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# Original conceptual modelling of the Vona du Toit Model of Creative Ability: An investigation of philosophical assumptions

## ABSTRACT

**Introduction:** Occupational therapy models are developed over long periods of time through iterative processes of conceptual modelling, including descriptions of philosophical assumptions about the physical and social world. Occupational therapy models serve as a means through which discipline-specific bodies of knowledge can be understood and communicated. The Vona du Toit Model of Creative Ability (VdTMoCA) has been taught and used by South African occupational therapists for over five decades. The longevity of the VdTMoCA attests to its theoretical and practice-based enculturation in the national professional discourse. An investigation of Du Toit's original philosophical assumptions paves the way for deeper understanding of the enculturation process.

**Method:** Critical ethnographic methodology framed the selection and review of four original papers by Du Toit. Document analysis yielded ontological, epistemological, methodological and axiological philosophical assumptions.

**Findings:** Three themes: "Humans and their reality", "Creative ability and practice" and "Application [of creative ability] in occupational therapy" captured the philosophical assumptions underpinning a creative ability mindset that emerged from Du Toit's writings.

**Conclusion:** Du Toit's original philosophical assumptions underlying the VdTMoCA established empirically, provides a baseline for further education and research efforts.

### Implications for practice:

When practice models are used, their underlying philosophical assumptions should be considered to ensure the best person-context-model fit.

## INTRODUCTION

Conceptual modelling is the activity of formally describing aspects of the physical and social world around us for the purpose of understanding and communication<sup>1</sup>. Occupational therapy theorists develop occupational therapy theory and practice models over long periods of time through iterative processes of conceptual modelling<sup>2</sup>. Formal descriptions of philosophical assumptions about the physical and social world underpinning occupational therapy theory and practice serve as a means through which discipline-specific bodies of knowledge can be understood and communicated<sup>3</sup>. Philosophical assumptions refer to premises or beliefs about ontology (the nature of reality), epistemology (what counts as knowledge and how knowledge claims are justified), axiology (role of values), and methodology (process of doing, practicing)<sup>4</sup>. The Vona du Toit Model of Creative Ability (VdTMoCA/the Model) has been applied in South African occupational therapy education and practice for over five decades<sup>5</sup>. Vona du Toit, the progenitor of the Model, captured its initial conceptual modelling in a series of academic papers between 1962-1974<sup>6-12</sup>. In these papers she described a theory of creative ability and therapeutic media graded to restore creative ability. Seminal writings by Du Toit, who passed away in 1974, have been collated into five booklets since 1980 by the Vona and Marie du Toit Foundation (V&MdTF/SA), the custodian of the South African theory of creative ability and the VdTMoCA<sup>13</sup>. These archival

documents provide textual indications of the philosophical assumptions embedded in Du Toit's initial conceptual modelling.

This article reports a critical ethnographic study that used document analysis methods to elucidate ontological, epistemological, axiological, and methodological philosophical assumptions in the text of four purposefully selected seminal papers by Du Toit. The aim of the research reported here was to explore Du Toit's original philosophical assumptions underpinning the VdTMoCA. Clarification of the philosophical assumptions underpinning the genesis of the Model will provide contemporary occupational therapy scholars and practitioners with an empirical rationale for their use of the Model. It will also open up possibilities for conceptual critique and differing beliefs and premises based on changes in the physical and social worlds of the profession in South Africa over the past 50 years.

## Background

During the 1960's-70's the political context in South Africa was governed by an Apartheid regime that enforced racially segregated public sector services. Occupational therapy was introduced to the public health service in 1943 and championed by Du Toit as one of the first occupational therapy graduates from the University of the Witwatersrand. At that time the young profession was in a crisis because its credibility was being questioned and its viability threatened by the dominant medical fraternity and scientism<sup>14,15</sup>. Convinced of the therapeutic value of occupational therapy, Du Toit embarked on a process of conceptual modelling to develop a theory that would validate and distinguish the profession's unique contribution to public health<sup>16</sup>. Du Toit's initial conceptualization of the 'Therapeutic Media Graded to Restore Creative Ability' was added to the World Federation of Occupational Therapy's (WFOT) list of seven therapeutic media by

1968<sup>16</sup>. The practice guidelines for achieving explicit clinical outcomes emanating from the theory of creative ability were valued for their measurability<sup>15</sup>.

However, Du Toit did not lay claim to a grand theory. She acknowledged that the theory of creative ability did not have universal application because its formal organization had not yet reached the point of conceptual modelling where it demonstrated comprehensive understanding of the social world. Social diversity (for example age, gender, culture, language, literacy, health status and socioeconomic circumstances) influences human creative ability. More needs to be known about the social world of healthcare users. Her stance was significant because it challenged the dominance of scientism and the prevailing political dispensation. Du Toit made two critical statements in this regard. Firstly, she emphasised the need for research "*I present these thoughts fully aware that they represent a clinical beginning and not a rigid or absolute claim of validity... in the hope that it may stimulate further clinical research*"<sup>14,20</sup>, and secondly, she noted that the tentative origins of the theory and validation of its therapeutic media pertained, at that stage, only to the programmatic treatment of patients with permanent or chronic health conditions such as cerebral palsy, spinal cord injury and psychiatric disorders. She stated "*it [programme] created such a positive change in the systemization and grading of occupational therapy programmes, that the concept has gradually been clinically confirmed and extended*"<sup>17,23</sup>.

