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BRIEF REPORT

French Translation and Validation of the Multidimensional Assessment of Interoceptive Awareness (MAIA-Fr)

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Interoceptive awareness, which refers to the features of interoception that are accessible to consciousness, has been consistently associated with physical and psychological health. To date, the Multidimensional Assessment of Interoceptive Awareness (MAIA) is the most comprehensive self-report measure of interoceptive awareness. As such, it has been translated into many languages and validated in many countries. *Aim:* The aim of the present study was to validate a French version of the MAIA (MAIA-Fr), so it can be used in clinical and research settings with French-speaking populations. *Method:* The psychometric properties of the MAIA-Fr were analyzed based on the responses of 345 French adult participants. Exploratory and confirmatory factor analyses were conducted. Internal consistency, temporal stability, and construct validity of the MAIA-Fr were examined. *Result:* As for the original MAIA, the factor analyses supported an eight-factor structure of the MAIA-Fr. The results indicated a good construct validity of the questionnaire and showed appropriate-to-good internal consistency and temporal stability for most MAIA-Fr scales. In line with previous validation studies, questionable behaviors were found for the Not distracting and Not worrying scales. *Conclusion:* The MAIA-Fr was deemed appropriate to assess interoceptive awareness in French-speaking populations.

Public Significance Statement
The way we perceive and identify our internal body sensations is known as our interoceptive awareness and it can have a great impact on our physical and psychological health. This study examined the properties of a French translation of a popular questionnaire assessing interoceptive awareness. It concluded that this French version can be safely used by clinicians and researchers in French-speaking populations.

Keywords: interoceptive awareness, interoception, MAIA, French, validation study

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Interoception can be defined as the process by which the nervous system senses, interprets, and integrates signals from within the body (Khalsa et al., 2018). By providing information about inner organs (e.g., heart rate, breathing, hunger, pain, etc.), interoception helps maintain homeostasis and guides a wide range of adaptive behaviors. The term "interoceptive awareness" has been used over the years to describe multiple, and sometimes quite different, dimensions of interoception. In recent taxonomies, interoceptive awareness refers to a person's confidence in their ability to monitor and detect inner sensations (Garfinkel et al., 2015). However, in this manuscript, we will use "interoceptive awareness" in its broadest sense, to describe the features of interoception that are accessible to consciousness (Khalsa et al., 2018; Mehling, 2016).

Interoceptive awareness has been consistently associated with physical and psychological health. First, it plays a critical role in many higher-order cognitions such as learning, decision-making, and emotion processing (Calì et al., 2015; Critchley & Garfinkel, 2017; Zamariola et al., 2019). Then, many physical and psychological disorders are characterized by alterations in interoceptive awareness (Khalsa et al., 2018; Murphy et al., 2017). Several disorders such as insomnia or generalized anxiety disorders are associated with abnormally high interoceptive awareness (Domschke et al., 2010; Wei et al., 2016), but most disorders, such as chronic pain, schizophrenia, depression, eating disorders, and addictions, are associated with attenuated interoceptive awareness (Ardizzi et al., 2016; Di Lernia et al., 2016; Eggart et al., 2019; Khalsa et al., 2015;

Naqvi & Bechara, 2010). Given the growing evidence of an association between interoceptive awareness and health outcomes, reliable measures of interceptive awareness should be made available to researchers and clinicians.

The multidimensional assessment of interoceptive awareness (MAIA) (Mehling et al., 2012) is a comprehensive self-report measure of interoceptive awareness, resulting from a thorough review of the scientific literature on interoception and its different dimensions, input from several experts, and multiple field testing. It includes 32 items, clustered in eight distinct but related scales, including three to seven items each (cf. method section). With Cronbach alphas ranging from .66 to .82, the MAIA scales are considered to have good to high internal consistency in the original English version. It also exhibits good construct validity, as shown for instance by its correlations with questionnaires assessing related constructs (e.g., body awareness questionnaires).To date, the MAIA has been translated into more than 20 languages and has been validated for at least nine of these translations (Chinese, German, Italian, Japanese, Lithuanian, Persian, Polish, Spanish, Portuguese) (Baranauskas et al., 2016; Bornemann et al., 2015; Brytek-Matera & Kozieł, 2015; Calì et al., 2015; Gim et al., 2016; Lin et al., 2017; Machorrinho et al., 2019; Shoji et al., 2018; Valenzuela-Moguillansky & Reyes-Reyes, 2015). All validation studies supported the good psychometric properties of the MAIA and most of them confirmed its original factor structure. The Spanish and German validations (Bornemann et al., 2015; Valenzuela-Moguillansky & Reyes-Reyes, 2015), which were respectively based on 497 students and 1,076 participants from the general population, thus found an eight-factor structure of the questionnaire and reported good internal consistency for most MAIA scales. In addition, both the German and Japanese validations (Shoji et al., 2018), concluded to a good construct validity of the MAIA. Finally, in line with the German validation, both Chinese and Portuguese validations (Lin et al., 2017; Machorrinho et al., 2019) confirmed a good temporal stability of the MAIA scales. However, it should be noted that the majority of previous validation studies have highlighted reliability issues for the NOT DISTRACTING and NOT WORRYING scales.

