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The need to study the positive aspects of body image led to the design of the Body Appreciation Scale (BAS). The aim of the present study was to develop a Spanish adaptation of the BAS for adolescents, testing its factor structure, construct validity and any differences between girls and boys. Participants were 312 adolescents aged between 12 and 20; there were 148 females and 164 males. The validation analysis of the BAS revealed a one-factor structure with adequate internal consistency (Cronbach’s α = .908) and construct validity (correlations with body mass index, influence of the body shape model, perceived stress, coping strategies, self-esteem and variables from the Eating Disorders Inventory-2), as well as significant differences between boys and girls (p < .01). The BAS is suitable for administration in a Spanish adolescent population as a way of analysing the positive aspects of body image.

Keywords: positive body image, body appreciation, adolescents, Spanish population, psychometric properties.

La necesidad de estudiar los aspectos positivos de la imagen corporal, llevó a diseñar la Escala de apreciación corporal (EAC). El objetivo de este trabajo fue desarrollar una adaptación española de la EAC para adolescentes analizando su estructura factorial y consistencia interna, la validez de constructo y las diferencias entre chicas y chicos. La muestra estuvo formada por 312 adolescentes, de entre 12 y 20 años, de los que 148 eran chicas y 164 chicos. El análisis reveló una estructura unifactorial con adecuada consistencia interna (coeficiente alfa de Cronbach = 0,908) y validez de constructo (correlaciones con el índice de masa corporal, influencia del modelo estético corporal, estrés percibido, estrategias de afrontamiento, autoestima y variables del Inventario de trastornos alimentarios-2), así como diferencias significativas entre chicos y chicas (p < 0,01). La EAC es adecuada como instrumento para analizar los aspectos positivos de la imagen corporal en adolescentes españoles.

Palabras clave: imagen corporal positiva, apreciación corporal, adolescentes, población española, propiedades psicométricas.

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Body image is a complex and multidimensional construct that includes self-perceptions and attitudes (thoughts, feelings, behaviour) related to the body (Avalos, Tylka, & Wood-Barcalow, 2005; Cash, 2002; Cash, Jakatdar, & Williams, 2004; Thompson, Heiberg, Altabe, & Tantleff-Dunn, 1999). Although associated aspects such as appearance orientation and evaluation, body esteem and the accuracy of perceived body size may be positive to varying extent, the study of body image has focused particularly on negative features such as dissatisfaction or distortion (Cash, 2002). The predictors of a positive body image or the outcome of such a positive perception have been less widely studied, despite the fact that research has suggested that the variables associated with a positive body image could be in opposition to those associated with a negative one (Striegel-Moore & Cachelin, 1999). For example, a positive body image has been found to be associated with higher levels of optimism and self-esteem, as well as with better strategies for coping with problems and emotions (Williams, Cash, & Santos, 2004).

As the study of body image has centred on negative aspects the corresponding evaluation instruments have been designed to capture negative attitudes towards the body (Avalos et al., 2005). Some of these instruments have been designed solely to examine the degree of satisfaction with appearance, without considering other aspects of a positive body image (Brown, Cash, & Mikulka, 1990; Franzoi & Shields, 1984). However, above and beyond satisfaction with appearance a positive body image should include a favourable opinion about one’s physical features, an acceptance of one’s body despite its weight, shape or imperfections, respect and attention towards the body’s needs through the adoption of healthy behaviours, and self-protection by rejecting body ideals presented in the media (Cash, 1997; Freedman, 2002; Maine, 2000; Williams et al., 2004).

