Body Image 14 (2015) 130–145

Contents lists available at ScienceDirect

Body Image

journal homepage: www.elsevier.com/locate/bodyimage

Assessing positive body image: Contemporary approaches and future directions

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ARTICLE INFO

Article history:
Received 1 February 2015
Received in revised form 22 March 2015
Accepted 25 March 2015

Keywords:
Positive body image
Assessment
Formal assessment
Psychotherapy
Applied research
Qualitative research

ABSTRACT

Empirical and clinical interest in positive body image has burgeoned in recent years. This focused attention is generating various measures and methods for researchers and psychotherapists to assess an array of positive body image constructs in populations of interest. No resource to date has integrated the available measures and methods for easy accessibility and comparison. Therefore, this article reviews contemporary scales for the following positive body image constructs: body appreciation, positive rational acceptance, body image flexibility, body functionality, attunement (body responsiveness, mindful self-care), positive/self-accepting body talk, body pride, body sanctification, broad conceptualization of beauty, and self-perceived body acceptance by others. Guidelines for the qualitative assessment of positive body image and recommendations for integrating positive body image assessment within psychotherapy and applied research settings are also offered. The article concludes with articulating broad future directions for positive body image assessment, including ideas for expanding its available measures, methods, and dynamic expressions.

Introduction

A research team conducting a randomized controlled trial of a yoga-based intervention for binge eating disorder seeks to ascertain whether change in negative body image or change in positive body image is a more robust contributor to reductions in dysfunctional eating patterns among participants.

A physical therapy clinic is interested in adopting a more strengths-based understanding of the positive body image changes that occur in their patients during treatment.

A clinical health psychologist working in a fertility clinic feels constrained by only monitoring components of negative body image (e.g., body shame) in clients undergoing assisted reproductive technology procedures.

Scenarios reflecting the need for positive body image assessment, such as the ones presented above, are plentiful. Thankfully, recent advances in the conceptualization and measurement of positive body image now offer researchers and clinicians opportunities to assess an array of positive body image constructs. These advances were in response to calls from scholars who realized the utility of measuring positive body image to complement the measurement of negative body image (Avalos, Tylka, & Wood-Barcalow, 2005; Cash, Jakatdar, & Williams, 2004). Specifically, measuring positive body image provides a more holistic understanding of body image, which then holds the potential to uncover unique and underutilized resources for optimizing health and well-being for clients, schools, and the community (Cook-Cottone, Tribole, & Tylka, 2013).

The initial approach to operationalizing positive body image was rather narrowly centered on satisfaction-based instrumentation such as the Body Esteem Scale (Franzoi & Shields, 1984), the Body Esteem Scale for Adolescents and Adults (Mendelson, Mendelson, & White, 2001), and the Appearance Evaluation subscale of the Multidimensional Body-Self Relations Questionnaire (Brown, Cash, & Mikulka, 1990; Cash, 2000). Such measures position positive and negative body image as opposite ends of one body image continuum, with positive body image representing body satisfaction and negative body image representing body dissatisfaction. Such measures contributed to our early understanding and measurement of what may constitute positive body image. Yet, a more contemporary perspective has been established, which is informed by

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http://dx.doi.org/10.1016/j.bodyim.2015.03.010
1740-1445/

findings from mixed methods and qualitative research on positive body image. This perspective frames positive body image as a complex, multifaceted construct distinct from low levels of negative body image and extending beyond body satisfaction or appearance evaluation (see Tylka & Wood-Barcalow, 2015b, this issue), and thus would entail the adequate understanding and measurement of positive body image's multiple facets.

This article reflects this contemporary perspective. First, we review the available formal measures that provide the best assessment to date of positive body image's various facets. For each measure reviewed, we present its psychometric properties (i.e., statistical estimates that support its reliability and validity) and discuss its strengths and limitations when relevant. Second, we include guidelines for positive body image assessment in mixed methods or qualitative research. Third, we discuss the incremental value of incorporating formal and informal positive body image assessment within the context of psychotherapy. Fourth, we explore how positive body image assessment can be integrated within applied research contexts, such as eating disorder prevention programs and interventions, and medical, surgical, and rehabilitation settings. Last, we conclude the article by identifying broad areas in need of attention within positive body image assessment. Recognizing the dynamic and evolving status of contemporary positive body image assessment, the present article represents a formative or exploratory rather than conclusive or exhaustive approach to summarizing and critiquing existing research.

Formal Assessment of Positive Body Image

Body Appreciation

As originally defined by Avalos et al. (2005), *body appreciation* is exemplified by an intentional choice to: (a) accept one's body regardless of its size or bodily imperfections, (b) respect and take care of one's body by attending to its needs through engaging in health-promoting behaviors, and (c) protect one's body by resisting the internalization of unrealistically narrow standards of beauty promulgated in the media. To arrive at this definition, Avalos et al. reviewed educational sources focused on promoting body acceptance (Cash, 1997; Freedman, 2002; Maine, 2000; Tribole & Resch, 2003) and prevention efforts designed to protect body image from sociocultural influences (Levine & Smolak, 2001).