The aim of the present study was to assess the psychometric properties of a French translation of the MAIA (MAIA-Fr), so it can be used in clinical practice and research with French-speaking populations. The factor structure, as well as the validity and reliability of the MAIA-Fr, was expected to be comparable to those of the original English version.

Method

Measures

The Multidimensional Assessment of Interoceptive Awareness

As described earlier, the MAIA (Mehling et al., 2012) is a comprehensive self-report measure of interoceptive awareness, composed of 32-item with a 6-point Likert format, ranging from zero (*never*) to five (*always*), which evaluates eight dimensions of interoceptive awareness. The NOTICING scale evaluates the ability to notice comfortable, uncomfortable, or neutral body sensations. The NOT DISTRACTING and NOT WORRYING scales evaluate the tendency not to ignore and not to worry about painful or uncomfortable sensations, respectively. The ATTENTION REGULATION scale evaluates the ability to focus on bodily sensations.

The EMOTIONAL AWARENESS scale assesses awareness of physical emotional cues. The SELF-REGULATION scale evaluates the ability to use body sensations to regulate distressful experiences. The BODY LISTENING scale assesses the tendency to actively listen to body sensations to gain insights and guide behaviors. The TRUSTING scale evaluates the tendency to consider body sensations as safe and trustworthy. Subscores are calculated by adding up the scores of all items within the same scale, then dividing the score obtained by the number of items included in the scale. Higher scores indicate greater interoceptive awareness abilities.

The original English version of the MAIA was first translated into French by a bilingual English-French speaker. Then, another independent bilingual English-French speaker translated the MAIA back into English. Both translators had a background in psychology and were familiar with the concept of interoceptive awareness in order to consider psychological and cultural factors during the translation process. Discrepancies between the back translation and the original English version were identified and discussed among authors and, where appropriate, adjustments were made to the French sentences (e.g., Item 29: I listen to my body to inform me about what to do./ *Je suis à l'écoute des indications que mon corps me donne sur ce que je dois faire.*)

Validity Measures

The Five Facets Mindfulness Questionnaire (FFMQ; Baer et al., 2008; Heeren et al., 2011) is a 39-item self-report measure of body awareness and attention, with a 5-point response format (1 = *almost never*; 5 = *very often or always true*). It evaluates five dimensions of mindfulness: (a) observing body sensations; (OBSERVING), (b) describing inner states (DESCRIBING), (c) acting with awareness (ACTING), (d) attending to sensations without judgment (NOT JUDGING), (e) accepting body sensations (NOT REACTING). Higher total scores indicate greater mindfulness abilities.

The Difficulties in Emotion Regulation Scale (DERS; Côté et al., 2013; Gratz & Roemer, 2004) is a 36-item self-report measure of emotion dysregulation, with a 5-point response format (1 = *almost never*; 5 = *almost always*). It evaluates six emotion regulation difficulties: (a) non-acceptance of emotions (NON- ACCEPTANCE), (b) difficulties in adopting goal-directed behaviors (GOAL-DIRECTED), (c) difficulties in controlling impulsive behaviors (IMPULSES), (d) lack of emotional awareness (LACK OF EA), (e) limited access to emotion regulation strategies (LIMITED ACCESS), (f) lack of emotional clarity (CLARITY). Higher total scores indicate greater emotion regulation difficulties.