Among the instruments for evaluating body image, some are based on the estimation of body size (using figure models), and are generally reliable, valid and easy to administer (Stewart, Williamson, Smeets, & Greenway, 2000). Body size has also been estimated from the point of view of the subject’s perception, using instruments that show adequate reliability and internal consistency (Ruff & Barrios, 1986; Gardner, Martinez, & Sandoval, 1987). Other instruments have focused on the measurement of body dissatisfaction, and once again these are easy to use and show adequate psychometric properties (Brown, et al., 1990). In addition, some research has used measures of the influence of socio-cultural factors on body image. Within this group, a noteworthy instrument developed in our geographical area (Spain) is the Questionnaire on Influences on Body Shape Model (CIMEC; Toro, Salamero, & Martinez, 1994). Finally, behavioural measures have also been used, for example, the Body Checking Questionnaire (Reas, Whisenhunt, Netemeyer, & Williamson, 2002) or the Body Image Avoidance Questionnaire (Rosen, Srebnik, Saltzberg, & Wendt, 1991).

The need to measure positive body image led to the development of the Body Appreciation Scale (BAS; Avalos et al., 2005). This 13-item instrument, whose factor structure comprises a single dimension and which shows adequate internal consistency and construct validity, does seem to be useful for studying the positive aspects of body image.

The aim of the present study was to adapt the BAS to the Spanish population, testing its psychometric properties in a sample of male and female adolescents. More specifically, the objectives were to analyse the factor structure and construct validity of the scale by studying the correlations with several variables such as body mass index (BMI), degree of influence on the body shape model, perceived stress, coping strategies, self-esteem and eating disorder symptoms. Differences in the BAS scores obtained by boys and girls were also analysed.

Method

Participants

The initial sample comprised 350 participants, but this was reduced to 312 after rejecting any incomplete protocols. Regarding to the BAS, only in three cases (0.85%) the questionnaire was incomplete and then they were rejected. Among the participants nobody showed any comprehension and/or language difficulties. There were four immigrant students, from South America (1.14%). The final group comprised adolescents, all of whom were secondary or high-school students drawn from two state schools. Sample size was calculated taking into account the recommended 10:1 ratio of number of participants to number of test items (Kline, 1998), and the distribution of the courses and their schedules at the schools.

Measures

Body Mass Index (BMI)

The students were weighed and measured (without shoes) using calibrated electronic instruments, and BMI scores (weight in Kg/height in m squared) were then calculated.

Body Appreciation Scale (BAS)

This 13-item instrument, whose factor structure comprises a single dimension and which shows adequate internal consistency (Cronbach’s α coefficient = .94) and construct validity, does seem to be useful for studying the positive aspects of body image (a favourable opinion about one’s physical features, an acceptance of one’s body despite its weight, shape or imperfections, respect and attention towards the body’s needs through the adoption of healthy behaviours, and self-protection by rejecting body ideals presented in the media). BAS items are rated along
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... and are averaged to obtain an overall body appreciation score. When giving the BAS to men Item 12 is revised to: “I do not allow unrealistically muscular images of men presented in the media to affect my attitudes toward my body”.

Questionnaire on Influences on Body Shape Model (CIMEC and CIMEC-V)

This instrument was designed to assess the influence of the prevailing aesthetic model in both normal and clinical populations. The original questionnaire (CIMEC), which was validated in girls, was subsequently adapted for boys (CIMEC-V) and it has been shown to be adequate for assessing socio-cultural influences on the aesthetic body shape model (Toro, Castro, Gila, & Pombo, 2005; Toro et al., 1994). The questionnaire measures the influence of ideal models, the concern with being thin, the influence of social models, family influences, the influence of friends, interpersonal influences, behaviours aimed at weight loss, body-related anxiety, the influence of advertising and the concern with being fat. The CIMEC and CIMEC-V used here were the 40-item versions. Each item has three possible responses: a great deal, slightly or not at all. The original study in which the instrument was validated reported adequate reliability (Cronbach’s α coefficient > .70).

Perceived Stress Questionnaire (PSQ)

This instrument was specifically designed to evaluate stress in clinical psychosomatic research (Levenstein et al., 1993) and comprises 30 items that differentially measure the general and recent forms of perceived stress. The present study used the Spanish version of the PSQ (Sanz-Carrillo, García-Campayo, Rubio, Santed, & Montoro, 2002), which has shown adequate internal consistency (Cronbach’s α coefficient = .90) and test-retest reliability (r = .80), as well as adequate predictive validity in stress-related disorders.

