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Assessing positive body image: Contemporary approaches and future directions

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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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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),

Malaysian and Chinese women (Swami & Chamorro-Premuzic, 2008), Brazilian women and men (Swami et al., 2011), Zimbabwean women (Swami, Mada, & Tovée, 2012), women and men from Hong Kong (Ng et al., 2015), and South Korean college women and men (Swami, Hwang, & Jung, 2012). In these samples, more general body appreciation items seemed to form a distinct factor from adaptive body investment items, suggesting that the constitution of body appreciation may not be exactly the same across cultures (Ng et al., 2015). These results suggest some caution in using all 13 BAS items to calculate an overall score across different cultures. We suggest that it is also possible that the BAS does not translate equally among cross-cultural samples, as the translation process is subject to the expertise of those converting the items into a new language. Regardless, researchers assessing body appreciation via the BAS in non-Western cultures may want to trim the adaptive investment items prior to calculating a total score. When Swami and colleagues' trimmed items that did not load on the main body appreciation factor, they consistently found expected positive relationships between body appreciation and well-being and inverse relationships between body appreciation and distress, indicating that body appreciation has some utility across a range of cultural contexts.

Since its development in 2005, much theoretical and empirical literature has advanced our understanding of positive body image. Tylka and Wood-Barcalow (2015a) examined the BAS's individual items for convergence with this literature, and revised several items as a result. For instance, the item "Despite its imperfections, I still like my body" was revised to "I appreciate the different and unique characteristics of my body," because the original item assumes that individuals view their bodies as imperfect. The one gender-specific item was revised to "I feel like I am beautiful even if I am different from media images of attractive people, e.g., models, actresses/actors," which no longer necessitated gender-specific forms. Items that consistently exhibited item-factor loadings <.50, both in Western and non-Western cultures were deleted and other items that emerged in qualitative studies of positive body image were added, such as "I feel love for my body," "I am comfortable in my body," and "My behavior reveals my positive attitude toward my body; for example, I hold my head high and smile." Like the original BAS, participants rate their level of agreement on a 5-point scale ranging from 1 (*Never*) to 5 (*Always*). This updated version, titled the BAS-2, resulted in 10 items, which included five original BAS items (e.g., "I respect my body") and five newly developed or revised items (e.g., "I appreciate the different and unique characteristics of my body").

The psychometric properties of the BAS-2 were upheld among college and community samples of U.S. women and men (Tylka & Wood-Barcalow, 2015a). Specifically, the BAS-2 conformed to a unidimensional factor structure, and estimates supported its scores' internal consistency reliability (αs = .93–.96) and stability over a 3-week period (r = .90). The BAS-2 was positively related to appearance evaluation, self-esteem, and proactive coping and inversely associated with body dissatisfaction, internalization of societal appearance ideals, and body surveillance, therefore upholding construct validity. Moreover, its incremental validity was supported, as the BAS-2 accounted for unique variance in intuitive eating (for women and men) and disordered eating (for women only) after extracting shared variance from appearance evaluation and body dissatisfaction. The BAS-2 was negligibly related to impression management, a form of social desirability responding, demonstrating discriminant validity. Measurement invariance analyses indicated that the structure of the BAS-2 was similar between college men and women, community women and men, college and community men, and college and community women. Although these preliminary results are promising for the BAS-2, researchers need to examine its psychometric properties with various ethnicities, cultures, geographic regions, and age groups.

Over the last decade, the rapidly accruing investigations of body appreciation have catapulted the BAS to the center stage of positive body image assessment (Menzel & Levine, 2011). Nonetheless, there remains a need to further broaden the scope and depth of the qualities that characterize the multifaceted experience of positive body image (Tylka, 2011; Webb et al., 2014). Thus, scholars are now recognizing and assessing a broader spectrum of features that comprise our current understandings of positive body image in order to better reflect its widening theoretical conceptualization (see Tylka & Wood-Barcalow, 2015b, this issue).

Positive Rational Acceptance Coping

In his cognitive-behavioral process model of body image, Cash (2002) outlined the dynamic transactions operating among distal socio-developmental predisposing factors and more proximal cognitive-emotional mediating variables that give rise to one's current experience of body image. Drawing from this model, Cash, Santos, and Williams (2005) underscored the value of articulating the connection between regular exposure to body image-related threats or challenges (distal factors), cognitive and behavioral coping response styles that emerge from these threats (proximal mediating variables), and body image. Body image-related threats and challenges, for example, include being teased about weight or pressured to alter body size, viewing advertisements including thin female or muscular male models, comparing one's appearance to an attractive peer, and experiencing weight changes in a non-desired direction (Webb et al., 2014). Cash et al. (2005) identified three body image coping response styles to manage body image-related threats/challenges. Two are less adaptive: avoidant (attempting to avert or escape body image-related threats) and appearance fixing (engaging in efforts to alter appearance by covering, camouflaging, or correcting the perceived flaw); and one is more adaptive and thus relevant to positive body image inquiry: *positive rational acceptance* (accepting the distressing event and engaging in self-care and rational self-talk).

Cash et al. (2005) developed the Body Image Coping Strategies Inventory (BICSI) to assess these three coping styles. For this article, we limit discussion to the Positive Rational Acceptance subscale. This subscale consists of 11 items in which respondents use a 4-point rating scale ranging from 0 (*definitely not like me*) to 3 (*definitely like me*) to indicate the extent to which they use positive rational acceptance when coping with body image-related threats. Examples of items include, "I remind myself of my good qualities," and "I remind myself that I will feel better after awhile." Cash et al. (2005) upheld the psychometric properties of this subscale with U.S. undergraduate students. Findings suggested that this subscale yielded internally consistent scores for men (α = .85) and women (α = .80). Principal components analysis confirmed high item-factor loadings for this subscale. Women reported higher levels of positive rational acceptance coping than men, and White and African American women reported comparable levels. Whereas positive rational acceptance was unrelated to BMI among men, it was slightly associated with BMI for women in an inverse direction. Support for positive rational acceptance's discriminant validity (i.e., distinctiveness from low levels of negative body image) among women was evidenced by its negligible inverse relationships with indices of negative body image, such as discrepancies between idealized and actual physical qualities (as well as the importance of these idealized qualities) and negative body image emotions in various situational contexts. For men, however, positive rational acceptance was positively related to negative body image indices, such as dysfunctional investment in appearance and negative body image emotions in various situational contexts. Support for this

subscale's convergent validity was demonstrated for women in that it was positively linked to higher body image quality of life, self-esteem, and perceived social support. Yet, for men, positive rational acceptance was only linked to perceived social support in an adaptive direction. This outcome may relate to the different gender socialization processes associated with rerouting distress from body image-related threats.

Additional studies have explored positive rational acceptance's connection to well-being. Choma, Shove, Busseri, Sadava, and Hosker (2009) found that positive rational acceptance was related to higher subjective well-being and inversely associated with trait self-objectification among their sample of Canadian college women. Hughes and Gullone (2011) observed that higher positive rational acceptance corresponded to higher levels of adaptive internal and external emotion regulation strategies and lower endorsement of maladaptive modes of regulating affect, primarily among girls in their large community-based sample of Australian adolescents. Positive rational acceptance buffered the relationship between body image concerns and depression symptoms for the full sample. Corresponding moderator effects were not detected when drive for thinness, reported bulimic symptoms, or anxiety symptoms were examined as the criterion variables. Hrabosky et al. (2009) found that women with eating disorders, especially those with bulimia nervosa, were less apt to utilize positive rational acceptance relative to a female control group.

Given its content integrity and connections to various indices of well-being, the Positive Rational Acceptance subscale deserves recognition as a measure of positive body image. Preliminary work indicates that positive rational acceptance holds the potential to dampen the adverse effects of body image-related threats on well-being (Hughes & Gullone, 2011), and this line of research is important to continue. Given the abundance of body image-related threats that many individuals frequently experience (Buote, Wilson, Strahan, Gazzola, & Papps, 2011), findings that positive rational acceptance buffers distress in the face of these threats holds great clinical value for this construct (i.e., cognitive behavioral interventions could be developed and implemented to facilitate positive rational acceptance in therapy settings).

Body Image Flexibility

Body image flexibility represents a compassionate response to embrace rather than avoid, escape, or otherwise alter the content or form of aversive body-related thoughts and feelings (Sandoz, Wilson, Merwin, & Kellum, 2013). It is a dialectical approach to assessing embodiment grounded in psychological flexibility, which is exemplified by utilizing mindfulness and acceptance skills to fully engage in life and pursue valued action. Psychological flexibility serves as the cornerstone of Acceptance and Commitment Therapy (ACT), which bridges Western contextual behavioral science with Buddhism's contemplative wisdom (Hayes, Strosahl, & Wilson, 1999) to promote human flourishing (Ciarrochi, Kashdan, & Harris, 2013).

Sandoz et al. (2013) designed the Body Image-Acceptance and Action Questionnaire (BI-AAQ) to measure body image flexibility. Forty-six preliminary items were generated by modifying existing items on scales of psychological flexibility to be specific to body image. Participants rate their level of agreement with how true each statement is for them on a 7-point scale ranging from 1 (*Never true*) to 7 (*Always true*). In a sample of U.S. college students, Sandoz et al. preserved the items with the highest factor loadings (i.e., >.60) on one factor. This practice resulted in reducing the content drastically, with the retention of 12 items that are all negatively worded (e.g., "My thoughts and feelings about my body weight must change before I take important steps in my life," "I shut down when I feel bad about my body shape or weight"). It is important to note that the sole use of negatively worded items calls into question the BI-AAQ's content and face validity in relation to the body image flexibility construct specifically as well as positive body image measures more generally (see Tylka & Wood-Barcalow, 2015b, this issue). As it stands, the BI-AAQ measures the degree of negative body-related thoughts, behaviors, and affect that stifle growth rather than the presence of mindful acceptance, flexibility, and compassion that promote growth when experiencing aversive body-related thoughts and feelings. Indeed, Timko, Juarascio, Martin, Faherty, and Kalodner (2014) referred to the BI-AAQ as assessing "body image experiential avoidance" (i.e., the unwillingness to experience negative thoughts, feelings, and physiological experiences and attempts to alter or remove the stimuli that invoke these adverse internal events), and therefore chose to not reverse score its items. Clearly, refining BI-AAQ item content to be consistent with the body image flexibility construct is imperative to improve assessment of this facet of positive body image.

Until such a measure is developed, researchers may want to use the BI-AAQ as a preliminary gauge of body image flexibility. However, we strongly recommend that researchers who choose to use the BI-AAQ in this manner note its inherent content limitations as a measure of this construct. Therefore, we review the BI-AAQ's psychometric properties under the assumption that its construct limitations will be acknowledged.

In Sandoz et al.'s (2013) validation study, the BI-AAQ scores demonstrated internal consistency reliability ($\alpha = .92$) and stability over a 2–3 week period ($r = .80$) among U.S. college students. When its items were reverse-scored, the BI-AAQ was related to lower body dissatisfaction, dysfunctional eating attitudes, bulimic symptoms, and food preoccupation, along with higher psychological flexibility, supporting its convergent validity. BI-AAQ scores explained unique variance in disordered eating after controlling for BMI, body dissatisfaction, and general psychological flexibility, upholding its incremental validity. Further, individual variability in BI-AAQ scores was able to classify accurately 91.5% of participants at risk for an eating disorder and over half of students designated as not meeting this vulnerability threshold, reinforcing its criterion-related validity. Other studies also have provided psychometric support for BI-AAQ scores. When its items were reverse-scored, higher BI-AAQ scores corresponded with greater self-compassion, self-esteem, distress tolerance, body appreciation, and intuitive eating (Ferreira, Pinto-Gouveia, & Duarte, 2011; Kelly, Vimalakanthan, & Miller, 2014; Schoenefeld & Webb, 2013; Webb et al., 2014) and lower internalization of media appearance ideals, dietary restraint, weight concern, psychological distress, and disordered eating among U.S., Canadian, and Portuguese samples (Ferreira et al., 2011; Kelly et al., 2014; Timko et al., 2014; Webb et al., 2014; Wendell, Masuda, & Le, 2012). Furthermore, BI-AAQ scores attenuated the association between body dissatisfaction and dysfunctional eating attitudes among Portuguese community adults (Ferreira et al., 2011) and U.S. college students (Sandoz et al., 2013).