The State-Trait Anxiety Inventory—Form Y (STAI-T; Spielberger, 2010; Bruchon-Schweitzer & Paulhan, 1993) is a 20-item self-report measure of the tendency to experience anxiety with a 4-point response format (1 = *almost never*; 4 = *almost always*). Higher scores indicate greater anxiety dispositions.

Procedure and Participants

Data collection took place in the north of France from February 2018 to February 2020. Participants were recruited from students and staff of the University of Lille, as well as from relatives of both students and staff. All questionnaires were computerized and completed online on a secure digital survey platform (Lime survey). The study consisted of two phases, a test phase (T1), in which participant were asked to complete all the study's questionnaires and a retest

phase (T2), in which participants, who agreed to, were contacted by email about 2 months after their first participation, in order to complete the MAIA-Fr again.

The final sample consisted of 345 participants who completed the MAIA-Fr at T1 with no missing data (total sample). Among those participants, 305 also completed all the questionnaires at T1 with no missing data (validity sample) and, among the 72 participants who agreed to be re-contacted for retest phase, 47 completed the MAIA-Fr at T2 (retest sample). Participants were aged between 18 and 86 ($M = 32.37$; $SD = 14.59$). All participants had graduated from high school or had at least an equivalent level of education. Most participants were women (78.2%) and about 40% of the participants were young adult students. Although no significant differences were found between the samples regarding their responses to the MAIA, it should be noted that the retest sample mainly included students, and was therefore composed of younger participants, with a lower BMI than the other samples.

Statistical Analyses

Factor Analyses

Following recommendations (Tabachnick et al., 2007) a sample size of at least 320 (10 participants per items) was required to carry out factor analyses on the MAIA.

An Exploratory Factor Analysis (EFA), with a Principal Component Analysis as extraction method, was performed on the total sample. Since factors were expected to be correlated with one another, they were obliquely rotated using Promax rotation. The number of factors to be retained was determined by following Kaiser's criterion (Kaiser, 1960) (factors with eigenvalues of at least 1 should be selected), and by examining the point of inflections of the scree plot. Given the sample size (>300), rotated factor loadings above .30 indicated statistically meaningful associations between items and factors (Tabachnick et al., 2007).

A Confirmatory Factor Analysis (CFA) was also conducted on the total sample using Maximum Likelihood estimations. The model fit was assessed by examining the Comparative Fit Index (CFI > .90), the Tucker Lewis Index (TLI > .95), the Standardized Root Mean Square Residual (SRMR < .08), the Root Mean Square Error of Approximation (RMSEA < .08) and the χ^2/df ratio (<.30) (Brown, 2015; Hu & Bentler, 1995).

Reliability

Cronbach's alphas were used to assess the internal consistency of the MAIA-Fr scales. A scale with a Cronbach alpha above .70 was considered to have an acceptable internal consistency (Cronbach, 1951). Following the choice made by Mehling et al. (2012), scales with three to four items were considered to have acceptable internal consistency when Cronbach's alphas were greater than .65.

The temporal stability of the MAIA-Fr was assessed with Intraclass Correlation Coefficients (ICC) using a two-way mixed model. The temporal stability was considered "low" when ICC values were under .50, "moderate" between .50 and .75, "good" between .75 and .90, and "excellent" above .90 (Koo & Li, 2016).

The construct validity of the MAIA-Fr was assessed by considering the convergent and divergent validity of its scales. Convergent and divergent validity were established by examining the correlations (Bivariate Pearson's correlation coefficients) between MAIA-Fr scales and validity measure. The MAIA-Fr scales were expected to be positively, and at least moderately, correlated with mindfulness measures (FFMQ) and to have negative and/or weak correlations with emotion dysregulation and anxiety measures (DERS; STAI-T).

Results

Factor Analyses

All items were normally distributed (skewness and kurtosis values ranged between −1 and 1), but multivariate normality was not met, resulting in a bootstrapping procedure on 1500 samples during the CFA. As the Bartlett's test of sphericity was significant ($\chi^2 = 4,880.96$; $p < .00$) and the Kaiser–Meyer Olkin measure of sampling adequacy was greater than .60 (KMO = .88), factor analyses could be performed.