The gradual clinical confirmation and extension of the Model in South African occupational therapy over the past fifty years has ensured its longevity. However, longevity does not confirm the validity of a model. It requires many iterations of conceptual refinement based on practice-based evidence and empirical research<sup>18, 19</sup>. Some work has been done to contribute to the refinement of the VdTMoCA as shown in Table I (below).

Table I: Academic papers that contributed to the refinement of the VdTMoCA<sup>20</sup>.

Name of South African booklets	Year, edition
<b>Patient Volition and Action in Occupational Therapy</b> Author: Du Toit, V Published by The Vona and Marie du Toit Foundation, Pretoria, South Africa.	1980, First publication
	1991 Revised edition
	2004 Third revised edition
	2009 Fourth revised edition
	2015 Fifth edition

The origins of a model proceed from a particular worldview within a particular historical period and professional context. A worldview is a collection of attitudes, values and expectations about the physical and social world around us which inform our thought and action<sup>20, 21</sup>. Worldview includes philosophical assumptions about the physical and social world. As such, it influences how the culture of a profession works out in individual and collective practice. It is not necessarily realistic or desirable for a model to incorporate different worldviews at its inception. However, worldviews may be adjusted over time in response to emergent historical events and contextual changes, thus necessitating confirmation, refinement, or adjustment of a model's original philosophical assumptions to promote its contextual relevance and practice utility over time<sup>19</sup>. With further development of the Model in mind, Du Toit's colleagues and students consolidated its early conceptual modelling by identifying and finetuning specific, graded and sequenced practice guidelines for intervention. Archival documents indicate the widening use and theorisation of the Model in South African occupational therapy with a focus on practice i.e. on understanding and remediating the interrupted creative ability and performance difficulties

of humans with medical conditions<sup>6</sup>. A focus on Du Toit's original philosophical assumptions is indicated as a baseline for guarding against decontextualised longitudinal application of her conceptual modelling.

## Conceptual Modelling

Du Toit cited some of her contemporary international occupational therapy theorists during the 1960s-70s, most notably Reilly who conceptualized the Occupational Behaviour Model<sup>22</sup> (from which Kielhofner developed the Model of Human Occupation in the 1980s) and Fidler and Fidler who conceptualised the Model of Purposeful Activity<sup>23</sup>. These and other seminal theorists understood that conceptual models explain 'the 'why' of the phenomena of interest, while practice models explain 'how' to intervene given the circumstances of those phenomena<sup>24</sup>. Du Toit's primary phenomenon of interest was the 'creative person'<sup>25</sup>. Based on her practice experience Du Toit wanted to explain the 'why' of creative ability and the 'how' of circumstances that influence a person's ability to be creative<sup>25</sup>. Occupational therapy theorists derive knowledge from related disciplines to establish a discipline-specific body of knowledge that explains a phenomenon. For

example, drawing from extant theorists of sociology, philosophy and phenomenology at that time, Du Toit modelled her conceptualization of the 'why' of creative ability to include three dimensions: the originaive instinct; I/Thou and I/It relatedness and the phenomenological experience<sup>6</sup>. Based on sociologist Coleman's definition<sup>26</sup> of motivation as "any inner condition of the organism that initiates or directs its behaviour towards a goal", Du Toit conceptualised originaive instinct as psychical or motivational energy which is expressed in action<sup>14</sup>. She used Buber's<sup>27</sup> existential philosophy of dialogue (which centred on the distinction between I-Thou and I-It relationships) to conceptualise the dimensions of relatedness associated with creative ability as either being positive or negative resulting in corresponding growth or interruption in its development. Similarly, she drew on Buber's phenomenology of embodied encounter<sup>28</sup> to conceptualise the phenomenological experience of creative ability as an outcome of a person's relationship with themselves and the world around them. These and other examples, suggest that Du Toit's conceptual modelling was based on a range of philosophical assumptions which have not, to date, been investigated.

### Du Toit's Matrix of Creative Ability

Du Toit conceptualised a graded, sequential matrix of creative ability to describe how creativity develops and/or recovers in humans. Each incremental level of creative ability was classified based on four constructs: creative capacity ("the total creative possibility or creative potential of a particular individual"), creative response ("the positive attitudinal reaction which an individual displays towards opportunity. This precedes action"); creative participation ("emphasizes the process

of being involved in a 'doing with' component"), and creative act ("the actual crystallisation of the creative response and creative participation into action. The final 'product producing' culminating point of creative response and creative participation is the creative act")<sup>29:21</sup>. Significantly, Du Toit acknowledged that observational research for the stages of development began in (racially segregated) clinical settings, raising critical questions about the universality of the Model and its transferability to humans in general as shown in the following quote.

*"The area of gross/permanent residual disability spinal unit and in particular the quadriplegic group of patients; the chronic regressed psychotic patients at Weskoppies Hospital; the emotionally disturbed child at the child guidance and perception clinic at the HF Verwoerd Hospital and the autistic child and children who are disabled from birth e.g. (Cerebral Palsied Children at Pretoria School for the Cerebral Palsied)"<sup>25:20</sup>.*

The original matrix, depicted in Table II below), indicated that every level of creative action required a corresponding level of motivation (volition) which, as a unit, could be used to determine a person's potential for economic productivity<sup>30</sup>. Du Toit believed that the level of a person's relatedness to the world could be determined by describing their action, motivation, handling tools and materials, relating to people, handling situations, ability to control anxiety and ability to make maximum effort<sup>31</sup>. Based on these and other dimensions of a person's relatedness to themselves and their physical and social worlds, she conceptualised occupational therapy practice guidelines called 'therapeutic media graded to restore creative ability'<sup>32:21</sup>.

