The Life Style Performance Model evolved from the Life Style Performance Profile originally conceptualized in the mid 1970s (Fidler, 1982, 1988b). The purpose of the profile was to identify and then relate the activity-focused aspects of daily living to the fundamental biopsychosocial needs of the human being. The profile represented an effort to discern the personal and interpersonal dimensions of daily living activities, articulate more clearly the relevance of such activities to each person’s quality of living, and, thus, avoid the ambiguities and stereotypes inherent in the generalized terms of work, play, leisure, and self-care.

The profile proposed that a life-style that sustains health and enables life satisfaction includes a culturally relevant, age-specific harmony among four activity domains. These domains were identified as those occupations or activities concerned with self-care and self-maintenance, personally referenced pleasure and intrinsic gratification, societal contribution, and interpersonal engagement. The term daily living activities, within the context of the profile, refers to all of the activities that compose a person’s daily life, not simply self-care. The Life Style Performance Profile provided the format for obtaining and organizing information that reflected a patient’s personal and socially determined interests, skills, and limitations in each domain. The profile was expected to provide both the patient and therapist with a view of the patient’s characteristic activity patterns of daily living and the harmony-disharmony or balance among them and then serve as a guide in defining occupational therapy interventions (Fidler, 1982, 1988b).

Exploration of the viability of these tenets, first in mental health practice and then in geriatrics and physical disabilities, led to the development of the model presented in this article. The questions that guided this development included:

- Can activity patterns of daily living be explained in more personally meaningful terms than is possible in the traditional general categories of self-care, leisure, play, and work?
- Is it possible to explicitly describe and evaluate the relationship between a person’s patterns of daily living and his or her quality of living?
- Can a format be designed that would facilitate arriving at more personally relevant treatment goals or interventions?
- What are the environmental elements that notably affect patterns of activity?
- Are such themes applicable to occupational therapy practice?
During maturation and socialization, each person develops a configuration of activity patterns that can be characterized as a life-style. These patterns of doing—these ways of engaging and being engaged in doing—emerge through the interplay of the person’s intrinsic needs, desires, capacities, and unique expectations of the environmental context of living (Fidler & Fidler, 1978, 1983). An overall sense of satisfaction and well-being depends on the sum of positive benefits derived from such interplay. A resulting sense of harmony, or life-style balance, then emerges from the congregate experiences of active engagement, gratifying emotional expression, evidence of personal achievement, societal contribution, positive response from significant others, and membership in a chosen group or groups. Development and maintenance of a repertoire of activity patterns that enable and support such experiences are essential to the quality of a person’s life.

The existing strengths and limitations of a person’s sensory processing, motor patterns, cognition, psychological structure, and interpersonal perceptions are important variables in the development of activity patterns. Any impediment to these systems causes a temporary or long-lasting disruption of a person’s physical integrity, psychological structure, or interpersonal orientation. Likewise, achievement of a state of harmony or a sense of well-being is frequently disrupted or made unlikely when the external world presents barriers or limitations on either the development or the maintenance of positive activity configurations.

Occupational therapy practitioners are called upon to intervene when one or more domains of a person’s life-style performance are deemed to be deficient to a degree that produces distress in that person or in those who are part of that person’s social matrix. Thus, in addition to addressing a specific disability or dysfunction, establishing outcome objectives for occupational therapy requires working with a person to develop, or redevelop, a life-style pattern of activities that will enhance the quality of his or her way of living. In some instances, this process means establishing a more satisfactory life-style. In others, it is restoring a previously achieved life-style.

**Function of the Model**

Thus, building on the descriptive outline of the Life Style Performance Profile, a practice model has evolved that offers a framework for defining individually relevant, wellness-generating, as well as remedial goals of occupational therapy interventions. The Life Style Performance Model provides a way of describing and examining the interacting, multiple dimensions of doing and living from an organized, holistic framework applicable to all ages, cultures, and persons. The configuration of the model makes it possible to identify the relationship of activity patterns to the pursuit of a person’s unique needs to achieve a personal identity, to know self as a contributing member of society, and, thus, to confirm self as acceptably human. It provides a focus for study and practice of occupational therapy as a many faceted process of enabling a way of living that is intrinsically gratifying as well as socially contributory. The model extends the parameters of occupational therapy beyond reducing disability, shifts the focus of practice beyond the realm of our traditional daily living activities, and establishes as a top priority the development of an individualized life-style profile as both a first step in defining intervention goals and an outcome focus of practice.