Scores on the BI-AAQ have been found to be higher among men compared to women in samples of U.S. college students (Sandoz et al., 2013) and Portuguese adults (Ferreira et al., 2011). This gender difference may be a result of 9 of its 12 items containing "body fat," "weight," or "shape," suggesting that it may be more relevant for the body-related concerns of women than men. Most studies that have explored the link between body image flexibility and BMI have revealed an inverse association for men and women (Ferreira et al., 2011; Hill, Masuda, & Latzman, 2013; Kelly et al., 2014; Timko et al., 2014; Webb et al., 2014). Furthermore, body image flexibility appears to be associated positively with age (Ferreira et al., 2011).

Once a more content representative measure of body image flexibility is created, body image flexibility could refine our awareness and understanding of what may be "positive" about positive

body image. Body image flexibility does not adopt an exclusive focus on experiencing the body in wholly positive terms. Rather, body image flexibility encourages mindful contact with negative emotions that may emerge when body image is threatened, and this mindful contact helps facilitate body acceptance and committed positive behavioral change via self-care. Additionally, clarifying the shared and distinct properties of instruments used to assess the conceptually-similar constructs of body image flexibility and positive rational acceptance coping are also deserving of further exploration in subsequent research.

Body Functionality

Recognizing and appreciating the various functions that the body provides is gaining momentum as a viable resource for enhancing positive body image, especially for girls and women (Alleva, Martijn, Jansen, & Nederkoorn, 2014; Avalos & Tylka, 2006; Clark, Skouteris, Wertheim, Paxton, & Milgrom, 2009; Rubin & Steinberg, 2011). Indeed, cultivating body functionality has been framed as a proactive resistance to the passive and externally oriented experience of body surveillance (McKinley & Hyde, 1996), which prioritizes preoccupation with managing one's outward appearance (Augustus-Horvath & Tylka, 2011; Avalos & Tylka, 2006). It is important to refrain from conceptualizing body functionality as solely physical ability; this perspective would position body functionality as a discriminatory construct applicable to only able-bodied people. Three quantitative measures have been used to assess body functionality.

First, the Surveillance subscale of the 8-item Objectified Body Consciousness Scale (McKinley & Hyde, 1996) has served to evaluate individual variability in body functionality as a more centralized "internal body orientation" (Homan & Tylka, 2014, p. 103). Respondents use a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) to rate their level of agreement on items such as "I think more about how my body feels than how my body looks" and "I am more concerned with what my body can do than how it looks." As originally designed by McKinley and Hyde (1996) to capture the degree to which an individual has adopted an "external body orientation" via constant appearance monitoring (i.e., body surveillance), the six items suggestive of an internal body orientation are reverse scored. To use this subscale as a measure of internal body orientation, the two items that are suggestive of an external body orientation are instead reverse scored (Augustus-Horvath & Tylka, 2011; Avalos & Tylka, 2006; Homan & Cavanaugh, 2013; Homan & Tylka, 2014). Internal and external body orientation are thus measured as polar opposites that exist on the same continuum. As such, high scores on internal body orientation correspond with low scores on external body orientation (i.e., body surveillance) and vice versa: using the 1–7 rating scale, an average score of 4.8 on internal body orientation would correspond to a 3.2 score on external body orientation. In the original psychometric study with U.S. college and community women, this subscale's scores were internally consistent (αs = .86–.89) and stable over a 2-week period (r = .79; McKinley & Hyde, 1996). When scored in the direction of internal body orientation, it has been found to be positively related to body appreciation, satisfaction with the body's functionality, body acceptance by others, and intuitive eating but unrelated to BMI, upholding its convergent and discriminant validity, respectively, among U.S. adult women (Augustus-Horvath & Tylka, 2011; Avalos & Tylka, 2006; Homan & Tylka, 2014). Yet, given that positive and negative body image do not appear to be opposite ends of the same continuum (see Tylka & Wood-Barcalow, 2015b, this issue), additional inquiry is needed to determine whether internal and external body orientation are an exception. If not, distinct measures of both constructs are needed.

Second, affective, behavioral, and cognitive dimensions of body functionality are assessed via three subscales of the Embodied Image Scale (EIS; Abbott & Barber, 2010): Functional Satisfaction (three items, α = .89; e.g., "I feel really good about what I can do physically"), Functional Investment (three items, α = .80; e.g., "I participate in physical activities whenever I can [e.g., sports, hiking, exercise]"), and Functional Values (three items, α = .72; e.g., "One of the most important reasons why people should take care of their bodies is so they can be physically active"). Participants use a 5-point scale ranging from 1 (*not at all true for me*) to 5 (*very true for me*) when endorsing items, and items are averaged. In their validation study, Abbott and Barber (2010) found that its 3-factor structure was upheld in Australian male and female adolescents (ages 12–17). Upholding construct validity, Functional Satisfaction and Functional Investment were positively related to self-esteem and appearance satisfaction and inversely related to depression. Functional Values was positively related to self-esteem and appearance satisfaction but unrelated to depression. Homan and Tylka (2014) further provided support for Functional Satisfaction's convergent validity via its strong positive links with body appreciation and internal body orientation among U.S. college women (functional values and investment were not assessed).

Abbott and Barber (2010) further observed specific gender, age, BMI, and pubertal timing differences in the EIS functionality subscales in their adolescent sample. Girls reported lower values on all three subscales. Younger girls reported higher scores on all three subscales relative to their older female peers. Boys in the average BMI category and girls in the average or underweight BMI category reported higher Functional Satisfaction in comparison to the other BMI groups. While earlier physical maturation relative to same-gender peers was linked to lower Functional Satisfaction among girls, it conversely was related to higher Functional Satisfaction among boys.

Third, Rubin and Steinberg (2011) constructed a measure of body functionality during pregnancy. The authors reasoned that for some women the experience of pregnancy could hone a more refined awareness of the range of changes in bodily sensations that occur throughout the prenatal period. Their measure contained the awareness and appreciation conceptualizations of body functionality, with item content derived mainly from thematic analysis of qualitative interviews with U.S. women during their first pregnancy. Respondents use a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*) to indicate the degree to which they endorse awareness of and appreciation for their body's functionality during pregnancy. Inspection of confirmatory factor analytic model fit parameters retained two subscales: Functional Awareness (six items, α = .83, e.g., "I have paid attention to the changing sensations of my body") and Functional Appreciation (five items, α = .82, e.g., "I have been grateful for what my body has allowed me to do"). In a sample of mainly White, educated pregnant women living in the U.S., Rubin and Steinberg (2011) found that participants reported higher levels of functional awareness than functional appreciation, providing evidence that higher awareness of functionality does not equate to higher appreciation for this functionality during pregnancy. Both functional awareness and functional appreciation were inversely associated with depressive symptoms and engaging in less health-promoting behaviors during the pre-partum period, upholding the construct validity of these subscales. However, only functional appreciation was related to lower body surveillance. Both subscales were unrelated to BMI, upholding their discriminant validity. Moreover, the authors found a protective effect for functional appreciation: the relationship between body surveillance and more frequent reports of unhealthy prenatal behaviors was stronger at lower levels of functional appreciation. Functional awareness, however, did not moderate this association. Rubin and Steinberg asserted that girls

and women may counter some of the negative consequences of self-objectification by developing an appreciative view of their body's functionality, and pregnancy may be an opportune time for such an intervention.

These three measures offer intriguing possibilities for expanding body functionality's scope and application within positive body image assessment. Interestingly, Alleva et al. (2014) found that experimentally augmenting body functionality awareness may be an intervention modality for improving functional body satisfaction. Examinations of these body functionality measures within more diverse samples are needed. Subsequent mixed methods designs may uncover unique insights into how body functionality is experienced adaptively amidst a wider range of individuals who have limited functionality in the internal or external workings of the body (e.g., acquired or congenital deformities or disfigurement, amputation, paralysis, sexual dysfunction, infertility, etc.).

Attunement

According to Cook-Cottone (2006), *attunement* is the ability to appropriately sense and respect the body by regularly engaging in adaptive behaviors to attend to its needs. To date, attunement can be estimated via measures of two constructs: body responsiveness and mindful self-care. *Body responsiveness* is a sense of being fully attuned to the body's needs and using that embodied information to guide behavior; this construct can be measured via Daubenmier's (2005) Body Responsiveness Scale (BRS). For this measure, respondents rate the level of how true they believe seven statements (e.g., "I am confident that my body will let me know what is good for me," "I listen to my body to advise me about what to do") are for them on a 7-point scale ranging from 1 (*not at all true about me*) to 7 (*very true about me*). In Daubenmier's (2005) original psychometric article, estimates for the internal consistency reliability of its scores were upheld among a primarily White female sample of predominantly yoga practitioners and aerobics exercisers ($\alpha = .83$) living on the West Coast of the U.S.; however, estimates were lower for U.S. college women ($\alpha = .70$). Furthermore, the BRS was inversely related to body surveillance and disordered eating and positively associated with body awareness and body satisfaction, upholding its construct validity. Scores on the BRS were higher for yoga practitioners relative to women engaging in regular aerobic activity and women engaging in neither yoga nor aerobic exercise in the past two years, upholding its criterion-related validity. Additionally, BRS scores were uniquely associated with disordered eating above and beyond the variance contributed by self-objectification, upholding its incremental validity. Dittmann and Freedman (2009) subsequently observed that higher levels of body responsiveness corresponded with greater engagement in intuitive eating among predominantly White female yoga practitioners also living on the West Coast of the U.S.

Mindful self-care is the daily practice of being aware of basic physiological and emotional needs and structuring one's environment, relationships, and daily routine to meet these needs (Cook-Cottone, 2015b), which provides a foundation for embodied self-regulation (Linehan, 1993). While the Mindful Self-Care Scale (MSCS; Cook-Cottone, 2015b) was first developed for use within a yoga-based eating disorder prevention program (Cook-Cottone, Kane, Keddie, & Haugli, 2013), its psychometric properties are in the process of being evaluated with U.S. community adults. Of note, the MSCS is not a measure of positive body image measure per se, but rather it represents behavioral strategies that have been found to facilitate and maintain positive body image (Wood-Barcalow, Tylka, & Augustus-Horvath, 2010). As such, it has the potential for practical value within psychotherapy settings focused on improving positive body image.

Because the MSCS is in the process of psychometric evaluation, discussion of its items and structure is brief. The original item pool contains 84 items that help individuals identify areas of strength and weakness in self-care within nutrition/exercise, self-soothing, self-awareness/mindfulness, rest, relationships, physical/medical, environment, self-compassion, spiritual practice, and general self-care. Item examples are "I exercised at least 30 to 60 minutes," "I used deep breathing to relax," and "I made time for people who sustain and support me." Respondents indicate how often, within the last week, they engaged in such behaviors along a 5-point scale: *never* (0 days, scored as 0), *rarely* (1 day, scored as 1), *sometimes* (2 to 3 days, scored as 2), *often* (4 to 5 days, scored as 3), and *regularly* (6 to 7 days, scored as 4). The MSCS was designed to be clinically oriented, whereby low item averages suggest areas of self-care that can be targeted for improvement, and items are prescriptive. For instance, the item "I exercised at least 30 to 60 minutes" can be translated into the goal: "I will exercise at least 30 to 60 minutes most days of the week." For a full list of the items and scale updates, see Cook-Cottone (2015b) or visit http://gse.buffalo.edu/about/directory/faculty/cook-cottone. After its psychometric evaluation, future research could explore the connections between implementing mindful self-care and corresponding increments in positive body image and physical and psychological well-being.

