



# Mindful caregiving increases happiness among individuals with profound multiple disabilities

Nirbhay N. Singh<sup>a,\*</sup>, Giulio E. Lancioni<sup>b</sup>, Alan S.W. Winton<sup>c</sup>,  
Robert G. Wahler<sup>d</sup>, Judy Singh<sup>a</sup>, Monica Sage<sup>e</sup>

<sup>a</sup>ONE Research Institute, P.O. Box 5419, Midlothian, VA 23112, USA

<sup>b</sup>University of Bari, Bari, Italy

<sup>c</sup>Massey University, Palmerston North, New Zealand

<sup>d</sup>University of Tennessee, Knoxville, TN, USA

<sup>e</sup>University of Florida, Gainesville, FL, USA

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## Abstract

Happiness is a critical indicator of quality of life in humans. A few studies have measured levels of happiness displayed under different conditions by individuals with profound multiple disabilities. We were interested in determining whether increasing the mindfulness of caregivers would result in increased levels of happiness in adults with these conditions. Using alternating treatments embedded within a multiple baseline across caregivers design, we measured baseline levels of happiness displayed by three adults with profound multiple disabilities when they engaged in leisure activities, each by a different pair of caregivers. Then, we taught mindfulness methods to one of each pair and measured the levels of happiness displayed by the individuals during the 8-weeks training for the caregivers. Finally, we measured the levels of happiness displayed by the three individuals for 16 weeks following the termination of mindfulness training. We found that, regardless of whether the level of happiness was initially observed to be high or low in the presence of a caregiver, it increased markedly when an individual interacted with a caregiver who received training in mindfulness when compared to the control caregiver, who did not receive such training. Our study provides evidence that increasing the mindfulness of a caregiver can produce a substantial increase in the levels of happiness displayed by individuals with profound multiple disabilities.

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\* Corresponding author. Tel.: +1-804-743-3121; fax: +1-804-743-3448.

E-mail address: [nirbsingh52@aol.com](mailto:nirbsingh52@aol.com) (N.N. Singh).

## 1. Introduction

Despite advances in the care of individuals with mental retardation, the quality of life remains poor for those with profound multiple disabilities. Quality of life has been variously defined but, at its most basic level, it must have three dimensions: subjective well-being, functioning in daily life, and external resources. While subjective well-being is difficult to assess directly in individuals with profound multiple disabilities, it has been suggested that behavioral indicators of happiness can be used to assess one aspect of their satisfaction with life (Felce & Perry, 1995; Hawkins, 1997; Ross & Oliver, 2003; Yu et al., 2002). For example, happiness in this population has been defined as “any facial expression or vocalization typically considered to be an indicator of happiness among people without disabilities including smiling, laughing, and yelling while smiling” (Green & Reid, 1996, p. 69).

The majority of research on happiness in individuals with profound multiple disabilities has been undertaken in the context of leisure activities. This is appropriate, given that a person’s quality of life can be promoted through meaningful and developmentally age-appropriate leisure and recreation activities. In one of the earliest studies, Realon, Favell, and Phillips (1989) reported increased smiling in a group of individuals with profound multiple disabilities when they were given adapted leisure materials when compared to standard leisure materials typically available in facilities for people with mental retardation. Green and Reid (1996) and Green, Gardner, and Reid (1997) provided empirically validated evidence that happiness can be not only measured in a valid and reliable manner, but also increased by providing items and activities that individuals with profound disabilities prefer. Similar research has provided confirmatory evidence of increased happiness during preferred leisure and other activities (e.g., Favell, Realon, & Sutton, 1996; Green & Reid, 1999; Ivancic, Barrett, Simonow, & Kimberly, 1997; Yu et al., 2002).

In these studies, caregivers provided the individuals with their preferred leisure items and activities to promote enjoyable and meaningful active participation and, thus, increase their level of happiness. Recently, Lancioni and colleagues have reported a series of studies in which individuals with profound multiple disabilities were taught to access reinforcers by operating various microswitches (see Lancioni, Singh, O’Reilly, & Oliva, 2003). Indices of happiness (e.g., smiling, laughing) were measured in three studies where individuals accessed reinforcers through either the use of microswitches (Lancioni, O’Reilly, Singh, Oliva, & Groeneweg, 2002; Lancioni et al., 2003) or physical activities (Lancioni, Singh, O’Reilly, Oliva, & Campodonico, *in press*). These studies showed that the individuals’ happiness generally increased when they could access reinforcers.

The question arises as to whether caregivers can increase happiness in individuals with profound multiple disabilities by changing their own behavior when engaging with these individuals in one-on-one interactions. Not only would this provide another method of increasing happiness in these individuals but also enable caregivers to increase happiness in these individuals in multiple contexts.

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