A fundamental concept on which the model is based is that dysfunction and remedial interventions are definable only from the perspective of what constitutes a given person’s state of health and well-being. The model therefore stresses an initial focus on individual interests, capacities, and customary patterns of daily living as the basis for defining and prioritizing any intervention. An inherent belief underlying the model is that quality of life is the single most important theme in human performance. Wellness and a sense of well-being are understood as a state of being that is optimally satisfying to self and to significant others. It is hypothesized that such satisfaction is gleaned from personally and socially relevant activities that focus on and maximize individual strengths, capacities, and interests. Most important is the concept that intrinsic motivation is elicited and sustained when there is congruence between the characteristics of an activity and the biopsychosocial characteristics of the person. An important function of the model is to facilitate such a match.

Although themes related to the holistic perspective of occupational therapy have repeatedly appeared in the literature, they are frequently an elusive goal for practice. There is a marked gap in efforts to specifically connect intervention activities with the quality of a person’s way of living and, thus, with what holds personal meaning and is intrinsically gratifying for that person. Current practice environments, issues of reimbursement, and reduced lengths of stay all exert pressures that most often result in reductionistic practices. The need for a model or format that encourages and readily fosters a broader, more holistic perspective for our study and practice is evident.

Christiansen (1993) cautioned that we need to understand and consider the meaning of disability and the intervention process from the patient’s point of view.
Addressing the focus of assessments, he called for approaches that “better [reflect] the context (including the environment) of the patient’s everyday life” (p. 258). Without this context, Christiansen asserted, interpretations of the meaning of assessment data will have limited validity and may lead to irrelevant goals for intervention” (p. 258).

Likewise, Trombly (1993) suggested that an initial “inquiry into role competency and meaningfulness would clarify the purpose of occupational therapy” (p. 253). She advised that “those roles that are important to the person, especially those that he or she engaged in prior to illness or trauma, become the focus of inquiry” (p. 253). Trombly conjectured that if a discrepancy among the past, present, and future role performance becomes evident, it serves to clarify the purpose and relevance of an occupational therapy intervention. More recently, Trombly (1995) has expressed the need to find more personally relevant terms to describe what we have traditionally generalized as work, play, and leisure occupations. She has cited studies that ranked the importance given to daily living activities by patients and therapists. Such studies, she reported, indicated that occupational therapists were not always good judges of what is important to the patient.

Although the importance of the environment has become an increasing focus in occupational therapy literature, there are marked lags in the application of such perspectives to practice. Addressing issues of person–environment interactions, Kielhofner (1993) cautioned that the evaluation criteria we traditionally have used may “unwittingly rob individuals of both voice and power to determine the direction of their own lives” (p. 249). He stated that too frequently we assume that the problem resides in the person, and, thus, “issues [such as] environment or workplace conditions and incentives are largely ignored” (p. 249). In a similar context, Law (1993) emphasized the critical importance of understanding and relating a person to the environmental context. She stated that most occupational therapy assessments, for example, do not consider the patient’s culture and roles or the environment in which he or she lives. Furthermore, she contended that occupational therapists “do not routinely consider balance in occupational performance over a day or across a person’s life-style” (p. 235).

**Underlying Principles of the Model**

The Life Style Performance Model facilitates the practitioner’s address of these concerns, bridging the gaps among current practice, our philosophic constructs of holism, personal relevance, and quality of life. Traditionally, the goal of occupational therapy is to improve function and enhance the ability of a person to perform. The question now is: To what end? The Life Style Performance Model proposes that the outcome of occupational therapy intervention is to enable a way of living that allows persons to develop and bring into harmony a configuration of daily living activities that have personal, social, and cultural relevance for them and their significant others.