Body Pride

Body pride is a strong, positive, self-conscious emotion towards the body that results from engaging in valued behaviors or presenting with positive characteristics (Castonguay, Gilchrist, Mack, & Sabiston, 2013). Context is important for determining whether body pride could align with the definition of positive body image as described by Tylka and Wood-Barcalow (2015b, this issue). If an individual strongly prides her or his body's appearance for being consistent with sociocultural ideals and/or "better than" others' appearances, as well as prides her or his investment in achieving and maintaining that desired appearance, then body pride represents a more narcissistic preoccupation with appearance and is inconsistent with the definition provided by Tylka and Wood-Barcalow. In contrast, if an individual prides her or his body for what it can do for them and what their bodies represent in terms of their connectivity with others, then body pride is more consistent with Tylka and Wood-Barcalow's definition. For example, body pride may be particularly adaptive for members of culturally-diverse groups whose positive representations of the body tend to be marginalized, derogated, or wholly absent within Western mainstream media (McHugh, Coppola, & Sabiston, 2014). Some ethnic minority individuals may be socialized to be proud of their bodies and bodily features representative of their ethnic heritage; this body pride may help inoculate them against internalizing Eurocentric beauty ideals (e.g., McHugh et al., 2014; Schooler & Daniels, 2014). When young Latina American adolescents were presented with sexualized media images portraying the Eurocentric thin ideal they tended to describe aspects of their physical appearance and body image more favorably if their ethnic identity was salient (Schooler & Daniels, 2014). Aboriginal adolescent females living in Canada reported that their body pride facilitated their comfort and love for their bodies and believed their body pride to be a result of their gratitude for their cultural roots and spirituality (McHugh et al., 2014). Indeed, higher body pride was found to be the strongest protective factor of Native American adolescent girls' and boys' emotional and physical health (Cummins, Ireland, Resnick, & Blum, 1999).

Thus, when assessing body pride, we recommend that researchers acknowledge that body pride may have differing meanings as a result of individuals' social identities. The experience of positive body image likely differs for appearance-related pride (e.g.,

"I am proud of my body for being good looking") and functionality-related pride (e.g., "When I think of what my body is able to do, such as grow and carry a child to term, I am proud"). Thus, when choosing a measure to assess body pride, researchers need to be confident that it reflects the construct that they wish to assess in their particular sample. If a measure does not exist, we encourage researchers to develop one.

Unfortunately, available measures of body pride do not coincide well with the construct definition of positive body image outlined by Tylka and Wood-Barcalow (2015b, this issue) because these measures assess pride related to looking superior to others and pride related to achieving appearance-related goals. Nevertheless, we acknowledge the Body and Appearance Self-Conscious Emotions Scale (BASES; Castonguay, Sabiston, Crocker, & Mack, 2014) as a measure of appearance-related pride. The BASES used the process model of self-conscious emotions (see Tracy & Robins, 2004) as its base to develop four subscales, two of which reflect body pride. The hubristic pride subscale reflects body pride as a result of an individual believing that positive appearance outcomes are a result of his or her ability, reflecting a more self-aggrandizing or egotistical attribution style (six items, e.g., "Proud that I am more attractive than others," "Proud of my great looks"). Hubristic pride has been found to be related to narcissistic self-aggrandizement (Tracy & Robins, 2007); the connection between hubristic body-related pride and narcissism, however, has not yet been examined to our knowledge. The authentic pride subscale reflects body pride as a sense of personal appearance-related achievement (six items, e.g., "Proud that I maintain my desired appearance," "Proud of the effort I place on maintaining my appearance").

For the BASES, participants use a 5-point scale ranging from 1 (*never*) to 5 (*always*) to rate the frequency with which they experience body pride. Data drawn from an initial validation sample of Canadian undergraduates supported the factor structure of the BASES, and body pride items loaded highly on their respective factors (Castonguay et al., 2014). Estimates supported the internal consistency reliability of each pride subscale's scores (hubristic pride: $\alpha = .91$; authentic pride: $\alpha = .88$) and the 2-week stability of their scores (hubristic pride $r = .78$; authentic pride $r = .85$). Higher scores on both subscales were associated with (a) lower body shame, body guilt, depressive symptoms, negative affect, neuroticism, and social physique anxiety and (b) higher self-esteem, positive affect, and positive body fat self-perceptions, upholding construct validity.

Meanley, Hickok, Johns, Pingel, and Bauermeister (2014) developed a 4-item body pride measure (e.g., "I think I have a good body," "I'm looking as nice as I'd like to"), which corresponds more closely to authentic pride. This measure is rated on a scale ranging from *Never* (scored as 0) to *Always* (scored as 4), and Meanley et al. examined it within a U.S. sample of young adult men who have sex with men. This measure's scores yielded evidence of internal consistency reliability ($\alpha = .88$) and convergent validity via its positive links to appearance evaluation and inverse links to body dissatisfaction.

Neither body pride measure assesses functional body pride, nor do they assess body pride related to the rejection of society's negative portrayals of groups one identifies with. A fruitful area for research is to develop a measure of functional body pride and explore this measure in various groups (e.g., women during pregnancy, individuals in remission from cancer). As discussed, body pride measures could also be developed and assessed with marginalized groups. Another area for research would be to investigate various types of body pride with self-care and health-related behaviors. As indicated in Andrew, Tiggemann, and Clark (2014a) and Gillen (2015), positive body image tends to be related to health-promoting behaviors. Yet, it is possible that hubristic and authentic body pride may be linked to negative health outcomes. For example, body pride as assessed by Meanley et al.'s (2014) scale was positively associated with risky sexual behavior (i.e., unprotected receptive anal intercourse) in young adult men who have sex with men (Meanley et al., 2014).

Positive and Self-accepting Body Talk

Fat talk involves exchanges in which individuals, particularly White girls and women, engage in the mutual disclosure of body disparagement as a way to garner and maintain social acceptance and a positive social standing within peer groups (Nichter & Vuckovic, 1994; Parker et al., 1995). Fat talk specifically involves negative talk about body weight, size, or shape (Nichter & Vuckovic, 1994; Salk & Engeln-Maddox, 2012) and can prompt body dissatisfaction in both the discloser and recipient (Corning, Bucchianeri, & Pick, 2014).

However, there is a competing norm that conveys more self-accepting and positive themes in body discourse. Wood-Barcalow et al. (2010) revealed that young women reporting a positive body image tended to intentionally dissociate from peers who engaged in negative body talk and purposefully surrounded themselves with others who talked positively about their bodies. Tucker, Martz, Curtin, and Bazzini (2007) was the first to experimentally demonstrate that the affective quality of the body talk a confederate disclosed (i.e., negative, self-accepting, positive/self-aggrandizing) was mirrored in the responses of U.S. college women. Participants in all conditions rated the confederates as equally socially attractive and likeable, suggesting that women who engage in fat talk are not more likeable, even though they are displaying behavior consistent with the social norm. Barwick, Bazzini, Martz, Rocheleau, and Curtin (2012) found that U.S. college female participants reported that the vignette-based fictional protagonist Jenny possessed more favorable personality characteristics regardless of her photo-manipulated weight status (i.e., average versus overweight) when she responded with positive instead of negative statements about her body.

The construction of well-validated quantitative measures of positive and self-accepting body talk is still emerging. Rudiger and Winstead's (2013) preliminary 6-item scale could serve as a springboard for future scale development analyses. Participants use a 5-point scale ranging from 1 (*never*) to 5 (*very frequently*) to rate how often they and their closest female friend engaged in self-accepting (three items, e.g., "I feel okay about my body") and positive (e.g., three items, "I really like my body") body conversations together. The inflated correlation between the positive and self-accepting item total scores ($r = .81$) observed in their U.S. college female sample led the authors to combine the items into one scale ($\alpha = .95$), suggesting that positive and self-accepting body talk are conceptually similar. In support of its construct validity, positive/self-accepting body talk was related inversely to body-related cognitive distortions and positively to body satisfaction, self-esteem, and friendship quality.

A second quantitative measure under development is the positive self-disclosure subscale constructed by Greer, Campione-Barr, and Lindell (2014). Predominantly White and middle class U.S. male and female adolescent sibling dyads reported the frequency ranging from 1 (*never tell*) to 5 (*always tell*) with which they reveal body-related content to either their sibling (sibling conversations form) or to their mother (maternal conversations form). Item content reflects positive comments about their physical appearance and appearance management behaviors (seven items; e.g., "How I am glad I look just the way I do," "How physically fit I am"). In Greer et al.'s psychometric evaluation study, adequate levels of internal consistency were observed for the maternal conversations' scores ($\alpha = .82, .84$) and sibling conversations' scores ($\alpha = .82, .84$), for younger and older siblings, respectively. More frequent positive body-related maternal conversations were

positively associated with both younger and older siblings' body esteem and their perceptions of relationship quality, upholding this measure's construct validity. Interestingly, maternal conversations were inversely related to older siblings' BMI, suggesting that as adolescent girls age, they are less likely to have positive body-related conversations with their mothers if they also have higher BMIs. Furthermore, within sibling conversations, *disclosers* of positive body-related conversations reported higher body esteem, whereas *recipients* reported lower body esteem, particularly for girls and younger siblings. The items on these forms may be considered somewhat boastful in the context of sibling conversations, which may elicit body comparison for sibling recipients.

These initial-stage measures offer a foundation for subsequent scale validation studies to refine and elaborate upon. It is important to emphasize that the wording of the items in these measures can influence how they are perceived. If researchers wish to assess self-accepting and positive body talk in the context of positive body image, we recommend using a measure that is less likely to elicit direct body comparison in recipients—thus, items will need to be carefully developed and screened. Relatedly, it is important to disentangle the discloser versus recipient effects of positive/self-accepting body talk to clarify under what conditions and in what types of relationships these forms of body remarks serve to bolster or harm the positive body image of each person in the dyad. For example, to what extent does the perceived intentionality (e.g., to encourage or empower versus to boast, demean or convey social dominance) of expressing positive or self-accepting body talk matter to recipients in terms of how they may interpret the communication and its resulting impact on their own body image? Furthermore, there is considerable need to evaluate how gender, ethnicity, and other cultural factors contribute to influencing the frequency and social acceptability of engaging in positive and self-accepting body talk. For members of particular ethnocultural groups that value modesty and humility, certain forms of positive body talk (which may function to express authentic or hubristic pride in one's physical appearance) may be interpreted as reflecting arrogance or an inflated sense of self-importance, which may detract from collectivistic goals of maintaining harmony. For instance, Frisén and Holmqvist (2010) found that most Swedish adolescents who espoused a positive body image described themselves as average-looking and were reluctant to say anything more positive about their appearance. The authors suggested that Jantelaw, which dictates that one should not think or communicate that he or she is better than others, may restrain Swedes from positive body talk, even if they hold a positive body image.

Body Sanctification

Body sanctification represents the perspective that one's body has spiritual significance and meaning and therefore needs to be treated with respect (Mahoney et al., 2005). Themes of body sanctification have emerged in cross-cultural qualitative research interviews of adolescent girls and women who espouse a positive body image (McHugh et al., 2014; Pope, Corona, & Belgrave, 2014; Wood-Barcalow et al., 2010). For example, one young adult woman in Wood-Barcalow et al.'s study indicated, "When you believe that you are designed by a creator and that you were thought of and preconceived and put together, you just feel good." Body sanctification may be theistic in nature (i.e., seeing the body as a manifestation of images, beliefs, or experiences of God) or nontheistic in nature (i.e., seeing the body as imbued with value, purpose, or transcendence) (Jacobson, Hall, & Anderson, 2013). When people sanctify their bodies, they tend to invest time and energy into mindful self-care, to try to protect and preserve their bodies (Wood-Barcalow et al., 2010). Indeed, body sanctification has been found to be linked with health-protective behaviors such as vigorous exercise and lower use of alcohol, drug use, and unhealthy dieting among U.S. college students (Mahoney et al., 2005).

Two scales have been used to measure body sanctification, both developed by Mahoney et al. (2005): Manifestation of God in the Body Scale (MGBS) and the Sacred Qualities of the Body Scale (SQBS). The MGBS contains 12 items (e.g., "My body is a gift from God," "God lives through my body") rated along a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). On the SQBS, participants indicate the degree to which 10 words (e.g., "blessed," "holy," "spiritual") apply to their body along a 7-point scale ranging from 1 (*does not describe at all*) to 7 (*very closely describes*). Estimates have supported the internal consistency reliability of these measures' scores among U.S. college students (MGBS αs = .88, .98; SQBS αs = .84, .95; Jacobson et al., 2013; Mahoney et al., 2005). Mahoney et al. (2005) found that higher scores on the MGBS and SQBS corresponded with more frequent engagement in health protective behaviors, higher exercise level, and greater disapproval of illicit drug use and alcohol use, as well as less frequent unhealthy dieting practices, participation in illicit drug use, and binge eating, providing evidence for these scales' construct validity. Both scales were unrelated to asceticism, which supported their discriminant validity. Furthermore, even after controlling for religious commitment, the MGBS and SQBS were positively related to body satisfaction and appearance satisfaction and inversely related to body shame, body surveillance, and depersonalization, upholding their incremental validity (Jacobson et al., 2013).