**Table II : Creative Ability Matrix<sup>30:28</sup>**

Stages of Action and Motivation	Levels of Creative Ability	Employment potential
Undirected, unplanned action	Tone	Total institutional care
Incidental constructive or unconstructive action (1-2 step tasks)	Self-differentiation	Occupational Centre or home
Constructive exploration in action (3-4 step tasks)	Self-presentation	Sheltered workshop low production >50%
Product centred action (5-7 step task)	Passive participation	Repetitive imitative work in sheltered workshop or selected open market labour, further study or technical training possible
Product centred action (7-11 step task)	Imitative participation	Open labour market- professional training, managerial and high responsibility employment
Acts with originality- transcends norm expectations	Active participation	As above
Product centred action – excels in complex, multi-step tasks	Competitive participation	As above

At this point of conceptual modelling (1960s-1970s), the theory of creative ability was uncontextualized and based on the universalist thinking and worldviews of Western philosophers. Universalism implies that it is possible to apply generalized norms, values, or concepts to all people and cultures, regardless of the contexts in which they are located. A Western cultural worldview considers the individual as "being analytic, monotheistic, materialistic, rationalistic with unilateral determinism, self-efficacy and personal causation.....the ultimate objective is to gain competence and independence by establishing control over their circumstances"<sup>33:48-50</sup>. After her passing, Du Toit's colleagues and students and subsequent generations of occupational therapists expanded on dimensions of the matrix. The original conceptual modelling of the theory of creative ability and its related practice

guidelines has gradually been refined as more occupational therapy knowledge becomes available through research and practice evidence. For example, the VdTMoCA was classified as a practice model in 2010<sup>34</sup>. Revisiting Du Toit's original philosophical assumptions i.e. her explication of the 'why' and the 'how' of creative ability is indicated given the significant social changes that have occurred in South Africa over the past fifty years.

### Research rationale

The enculturation of the Model in South African occupational therapy raised the critical ethnographic question: what congruence (or not) exists between Du Toit's original philosophical assumptions and those held by the first generation (occupational therapists directly taught by Du Toit) and the second generation (occupational therapists taught by

the first generation)? A critical ethnographic study was undertaken by the first author with three objectives: firstly, to investigate the original philosophical assumptions (ontological, epistemological, methodological and axiological) held by Vona du Toit; secondly, to describe the contextual factors (prevailing physical and social worlds) that shaped her conceptual modelling during the 1960's-70's and thirdly, to describe the perspectives of first and second generation occupational therapists on the relevance (or not) of Du Toit's original philosophical assumptions to their use of VdTMoCA. This article reports on the findings of the first two objectives. The purpose of the study was to strengthen the philosophical veracity and relevance of the Model for South African occupational therapy practice in the current democratic dispensation.

## METHODS

### Study Design

Conventional ethnography as a qualitative research methodology describes 'what is' while critical ethnography asks 'what else could be?'<sup>35:5</sup>. Critical ethnography was indicated in this study because it uses interpretive reflexivity as a method to describe, analyse, and scrutinize assumptions that inhibit, repress, and constrain phenomena<sup>36:19</sup>. It seeks to identify correlations, incongruences and difficulties in interpretation of phenomena over time which, in this study, pertained to Du Toit's conceptual modelling of creative ability and her practice modelling of therapeutic media graded to restore creative ability. Document analysis of purposefully selected original texts by Du Toit enabled critical reflexivity about her embedded philosophical assumptions and about the South African context that informed her conceptualization. Archival documents provide ethnographic data because they are "social products" that reflect the interests and perspectives of their authors and carry "values and ideologies, either intended or not"<sup>37:17</sup>. The embedded

beliefs, language practices, and value systems of a profession's culture can be gleaned from documents because they are "a site of claims to power, legitimacy and reality"<sup>38:231</sup>.

### Sampling of documents

Inclusion criteria for purposeful sampling of seminal archival documents by Du Toit were a) sequential dating, and b) frequency of publication by the V&MdtF (SA). The following four academic papers were identified that appeared sequentially and most frequently in five editions of booklets published by V&MdtF(SA) between 1980 and 2015. Initiative in Occupational Therapy<sup>6</sup>, Creative Ability<sup>8</sup>, The Implementation of a Programme Aimed at Evaluating the Current Levels of Creative Ability in an Individual and Stimulating Growth of his Creative Ability which would lead to Work Capacity<sup>11</sup> and the Background Theory related to Creative Ability which leads to Work Capacity<sup>10</sup>.

### Data analysis

Textual data were coded according to four deductively defined philosophical assumptions as categories and subcategories, after which tentative themes emerged. Creswell's matrix of philosophical assumptions<sup>4:75</sup> was adapted and used to code and categorise the data as follows: Ontology, assumptions about humans and their reality held within the VdTMoCA in South African occupational therapy; Epistemology, assumptions about the nature of knowledge held about the VdTMoCA; Methodology, assumptions about the methods used to construct and sustain original and evolved knowledge used in the VdTMoCA; and Axiology, assumptions about the values embedded in the application of the VdTMoCA<sup>39</sup>. In addition, codes that described contextual factors i.e. text referring to the physical and social world of the profession during the 1960's-70's were identified and categorised. Table III (below) depicts the phases and methods of data analysis.

