The European Portuguese version of the Determinants of Meditation Practice Inventory-Revised: Preliminary results

Bárbara Monteiro^{1,2} barbarasdmonteiro@gmail.com Ana Galhardo^{1,2} anagalhardo@ismt.pt Marina Cunha^{1,2} marina_cunha@ismt.pt

José Pinto-Gouveia² jpgouveia@fpce.uc.pt

¹ Instituto Superior Miguel Torga ² University of Coimbra, CINEICC, FPCEUC

INTRODUCTION

Although there is mounting evidence that meditation has beneficial effects on physical and mental health (Goldberg et al., 2021), barriers to its regular practice have been recognized (Banerjee et al., 2018; Toivonen et al., 2020). The Determinants of Meditation Practice Inventory (DMPI; Williams et al., 2011) was developed to assess perceived barriers to meditation in a population without meditation experience, and was recently revised (DMPI-R; Hunt et al., 2020). DMPI-R is a self-report instrument encompassing 12 items along four dimensions: (1) low perceived benefit, (2) perceived inadequate knowledge, (3) perceived pragmatic barriers, and (4) perceived socio-cultural conflict (Hunt et al., 2020). The current study aimed to preliminarily investigate the psychometric properties of the European Portuguese version of the DMPI-R.

METHOD

Participants: A general population sample comprising 79 participants (67 women and 12 men), presenting a mean age of 24.22 (SD = 6.01) years old and a mean of 13.86 (SD = 1.93) years of education, completed the DMPI-R. Procedures: The translation of the DMPI-R from the Portuguese version to original English was accomplished in several steps, according to the recommendations of Hambleton et al. (2005) and the International Test Commission (2017). The research protocol was made available online, and informed consent was mandatory before completing the sociodemographic questionnaire and the DMPI-R. Data collection took place from November 2020 to December

Table 1

DMPI-R items means, standard deviations, correlations with the total score, Cronbach α if item removed and factor loadings

Items	М	SD	r (item – total)	Cronbach α (if item removed)	Factor loadings			
					F1	F2	F3	F4
1. I prefer to be accomplishing something	3.33	1.14	.32	.76	.65			
2. Meditation might be boring	2.58	1.11	.52	.73	.80			
3. It is a waste of time to sit and do nothing	1.89	0.86	.50	.74	.76			
4. I don't believe meditation can help me	2.28	1.15	.49	.74	.80			
5. I don't know much about meditation	3.71	1.12	.37	.76			.84	

2020. A principal component analysis (PCA) was conducted. Reliability was examined through Cronbach alpha.

RESULTS

The DMPI-R PCA showed a four-factor solution, with an eigenvalue of 1.06, explaining 68.26% of the variance. Component loadings varied from .54 to .86, and communalities ranged from .45 to .78. Item-total correlations ranged from .24 to .52. A Cronbach alpha of .77 was found for the total score, and Cronbach alpha values for the four dimensions ranged between .61 and .83.

6. I wouldn't know if I were doing it right	3.77	1.03	.41	.75	.86	
7. There is no quiet place where I can meditate	2.49	1.28	.50	.74	.70	
8. There is never a time when I can be alone	2.09	1.18	.40	.75	.82	
9. I don't have time	2.24	1.16	.35	.76	.75	
10. I'm concerned meditation will conflict with my religion	1.20	0.67	.24	.77		.54
11. I wonder if meditation might harm me	1.52	0.89	.47	.75		.80
12. My family would think it was unusual	1.62	1.05	.30	.76		.77

DISCUSSION

The European Portuguese version of the DMPI-R showed a similar structure to the one found in its original version and adequate reliability. These preliminary results

seem promising, and further analyses should be conducted, in larger samples, to confirm this factor structure and assess the validity and test-retest reliability.

Recognizing and assessing these barriers in meditation novices allows for a more tailored psychoeducation, fostering the practice continuity. Understanding barriers to

meditation can also increase adherence to the Mindfulness Based Interventions (MBIs), allowing facilitators/professors targeting these barriers and promoting

motivation to practice. The availability of assessment instruments addressing meditation barriers is an important resource to prevent dropout rates in MBIs, and

enhance meditation regularity practice. This is particularly useful given that previous research has highlighted the relevance of home-practice (Lloyd et al., 2017).

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