To date, body sanctification has not been examined in conjunction with the other positive body image constructs described in this section. It stands to reason that body sanctification may promote and maintain positive body image among those who hold a religious identity, and researchers therefore could investigate body sanctification within models of positive body image for these individuals. Moreover, it will be important for future mixed methods research to explore the meaning and health-related correlates of body sanctification across a more diverse range of religions and spiritual traditions (e.g., Judaism, Islam, Native American spiritualism, Buddhism, Hinduism, African spiritualism, etc.) in addition to groups espousing predominantly Christianity-based theological frameworks.

Broad Conceptualization of Beauty

Adolescents and women who endorse a positive body image have consistently noted that "beauty" does not imply having looks that are consistent with societal appearance ideals (Holmqvist & Frisén, 2012; Wood-Barcalow et al., 2010). Rather, these individuals seem to hold a flexible definition of beauty, appreciating different appearances and styles while also indicating that beauty is reflected from inner positivity (e.g., confidence).

These findings prompted Tylka and Iannantuono (2015) to develop the Broad Conceptualization of Beauty Scale (BCBS). Its original 19 items were reduced to nine items; these nine items assess both external (e.g., "I think that a wide variety of body shapes are beautiful for women") and internal (e.g., "A woman's confidence level can change my perception of her physical beauty") beliefs about women's beauty. Items are rated along a 7-point scale ranging from *Strongly Disagree* (scored as 1) to *Strongly Agree* (scored as 7). Among samples of U.S. community women, Tylka and Iannantuono (2015) found that scores on the BCBS conformed to a unidimensional factor structure, demonstrated internal consistency reliability (αs = .84–.91), and evidenced stability over a 3-week period (r = .88). The BCBS was positively related to body appreciation and self-compassion and inversely related to body surveillance, thin-ideal internalization, and body comparison, upholding its construct validity. The BCBS was unrelated to social desirability and narcissism, supporting its discriminant validity.

These preliminary findings suggest that the BCBS may be an important scale to use alongside other positive body image measures, possibly to test for interactions to determine whether endorsing broad conceptualization of beauty in conjunction with other positive body image measures may strengthen overall well-being.

Body Acceptance by Others

Body acceptance by others occurs when individuals perceive that their body shapes and sizes are generally accepted by important others (e.g., friends, partners, family) and society, which can be communicated directly (e.g., "I like your shape") and indirectly (e.g., by not focusing on or commenting about their bodies). When individuals are not preoccupied by the need to meet the appearance-related expectations of others, they may be freer to divert time and energy spent on what their body looks like to how their body feels and functions (Avalos & Tylka, 2006). Indeed, adolescent girls and boys from Sweden and female college students from the U.S. specified that living in a context where their bodies are accepted by significant others facilitated the development and maintenance of positive body image (Frisén & Holmqvist, 2010; Wood-Barcalow et al., 2010). Thus, body acceptance by others may be a contributor to, rather than a component of, positive body image. Regardless, it may be useful to explore alongside other direct measures of positive body image.

Avalos and Tylka (2006) developed the Body Acceptance by Others Scale (BAOS). This 10-item scale assesses an individual's perceptions of feeling acceptance for and receiving messages reflecting acceptance of their body shape and weight from five external sources: friends, family, dating partners, society, and the media. The two primary items for each of the five sources include "I've felt acceptance from XX regarding my body shape and/or weight" and "XX has/have sent me the message that my body shape and weight are fine," whereby XX is one of the five sources (e.g., "friends"). Respondents rate the frequency of these experiences using a 5-point scale ranging from 1 (*never*) to 5 (*always*). Avalos and Tylka's (2006) original psychometric investigation with U.S. college women yielded evidence for the BAOS scores' internal consistency ($\alpha = .91$) and stability over a 3-week period between administrations ($r = .85$). The authors also reported evidence for its construct validity via its strong inverse correlation with thinness-related pressures, strong positive correlations with body appreciation and intuitive eating, and its moderate positive correlation with internal body orientation. Mirroring these findings, Augustus-Horvath and Tylka (2011) found that self-perceived body acceptance by others was strongly related to body appreciation and intuitive eating in a positive direction, and moderately related to body functionality in a positive direction, for U.S. women in emerging adulthood (ages 18–25), early adulthood (26–39), and middle adulthood (40–65). Notably, Augustus-Horvath and Tylka (2011) found an inverse link between self-perceived body acceptance by others and BMI, which was moderated by age such that the association was more robust among women in the two older age cohorts. Therefore, as women age past 25 years old, their ability to appreciate their bodies may be more contingent on their awareness that others accept their bodies.

Aligned with this lifespan perspective on assessing positive body image, Andrew et al. (2014b) recently evaluated an extension of the acceptance model of intuitive eating (Avalos & Tylka, 2006) among 12–16 year old adolescent girls living in Australia. Replicating earlier findings observed among older female cohorts (Augustus-Horvath & Tylka, 2011; Avalos & Tylka, 2006) results indicated that perceptions of body acceptance by others corresponded with higher levels of intuitive eating and body appreciation and with lower levels of self-objectification in this sample. Importantly, researchers also noted that social comparison was both inversely related to self-perceptions of body acceptance by others and contributed to explaining its effects in the overall model (Andrew et al., 2014b). These findings are suggestive of the particular salience and potential influence of social comparison processes in this context among young women at this developmental stage.

Researchers need to examine the BAOS's psychometric properties in more ethnically- and gender-diverse samples. Comparing the relative strength for the different sources of body acceptance (e.g., friends, family, partners) on diverse criteria (e.g., body appreciation, body functionality, well-being) would reveal the sources of body acceptance that are especially important, which have important implications for prevention and treatment. Experimental manipulations of perceptions of having one's body accepted by others could further serve to test whether this characteristic acts as a buffer when confronting everyday body image threats. Finally, subsequent longitudinal designs will help uncover the prospective relationships between body acceptance by others and aspects of health and well-being across the lifespan and will aid in further expansion of developmental models of positive body image formation and sustainability over time.

Summary

The inspiration for developing the contemporary formal assessment scales covered in this section has been scholars' ever-evolving understanding of positive body image as a construct. Clearly, we have more to learn about this multifaceted construct, especially among diverse individuals. Qualitative assessment has provided, and can continue to provide, an increasingly honed insight into positive body image as a construct, which can yield additional inspiration for the development of formal assessment instruments. Next, we discuss best practices in qualitative research that may lead to such discoveries.

Qualitative Assessment of Positive Body Image

Qualitative research has made an indelible impact in the area of positive body image research (see Tylka & Wood-Barcalow, 2015b, this issue), allowing scholars to more fully understand the nuances of positive body image through the voices of those who espouse it, rather than relying solely on their biases of how they envision the construct (McHugh et al., 2014). For example, the original BAS (Avalos et al., 2005) was constructed prior to published qualitative research on positive body image. After such qualitative studies emerged (Frisén & Holmqvist, 2010; Holmqvist & Frisén, 2012; Wood-Barcalow et al., 2010), several BAS items were updated to be more consistent with these discoveries (see the BAS-2; Tylka & Wood-Barcalow, 2015a).

While qualitative research includes diverse philosophies and methodologies (see Atkinson, Coffey, & Delamont, 2001), we suggest best practices for the qualitative assessment of positive body image to tap into the nuances of this construct. First, investigators should receive education and training in the fundamental philosophical aspects of qualitative inquiry, as well as how to conduct authentic and rigorous experimentation within their chosen paradigm. Lincoln, Lynham, and Guba (2011) offer a detailed description of the various ontologies, epistemologies, and methodologies of various paradigm positions including both positivist (i.e., quantitative) and qualitative research. Grounded theory, thematic analysis, and consensual qualitative research, for example, are optimal choices for positive body image inquiry because they (a) are designed to emphasize theory development and/or model formation, thereby advancing the positive body image literature, and (b) advocate the consensus of multiple investigators within data analysis, which likely improves the credibility and replicability of the

findings. Investigators should have a rationale for why they chose a particular paradigm in order to explicate it.

Second, it is strongly preferred to use a mixed methods design that includes both quantitative and qualitative methodologies. Quantitative measures can identify those individuals who meet the desired requirements of a particular sample. For example, future research studies could use the BAS-2 to select those participants who respond to the items with an overall positive body image and then complete a thorough assessment of those participants, including social identities (e.g., age, race, culture, sexual orientation, ability level, socioeconomic standing) and other characteristics. Semi-structured interviews should be in-depth and preferably conducted one-on-one instead of in a focus group to ensure that every participant's voice is granted equal priority and is independent of social influences. The semi-structured interview protocol, participant demographics and characteristics, and details about how the sample was recruited should be included within the method section so that readers can place the emergent themes in context.

Third, investigators should strive for validity, representation of voice (including the participants and the investigators), trustworthiness, and reflexivity (process of reflecting critically on the self as researcher; Lincoln et al., 2011). In our study (Wood-Barcalow et al., 2010), we aimed for validity and representation of voice in several ways. We encouraged young adult college women to describe their understanding of positive body image separately in initial one-on-one interviews. We collected data until saturation was reached. We had women review their unique transcripts during a follow-up interview which occurred 2 weeks after their initial interview in which they were offered the option to amend and/or expand on their original statements. At this point, we also solicited participants' comments on ideas generated by the other participants (e.g., "some women noted a rippling effect with positive body image; what are your thoughts about this?"). Another option would be for researchers to analyze the data and then, in a follow-up session, ask participants to comment on the generated themes from this analysis (e.g., "Do the themes in our written report represent your experiences?") and use this information to revise themes as necessary. We ensured the trustworthiness of our data by including both female participants (those experts with lived experience) and clinical and research experts (those experts with education, academic, and professional experience). We engaged in reflexivity by acknowledging our own biases that both could have enhanced and inhibited the data collection, interpretation, and reporting process.

Fourth, the organization, analysis, and interpretation of the data must be credible. Credibility is attained by having two or more investigators of the research team independently review the interview transcripts to generate themes, meet with each other to present their analyses, and then discuss the organization and nature of the themes until consensus is reached. Many peer-reviewed journals now require the inclusion of an index of inter-rater agreement for each theme uncovered, such as a kappa or a percentage. Another way to assess credibility is to provide a summary of the themes to participants to ascertain their agreement with the conclusions and that it represents their unique experience. Furthermore, it is important for investigators to provide an index of the commonality of a theme, avoiding descriptors such as "most," "some," or "few," and instead indicate the number of participants who endorsed each theme. Themes should be supported with examples of behaviors observed or illustrative quotations.

Summary

Findings from qualitative assessment clearly facilitate a more nuanced understanding of positive body image, which then can be further operationalized, examined, and refined via quantitative assessment. Qualitative assessment and quantitative assessment not only contribute to our theoretical and empirical understanding of positive body image as a construct, but also to our understanding of how to promote positive body image within individuals. Next, we explore how positive body image assessment can play an important role within psychotherapy contexts.

Positive Body Image Assessment within Psychotherapy

Clients present with body image concerns across various therapeutic settings. These concerns could appear as a symptom associated with a specific diagnosis (e.g., eating disorders, body dysmorphic disorder) or emerge within the context of other presenting issues. For example, a woman with breast cancer may present for treatment with depressive symptomatology. Upon further investigation, she reveals that the chemotherapy and reconstructive surgery she underwent dramatically altered her appearance and sexual arousal, resulting in significant body image distress. Another example is a woman who often diets, regains the weight she lost, and now hates her body for repeatedly "betraying" her. She hesitates to be sexually intimate with her partner due to her fears of what will be thought of her naked body, and the lack of sexual intimacy is causing problems within the relationship. Yet another example is an adolescent male who is in therapy to address anger issues and later discloses a history of being teased by peers and family about his body size.

In the aforementioned examples, psychotherapists can assess clients' body image distress as well as their positive body image to assist with case conceptualization and to guide the particular focus of treatment. Specifically, positive body image assessment can be used to facilitate a more comprehensive understanding of clients' body image, shape the content and delivery of interventions to increase positive body image, and measure treatment gains in positive body image as therapy progresses. Because the goal in strength-based assessment and intervention is to remove distressing symptoms while adding areas of strength for more effective and lasting change (Seligman, Steen, Park, & Peterson, 2005), positive body image assessment complements rather than replaces negative body image assessment. Below we offer suggestions of how this assessment process might emerge within the therapeutic relationship.