Table III: Phases, methods and thematic outcomes of data analysis

<b>Document 1.</b> Initiative in Occupational Therapy	<b>Document 2.</b> Creative Ability	<b>Document 3.</b> The Implementation of a Programme aimed at Evaluating the current Level of Creative Ability which leads to Work Capacity	<b>Document 4.</b> The Background Theory related to Creative Ability which leads to Work Capacity
<b>Phase 1. Inductive analysis:</b> Within-document analysis. Each statement in each document containing a philosophical assumption or contextual factor was coded.			
Ontological	Epistemological	Methodological	Axiological
<b>Phase 2. Deductive analysis:</b> Across-document analysis. Analysing and combining similarities and differences of philosophical assumptions across four documents. Contextual factors compared.			
Ontological	Epistemological	Methodological	Axiological
<b>Phase 3. Inductive analysis:</b> Constructing themes			
<b>Theme 1.</b> <i>The human and their reality</i>	<b>Theme 2.</b> <i>Creative ability and practice</i>		<b>Theme 3.</b> <i>Application in occupational therapy</i>

### Research rigor

Steps taken to ensure the credibility, transferability, dependability and confirmability of the findings included bracketing, self-reflection and peer debriefing. As the primary researcher, the first author used journaling and regular supervision to bracket her personal presumptions about and bias towards the VdTMoCA. Bracketing was indicated because the first author's professional history positioned her as a student of the first generation. Regular member checking with the second and third authors as research supervisors was used to contain the parameters of the study. Triangulation was established between Du

Toit's original academic articles, the first author's reflexivity, and relevant publications. Triangulation of the findings was the focus of peer debriefing sessions between all three authors.

### Ethics approval and funding

Institutional approval for conducting the study was obtained from the University of Stellenbosch's Health Research Evaluation Committee and the Ethics Committee of the Faculty of Medicine and Rehabilitation Sciences (HREC Ref No: S13/02/020). Written permission for gaining access to Du Toit's original documents was obtained from the V&MdtF

(SA). Awarded in 2016, the study was funded by NRF Sabbatical Grant No 98232 for a period of 12 months.

## FINDINGS

Three themes emerged from the analysis of the four sampled documents to answer the two research objectives: 'the human and their reality', 'creative ability and practice', 'application in occupational therapy'. The findings of each theme are summarised in Table IV (below) followed by substantiating quotes for the sub-categories of each

category of philosophical assumption. Some of the findings are integrated to convey essence rather than detail. For comprehensive information refer to the main study<sup>39</sup>.

### THEME 1: Humans and their reality

The overarching philosophical assumption in Theme 1 is that human nature is universal because every human's reality consists of experiences of human connection, with the self and the world.

Table IV: Du Toit's philosophical assumptions about humans and their reality

Categories	Sub-Categories
Ontological assumptions	<ul style="list-style-type: none"> <li>• People are embodied existential-phenomenological and spiritual beings.</li> <li>• A person becomes themselves when they participate in the world.</li> <li>• A person's reality consists of their experience of themselves throughout a lifetime.</li> </ul>
Epistemological assumptions	<ul style="list-style-type: none"> <li>• The relationship between a person and their occupation influences their health and well-being.</li> <li>• A person makes a personal decision to participate in the world.</li> <li>• A person's participation is aimed at self-fulfilment.</li> <li>• A person has a need to contribute to the world.</li> <li>• Participation in life is influenced by factors that facilitate or restrict a person's self-fulfilment.</li> </ul>
Methodological assumptions	<ul style="list-style-type: none"> <li>• Self-direction and self-application are the ways of participation in the world.</li> <li>• Self-application within participation is determined by environmental factors.</li> </ul>
Axiological assumptions	<ul style="list-style-type: none"> <li>• People live mutually positive lives when they accept themselves and other people.</li> <li>• The human response and intention <u>is</u> altruistic.</li> </ul>

#### Category 1: Ontological assumptions about humans and their reality

- People are embodied existential-phenomenological and spiritual beings: Du Toit assumed a 'holistic' view of a person where spirit is interpreted as the spiritual dimension of a person; psyche, the mental dimension and soma, the physical dimension. *"If we accept then that in our world, where man is the starting point of living philosophy, each man is a unique composite of the inseparable facets of spirit, psyche and soma..."*<sup>40:2-3</sup>.
- A person becomes themselves when they participate in the world: Du Toit believed people are purposed to develop the identity of their humanity and reality, through holistic communication with themselves and the world. *"Man is in communication with his world, i.e., 'encountering' his own reality, in life situations, he is answering life's demands, and in this very process of living communication, he is determining the quality of his 'Being' -becoming himself"*<sup>40:2-3</sup>.
- A person's reality consists of their experience of themselves throughout a lifetime: drawing on Husserl's existential philosophy, Du Toit believed that humans experience their existence through relatedness to themselves and through relational intentionality towards others. *"The actual destination of each man is determined by all the factors inherent in, and in contact with him". "If man is our main concern all things are significant only in its "relatedness" to Man; similarly in the light of existentialism and Husserl's Intentionality"*<sup>16:4</sup>.