From this definition, Avalos et al. (2005) developed the Body Appreciation Scale (BAS) and conducted four studies examining its psychometric properties with U.S. college women. While 16 items were originally developed, 13 were retained. These 13 items, which loaded on one factor, had the highest factor loadings via exploratory and confirmatory factor analysis and, together, comprehensively assessed the three aspects of body appreciation contained within the construct definition (i.e., body acceptance, body respect, and body protection by resisting media appearance influences). Examples of retained items include, "Despite its imperfections, I still like my body," "I respect my body," and "My self-worth is independent of my body shape or weight." Participants rate their level of agreement on a 5-point scale ranging from 1 (*Never*) to 5 (*Always*). Avalos et al. accrued solid support for the BAS's psychometric properties. Estimates supported scores' internal consistency reliability (αs = .91–.94) and stability over a 3-week period (r = .90). Evidence for the BAS's convergent validity was garnered via its positive relationships with body esteem and appearance evaluation, and its inverse relationships with body preoccupation, body dissatisfaction, disordered eating, body surveillance, and body shame. The BAS was not related to social desirability, upholding its discriminant validity. The BAS was associated uniquely with several aspects of well-being (i.e., self-esteem, optimism, and proactive coping) after extracting shared variance with appearance evaluation, body preoccupation, and body dissatisfaction. This latter finding solidified body appreciation as distinct from high levels of appearance satisfaction and low levels of body preoccupation and body dissatisfaction.

The BAS was originally evaluated with women and thus contained a gender-specific item (i.e., "I do not allow unrealistically thin images of women presented in the media to affect my attitudes toward my body"). A gender-specific item for men (i.e., "I do not allow unrealistically muscular images of men presented in the media to affect my attitudes toward my body") was offered; however, it was never examined in the original validation study (Avalos et al., 2005). Later, Tylka (2013) compared this modified male BAS with the female BAS in a mixed-gender sample of U.S. college women and men and found both versions' scores to be internally consistent (male BAS α = .92, female BAS α = .94). Construct validity evidence was finally obtained for the male version, as it was inversely related to men's dissatisfaction with their muscularity, body fat, and height. Furthermore, invariance analyses indicated that, for women and men, items loaded on the same factor (configural invariance), the magnitudes of factor loadings were the same (factor loading invariance), and regression intercepts relating each item to the factor were similar (intercept invariance). These analyses confirmed that the BAS measures the same construct equally for women and men. That said, men reported significantly higher BAS scores than women in U.S., Spanish, and German samples (Kroon Van Diest & Tylka, 2010; Lobera & Ríos, 2011; Swami, Stieger, Haubner, & Voracek, 2008; Tylka, 2013), but not in a U.K. sample (Swami, Hadji-Michael, & Furnham, 2008).

Further internal consistency and construct validity evidence has been accrued for the BAS's scores, primarily for women and men in Western countries such as the U.S., U.K., Canada, and Australia. Scores on the BAS have been found to be internally consistent, with Cronbach's alpha coefficients at or above .90 within these samples. In terms of validity evidence, BAS scores were positively related to positive affect, life satisfaction, and self-compassion (Swami, Stieger, et al., 2008; Tylka & Kroon Van Diest, 2013; Wasylkiw, MacKinnon, & MacLellan, 2012). Behaviorally, BAS scores were positively linked to intuitive eating (i.e., eating according to physiological hunger and satiety cues; Andrew, Tiggemann, & Clark, 2014b; Avalos & Tylka, 2006; Hahn Oh, Wiseman, Hendrickson, Phillips, & Hayden, 2012; Tylka & Kroon Van Diest, 2013), women's sexual arousal and satisfaction (Satinsky, Reece, Dennis, Sanders, & Bardzell, 2012), and enjoyment-based physical activity (Homan & Tylka, 2014). Moreover, BAS sores were inversely correlated with social physique anxiety, body image avoidance, body checking behaviors, self-comparison, internalization of societal appearance ideals, and maladaptive perfectionism (Andrew et al., 2014b; Iannantuono & Tylka, 2012; Swami et al., 2012; Tylka & Kroon Van Diest, 2013). Scores on the BAS are inversely related to body mass index (BMI) for women and men from most Western and non-Western countries examined (Lobera & Ríos, 2011; Ng, Barron, & Swami, 2015; Satinsky et al., 2012; Swami & Chamorro-Premuzic, 2008; Swami & Jaafar, 2012; Tylka & Kroon Van Diest, 2013; Tylka & Wood-Barcalow, 2015a; Webb, Butler-Ajibade, & Robinson, 2014). However, BAS scores were unrelated to BMI among women from Zimbabwe (Swami, Mada, & Tovée, 2012).

The BAS's unidimensional factor structure has been upheld in samples of college and community women and men from the U.S., U.K., and Germany (Swami, Hadji-Michael, & Furnham, 2008; Swami, Stieger, et al., 2008), and adolescent girls and boys from Spain (Lobera & Ríos, 2011). In many non-Western samples, however, several of its items do not load on its primary factor, as evidenced for Indonesian women and men (Swami & Jaafar, 2012),