Informal Assessment

In psychotherapy, it is useful to balance a discussion of strengths with areas of desired growth (Gelso & Fretz, 2000). Indeed, clients with body image-related distress may also hold adaptive body-related attitudes, cognitions, and/or behaviors, as positive body image is not the mirror opposite of negative body image (Tiggemann & McCourt, 2013).

Psychotherapists can integrate informal assessment questions that focus on the elements of positive body image evaluation (e.g., "What aspects of your body do you like?") and investment (e.g., "How important is having positive body image to you?", "Explain how your body may positively impact your functioning and day-to-day activities."). Psychotherapists also can encourage clients to consider: "What would it be like to have positive body image?" and "How would you know if you had positive body image?" Furthermore, psychotherapists could assess clients' self-care behaviors via probes such as: "Share examples of how you treat your body with respect," and "How often do you pamper yourself?"

It can be useful for psychotherapists to have clients rate their overall level of positive body image on a scale ranging from 0 (*low*) to 10 (*high*) with the encouragement to discuss what factors impact this score (e.g., engaging in regular enjoyable activity, being around others who demonstrate body acceptance). A similar scale can be

used to assess clients' perceptions of their negative body image, and then clients could be encouraged to explore how it may compare to their positive body image rating. Assessment can also inform whether clients conceptualize positive body image as the opposite of negative body image—for example, if they rate their level of negative body image an 8 on the abovementioned scale and state, "Well, my positive body image then must be a 2." Psychotherapists can use these opportunities to educate clients that negative and positive body image exist on separate continua with the acknowledgment that research on positive body image has revealed unique factors distinct from low levels of negative body image (see Tylka & Wood-Barcalow, 2015b, this issue). Psychotherapists can emphasize that individuals with positive body image are often not satisfied completely with their bodies but nevertheless appreciate their bodies, and body appreciation can be fostered independently of improving body satisfaction (Frisén & Holmqvist, 2010; Tiggemann & McCourt, 2013; Wood-Barcalow et al., 2010).

It is important to note that clients may have difficulty answering the aforementioned questions for a variety of reasons, including a lack of knowledge about body image, a lack of awareness of how body image is connected to their quality of life, and gender issues. Moreover, clients may not have practiced speaking positively about their bodies or have even considered positive qualities about their bodies, and as a result, have difficulty conceptualizing and/or articulating these concepts. Indeed, within Western culture, it is more common to hear body shaming discourse among social interactions and within media outlets compared to positive body discourse (Britton, Martz, Bazzini, Curtin, & LeaShomb, 2006; Nichter & Vuckovic, 1994). As a result, the psychotherapist can assist clients in defining positive body image and identifying the role it plays in their lives.

Formal Assessment

When clients struggle with the above queries, psychotherapists can use formal instruments to aid the assessment process. For example, psychotherapists can use the collection of BAS-2 items as a springboard for discussion to expand clients' conceptualization and understanding of body appreciation, which could help them respond to the question, "How would you know if you had positive body image?" Collaboratively, the psychotherapist and client can discuss responses to each item of this scale and dialog about what is already an asset as well as what desired changes might take place in order to enhance specific qualities/areas.

Use of the MSCS can also help clients realize what positive behaviors they are currently doing (or could be doing) to take care of their bodies (Cook-Cottone, 2015b). Given that these items are behaviorally based, these self-care items can be used to shape clear, specific, and measurable therapy goals during treatment. For example, if clients struggle with self-soothing, some of the MSCS items, "I used deep breathing to relax," and "I did something physical to help me relax" can be transformed into quantifiable treatment goals. With MSCS questions such as, "I made time for people who sustain and support me," psychotherapists can dialog with clients about the importance of surrounding themselves with others who provide body acceptance, given the research finding that those with a positive body image try to surround themselves intentionally with others who espouse a positive body image (Wood-Barcalow et al., 2010). Psychotherapists can use the BAOS items (e.g., "I've felt acceptance from my family regarding my body shape and/or weight") to discuss clients' perceptions of how others accept (or do not accept) their bodies.

Psychotherapists can also administer Cash et al.'s (2005) Positive Rational Acceptance subscale of the BICSI within session and use its specific items (e.g., "I remind myself of my good qualities") to segue into a discussion of ways clients can improve their ability to cope with body image-related threats. Psychotherapists and clients can discuss and role play examples of body image-related threats (past and future) and how clients can approach these future threats in an adaptive manner. This process can help clients refrain from all-or-nothing conceptualizations of positive body image (beliefs such as "If I have a positive body image I will never think or feel badly about, or behave badly toward, my body"). One body image-related threat, fat talk, can be targeted by reviewing the preliminary positive/self-accepting body talk assessment by Rudiger and Winstead (2013) with clients. Psychotherapists can use the items on this scale to shape role plays in which clients discuss their bodies in self-accepting ways or develop scripts for how to respond to others' initiation of fat talk discussions (e.g., changing the topic, identifying the topic as unhelpful and encouraging more constructive dialog). For clients who hold certain theological values (e.g., Judeo/Christian), reviewing the body sanctification items in Mahoney et al.'s (2005) MGBS may help clients change the conceptualization of hating their perceived appearance-related imperfections to loving, appreciating, and caring for the unique body God designed for them.

Cash's (2008) *Body Image Workbook*, an eight-step cognitive-behavioral treatment program for body image problems, includes numerous self-assessments. In his Survey of Positive Physical Activities, clients rate their frequency and experiences of mastery and pleasure associated with specific health/fitness, sensate, and appearance-oriented activities. This survey can be a useful tool to assess and promote clients' awareness of and changes in both functional and appearance-related body image.

Furthermore, incorporating the many measures of positive body image discussed in this article can be used to gauge clients' progress throughout therapy (pre- and post-test), which may be useful for clinical and research purposes. For example, psychotherapists can reassess clients' levels of positive and negative body image every 3–5 sessions to discern progress and articulate the factors contributing to the shifts along the scales. Using both informal and formal assessment can facilitate hope and motivation for clients to witness the positive change experienced as well as to discuss any barriers or roadblocks associated with the change process.

Psychotherapist's Body Image

A fundamental issue that has yet to be explored in research is the role of the psychotherapist's own experiences of body image in relation to that of the client, which has the potential to impact therapy in positive and negative ways. For example, if a psychotherapist endorses a low positive body image, it might be subtly or even overtly communicated to the client via body language (e.g., lack of eye contact while discussing body image issues), verbal communication (e.g., psychotherapist disclosing information about her or his own challenges with body image in a non-therapeutic manner), and/or via therapeutic interventions (e.g., psychotherapist inadvertently ignoring topics that might be of clinical importance and/or utility to the client). If clients perceive the psychotherapist's potential low positive body image, it could result in inadvertent barriers to client change (e.g., discomfort in addressing this topic during therapy). On the other hand, a psychotherapist who embraces her or his own positive body image would likely mirror authenticity and congruency in the therapeutic relationship, thereby providing a model for the client to emulate. We encourage psychotherapists to be aware of these potential variables in providing treatment and to make deliberate strides in creating and/or enhancing their own positive body image, perhaps by using the assessments contained within this article and Cash's (2008) *Body Image Workbook* as guides.

Summary

As illustrated in this section, informal and formal positive body image assessment can be used within applied psychotherapy contexts, which typically involve psychotherapists working one-on-one with clients or with small groups of clients. Yet, positive body image assessment can also be translated more broadly to prevention and treatment programs within applied research contexts. These efforts can further inform our ability to mitigate body image distress as well as hone interventions used within psychotherapy.

Positive Body Image Assessment in Applied Research

Positive body image assessment can be translated into applied research contexts in various ways. For example, positive body image measures can be included in both prevention and intervention research to curb body-related distress and enhance physical and psychological well-being. Positive body image measures can also be used within diverse clinical populations which are often neglected in research. We review each below.

Prevention Research

Positive body image assessment has the potential to contribute to body image and eating disorder prevention programming. After all, such prevention programs should increase positive body image as well as reduce negative body image. Current prevention programs, which largely focus on preventing body image-related distress and disordered eating, tend to only have small positive effects and maintenance gains at follow up (Stice, Shaw, & Marti, 2007). Piran (2015, this issue) discusses how integrating positive body image concepts and assessments could improve the efficacy and effectiveness of these prevention programs. Specifically, positive body image measures could expand outcome evaluation, help reveal novel mediators of change (e.g., living in the body with agency, attunement) and protective factors (e.g., body image flexibility, positive rational acceptance coping), and evaluate the maintenance of program gains over time. Piran also points out that positive body image measures can facilitate the identification of ways to validate, reinforce, and amplify positive ways of inhabiting the body during critical phases along the life span that are commonly associated with bodily changes (e.g., puberty, early adulthood, pregnancy) as well as the onset of illness. We refer interested readers to Piran's article within this issue for a more thorough discussion of how positive body image measures could be integrated within efforts to prevent body image-related distress and disordered eating.

Intervention Research

Contemporary measures of positive body image also have the capability to enhance the ways in which interventions designed to improve body image measure efficacious change. The findings of three studies lend credence to incorporating current measures of positive body image into intervention research.

Albertson, Neff, and Dill-Shackleford (2014) evaluated the effects of a 3-week online self-compassion-focused intervention for improving body image in a sample of U.S. community women. Meditations administered via audio podcasts consisted of three variants of self-compassion practice each lasting approximately 20 minutes including a compassionate body scan, an affectionate breathing, and a loving-kindness experiential exercise. Relative to women randomized to the wait-list control group, women receiving the self-compassion intervention showed significant gains in BAS scores (body appreciation) alongside declines in appearance contingent self-worth, body shame, and body dissatisfaction, which were maintained at a 3-month follow-up. These preliminary findings suggest that improvements in body appreciation may occur as a result of a relatively time-limited, self-guided, and technology-driven intervention.

Bush, Rossy, Mintz, and Schopp (2014) evaluated a 10-week mindfulness-based intuitive eating worksite intervention with adult women employees or spouses/partners of employees at a large Midwestern university. Intervention content integrated exposure to traditional mindfulness meditation practices (e.g., body scan, mindful yoga, etc.) in conjunction with more tailored emphasis on strengthening intuitive eating and body appreciation skills. Results demonstrated that relative to wait-list controls, those in the active treatment condition reported greater improvements in BAS scores (body appreciation), intuitive eating, and mindfulness and were significantly less likely to endorse problematic eating behavior at the end of the intervention.

Upon admission and discharge from a residential eating disorder treatment center, Butryn et al. (2013) administered a series of self-report surveys (which included the BI-AAQ) to women diagnosed with eating disorders. Results indicated that improvements in body image flexibility (i.e., low body-related experiential avoidance) were associated with reductions in eating pathology, drive for thinness, and symptoms of bulimia nervosa and body dissatisfaction over the course of treatment. Thus, fostering and enhancing body image flexibility may be a desired goal for women with eating disorders to work toward while receiving treatment.

Research on Diverse Clinical Populations

Despite the accelerated proliferation of empirical analyses targeting current approaches to positive body image assessment, the large majority of these studies have been conducted in either nonclinical groups or among clinical samples of those with body image disturbance and eating disorders. Given the wealth of opportunities in evaluating positive body image both in qualitative and quantitative research designs, it is our hope that applied research involving further construct validation, scale refinement, and predictive modeling with aims of optimizing positive body image will be conducted in understudied populations. These groups may include individuals undergoing cancer treatment (e.g., chemotherapy, mastectomy, radiation, bone marrow transplantation, etc.) or who are in remission, those who are pregnant or postpartum, and those who have had weight loss surgery procedures, organ transplantation, assisted reproductive technologies, and burn-related reconstructive surgeries. Translating positive body image assessment into medical, surgical, rehabilitation, and occupational therapy settings holds tremendous promise.

Summary

Positive body image assessment could prompt much-needed development and refinement in applied research contexts, such as prevention programming and intervention work for body image disturbance and disordered eating, as well as medical settings for those who experience change in their body's appearance and function. Yet, despite contemporary advances in the theoretical understanding and mounting evidence base of positive body image within the last decade, very little positive body image assessment has trickled into these contexts, and thus we see enormous potential for growth in this domain. Nevertheless, we acknowledge there remain several other critical gaps with positive body image assessment that await our attention, which we address next.