#### Category 2. Epistemological assumptions about humans and their reality

- The relationship between a person and their occupation influences their health and well-being: Du Toit used a quote by Reilly<sup>22</sup> to substantiate her belief about the benefits of purposeful activity. *"That Man through the use of his 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"*<sup>40:3</sup>.
- A person makes a personal decision to participate in the world: Du Toit's theory of knowledge, i.e. how humans 'know' themselves and influence their own health and well-being, revolved around three main constructs: participation, purpose and influential factors. Participation in the world permits *"the interaction between spirit/psyche/soma"* and shows *"a spiritual need to be occupied"* in order *"to contribute to the world"*. Her epistemological assumption was based on the phenomenological concept of *"intentionality"* which for Du Toit meant that being human involves a self-directiveness towards connecting with and participating in the *"dialogue of life"*. *"...the person's [patient's] personal decision to participate. This alone permits the interaction between spirit/psyche/soma, i.e. HIS OWN USE OF HIMSELF MUST INFLUENCE HIS OWN PHYSICAL, MENTAL AND SPIRITUAL HEALTH "[capitals used in original text]"*<sup>40:3</sup>.
- A person's participation is aimed at self-fulfilment: Du Toit assumed that the direction of self-fulfilment begins at birth and is a way of living throughout one's lifespan through

participating in one's world. "Fulfilment in this sense may be defined as the ability to strive realistically towards the attainment of an ever increasing, maximum total ability to participate in life"<sup>40:3</sup>. "Self-fulfilment is but a direction of life"<sup>40:2-3</sup>.

- A person has a need to contribute to the world: "For Man is only truly Man, if he fulfils this need to contribute to the world"<sup>16:3</sup>.
- Participation in life is influenced by factors that facilitate or restrict a person's self-fulfilment: Du Toit believed that participation is influenced by factors, "which have the power to modify those factors [behavioural aberrations] and thus affect the destination of each man"<sup>16:4</sup>. Referring to humanistic philosopher and psychoanalyst Fromm, she identified "behavioural aberrations" such as the sensory deprivation experienced by children and unemployed people, hinting at the influence of contextual factors.

### Category 3. Methodological assumptions about humans and their reality

- Self-direction and self-application are ways of participating in the world: Du Toit assumed that the core method to produce the knowledge required to participate in the "... 'dialogue of life'..." is "... through dimensions of relatedness ..." evident in "...self-direction and self-application"<sup>41:11</sup>.
- Self-application within participation, is determined by environmental factors: Hinting here at contextual factors including the immediate environment of creative action, Du Toit stated "Self-application...seems to be determined largely by environmental factors...". She pointed out that "...types of human relationships in a given environment, their levels and quality of affection, security, mild control and companionship, and the lack of or unstimulating activities"<sup>42:12-13</sup>. The assumption also referred to a situation of non-participation. For example, when the essential needs of a child for human relationships and activities are unmet, i.e. "environmental deprivation", it "has the power to modify the personality, and the self-application of that

personality negatively" but "that the same elasticity would apply positively"<sup>42:12-13</sup>. Importantly, she acknowledged cultural background as an environmental factor influencing self-application. "...creative ability involves the individual as a totality of psychic, and some vitalized by spirit, factors such as his cultural background, his past, present and future, in fact his personal history and his intellectual and personality structure will all play a vital role in the restoration of his creative ability"<sup>43:27</sup>.

### Category 4. Axiological assumptions about humans and their reality

- People live mutually positive lives when they accept themselves and other people: In this values-based assumption, Du Toit integrated the phenomenological, instinctive human values of sharing and mutuality as germane to creativity. "The germ of Creativity, is basically endowed as the Instinct of Origination, but this germ only grows in the presence of the attitude of acceptance of one's Fellowman... because only then can it unfold itself through 'Sharing' of itself, and fulfil itself in Mutuality"<sup>44:10</sup>. Here, Du Toit assumed that 'the human connection', expressed through motivation and doing, is beneficial for a person and society. "The desire 'to share' endows the instinct of origination, with the potential of 'experiencing together' of Communion of mutuality - which is the ultimate fulfilment of a reciprocal responsibility involving man and his fellowman - a co-responsibility in man's world"<sup>44:10</sup>.
- The human response and intention in creative ability is altruistic: Du Toit explained: "It [intension in creative ability] is not directed towards having, but only to doing. Here then is a pure 'gesture', which does not snatch the world to itself, but expresses itself to the world"<sup>44:10</sup>.

### THEME 2. Creative ability and practice

The overarching philosophical assumption in Theme V (Table V below) is that creative ability emerges through experiential development i.e. through practice (doing).

**Table V: Du Toit's philosophical assumptions about creative ability and practice**

Theme 2. Creative Ability and Practice	
Categories	Sub-Categories
Ontological assumptions	<ul style="list-style-type: none"> <li>• People are creative beings.</li> <li>• Creative ability represents a person's selfhood.</li> <li>• A creative person is a "being-in-becoming" participating in a "doing-in-becoming".</li> </ul>
Epistemological assumptions	<ul style="list-style-type: none"> <li>• Creative ability is a human development theory.</li> <li>• A person's initiative is used to seek new answers to the needs of others.</li> <li>• Creative capacity is determined by hereditary conditions.</li> <li>• Creative ability progresses through different levels of motivation throughout the human life cycle.</li> </ul>
Methodological assumptions	<ul style="list-style-type: none"> <li>• The development of creative ability and practice guidelines were research-based.</li> <li>• Stages of creative ability form a sequential pattern.</li> <li>• A person cannot perform actions higher than their level of motivation.</li> </ul>
Axiological assumptions	<ul style="list-style-type: none"> <li>• Influencing factors determine a person's attitude in their experience of creative ability.</li> <li>• People live mutually creative lives when they accept other people.</li> <li>• People live creative lives through experiences of mutual relating.</li> </ul>