The frames of reference underlying the Life Style Performance Model incorporate the basic principles and philosophic constructs of the occupational therapy profession. The relationship of a sense of well-being, self-fulfillment, and adaptation to active participation in one’s world is one principle that has been explored throughout the history of occupational therapy as well as within other disciplines. The innate drive to explore and cope with one’s environment is viewed as essential to human existence and adaptation not only as a means of survival, but most importantly as enabling personal and social development (Erickson, 1950; Fidler & Fidler, 1978; White, 1971).

In occupational therapy, this perspective has led to the construct that the drive toward action, when channeled into personally and socially relevant occupational behavior, is fundamental to the development of a positive self-regard, coping, adaptation, and health (Fidler & Fidler, 1978, 1983; White, 1971). Additionally, the profession has embraced the concept that the sense of competence and self-agency gained through occupational performance carried out in relation to others encompasses social role learning and societal contribution (Fidler, 1988a; Fidler & Fidler, 1978, 1983; Kielhofner, 1985; Reilly, 1971). From these perspectives, purposeful activity, as used in the Life Style Performance Model, means a personally referenced action that is concerned with testing a skill, ability, or level of competence in an activity that is focused on clarifying a relationship and discerning the nature of one’s relatedness to another person (or persons) or to one’s nonhuman world (Fidler & Fidler, 1978). In a related sense, an activity is understood to refer any act or series of interconnected acts requiring the active engagement of a person’s mind and body in the pursuit of a discernible outcome. In the current construction of this model, purposeful activity and occupation are viewed as interchangeable terms.

I have offered several hypotheses regarding the motivational, developmental, sociocultural, and restorative potential of occupations and activities (Fidler, 1981). I suggested that

- mastery and competence in those activities that are
valued and given priority in one's society or social group have greater meaning in defining one's social efficacy than competence in activities that carry less social significance.

- A total activity and each of its elements have symbolic as well as reality-based meanings that notably affect individual experience and motivation.
- Mastery and competence are more readily achieved and the sense of personal pleasure and intrinsic gratification is more intense in those activities that are most closely matched to one's neurobiologic and psychologic structure.
- Competence and achievement are most readily seen and verified in the end-product or outcome of an activity, thus, the ability to do, to overcome, and to achieve becomes obvious to self and others.

These factors all play a major role in eliciting motivation and engagement and in defining personal meaning to the person.

Becoming part of human society has been described as the process that transforms primitive actions into behaviors that both satisfy personal needs and contribute to the development of society (Fidler & Fidler, 1978, 1983; Moore & Anderson, 1968). The importance of doing—of occupational performance—in this transformation and in the consequent configuration of an individual pattern of daily living activities is a fundamental focus of occupational therapy and of the Life Style Performance Model. Understanding the relevance of occupational performance—of purposeful activity—to human development, health restoration, and the quality of life involves complex mixes of anthropologic, historic, physical, psychologic, sociocultural, political, and economic variables. It is from these multidimensional dynamics that the scientific base of occupational therapy must seek to explain how doing or being occupied relates to the dimensions of physical integrity, psychologic structure, and social relatedness. The scientific base, furthermore, must seek to explain how such relationships then generate a person's ability to fulfill personally relevant activities and roles of everyday living in ways that are mutually satisfying to self and significant others. The Life Style Performance Model offers a framework for the study, practice, and testing of such undertakings.

Because the model is concerned with identifying and describing a contextual configuration of daily living activities that optimize individual wellness and quality of life, and from which idiosyncratic dysfunction can be defined, two major components are addressed. First, the model seeks to identify and describe the nature and critical doing elements of an environment that supports and fosters achievement of a satisfying, productive life-style. Second, it proposes a way of looking at and categorizing those activity clusters, their contextual dynamics, and interrelationships that compose the critical activities of everyday living.