Exploratory Factor Analysis

The results of the EFA supported an eight-factor structure of the MAIA-Fr, explaining 63.31% of the variance. Factor 1, corresponding to the ATTENTION REGULATION scale, was comprised of seven items that explained 28.05% of the variance. Factor 2, corresponding to the EMOTIONAL AWARENESS scale, was comprised of five items that explained 8.12% of the variance. Factor 3, corresponding to the SELF-REGULATION scale, was comprised of four items that explained 6.6% of the variance. Factor 4, corresponding to the TRUSTING scale, was comprised of three items, that explained 4.84% of the variance. Factor 5, corresponding to the BODY LISTENING scale, was comprised of three items, that explained 4.64% of the variance. Factor 6, corresponding to the NOTICING scale, was comprised of four items, that explained 4.10% of the variance. Factor 7, corresponding to the NOT WORRYING scale, was comprised of three items that explained 3.6% of the variance. Factor 8, corresponding to the NOT DISTRACTING scale, was comprised of three items that explained 3.2% of the variance. The examination of cross-loadings showed that four items loaded on more than one dimension. All loadings were greater than .30 and all items loaded higher on their related scales. Standardized factor loadings of the EFA are displayed in Table 1.

Confirmatory Factor Analysis

The CFA results showed that all items loaded significantly on their expected factors, with standardized loadings ranging from .31 (item 5) to .92 (item 31). The values of the absolute model-fit indices (RMSEA = .06; SRMR = .07; χ^2/df ratio = 2.49) supported an eight-factor solution. However, the values of the relative indices (CFI = .85; TLI = .84) were below the cut-off for acceptable model fit.

Reliability

Internal Consistency and Temporal Stability

Cronbach's alpha coefficients of the MAIA-Fr scales ranged from .42 to .87 and demonstrated appropriate-to-good internal consistency for six scales out of eight. The NOT WORRYING and NOT

Table 1
Standardized Factor Loadings of EFA

Item numbers	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	Factor 7	Factor 8
Item 1	−.03	−.06	.05	.06	.02	**.79**	.01	.07
Item 2	.07	.00	−.03	−.14	.09	**.72**	−.15	−.02
Item 3	.00	.05	.06	−.00	.24	**.44**	.16	−.05
Item 4	.05	.20	−.02	.02	.01	**.36**	−.04	−.18
Item 5	−.11	−.10	−.14	.03	**.45**	.23	.14	**.53**
Item 6	.07	−.03	.07	.00	−.07	.04	.13	**.75**
Item 7	.03	.17	−.04	−.01	−.11	−.15	−.08	**.71**
Item 8	−.07	.07	−.10	−.00	.08	−.13	**.79**	.10
Item 9	.02	−.17	.05	.03	−.01	−.07	**.74**	.08
Item 10	.08	.11	−.04	.09	**−.38**	.26	**.57**	−.15
Item 11	**.56**	.02	.17	−.14	−.10	.17	.19	−.04
Item 12	**.80**	−.05	.04	−.09	.00	.06	.04	.03
Item 13	**.76**	−.12	−.17	.11	.04	.08	−.11	−.05
Item 14	**.91**	−.11	.10	−.04	−.05	.00	−.09	.03
Item 15	**.73**	.04	.13	.03	.00	.03	−.07	.22
Item 16	**.67**	.10	−.12	−.05	.22	−.18	.10	−.11
Item 17	**.58**	.23	−.04	.10	.14	−.14	.05	−.02
Item 18	.13	**.71**	**−.30**	.11	.00	−.03	.01	−.03
Item 19	−.02	**.62**	−.12	.00	−.10	**.40**	−.13	.13
Item 20	−.04	**.71**	.17	.10	−.08	.08	−.08	.02
Item 21	−.22	**.66**	.17	−.13	.20	.00	.04	−.12
Item 22	.00	**.90**	.09	−.09	−.00	−.12	.04	.08
Item 23	.00	.05	**.52**	−.08	.29	−.06	.20	−.03
Item 24	.04	.20	**.74**	.06	.00	−.08	−.02	.07
Item 25	−.01	−.13	**.88**	.03	−.02	.10	−.08	−.04
Item 26	.03	−.04	**.83**	.11	.00	.00	−.06	−.01
Item 27	.04	.07	.08	.03	**.63**	.17	−.06	.01
Item 28	.07	.00	.14	−.06	**.72**	−.01	−.07	−.00
Item 29	.06	−.02	−.06	.08	**.82**	.04	.00	−.06
Item 30	−.08	.00	.06	**.89**	−.04	.00	.07	.11
Item 31	−.01	−.05	.07	**.90**	.00	−.06	.01	−.08
Item 32	.09	.07	.02	**.69**	.16	.01	−.03	−.05

Note. Bold: factor loading ≥.30.

