational performance develops from existence to the highest level of societal contribution along a continuum. The continuum signifies the optimal level of occupational performance, but only a few people reach that level due to limitations. The current level of creative ability reflects the creative capacity available for everyday use in occupational performance.

Development continues throughout a life in sequential steps that cannot be omitted and growth usually takes place in spurts that are often followed by
periods where people remain in the comfort zone during consolidation. The relationship between the development of creative ability and the environment is dynamic. The environment can provide challenges and opportunities for creative growth, but when new opportunities and circumstances are presented, stress may occur and the person may regress. Therefore, the development of creative ability depends on the person’s readiness to grow creatively and the right opportunity presented by the environment. The process of creative ability development may be limited or interrupted by factors within the human system that fail to support occupational behaviour. These factors include disability, trauma and illness. External environmental factors could also limit or disrupt development.

**Theoretical Assumptions**

- Human development occurs in an orderly manner throughout life
- Steps within development process are sequential and cannot be omitted
- Individuals have innate drive to encounter world and master challenges
- Changing events and changes in internal and external environment demand adjustment and reorganisation – confrontation with change represents a necessary developmental task
- Response to change can result in adaptation and mastery, maintenance of equilibrium, regression/dysfunction
- Ability to master developmental tasks is influenced by physical and psychological capacity, learned skills, life experiences, availability of resources and opportunities
- Successful adaptation usually leads to self-satisfaction and societal approval
- Successful adaptation promotes future success in meeting challenges
- Purposeful use of activity enables the person to learn or relearn skills and behaviours necessary for coping with developmental demands
• Activities are purposeful when they meet person’s needs, interests, abilities and purpose within life and provide sufficient opportunity for growth and change (De Witt, 2005:9-10).

**Characteristics of creative ability**

There are three main characteristics of creative ability

a) Sequential development- growth or recovery of creative ability follows a constant sequential pattern and a level or phase cannot be omitted.

b) Motivation governs action- motivation is a precursor of action and the components of both are inseparable. The levels of action and motivation relate in a sequential manner.

c) Creative ability is dynamic- it varies from one individual to another and in relation to situational demands. The flow between the levels is gentle.

**Implications for Practice**

The Model of Creative Ability concisely defines how to achieve growth in occupational ability through its approach to treatment. The model provides guidelines for treatment by guiding the therapist in identification of treatment priorities, proposing treatment principles appropriate for a specific level of creative ability as well as how to grade performance based on expectations. The model also provides a guide of how and what to assess to be able to plan treatment. The Model of Creative Ability is suitable for large heterogeneous groups of people who have diverse needs, particularly in the mental health setting.

**Assessment**

a) Evaluation of current skills and ability in occupational performance areas of personal management, social ability, work ability and constructive use of free time. This should be an ongoing process that could be done through observation and practical evaluation.
b) Establish the level of action bearing in mind the client’s developmental stage, life tasks and cultural background.

c) Conclude level of motivation given the level of action- by assessing the quality and nature of observable behaviour. Note that social ability has the most impact on occupational performance than work ability.

**Occupational Performance Areas**

a) **Personal management**- relates to ability to care for self according to societal norms and cultural background, as well as acquiring skills for self-care.

b) **Social ability**- social skills, relationship formation, norms governing social behaviour

c) **Work ability**- initiate projects and demonstrates ability to carry them through to completion, ability to develop new ideas, manage self, resources and workload, work according to norms and being realistic about performance.

d) **Constructive use of free time**- balanced, constructive, recreational use of free time in a socially acceptable manner with the goal of attaining pleasure.

**Application to Psychosocial Occupational Therapy**

The client’s current level of creative ability is the basis from which the therapist manages occupational performance and psychopathological problems. It is important to note that the same disorder affects the occupational performance of clients differently due to treatment, duration of illness, severity and other personal factors. Therefore, although techniques and methods to improve components for clients at different levels of creative ability could be similar, the occupational performance as the end result will be qualitatively different. The therapist could maintain occupational performance by improving or controlling symptoms that disorganize occupational performance through enabling engagement in meaningful and organizing activities.
Grouping levels of creative ability

Creative ability can be divided into stages of motivation and stages of action as presented in the following three groupings:

- Group one- constitutes preparation for constructive action such as grasp, sensory identification or co-ordination.
- Group two- entails behaviour and skill development for norm compliance, e.g. acquiring and using skills for independent living.
- Group three- behaviour and skill development for self-actualization like developing leadership skills.

☐ Group one: Preparation for constructive action
  - tone/predestructive
  - self-differentiation/destructive, incidental constructive action

☐ Group two: Behaviour and skill development for norm compliance
  - self-presentation/explorative
  - participation (passive, imitative)/experimental, imitative

☐ Group three: Behaviour and skill development for self-actualisation
  - participation (active, competitive)/original, product-centred
  - contribution/situation-centred
  - competitive contribution/society centred

☐ Group one: development of functional body use, awareness of who am I, what can I do, what is my relationship to the environment? However, at this stage occupational performance is limited.

☐ Group two: develop necessary social, work, psychological, physical skills to live and be productive in the community.

☐ Group three: develop leadership skills and novel behaviours, capable of developing new products, methods, technologies, solving problems and dealing with complex situations. Benefit for self becomes benefit for society.
References:

http://www.modelofcreativeability.com/what-is-macaig.html

Conceptual Frameworks by Matumo Ramafikeng, Health Sciences UCT, 2010
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