The Environmental Context of the Model

The importance of the interaction between persons and environment has been studied in many professions. Literature in the fields of anthropology, psychology, sociology, psychiatry, and, more recently, occupational therapy provide a rich resource for conceptualizing the impact of both the human and nonhuman environment on human behavior. The era of Moral Treatment, for example, demonstrated the importance of the environment in shaping the behavior of persons with mental illness (e.g., Stanton & Schwartz, 1934). During the period of renewed interest in this philosophy, numerous studies were undertaken to define and create a treatment environment that would maximize the therapeutic potential of the mental hospital (Greenblatt, York, & Brown, 1955; Jones, 1953; Stanton & Schwartz, 1934). Moos's (1974) evaluation of treatment environments further influenced the design of institutions; Goffman's (1963) work contributed considerably to understanding the influence of institutions on behavior; Searles' (1960) offered impressive evidence of the role of the nonhuman environment both in health and in mental illness; and Wolfensberger's (1972) initiatives in describing the normalizing aspects of an environment transformed institutions and homes for persons with developmental disabilities. Anthropologic studies added dimension to the growing awareness of the dynamics of an environmental context in shaping patterns of behavior and, in turn, communicating values, customs, and beliefs (Benedict, 1934; Geertz, 1973; Langor, 1942; Mead, 1964; Schwedor & LeVine, 1986).

Environmental psychology has complemented the people focus of studies through research on the impact of the physical environment on behavior (Holohan, 1986; Prohansky, Ittleson, & Rivlin, 1970). Building on the seminal work of Dewey (1916). numerous studies evaluated the impact of the environmental context on learning (Bruner, 1962, 1989; Jarvis, 1992; Moos, 1979). Moore and Anderson (1968) identified environmental elements that they considered essential for maximizing individual potential for social role learning and personal development. More recently, Fidler and Bristow (1992) described the structure and process of creating a total institutional environment that maximized the competence of both staff members and patients. Similarly, in the field of man-
agement, there is a plethora of studies attesting to the influence of environmental factors on workers’ performance and productivity (Bennis, 1989; Bolman & Deal, 1984; Hersey & Blanchard, 1982; Kantor, 1983; Senge, 1990).

Looking at the phenomenon of environmental congruence, Murray (1938) explored the relationship between persons and environment, coining the phrase environmental press. Kahana (1975) offered an intriguing perspective in her study of the necessary fit between environmental settings and individual preferences of older persons. Yarrow, Rubinstein, and Pederson (1975) explored the congruence of environment and infant cognitive and motivational development. Fidler and Bristow’s (1992) Community-Family-Individual Resource Format addressed the issue of synergy between persons and environment by looking at a number of factors and characteristics of the family or family surrogate, the community, and the person. In this context, the relationship between a person’s skills, limitations, and expectations and the characteristics, values, and expectations of the family and community is seen as defining the dimensions of congruence between the person and the environment.

The influence of the environment on performance has been a consideration in occupational therapy for some time (Barris, 1982; Dunning, 1972; Kiernet, 1990; Law, 1991; Llorenz, 1984; Parent, 1978). Further evidence of the extent to which the profession considers the environment to be a critical dynamic can be found in Christiansen and Baum (1991). In this publication, several authors explore the influence of public policy and the social, cultural, and physical environments on performance. Most recently, the challenging work of Dunn, Brown, and McGuigan (1994) offered a framework for investigating the relationship between environment and performance. These authors considered such study essential to the development of a broadened perspective and studied approach to occupational therapy intervention.

Relationship of Self, Doing, and the Environment

The Life Style Performance Model presents a view of the person’s environment as comprising the interactive dimensions of interpersonal, societal, cultural, physical, and temporal elements in which that person lives and acts. It contends that an environment can maximize individual performance to the extent that it includes, emphasizes, and ensures, by the nature of its structure, its operations, and interpersonal practices, those doing experiences that optimize the following:

- **Autonomy**—to be self-determining, gain a sense of being in control of one’s life, and be as self-depen-
- **Individuality**—to seek and try out the new, the unknown; to explore; to look beyond the here and now; and to discover, experiment, and dare to risk.
- **Sellefficacy**—to have evidence of one’s competence, of being able to cope and manage one’s everyday life, of being a cause, and of making things happen.
- **Self-efficacy**—to have evidence of one’s competence, of being able to cope and manage one’s everyday life, of being a cause, and of making things happen.
- **Door**—to have evidence of belonging; be part of a dyad, group, or cluster; have associations with others; and know interdependence.
- **Volition**—to have alternative, access to sufficient information, and latitude to make and act on one’s choice.
- **Consensual validation**—to have feedback from one’s activity and from other persons that verify one’s perceptions and reality and to be part of reciprocal exchanges that clarify and acknowledge one’s contributions and actions.
- **Predictability**—to discern and evaluate cause and effect, be able to predict, limit ambiguity and chanciness, set goals, and experience the comfort of predictables.
- **Self-efficacy**—to have evidence of one’s competence, of being able to cope and manage one’s everyday life, of being a cause, and of making things happen.
- **Adventure**—to seek and try out the new, the unknown; to explore; to look beyond the here and now; and to discover, experiment, and dare to risk.
- **Accommodation**—to be free from physical and mental harm and to function in an environment that is responsive to individual abilities while compensating for individual limitations.
- **Reflection**—to have respite from activity, ponder on the meaning of things, and review and contemplate recent and past events.