Broad Future Directions in Assessing Positive Body Image

A primary objective of this article was to address specific ways that existing approaches to positive body image assessment may be further enhanced. Thus far, we have offered more micro-level recommendations within each facet of positive body image to engage in further scale development, refinement, and psychometric evaluation, as well as qualitative inquiry, with diverse samples. Therefore, the purpose of this concluding section is to offer broad, macro-level suggestions for addressing large gaps within positive body image assessment. These gaps could be addressed by developing, validating, and publishing (a) state measures of positive body image, (b) positive body image measures for children, (c) implicit measures of positive body image, (d) comprehensive measures of positive embodiment, (e) measures of adaptive appearance investment, and (f) measures of protective filtering. We discuss each below.

First, researchers need to deconstruct the state versus trait qualities of positive body image components. Researchers have developed instruments such as the Body Image States Scale (Cash, Fleming, Alindogan, Steadman, & Whitehead, 2002) to ascertain participants' body-related experiences preceding and in the immediate aftermath of exposure typically to a body image-related threat or challenge. State measures of positive body image need to be developed and psychometrically evaluated. Perhaps items from established measures of positive body image (e.g., the BAS-2) could be modified to aid in this research. For example, the BAS-2 item, "I feel good about my body," could be modified slightly to "At this moment, I feel good about my body." Similarly, experience sampling methods (e.g., McKee et al., 2013) and "think-aloud" cognitive assessment paradigms (e.g., Zanov & Davison, 2010) of positive body image qualities may be useful complements to traditional self-report measures in this context. State measures of positive body image would be useful within a multitude of experimental designs involving body image interventions, body image-related threats, and exposure to appearance-focused media.

Second, positive body image measures have not yet been developed for children. This omission is glaring and stifles longitudinal research on positive body image, as it would be useful to understand how positive body image develops, is maintained, and changes from youth to adulthood. Studies exploring the development of positive body image should begin in childhood (see Halliwell, 2015, this issue), and such studies cannot commence without a measure of positive body image for children. Given that it often takes years to conduct quality longitudinal research, it may be decades before we gain insights about how positive body image develops and unfolds from childhood to young adulthood. As such, the development of positive body image measures for children should be a priority. Cook-Cottone, Tribole, and Tylka (2013) present suggestions for how the BAS items could be modified for young children. Halliwell (2015, this issue) also offers ideas for how positive body image can be assessed in young children.

Third, researchers need to develop assessments of positive body image that produce implicit measures. *Implicit measures* are defined as outcomes of measurement procedures that are caused in an automatic manner by psychological attributes (De Houwer, Teige-Mocigemba, Spruyt, & Moors, 2009)—in this case, positive body image. Each formal body image assessment presented in this article is clear in its intent to assess respondents' attitudes and behaviors toward the body. Therefore, if participants do not want to report their body attitudes and behaviors accurately, it is rather easy for them to report in a biased manner. In contrast, implicit measures would reflect an individual's level of positive body image when she or he (a) is not aware that positive body image is being measured, (b) does not have conscious access to positive body image, or (c) has no control over the measurement outcome (De Houwer et al., 2009). Thus, such a measure would provide insight into aspects of positive body image that participants are unable or unwilling to accurately report. Researchers interested in developing assessments of implicit positive body image would need to familiarize themselves with the controversies of and recommendations for the assessments of implicit *self*-attitudes, such as implicit self-esteem (see Buhrmester, Blanton, & Swann, 2011; Krizan, 2008), to develop a well-constructed and psychometrically sound measure of implicit positive body image.

Fourth, researchers need to put forth comprehensive, integrative, multidimensional, and psychometrically sound measures of positive embodiment, which integrate aspects of positive body image identified in this article and the construct definition article within this series (see Tylka & Wood-Barcalow, 2015b, this issue). One such measure that holds tremendous promise for girls and women is Piran's Experience of Embodiment Scale (Piran & Teall, 2012; Teall, 2014; Teall & Piran, 2009). This scale was developed from the Developmental Theory of Embodiment (see Piran, 2015, this issue). The Developmental Theory of Embodiment was generated from themes revealed in several qualitative studies with girls and women ages 9–69 of diverse racial, socioeconomic, geographic, health, and sexual orientation backgrounds. It contains five dimensions of positive embodiment: (a) body connection and comfort, (b) functionality and agency, (c) experience and expression of desires, (d) attuned self-care, and (e) the body as a subjective vs. objective site. Piran and Teall evaluated the Experience of Embodiment Scale with 450 women and found evidence that it yielded reliable and valid scores (Piran & Teall, 2012; Teall, 2014). This measure has the potential to revolutionize the way positive body image is assessed for girls and women—from unidimensional components to an integrated multidimensional framework for understanding this construct.

Fifth, measures of adaptive appearance investment would be worthwhile to develop and explore in conjunction with other measures of positive body image, such as measures of body appreciation, broad conceptualization of beauty, and mindful self-care, as well as more general measures of well-being. Individuals with high levels of negative body image are often preoccupied with their appearance or ignore their appearance (see Cook-Cottone, 2015a, this issue). In contrast, individuals with high levels of positive body image may engage in an adaptive level of appearance investment whereby they invest time in their personal style. For example, African American girls who espoused positive body image spoke about the intersections between beauty, "making what you've got work for you," and creating and presenting a unique personal style (Parker et al., 1995, p. 108). Although these girls described a flexible definition of beauty, they valued "looking good," as defined as projecting their sense of style, personality, and confidence. Clearly, these girls had an adaptive appearance investment.

Cash, Melnyk, and Hrabosky (2004) put forth the Appearance Schemas Inventory-Revised (ASI-R), which contained a Motivational Salience subscale of appearance investment. This subscale assesses individuals' motivational salience of being attractive and managing their appearance via items such as, "Before going out, I make sure that I look as good as I possibly can." This subscale appears to be more adaptive than the Self-Evaluative Salience subscale of appearance investment, which assesses individuals' beliefs about how their looks influence their personal and self-worth as well as their sense of self via items such as, "What I look like is an important part of who I am" (Cash et al., 2004). Yet, the Motivational Salience subscale was positively linked to internalization of media appearance ideals, perfectionistic self-presentation, and disordered eating (Cash et al., 2004). Perhaps Motivational Salience has a more curvilinear relationship with other positive body image measures, whereby more moderate levels, whereby individuals agree with

the items rather than strongly agree with them, are most adaptive. Researchers could explore this hypothesis.

Sixth, measures need to be developed that assess protective filtering. A *protective filter*, as identified and described by individuals with positive body image, accepts information that is consistent with positive body image and rejects messages that could endanger it (Wood-Barcalow et al., 2010). Thus, *protective filtering* is a way of engaging with the world that serves to maintain (or bounce back to) positive body image amidst continuous sociocultural and public health pressures to be thin (for women) or lean and muscular (for men) and capitalistic tactics to promote body dissatisfaction in the name of selling products. Protective filtering may contain elements of media literacy, positive rational acceptance coping, body image flexibility, body sanctification, self-compassion, resilience, and assertiveness, which would need to be captured within the items of a measure of this construct.

Summary

Whereas positive body image assessment has experienced tremendous growth within the last decade, there is still much room for its expansion. This expansion could aid our conceptual understanding of positive body image by answering some of our immediate research questions, such as "How might encountering certain environmental threats temporarily shift state positive body image, and would this shift occur at all levels of trait body image (i.e., BAS-2 scores)?," "How is positive body image experienced in childhood?," "Do self-reports on explicit measures of positive body image measures match up with implicit measures of positive body image?," "Is there an overarching framework (and thus assessment structure) for positive body image?," "Can some forms of (and/or levels of) appearance investment be adaptive and how might context and culture help determine this?," and "How does a protective filter develop and function in both naturalistic settings and in experimental manipulations to potentially bolster aspects of state positive body image?" It is clear that positive body image assessments need to be designed to facilitate the exploration of these questions and others not considered here, which will serve as instrumental contributions to this burgeoning field holding vast appeal among clinicians and researchers representing a diverse range of disciplinary backgrounds.

Concluding Statement

This article brought together the various formal assessments currently available to assess dimensions of positive body image, strategies for how qualitative assessment can hone our understanding of positive body image among diverse individuals, approaches for how psychotherapists can use positive body image assessment within psychotherapy settings, and methods for integrating positive body image assessment into applied research to aid prevention and treatment efforts. We further addressed large gaps in positive body image assessment that are in need of attention. To conclude, we are somewhat in awe of the various possibilities for positive body image assessment to shape research, prevention, and treatment efforts and carry the field of body image forward. It is our hope that our article inspires researchers, program interventionists, and clinicians to collaborate and engage in these efforts. We are excited to proceed in these innovative directions and eager to learn what future discoveries will emerge.

References

Abbott, B. D., & Barber, B. (2010). Embodied image: Gender differences in functional and aesthetic body image among Australian adolescents. *Body Image*, *7*, 22–31. http://dx.doi.org/10.1016/j.bodyim.2009.10.004

Albertson, E. R., Neff, K. D., & Dill-Shackleford, K. E. (2014). Self-compassion and body dissatisfaction in women: A randomized controlled trial of a brief meditation intervention. *Mindfulness*, http://dx.doi.org/10.1007/s12671-014-0277-3

Alleva, J. M., Martijn, C., Jansen, A., & Nederkoorn, C. (2014). Body language: Affecting body satisfaction by describing the body in functionality terms. *Psychology of Women Quarterly*, *38*, 181–196. http://dx.doi.org/10.1177/0361684313507897

Andrew, R., Tiggemann, M., & Clark, L. (2014a). Positive body image and young women's health: Implications for sun protection, cancer screening, weight loss, and alcohol consumption behaviours. *Journal of Health Psychology*, http://dx.doi.org/10.1177/1359105314520814. Advance online publication

Andrew, R., Tiggemann, M., & Clark, L. (2014b). An extension of the acceptance model of intuitive eating in adolescent girls: A role for social comparison? *Journal of Eating Disorders*, *2*(Suppl. 1), O40. http://dx.doi.org/10.1186/2050-2974-2-S1-O40

Atkinson, P. A., Coffey, A. J., & Delamont, S. (2001). A debate about our canon. *Qualitative Research*, *1*, 5–21. http://dx.doi.org/10.1177/146879410100100101

Augustus-Horvath, C. L., & Tylka, T. L. (2011). The acceptance model of intuitive eating: A comparison of women in emerging adulthood, early adulthood, and middle adulthood. *Journal of Counseling Psychology*, *58*, 110–125. http://dx.doi.org/10.1037/a0022129

Avalos, L. C., & Tylka, T. L. (2006). Exploring a model of intuitive eating with college women. *Journal of Counseling Psychology*, *53*, 486–497. http://dx.doi.org/10.1037/0022-1067.53.4.486

Avalos, L. C., Tylka, T. L., & Wood-Barcalow, N. (2005). The Body Appreciation Scale: Development and psychometric evaluation. *Body Image*, *2*, 285–297. http://dx.doi.org/10.1016/j.bodyim.2005.06.002

Barwick, A., Bazzini, D., Martz, D., Rocheleau, C., & Curtin, L. (2012). Testing the norm to fat talk for women of varying size: What's weight got to do with it? *Body Image*, *9*, 176–179. http://dx.doi.org/10.1016/j.bodyim.2011.08.003

Britton, L. E., Martz, D. M., Bazzini, D. G., Curtin, L. A., & LeaShomb, A. (2006). Fat talk and self-presentation of body image: Is there a social norm for women to self-degrade? *Body Image*, *3*, 247–254. http://dx.doi.org/10.1016/j.bodyim.2006.05.006

Brown, T. A., Cash, T. F., & Mikulka, P. J. (1990). Attitudinal body image assessment: Factor analysis of the Body-Self Relations Questionnaire. *Journal of Personality Assessment*, *54*, 213–230. http://dx.doi.org/10.1207/s15327752jpa5501&2_13

Buhrmester, M. D., Blanton, H., & Swann, W. B. (2011). Implicit self-esteem: Nature, measurement, and a new way forward. *Journal of Personality and Social Psychology*, *100*, 365–385. http://dx.doi.org/10.1037/a0021341

Buote, V. M., Wilson, A. E., Strahan, E. J., Gazzola, S. B., & Papps, F. (2011). Setting the bar: Divergent sociocultural norms for women's and men's ideal appearance in real-world contexts. *Body Image*, *8*, 322–334. http://dx.doi.org/10.1016/j.bodyim.2011.06.002

Bush, H. E., Rossy, L., Mintz, L. B., & Schopp, L. (2014). Eat for life: A work site feasibility study of a novel mindfulness-based intuitive eating intervention. *American Journal of Health Promotion*, *28*, 380–388. http://dx.doi.org/10.4278/ajhp.120404-QUAN-186

Butryn, M., Juarascio, A., Shaw, J., Kerrigan, S. G., Clark, V., O'Planick, A., & Forman, E. M. (2013). Mindfulness and its relationship with eating disorders symptomatology in women receiving residential treatment. *Eating Behaviors*, *14*, 13–16. http://dx.doi.org/10.1016/j.eatbeh.2012.10.005

Cash, T. F. (1997). *The body image workbook*. Oakland, CA: New Harbinger Publications.