### Category 1. Ontological assumptions about creative ability and practice

- People are creative beings and creative ability represents a person's selfhood: Du Toit believed that since creativity symbolizes human selfhood that it develops through 'doing' which she defined as *"..new...original successful solutions to problems, or new applications of known solutions"*<sup>44:8</sup>. For Du Toit, creativity, selfhood and initiative were indistinguishable. *"The important factor in creativity is that by Man's own intensely experienced reaction, something arises that was not there before. This then is Selfhood, this is a new creation, this is the beginning of Initiative or creativity"*<sup>44:10</sup>.
- A creative person is "being-in-becoming" participating in a "doing-in-becoming": Du Toit understood that the human experience of creative ability constitutes patterns of doing (action) corresponding with patterns of being (motivation). *"It was at this stage of our research that the 'Doing' component of the Being-in- Becoming, claimed our attention. Our observations led us to define sequential stages of our activity participation, or Doing-in-becoming. It soon crystallized out that not only do the stages of Doing appear to be parallel to those of Being, but that they appear to relate in a constant pattern"*<sup>46:34</sup>.

### Category 2. Epistemological assumptions about creative ability and practice

Du Toit made 13 epistemological assumptions (refer to Coetzee<sup>39</sup> for full list). Four assumptions are presented.

- Creative ability is a human development theory: Du Toit postulated that evidence of human motivation is observed in a creative act (doing and becoming) which should be mutually developmental and beneficial between people and environments. *"...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...will 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"*<sup>47:22</sup>.
- A person's initiative is used to seek new answers to the needs of others: Du Toit understood initiative, as the action component of motivation, should contain an element of giving so that beneficial mutuality occurs. *"Origination has to be enriched by two other factors; it has in fact to be directed towards one's Fellowman, in order to introduce into its structure, the quality of Sharing in a life situation. The desire 'to share' endows the instinct of origination, with the potential of 'experiencing together', of Communion of Mutuality – which is the ultimate fulfilment of a reciprocal responsibility involving man and his fellowman – a co-responsibility in man's world"*<sup>44:10</sup>.
- Creative capacity is determined by hereditary conditions and creative ability is impacted by environmental factors: Du Toit assumed heredity influenced initiative. *"The hereditary factors in Initiative thus seem to be, the quantitative element in Intelligence and the instinct of origination"*<sup>48:14</sup>. Hinting at

contextual factors, she believed the environment also influenced creative capacity. *"Qualitatively this potential is either stimulated and formed, Modified or destroyed in man, by the Environment, which does, or does not in all shades of positivity and negativity predispose towards the emergence of these factors in Self-Involvement and Self-Evolvement"*<sup>48:14</sup>.

- Creative ability is a process between motivation and action: Du Toit conceptualised creative ability being enacted through four processes: *"Creative Capacity... Creative Participation...Creative Act, the final 'product producing' culminating point of creative response and creative participation is the creative act"*<sup>49:21</sup>.

### Category 3. Methodological assumptions about creative ability and practice

- Stages of creative ability form a sequential pattern: Similar to the hierarchical theories of developmental psychologists such as Maslow, Rogers and Piaget, Du Toit postulated that creative ability emerges sequentially and incrementally. *"Thus, it 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"*<sup>47:22</sup>.

### Category 4. Axiological assumptions about creative ability and practice

- Influencing factors determine a person's attitudes in their experience of creative ability: Du Toit conceptualised the abstract influences on human destiny. *"...factors that have the power to influence the destination of Man. These are abstract, and qualitative and as such determine attitudes and relatedness"*<sup>50:5</sup>.
- People live mutually creative lives when they accept other people and people live creative lives through experiences of mutual relating: Du Toit believed that creativity is practiced when there is mutual acceptance of mutual need in a mutually reciprocal value system. *"The germ of Creativity, is basically endowed as the Instinct of Origination, but this germ only grows in the presence of the attitude of acceptance of one's Fellowman... because only then can it unfold itself through 'Sharing' of itself, and fulfil itself in Mutuality". "The realization that one has to 'turn towards' one's fellowman and desire to share oneself in order to experience the ultimate 'being responsible together' of Mutuality"*<sup>48:14</sup>.

### THEME 3. Application in occupational therapy

Theme 3 presents Du Toit's philosophical assumptions about the application of the theory of creative ability by occupational therapists in the South African healthcare context during the time of her tenure. Table VI (page 8) answers, in part, her critical question: *"What is Occupational Therapy in its full embodiment, its basic principles, definition, aim, role and responsibility, in the context of its relatedness to the world?"*<sup>51</sup>. The overarching philosophical assumption is that occupational therapy identity and its practice context comprises three phenomenologically connected parts: patient/client, therapist and occupational therapy situation.