These elements have relevance to hospitals, institutions, and residential settings as well as to living arrangements within the home and community. They provide a base from which guidelines can be developed for evaluating, creating, adapting, or managing a living or treatment environment. For example, although the positive impact of a hospital or nursing home environment on recovery is theoretically acknowledged, many institutional environments fail in this regard. Too frequently, the occupational therapist’s singular focus on the patient’s functional deficit precludes attention to the context in which services are being provided. The efficacy of intervention strategies is maximized when the occupational therapy process includes activity designed to create and enhance the elements of the environment as described in the previous paragraph. The life-style of any one person is a
multidimensional, dynamic phenomenon created by the inner self shaping and being shaped by the unique characteristics and dynamics of that person's human and non-human external world.

Structure of the Model: Four Domains

As stated earlier, achievement of social efficacy, personal satisfaction, and a way of living that is more satisfying than not to self and significant others relates directly to achieving and maintaining an age-specific, culturally relevant synergy among four primary domains of performance:

• Taking care of one's self and maintaining one's self in as self-dependent a manner as personal needs and capacities determine
• Pursuing personally referenced pleasure, enjoyment, and intrinsic gratification
• Contributing to the need fulfillment and welfare of others
• Developing and sustaining reciprocal interpersonal relationships.

These domains form the structure of a Life Style Performance Profile (Fidler, 1982) and are seen as composing an occupational or activity repertoire that encompasses the patterns of daily living activity.

Because these domains represent the principal focus of daily living activities, they are viewed as relevant throughout the life span. What may be described for any one person, at any point in time, as an adequate, relevant, and balanced life-style depends on the age, cultural orientation, and neurobiologic endowment of that person as well as the values and resources of that person's social matrix. Performance skills and life-style expectations change with different stages of life and vary in accordance with cultural and social norms.

Although each of the activity domains is characterized as having a distinct purpose, the domains are not independent entities. Rather, they are interrelated parts of a life-style, a way of living that has meaning in defining and expressing a personal and social identity and a self-regard.

The Domain of Intrinsic Gratification

Engagement in an activity for the sheer joy of the experience is an essential part of defining self and one's personal worth. Developing an activity repertoire with no strings attached except for the fun and enjoyment in the doing is one important dimension of getting to know self, developing an awareness of one's skills, capacities, ability to commit; caring about self; and discerning one's capacity for joy and pleasure. Csikszentmihalyi (1990) observed that “when we act for the sake of action rather than for ulterior motives, we learn to become more than what we are” (p. 42). Fidler and Fidler (1978, 1983) called attention to the importance of the sense of pleasure, the joy of doing, and being a cause. To acknowledge and legitimize one's uniquely personal interests and needs is an important theme in shaping the quality of one's way of living. Only as we know the dimensions of self can we come to know another; only as we are able to freely care about and treasure self can we care for and value another. We are reminded by Devereaux (1984) that “the ability to develop caring relationships with others is in direct proportion to the ability to care for self” (p. 795). Searles (1960) pointed out that it is “through engagement with one’s non-human world that we become more deeply human, more committed to our status as a human being” (p. 89).
This domain is therefore concerned with exploring patterns of activity related to the pursuit of one's personal interests, pleasure, and joy.