Cash, T. F. (2000). *User's manual for the Multidimensional Body Self-Relations Questionnaire*. Available from the author at www.body-images.com

Cash, T. F. (2002). Cognitive-behavioral perspectives on body image. In T. F. Cash & T. Pruzinsky (Eds.), *Body image: A handbook of theory, research, and clinical practice* (pp. 38–46). New York: Guilford.

Cash, T. F. (2008). *The body image workbook* (2nd ed.). Oakland, CA: New Harbinger.

Cash, T. F., Fleming, E. C., Alindogan, J., Steadman, L., & Whitehead, A. (2002). Beyond body image as a trait: The development and validation of the Body Image States Scale. *Eating Disorders*, *10*, 103–113. http://dx.doi.org/10.1080/10640260290081678

Cash, T. F., Jakatdar, T. A., & Williams, E. F. (2004). Body Image Quality of Life Inventory: Further validation with college men and women. *Body Image*, *1*, 279–287. http://dx.doi.org/10.1016/S1740-1445(03)00023-8

Cash, T. F., Melnyk, S. E., & Hrabosky, J. I. (2004). The assessment of body image investment: An extensive revision of the Appearance Schemas Inventory. *International Journal of Eating Disorders*, *35*, 305–316. http://dx.doi.org/10.1002/eat.10264

Cash, T. L., Santos, M. T., & Williams, E. F. (2005). Coping with body-image threats and challenges: Validation of the Body Image Coping Strategies Inventory. *Journal of Psychosomatic Research*, *58*, 190–199. http://dx.doi.org/10.1016/j.jpsychores.2004.07.008

Castonguay, A. L., Gilchrist, J. D., Mack, D. E., & Sabiston, C. M. (2013). Body-related pride in young adults: An exploration of the triggers, contexts, outcomes and attributions. *Body Image*, *10*, 335–343. http://dx.doi.org/10.1016/j.bodyim.2013.03.001

Castonguay, A. L., Sabiston, C. M., Crocker, P. R. E., & Mack, D. E. (2014). Development and validation of the Body and Appearance Self-Conscious Emotions Scale (BASES). *Body Image*, *11*, 126–136. http://dx.doi.org/10.1016/j.bodyim.2013.12.006

Choma, B. L., Shove, C., Busseri, M. A., Sadava, S. W., & Hosker, A. (2009). Assessing the role of body image coping strategies as mediators or moderators of the links between self-objectification, body shame, and well-being. *Sex Roles*, *61*, 699–713. http://dx.doi.org/10.1007/s11199-009-9666-9

Ciarrochi, J., Kashdan, T. B., & Harris, R. (2013). The foundations of flourishing. In J. Ciarrochi & T. B. Kashdan (Eds.), *Mindfulness, acceptance, and positive psychology: The seven foundations of well-being* (pp. 1–29). Oakland, CA: Context Press.

Clark, A., Skouteris, H., Wertheim, E. H., Paxton, S. J., & Milgrom, J. (2009). My baby body: A qualitative insight into women's body-related experiences and mood during pregnancy and the postpartum. *Journal of Reproductive and Infant Psychology*, *27*, 330–345. http://dx.doi.org/10.1080/02646830903190904

Cook-Cottone, C. (2006). The attuned representation model for the primary prevention of eating disorders: An overview for school psychologists. *Psychology in the Schools*, *43*, 223–230. http://dx.doi.org/10.1002/pits.20139

Cook-Cottone, C. P. (2015a). Incorporating positive body image into the treatment of eating disorders: A model for attunement and mindful self-care. *Body Image*, *14*, 158–167. http://dx.doi.org/10.1016/j.bodyim.2015.03.004

Cook-Cottone, C. P. (2015b). *Mindfulness and yoga for self-regulation: A primer for mental health professionals*. New York, NY: Springer.

Cook-Cottone, C., Kane, L. S., Keddie, E., & Haugli, S. (2013). *Girls growing in wellness and balance: Yoga and life skills to empower*. Stoddard, WI: Schoolhouse Educational Services.

Cook-Cottone, C. P., Tribole, E., & Tylka, T. L. (2013). *Healthy eating in schools: Evidence-based interventions to help kids thrive*. Washington, DC: American Psychological Association. http://dx.doi.org/10.1037/14180-000

Corning, A. F., Bucchianeri, M. M., & Pick, C. M. (2014). Thin or overweight women's fat talk: Which is worse for other women's body satisfaction? *Eating Disorders*, *22*, 121–135. http://dx.doi.org/10.1080/10640266.2013.860850

Cummins, J. C., Ireland, M., Resnick, M. D., & Blum, R. W. (1999). Correlates of physical and emotional health among Native American adolescents. *Journal of Adolescent Health*, *24*, 38–44. http://dx.doi.org/10.1016/S1054-139X(98)00063-9

Daubenmier, J. J. (2005). The relationship of yoga, body awareness, and body responsiveness to self-objectification and disordered eating. *Psychology of Women Quarterly*, *29*, 207–219. http://dx.doi.org/10.1111/j.1471-6402.2005.00183.x

De Houwer, J., Teige-Mocigemba, S., Spruyt, A., & Moors, A. (2009). Implicit measures: A normative analysis and review. *Psychological Bulletin*, *135*, 347–368. http://dx.doi.org/10.1037/a0014211

Dittmann, K. A., & Freedman, M. R. (2009). Body awareness, eating attitudes, and spiritual beliefs of women practicing yoga. *Eating Disorders*, *17*, 273–292. http://dx.doi.org/10.1080/1064026090299111

Ferreira, C., Pinto-Gouveia, J., & Duarte, C. (2011). The validation of the Body Image Acceptance and Action Questionnaire: Exploring the moderator effect of acceptance on disordered eating. *International Journal of Psychology and Psychological Therapy*, *11*, 327–345.

Franzoi, S. L., & Shields, S. A. (1984). The Body Esteem Scale: Multidimensional structure and sex differences in a college population. *Journal of Personality Assessment*, *48*, 173–178. http://dx.doi.org/10.1207/s15327752jpa4802_12

Freedman, R. (2002). *Bodylove: Learning to like our looks and ourselves*. Carlsbad, CA: Gürze.

Frisén, A., & Holmqvist, K. (2010). What characterizes early adolescents with a positive body image? A qualitative investigation of Swedish girls and boys. *Body Image*, *7*, 205–212. http://dx.doi.org/10.1016/j.bodyim.2010.04.001

Gelso, C., & Fretz, B. (2000). *Counseling psychology* (2nd ed.). Fort Worth, TX: Harcourt.

Gillen, M. M. (2015). Associations between positive body image and indicators of men's and women's mental and physical health. *Body Image*, *13*, 67–74. http://dx.doi.org/10.1016/j.bodyim.2015.01.002

Greer, K. B., Campione-Barr, N., & Lindell, A. K. (2014). Body talk: Siblings' use of positive and negative body self-disclosure and associations with sibling relationship quality and body-esteem. *Journal of Youth and Adolescence*, http://dx.doi.org/10.1007/s10964-014-0180-1

Hahn Oh, K., Wiseman, M. C., Hendrickson, J., Phillips, J. C., & Hayden, E. W. (2012). Testing the acceptance model of intuitive eating with college women athletes. *Psychology of Women Quarterly*, *36*, 88–98. http://dx.doi.org/10.1177/0361684311433282

Halliwell, E. (2015). Future directions for positive body image research. *Body Image*, *14*, 177–189. http://dx.doi.org/10.1016/j.bodyim.2015.03.003

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy: An experiential approach to behavior change*. New York, NY: Guilford Press.

Hill, M. L., Masuda, A., & Latzman, R. D. (2013). Body image flexibility as a protective factor against disordered eating behavior for women with lower body mass index. *Eating Behaviors*, *14*, 336–341. http://dx.doi.org/10.1016/j.eatbeh.2013.06.003

Holmqvist, K., & Frisén, A. (2012). "I bet they aren't that perfect in reality": Appearance ideals viewed from the perspective of adolescents with a positive body image. *Body Image*, *9*, 388–395. http://dx.doi.org/10.1016/j.bodyim.2012.03.007

Homan, K. J., & Cavanaugh, B. N. (2013). Perceived relationship with God fosters positive body image in college women. *Journal of Health Psychology*, *18*, 1529–1539. http://dx.doi.org/10.1177/1359105312465911

Homan, K. J., & Tylka, T. L. (2014). Appearance-based exercise motivation moderates the relationship between exercise frequency and positive body image. *Body Image*, *11*, 101–108. http://dx.doi.org/10.1016/j.bodyim.2014.01.003

Hughes, E. K., & Gullone, E. (2011). Emotion regulation moderates relationships between body image concerns and psychological symptomatology. *Body Image*, *8*, 224–231. http://dx.doi.org/10.1016/j.bodyim.2011.04.001

Hrabosky, J. I., Cash, T. F., Veale, D., Neziroglu, F., Soll, E. A., Garner, D. M.,. . . & Phillips, K. A. (2009). Multidimensional body image comparisons among patients with eating disorders, body dysmorphic disorder, and clinical controls: A multisite study. *Body Image*, *6*, 155–163. http://dx.doi.org/10.1016/j.bodyim.2009.03.001

Iannantuono, A. C., & Tylka, T. L. (2012). Interpersonal and intrapersonal links to body appreciation in college women: An exploratory model. *Body Image*, *9*, 227–235. http://dx.doi.org/10.1016/j.bodyim.2012.01.004

Jacobson, H. L., Hall, E. L., & Anderson, T. L. (2013). Theology and the body: Sanctification and bodily experiences. *Psychology of Religion and Spirituality*, *5*, 41–50. http://dx.doi.org/10.1037/a0028042

Kelly, A. C., Vimalakanthan, K., & Miller, K. E. (2014). Self-compassion moderates the relationship between body mass index and both eating disorder pathology and body image flexibility. *Body Image*, *11*, 446–453. http://dx.doi.org/10.1016/j.bodyim.2014.07.005

Krizan, Z. (2008). What is implicit about implicit self-esteem? *Journal of Research in Personality*, *42*, 1635–1640. http://dx.doi.org/10.1016/j.jrp.2008.07.002

Kroon Van Diest, A. M., & Tylka, T. L. (2010). The Caregiver Eating Messages Scale: Development and psychometric investigation. *Body Image*, *7*, 317–326. http://dx.doi.org/10.1016/j.bodyim.2010.06.002

Levine, M. P., & Smolak, L. (2001). Primary prevention of body image disturbances and disordered eating in childhood and early adolescence. In J. K. Thompson & L. Smolak (Eds.), *Body image, eating disorders, and obesity in youth: Assessment, prevention, and treatment* (pp. 237–260). Washington, DC: American Psychological Association. http://dx.doi.org/10.1037/10404-010

Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In N. K. Denzin & Y. S. Lincoln (Eds.), *Sage handbook of qualitative research* (pp. 97–128). Thousand Oaks, CA: Sage.

Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.

Lobera, I. J., & Ríos, P. B. (2011). Spanish version of the Body Appreciation Scale for adolescents. *Spanish Journal of Psychology*, *14*, 411–420. http://dx.doi.org/10.5209/rev_SJOP.2011.v14.n1.37

Mahoney, A., Carels, R. A., Pargament, K. I., Wachholtz, A., Leeper, L. E., Kaplar, M., & Frutchey, R. (2005). The sanctification of the body and behavioral health patterns of college students. *International Journal for the Psychology of Religion*, *15*, 221–238. http://dx.doi.org/10.1207/s15327582ijpr1503_3

Maine, M. (2000). *Body wars: Making peace with women's bodies*. Carlsbad, CA: Gürze.