Table VI: Du Toit's philosophical assumptions about the application (of creative ability) in occupational therapy

Theme 3. Application in Occupational Therapy	
Categories	Sub-Categories
Ontological assumptions	<ul style="list-style-type: none"> <li>Occupational therapy's identity lies in relationship with the world.</li> <li>The therapist's reality is about human existence.</li> </ul>
Epistemological assumptions	<ul style="list-style-type: none"> <li>The therapist "becomes herself" (sic) in the occupational therapy situation.</li> <li>The purpose of occupational therapy is to contribute to the recovery of the whole person.</li> </ul>
Methodological assumptions	<ul style="list-style-type: none"> <li>The Model (Therapeutic Media) fitted the reality of the health and programme needs of the time.</li> <li>The descriptions used in assessing creative ability are general descriptions and not norms.</li> <li>Clinical definition and interpretations of each Therapeutic Media (of which Creative Ability was one) should be standardized.</li> <li>Assessment results must be valuable in occupational therapy and to the team members.</li> <li>Activities should meet unique scientific demands.</li> </ul>
Axiological assumptions	<ul style="list-style-type: none"> <li>Qualitative assessment is unique to a patient and therapist.</li> <li>Occupational therapy treatment is unique for every medical condition.</li> <li>Occupational therapy is holistic.</li> <li>Occupational therapy values the uniqueness of the patient and the treatment.</li> <li>Occupational therapy must be available for meeting people's creative ability needs.</li> </ul>

**Category 1. Ontological assumptions about application in occupational therapy**

- Occupational therapy's identity lies in its relationship with the world: Du Toit believed the profession's identity lay in its responsibility to the recovery of a patient's creative ability, or their "humanization" after they incurred a medical condition (physical or psychiatric) that disrupted/stunted/destroyed the growth of their creative ability<sup>52:33</sup>.
- The therapist's reality was about human existence: Du Toit believed that the therapist was responsible for 'meaning-creation' for the patient, the therapist and occupational therapy situation because it encompasses the problem of a common humanity of human existence or existentialism. "The therapist's reality was unbound by a particular moment or particular problem; the therapist is bound rather to human existence"<sup>44:10</sup>.

**Category 2. Epistemological assumptions about application in occupational therapy**

Embedded in the philosophical traditions of existentialism and phenomenology, Du Toit made 18 epistemological assumptions addressing the knowledge components of the patient/client, therapist and occupational therapist's roles in the therapeutic situation (Refer to Coetzee<sup>39</sup> for a full list). Two examples are presented:

- The therapist 'becomes herself' (sic) in the occupational therapy situation: For Du Toit, creativity in the occupational therapy situation was equated with the concept of "Initiative" through which intelligence, self-application and creativity are applied to seek and find answers. The occupational therapy situation

therefore is a place where 'humanity' and 'humanness' are enacted between patients/clients and therapist. "In her I/THOU relatedness and in her I/IT relatedness... the I can never be without a relationship to either IT or THOU... The experience itself is in the therapist, who gives her answer in the dialogue of life, through her transcendental relatedness to her God, through thinking through creative expression, and in so doing she becomes Herself"<sup>53:17</sup>.

- Facilitation of the patient in purposeful activity in occupational therapy contributes to the patient's recovery: Du Toit believed that occupational therapy knowledge about participation in purposeful activity contributed to recovery because the 'patient' becomes (hu)man. Occupational therapy contributes to reconnecting patients/clients with their humanity experienced through purposeful doing and becoming. "Occupational therapy as a treatment modality in the restoration of Patient to 'MAN' in participation, in 'creative work', in man's world"<sup>16:4</sup>.

**Category 3. Methodological assumptions about application in occupational therapy**

- The Model fitted the reality of the health and programme needs of the time: Du Toit believed that the observable, graded, measurable outcomes of the creative ability approach validated its use. "...In fact I believe that the application of this concept [creative ability] will enable the occupational therapist to systemize the treatment of the patient from the earliest stage of illness and volitional deficit, to the point at which he will be ready to resume activity or work, at the highest level of mental, physical and creative ability of which he is capable"<sup>54:90</sup>.

- The descriptors used in assessing creative ability are general descriptions and not norms: Du Toit acknowledged the limitations of her data methods. *"It must be remembered that qualitative factors are largely unmeasurable so that the charts that follow, which attempt to provide criteria for the component factors of creative ability, are general descriptions rather than absolute norms"*<sup>55:53</sup>.
- Clinical definitions and interpretations of each Therapeutic Media (of which Creative Ability was one) should be standardized: Du Toit envisaged standardisation of occupational therapy practice. *"It therefore becomes essential for us as a paramedical group, similarly, [to the medical profession] to standardize our clinical definition and interpretation, with... Media Graded to Restore Creative Participation"*<sup>14:20</sup>.
- Assessment results must be valuable in occupational therapy and to team members: Du Toit's conceptualisation of the Model matched her belief in the necessity of scientism. *"In order to be of any value assessment must be 'accurate...based on scientific norms, values and measurements recognised by, and of value to, all members of the medical and paramedical team"*<sup>56:15</sup>.
- Activities should meet unique scientific demands: Du Toit believed in the political benefits of scientifically selected and purposefully applied therapeutic activity. *"In order to merit classification as a treatment, which is sufficiently scientific to be accepted by the medical profession, the activity related to the patient, must meet unique physical, and unique psychical demands"*<sup>56:16</sup>.

#### Category 4. Axiological assumptions about application in occupational therapy

Sub-categories 1-4 (see Table V) allude to the value of 'uniqueness'. Du Toit alluded to the significance of human diversity being accommodated in the occupational therapy situation. *"...each patient is a unique composite of physical, psychical and spiritual needs, resulting from a unique traumatic accident in a unique life, each treatment must essentially be unique"*<sup>57:19</sup>.

- Occupational therapy must be available for meeting people's creative ability needs: Although she did not use the word directly, Du Toit believed in the value of justice. *"...that man in need is entitled not only to assistance, but to the best qualified assistance available to help him towards total self-fulfilment"*<sup>40:3</sup>.