DISTRACTING scales had the lowest internal consistency while the ATTENTION REGULATION scale had the highest.

All ICCs of the MAIA-Fr scales were significant. They ranged from .41 to .79 and demonstrated moderate to good test-retest reliability for seven scales out of eight. The NOT DISTRACTING scale had the lowest test–retest reliability while the ATTENTION REGULATION scale had the highest. Internal consistency and temporal stability indicators are displayed in Table 2.

Construct Validity

Correlations between the MAIA-Fr scales and validity measures of mindfulness, emotion dysregulation, and anxiety are displayed in Table 3. The correlation coefficients ranged from .00 to .50. The highest correlation was found between the TRUSTING scale of the MAIA-Fr and the STAI-T total score. The NOT DISTRACTING scale was the least correlated with validity measures.

Table 2
Descriptive Statistics, Internal Consistency, and Temporal Stability of MAIA-Fr Scales

	Complete sample, N = 349		Retest sample, N = 47
Maia-Fr Scales	Mean (SD)	α	ICC [CI 95%]
NOTICING (four items)	3.26 (.97)	.65	.53 [.16, .74]
NOT DISTRACTING (three items)	2.29 (.92)	.42	.41 [−.02, .50]
NOT WORRYING (three items)	2.38 (1.03)	.57	.70 [.30, .71]
ATTENTION REGULATION (seven items)	2.84 (.98)	.87	.79 [.46, .79]
EMOTIONAL AWARENESS (five items)	3.35 (1.06)	.80	.78 [.44, .78]
SELF-REGULATION (four items)	2.52 (1.18)	.83	.74 [.60, .38]
BODY LISTENING (three items)	2.32 (1.22)	.84	.71 [.31, .72]
TRUSTING (three items)	2.78 (1.21)	.84	.78 [.44, .78]

Note. SD = standard deviation; CI = confidence interval.

Table 3

Correlations Between MAIA-Fr Scales and Validity Measures

Validity measures	Validity sample, $N = 305$							
	NOTICING	NOT DISTRACTING	NOT WORRYING	ATTENTION REGULATION	EMOTIONAL AWARENESS	SELF-REGULATION	BODY LISTENING	NOT TRUSTING
FFMQ								
OBSERVING	.47**	−.08	−.03	.48**	.43**	.40**	.48**	.29**
DESCRIBING	.33**	.09	.06	.35**	.19**	.37**	.36**	.22**
ACTING	.05	.11*	.21**	.13*	−.00	.29**	.14*	.17*
NOT JUDGING	−.06	.17**	.16**	.02	−.14*	−.14*	.04	.21**
NOT REACTING	.24**	−.10	.23**	.48	.14*	.41**	.36**	.31**
DERS								
NON ACCEPTANCE	−.03	−.12*	−.26**	−.11*	.00	−.18**	−.08	−.24*
GOAL-DIRECTED	−.03	.10	−.25**	−.26**	.07	−.21**	−.14**	−.15**
IMPULSES	−.01	−.06	−.24**	−.19**	.11*	−.24**	−.19**	−.25**
LACK OF EA	−.36**	−.06	.15**	−.39**	−.35**	−.38**	−.47**	−.25**
LIMITED ACCESS	−.10	−.07	−.30**	−.25**	.021	−.37**	−.22**	−.32**
CLARITY	−.25**	−.11*	−.05	−.29**	−.14*	−.39**	−.30**	−.29**
STAI-T	−.13*	−.06	−.21**	−.28**	−.10	−.40**	−.28**	−.50**

$^* p < .05.$ $^{**} p < .001.$

Discussion

The aim of the study was to examine the psychometric properties of a French version of the MAIA (MAIA-Fr). As expected, the results of the EFA and CFA supported an eight-factor structure of the MAIA-Fr, similar to the factor structure of the original version of the questionnaire (Mehling et al., 2012).

Most MAIA-Fr scales were found to be independent and to have acceptable-to-good internal consistency and temporal stability. Unsurprisingly, the NOT DISTRACTING and NOT WORRYING scales had poor internal consistency. The lack of internal consistency of these two scales has constantly been raised in previous validations, beginning with the original MAIA, due to their few and reversed items (Bornemann et al., 2015; Calì et al., 2015; Lin et al., 2017; Mehling et al., 2012; Shoji et al., 2018; Valenzuela-Moguillansky & Reyes-Reyes, 2015).