McHugh, T. L., Coppola, A. M., & Sabiston, C. M. (2014). "I'm thankful for being Native and my body is part of that": The body pride experiences of young Aboriginal women in Canada. *Body Image*, *11*, 318–327. http://dx.doi.org/10.1016/j.bodyim.2014.05.004

McKee, S., Smith, H. J., Koch, A., Balzarini, R., Georges, M., & Callahan, M. P. (2013). Looking up and seeing green: Women's everyday experiences with physical appearance comparisons. *Psychology of Women Quarterly*, *37*, 351–365. http://dx.doi.org/10.1177/0361684312469792

McKinley, N. M., & Hyde, J. S. (1996). The Objectified Body Consciousness Scale: Development and validation. *Psychology of Women Quarterly*, *20*, 181–215. http://dx.doi.org/10.1111/j.1471-6402.1996.tb00467.x

Meanley, S., Hickok, A., Johns, M. M., Pingel, E. S., & Bauermeister, J. A. (2014). Body mass index, body esteem, and unprotected receptive anal intercourse among young men who have sex with men who seek partners online. *Archives of Sexual Behavior*, *43*, 735–744. http://dx.doi.org/10.1007/s10508-013-0159-0

Mendelson, B. K., Mendelson, M. J., & White, D. R. (2001). Body-Esteem Scale for adolescents and adults. *Journal of Personality Assessment*, *76*, 90–106. http://dx.doi.org/10.1207/S15327752JPA7601_6

Menzel, J. E., & Levine, M. P. (2011). Embodying experiences and the promotion of positive body image: The example of competitive athletics. In R. M. Calogero, S. Tantleff-Dunn & J. K. Thompson (Eds.), *Self-objectification in women: Causes, consequences, and counteractions* (pp. 163–186). Washington, DC: American Psychological Association.

Ng, S.-K., Barron, D., & Swami, V. (2015). Factor structure and psychometric properties of the Body Appreciation Scale among adults in Hong Kong. *Body Image*, *13*, 1–8. http://dx.doi.org/10.1016/j.bodyim.2014.10.009

Nichter, M., & Vuckovic, N. (1994). Fat talk: Body image among adolescent females. In N. L. Sault (Ed.), *Many mirrors: Body image and social relations* (pp. 109–131). New Brunswick, NJ: Rutgers University Press.

Parker, S., Nichter, M., Nichter, M., Vuckovic, N., Sims, C., & Ritenbaugh, C. (1995). Body image and weight concerns among African American and White adolescent females: Differences that make a difference. *Human Organization*, *54*, 103–114.

Piran, N. (2015). New possibilities in the prevention of eating disorders: The introduction of positive body image measures. *Body Image*, *14*, 146–157. http://dx.doi.org/10.1016/j.bodyim.2015.03.008

Piran, N., & Teall, T. L. (2012). *The Experience of Embodiment Scale – Version 2*. Unpublished manuscript.

Pope, M., Corona, R., & Belgrave, F. Z. (2014). Nobody's perfect: A qualitative examination of African American maternal caregivers' and their adolescent girls' perceptions of body image. *Body Image*, *11*, 307–317. http://dx.doi.org/10.1016/j.bodyim.2014.04.005

Rubin, L. R., & Steinberg, J. R. (2011). Self-objectification and pregnancy: Are body functionality dimensions protective? *Sex Roles*, *65*, 606–618. http://dx.doi.org/10.1016/j.bodyim.2012.01.007

Rudiger, J. A., & Winstead, B. A. (2013). Body talk and body-related co-rumination: Associations with body image, eating attitudes, and psychological adjustment. *Body Image*, *10*, 462–471. http://dx.doi.org/10.1016/j.bodyim.2013.07.010

Salk, R. H., & Engeln-Maddox, R. (2012). Fat talk among college women is both contagious and harmful. *Sex Roles*, *66*, 636–645. http://dx.doi.org/10.1007/s11199-011-0050-1

Sandoz, E. K., Wilson, K. G., Merwin, R. M., & Kellum, K. K. (2013). Assessment of body image flexibility: The Body Image-Acceptance and Action Questionnaire.

Journal of Contextual and Behavioral Science, *2*, 39–48. http://dx.doi.org/10.1016/j.jcbs.2013.03.002

Satinsky, S., Reece, M., Dennis, B., Sanders, S., & Bardzell, S. (2012). An assessment of body appreciation and its relationship to sexual function in women. *Body Image*, *9*, 137–144. http://dx.doi.org/10.1016/j.bodyim.2011.09.007

Schoenefeld, S. J., & Webb, J. B. (2013). Self-compassion and intuitive eating in college women: Examining the contributions of distress tolerance and body image acceptance and action. *Eating Behaviors*, *14*, 493–496. http://dx.doi.org/10.1016/j.eatbeh.2013.09.001

Schooler, D., & Daniels, E. A. (2014). "I am not a skinny toothpick and proud of it": Latina adolescents' ethnic identity and responses to mainstream media images. *Body Image*, *11*, 11–18. http://dx.doi.org/10.1016/j.bodyim.2013.09.001

Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, *60*, 410–421. http://dx.doi.org/10.1037/0003-066X.60.5.410

Stice, E., Shaw, H., & Marti, C. N. (2007). A meta-analytic review of eating disorder prevention programs: Encouraging findings. *Annual Review of Clinical Psychology*, *3*, 207–231. http://dx.doi.org/10.1146/annurev.clinpsy.3.022806.091447

Swami, V., Campana, A. N. N. B., Fereirra, L., Barrett, S., Harris, A. S., & Tavares, M. C. G. C. F. (2011). The Acceptance of Cosmetic Surgery Scale: Initial examination of its factor structure and correlates among Brazilian adults. *Body Image*, *8*, 179–185. http://dx.doi.org/10.1016/j.bodyim.2011.01.001

Swami, V., & Chamorro-Premuzic, T. (2008). Factor structure of the Body Appreciation Scale among Malaysian women. *Body Image*, *5*, 409–413. http://dx.doi.org/10.1016/j.bodyim.2008.04.005

Swami, V., Hadji-Michael, M., & Furnham, A. (2008). Personality and individual difference correlates of positive body image. *Body Image*, *5*, 322–325. http://dx.doi.org/10.1016/j.bodyim.2008.03.007

Swami, V., Hwang, C. S., & Jung, J. (2012). An examination of the factor structure and correlates of acceptance of cosmetic surgery among South Korean university students. *Aesthetic Surgery Journal*, *32*, 220–229. http://dx.doi.org/10.1177/1090820x11431577

Swami, V., & Jaafar, J. L. (2012). Factor structure of the Body Appreciation Scale among Indonesian women and men: Further evidence of a two-factor solution in a non-Western population. *Body Image*, *9*, 539–542. http://dx.doi.org/10.1016/j.bodyim.2012.06.002

Swami, V., Mada, R., & Tovée, M. J. (2012). Weight discrepancy and body appreciation of Zimbabwean women in Zimbabwe and Britain. *Body Image*, *9*, 559–562. http://dx.doi.org/10.1016/j.bodyim.2012.05.006

Swami, V., Stieger, S., Harris, A. S., Nader, I. W., Pietschnig, J., Voracek, M., & Tovée, M. J. (2012). Further investigation of the validity and reliability of the Photographic Figure Rating Scale for body image assessment. *Journal of Personality Assessment*, *94*, 404–409. http://dx.doi.org/10.1080/00223891.2012.660293

Swami, V., Stieger, S., Haubner, T., & Voracek, M. (2008). German translation and psychometric evaluation of the Body Appreciation Scale. *Body Image*, *5*, 122–127. http://dx.doi.org/10.1016/j.bodyim.2007.10.002

Teall, T. L. (2014). *A quantitative study of the Developmental Theory of Embodiment: Implications to health and well-being* (Unpublished doctoral dissertation). Toronto, Canada: University of Toronto.

Teall, T., & Piran, N. (2009 August). Development of the Embodiment Scale for Women: Social experience subscales background and statement of the problem. In *Paper presented at the American Psychological Association Annual Convention* Toronto, Ontario.

Tiggemann, M., & McCourt, A. (2013). Body appreciation in adult women: Relationships with age and body satisfaction. *Body Image*, *10*, 624–627. http://dx.doi.org/10.1016/j.bodyim.2013.07.003

Timko, C. A., Juarascio, A. S., Martin, L. M., Faherty, A., & Kalodner, C. (2014). Body image avoidance: An under-explored yet important factor in the relationship between body image dissatisfaction and disordered eating. *Journal of Contextual Behavioral Science*, *3*, 203–211. http://dx.doi.org/10.1016/j.jcbs.2014.01.002

Tracy, J. L., & Robins, R. W. (2004). Putting the self into self-conscious emotions: A theoretical model. *Psychological Inquiry*, *15*, 103–125. http://dx.doi.org/10.1207/s15327965pli1502_01

Tracy, J. L., & Robins, R. W. (2007). The psychological structure of pride: A tale of two facets. *Journal of Personality and Social Psychology*, *92*, 506–525. http://dx.doi.org/10.1037/0022-3514.92.3.506

Tribole, E., & Resch, E. (2003). *Intuitive eating* (2nd ed.). New York, NY: St. Martin's Griffin.

Tucker, K. L., Martz, D. M., Curtin, L. A., & Bazzini, D. G. (2007). Examining "fat talk" experimentally in a female dyad: How are women influenced by another woman's body presentation style? *Body Image*, *4*, 157–164. http://dx.doi.org/10.1016/j.bodyim.2006.12.005

Tylka, T. L. (2011). Positive psychology perspectives on body image. In T. F. Cash & L. Smolak (Eds.), *Body image: A handbook of science, practice, and prevention* (2nd ed., pp. 56–64). New York: Guilford Press.

Tylka, T. L. (2013). Evidence for the Body Appreciation Scale's measurement equivalence/invariance between U.S. college women and men. *Body Image*, *10*, 415–418. http://dx.doi.org/10.1016/j.bodyim.2013.02.006

Tylka, T. L., & Iannantuono, A. C. (2015). *Seeing the beauty in all women: Psychometric evaluation of the Broad Conceptualization of Beauty Scale*. Manuscript in preparation.

Tylka, T. L., & Kroon Van Diest, A. M. (2013). The Intuitive Eating Scale-2: Item refinement and psychometric evaluation with college women and men. *Journal of Counseling Psychology*, *60*, 137–153. http://dx.doi.org/10.1037/a0030893

Tylka, T. L., & Wood-Barcalow, N. L. (2015a). The Body Appreciation Scale-2: Item refinement and psychometric evaluation. *Body Image*, *12*, 53–67. http://dx.doi.org/10.1016/j.bodyim.2014.09.006

Tylka, T. L., & Wood-Barcalow, N. L. (2015b). What is and what is not positive body image? *Body Image*, *14*, 118–129. http://dx.doi.org/10.1016/j.bodyim.2015.04.001

Wasylkiw, L., MacKinnon, A. L., & MacLellan, A. M. (2012). Exploring the link between self-compassion and body image in university women. *Body Image*, *9*, 236–245. http://dx.doi.org/10.1016/j.bodyim.2012.01.007

Webb, J. B., Butler-Ajibade, P., & Robinson, S. A. (2014). Considering an affect regulation framework for examining the association between body dissatisfaction and positive body image in Black older adolescent females: Does body mass index matter? *Body Image*, *11*, 426–437. http://dx.doi.org/10.1016/j.bodyim.2014.07.002

Wendell, J. W., Masuda, A., & Le, J. K. (2012). The role of body image flexibility in the relationship between disordered eating cognitions and disordered eating symptoms among non-clinical college students. *Eating Behaviors*, *13*, 240–245. http://dx.doi.org/10.1016/j.eatbeh.2012.03.006

Wood-Barcalow, N. L., Tylka, T. L., & Augustus-Horvath, C. L. (2010). "But I like my body": Positive body image characteristics and a holistic model for young-adult women. *Body Image*, *7*, 106–116. http://dx.doi.org/10.1016/j.bodyim.2010.01.001

Zanov, M. V., & Davison, G. C. (2010). A conceptual and empirical review of 25 years of cognitive assessment using the articulated thoughts in simulated situations think-aloud paradigm. *Cognitive Therapy and Research*, *34*, 282–291. http://dx.doi.org/10.1007/s10608-009-9271-9