## DISCUSSION

A critical ethnographic perspective on the findings foregrounds three central interpretations of Du Toit's philosophical contribution to the nascent occupational therapy culture during her tenure: firstly, the strategic use of social science to counter the hegemony of medical science; secondly, the use of universalism to affirm the humanity of the individual and thirdly, the belief that recovery of 'humanness' should be the primary focus of therapeutic health care. Each of these contributions are briefly discussed.

Contesting the dominant medical fraternity's scientific philosophy of reductionism, she introduced a philosophically substantiated alternative theory of 'wholeness' to the health, special education and residential-institutional establishment of the era. Aligned with Western philosophers of her day that theorised self-actualising individualism, Du Toit conceptualised the self-actualising progression of creative ability in the individual human as a universal phenomenon. However, Du Toit argued that individual progression of creative ability is contingent on relatedness and uniqueness. It requires intentional self-direction and self-application in the relational dialogue of life between the individual, themselves, other humans and the non-human environment. Interpreting Fidler and Fidler's<sup>23</sup> definition of doing as intentional purposeful action, Du Toit postulated that the dialogue of life could be therapeutically facilitated to create a humanizing experience. Importantly, she concurred that Fidler & Fidler's theoretical construct of

purposeful action not only refers to all humans, it implies that purposeful doing by the patient/client in the occupational therapy situation is also a humanizing process<sup>23</sup>. As a critical ethnographic observation about the culture of the occupational therapy profession the feasibility of cultivating 'relatedness' in adverse socio-political contexts should be considered.

The absence of data in the four analysed documents to answer objective two is significant. While Du Toit provided dense descriptions of relatedness in the therapeutic environment she did not explicitly refer to the socio-political contextual factors, or gender dynamics that shaped her conceptual modelling during the 1960's-70's. Occupational therapy was an exclusively white, predominantly female profession that was practiced in racially segregated facilities<sup>58</sup>. In keeping with male dominated practices, she used the male gender to denote the human and the therapist. She graduated from the University of Witwatersrand in 1946. Although many of the segregationist policies in South Africa at that time dated back to the early decades of the twentieth century, it was the election of the Nationalist Party in 1948 that marked the beginning of legalized racism's harshest feature called Apartheid. Du Toit's personal narrative was positioned in being white and her philosophical worldview was Western. The findings did not indicate whether Du Toit was aware of the politically juxtaposed pathways for human development that Apartheid imposed on South Africans i.e. it enabled one ontology of relatedness for the white population and a separate one for the black population. Du Toit may have believed that by universalizing the human phenomenon of creative ability, all people irrespective of race, ethnicity, language, culture, gender, age and social class (and other features of human diversity) would be regarded and treated equally by occupational therapists irrespective of the legalised constraints on where and with whom they worked. Although Du Toit did acknowledge that the theory of creative ability was not a grand theory, she did not explicitly document that these and other features of human diversity may change how creative ability manifests and progresses, and importantly, how the therapeutic medium of creative ability should be applied in occupational therapy. In short, from a critical ethnographic perspective it may be argued that Du Toit's creative ability matrix is likely to look different for different people with different worldviews in different realities. Similarly, different non-Western philosophical lenses may open up new possibilities for conceptual modelling of the creative human and of creative ability as a therapeutic medium in occupational therapy.

By situating the recovery of humanness as a central component of the clinical therapeutic endeavour Du Toit paved the way for critical thought about the axiology of the profession in society. She extrapolated from Buber's concepts of "I-Thou" and "I-It" that two different experiences of human connection are possible. While Du Toit did not overtly address the political dispensation during her tenure, she may have been tacitly mindful of minimized contact between black and white South Africans due to legalised regulations for service provision. During the Apartheid era, both populations were subjected to enforced "I-It" connections. Apartheid legalised the objectification of connection by dividing/fragmenting human connection. Du Toit's philosophical assumptions undergirded relatedness with the values of justice and equality. Interestingly, she placed God and/or spirituality as the core nexus of relatedness. Although Apartheid ended in 1994, the legacy of a fragmented humanity still exists. Revisiting the intergenerational longevity of Du Toit's philosophical assumptions forms a critical part of the spiritual renaissance work i.e. research and conscientizing to be done by the profession in the South African context.

### Limitations

Du Toit's early conceptualization of the Model was tentative requiring further refinement. This process was halted abruptly with her early passing which given more time, she would have developed and refined her thinking. Almost four decades passed before the Model was subjected to formal scientific enquiry. Thus, assimilation of meaning and definition of constructs may have changed inadvertently.

## CONCLUSION

Du Toit's use of Western-based knowledge emerging from America and Europe was analysed for the conceptual modelling of the VdTMoCA within the historical healthcare system in South Africa which overlapped with an Apartheid dispensation that lasted for five decades (1948-1994). Routine review of the conceptual elements that comprise models is necessary to sustain their relevance and guide their adaptation in changing contexts to represent persons-in-context authentically. Future generations using the Model may have continued understanding and using it in the same way as the progenitor or made adaptations or changes to align the Model with a new democratic dispensation (1994) in the South African occupational therapy context.

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## Competing interests or Conflict of interest

Authors have no competing interests to declare

## Author contributions

All three authors contributed to conceptualization of the study. Zelda Coetzee carried out the research in collaboration with study leaders, Eve Duncan and Lana van Niekerk. All listed authors contributed to and approved the final manuscript.

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