Then, although all ICCs were significant, our results suggest that the responses to the NOTICING and NOT DISTRACTING scales of the MAIA-Fr were less stable over time. This result may be explained by the scales' items, which may be more difficult to picture and understand, especially for participants with no specific background in body awareness practice (e.g., item 3: I notice where in my body I am comfortable).

Finally, in line with previous validation studies (Bornemann et al., 2015; Machorrinho et al., 2019; Mehling et al., 2012; Shoji et al., 2018), our results support a good construct validity of the MAIA-Fr. In accordance with our hypothesis, the results showed moderate and positive associations between the MAIA-Fr scales and mindfulness measures, indicating good convergent validity. For instance, positive correlations were found between the scales NOTICING, ATTENTION REGULATION, EMOTIONAL AWARENESS, BODY LISTENING, and the scales OBSERVING and DESCRIBING of the FFMQ. In addition, negative and/or weak associations were found between the MAIA-Fr scales and more distant construct of emotion dysregulation and anxiety, indicating a good divergent validity. For instance, most MAIA-Fr scales were negatively and weakly correlated with the scales NON-ACCEPTANCE and GOAL-

DIRECTED of the DERS and only a weak correlation was found between the scale NOT WORRYING and the STAI-T total score.

The present study has some limitations. First, most participants were women, all had at least a level of education equivalent to high-school graduation and most were students. Second, it did not assess participants' mind-body practices, which could have been useful to better characterize our participants and the tendencies of their responses. Third, the questionable behavior of the *not distracting* scale, and to some extent that of the *not worrying* scale, should be taken into account when using the questionnaire in either research or clinical settings. Mehling et al. recently developed an improved version of the MAIA (MAIA-2) in which three items were added to the *not distracting* and *not worrying* scales in order to address their lack of reliability (Mehling et al., 2018). Unfortunately, the present study was launched before the MAIA-2 was published so it could not include an evaluation of these additional items. Therefore, the MAIA-2 should now be translated and validated in French.

Conclusion

This study shows that the French version of the MAIA (MAIA-Fr) has acceptable-to-good psychometric properties. In accordance with the original MAIA, the EFA suggested an eight-factor structure of the MAIA-Fr, which was supported by the CFA, with reasonably acceptable goodness-of-fit indices. Most MAIA-Fr scales showed good internal consistency and good test–retest reliability. In addition, relationships between the MAIA-Fr scales and other measures suggest that the questionnaire has good construct validity. The MAIA-Fr is therefore an appropriate tool to assess interoceptive awareness in French-speaking populations and can be used in both research and clinical settings.

Résumé

La conscience intéroceptive, à savoir les caractéristiques de l'intéroception qui sont accessibles à la conscience, a été régulièrement associée à la santé physique et psychologique. À ce jour, la Multidimensional Assessment of Interoceptive Awareness

(MAIA) est la mesure autorapportée la plus complète de la conscience intéroceptive. En tant que telle, elle a été traduite en plusieurs langues et validée dans de nombreux pays. Objectif : L'objectif de la présente étude est de valider une version française de la MAIA (MAIA-Fr), afin qu'elle puisse être utilisée dans des contextes cliniques et de recherche auprès de populations francophones. Méthode : Les propriétés psychométriques de la MAIA-Fr ont été analysées au moyen des réponses de 345 adultes francophones. Des analyses factorielles, confirmatoire et exploratoire, ont été effectuées. La consistance interne, la fiabilité temporelle et la validité de construit de la MAIA-Fr ont été examinées. Résultats : Les analyses factorielles appuient la structure à huit facteurs de la MAIA-Fr, à l'instar de la version originale de la MAIA. Les résultats indiquent la bonne validité de construit du questionnaire et révèlent une consistance interne et une fiabilité temporelle allant d'appropriée à bonne pour la plupart de ses échelles. Conformément aux études de validation antérieures, des résultats douteux ont été obtenus pour les échelles Not *distracting* et Not *worrying*. Conclusion : L'usage de la MAIA-Fr a été jugé approprié pour évaluer la conscience intéroceptive parmi les populations francophones.

Mots-clés : conscience intéroceptive, intéroception, MAIA, français, étude de validation

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