The Domain of Social Contribution

Contributing to the need fulfillment and welfare of others is another critical dimension in the evolution of a mutually satisfying way of living. The identity of self as a productive member of society is molded through social and economic contributions to one's society. Engagement in those activities that are necessary for the survival and well-being of a group in society enables a sense of self as essential and verifies such contribution. The child's delight in helping with household tasks and assisting with adult chores and the stature of volunteerism or community service in American society are testimony to the importance of activities that embody social contributions and adult responsibility (Fidler & Fidler, 1978; Kelly & Godbey, 1992; Mosey, 1986). The dimensions of a person's social roles, such as wage earner, homemaker, student, family member, and volunteer, are themes to be explored within this domain.

The Domain of Interpersonal Relatedness

Perhaps one of the most simple and fundamental constructs about human behavior is that one becomes human through association with humans. A sense of personal acceptability, of human and interpersonal worthiness, emerges through encounters and relationships with other human beings. The importance of mutually satisfying interpersonal relationships in all aspects of living has been studied and verified well beyond question. It is axiomatic to acknowledge that a repertoire of activity patterns focused on development and maintenance of reciprocal human relationships is essential to achieving a lifestyle that is mutually satisfying to self and to those with whom one shares living. Verifying one's humanness and connectedness with others is a critical theme of daily living, and engagement in reciprocal human relationships is a principal dynamic in that process. Jarvis (1992) stated that "only in reciprocal relationships can being and becoming be maximized" (p. 112). The description of the nature and extent of a person's activity repertoire that enables and sustains reciprocal patterns of relating, enabling friendships, intimacy, family relationships, and peer and group affiliations are all important components of the focus of this domain.

Application of the Model

A first priority in application is coming to know and understand what is or has been a person's characteristic way of living and how that way reflects or does not reflect personal and social needs and expectations. It must again be emphasized that any deficit or dysfunction can be defined, understood, and allocated meaning only within the context of a person's life-style needs and expectations. An occupational therapy plan for either prevention or remediation therefore includes

- the development of a Life Style Performance Profile that reflects what is and has been the person's typical life-style activity pattern
- a description of current performance skill strengths and limitations relative to each of the four activity domains
- the performance expectations and preferences in each of these domains in relation to self-interest and the needs of significant others
- the balance or imbalance of harmony among the domains within the context of age and social and cultural norms and interests
- the dimensions of the family and community's social and cultural values, performance expectations, interests, economic resources and limitations, and environmental resources and constraints
- evaluation of those components of performance that notably affect performance
- individual characteristics, interests, values, and attitudes that shape performance
- the design of a recommended Life Style Performance Profile that reflects current capacities, interests, and needs relative to each activity domain.

An occupational therapy intervention plan for either prevention or remediation is designed in response to five fundamental questions. First, what does the person need to be able to do—that is, what performance skills are essential and at what level? Second, what is the person able to do—that is, what are the strengths, capacities, and interests of the person and of the external environment that can be used to enable successful intervention? Third, what is the person unable to do—which internal and external factors interfere, and how should these be addressed? Fourth, what interventions must be undertaken and in what order of priority so that the person will be able to move toward fulfilling relevant life-style performance needs and expectations? Finally, what are the characteristics and patterns of activity and the environment that will enhance the quality of this person's living?

Summary

The use of personally relevant activity, of occupation, in the development and restoration of performance skills has been the hallmark of occupational therapy since its incep-
tion. It is this focus that distinguishes the profession from other disciplines in the health or behavioral sciences. Questions surrounding the relationship of occupation to performance in daily living, coping and adaptation, and the meaning and quality of life have consistently been a principal concern of practice and inquiry in occupational therapy. More recently, society's interest in wellness and in defining health as more than the absence of disease has far-reaching importance for occupational therapy. Thus, the questions for occupational therapy have broadened and become more complex. Further exploration and critique of the Life Style Performance Model should lead to our ability to raise increasingly sophisticated questions and pursue such inquiry.

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References


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**Correction**

To January 1996, Vol. 50, cover:

Because of page limitations, "How Forearm Position Affects Grip Strength," by Lori Gage Richards, Bonni Olson, and Pamela Palminter-Thomas (February 1996, Vol. 50, pp. 133–138), which was originally scheduled to appear in the January issue, was moved to the February issue, but the cover words highlighting this article remained. *AJOT* editorial staff members regret the error and hope readers were not inconvenienced. ▲