Coping Strategies Inventory (CSI)

The Spanish version (Cano García, Rodríguez Franco, & García Martínez, 1989) of the CSI (Tobin, Holroyd, Reynolds, & Kigel, 1989) was used here. This inventory explores eight primary strategies (problem solving, self-criticism, emotional expression, wishful thinking, social support, cognitive restructuring, problem avoidance and social withdrawal), four secondary strategies (adaptive and maladaptive coping with problems, adaptive and maladaptive coping with emotions) and two tertiary strategies (adaptive and maladaptive coping), all with respect to a described stressful situation. Individuals must respond to 40 items, scored on a five-point Likert scale, indicating in each case how often in the described situation they do what is expressed in each item. At the end they respond to one further item about the perceived effectiveness of their coping. The Spanish version of the inventory has shown adequate internal consistency, with alpha coefficients for the various factors ranging between .63 and .89.

Self-Esteem Scale (SES)

This 10-item scale (Rosenberg, 1965), designed to measure global self-esteem, is widely used in social and clinical psychological research. The present study used the Spanish version of the instrument (Vázquez, Jiménez, & Vázquez-Morejón, 2004), which shows adequate internal consistency (Cronbach’s α coefficient = .87), test-retest reliability (r = .72) and construct validity.

Eating Disorders Inventory-2 (EDI-2)

This self-report questionnaire comprises eleven subscales (drive for thinness, bulimia, body dissatisfaction, ineffectiveness, perfectionism, interpersonal distrust, interoceptive awareness, maturity fears, asceticism, impulse regulation and social insecurity), the scores of which provide a profile that can be compared with norms for patients and the normal population (Garner, 1998). The internal consistency ranges between 0.83 and 0.92 in clinical samples and between 0.65 and 0.93 in various non-clinical samples. Test-retest reliability ranges between 0.41 and 0.97, depending on the sample used, and the instrument shows adequate construct validity.

Procedure

The Spanish version of the BAS was obtained by means of a translation/back translation procedure. Twenty students were randomly selected from the sample for preliminary testing in order to confirm that the scale could be read and understood by the age group of interest. During test administration, students were asked for their interpretations of the questions. Their suggestions and comments were then used in order to prepare the instructions and to ensure that participants had no difficulties in reading the items.

Whenever a student was younger than eighteen, parental consent and the student’s assent were obtained prior to data collection. Parents were asked to return the signed consent form in all cases, including the withholding of consent for their children to participate in the research. Students aged eighteen or over gave their own consent, although their parents were always informed about the nature of the study, which was conducted with the permission and collaboration of the heads of the two participating schools. The study was conducted after having obtained the approval of the Ethics and Deontology Department of the chosen schools.

Having obtained informed consent for the study, students then completed the questionnaires in group sessions with no time limit; this was done in classroom time in the presence...
of a psychologist and a dietician. One session was used to obtain the height and weight measurements, while a further two were set aside for questionnaire administration. All participants volunteered to take part in the study and none of them received any kind of recompense for responding to the questionnaires.

Results

Demographics and appealing features

The final group comprised adolescents aged between 12 and 20 ($M = 14.81; SD = 1.94$). There were 148 women and 164 men, a difference that corresponded to the demographic characteristics of the two schools. Regarding to the appealing features the BAS was easily administered and scored, and it required only a few minutes to be completed ($M = 1.68$ minutes) with a range between 1.21 and 4.20 minutes.

Factor structure and internal consistency of the BAS

As in the original validation study a factor analysis was conducted using principal axes extraction with quartimax rotation. This is the recommended method when it is expected that only one general factor will be derived (Pedhazur & Schmelkin, 1991). Various indicators of the high degree of inter-relationship between the variables confirmed the suitability of the analysis: Bartlett’s test of sphericity gave $\chi^2 = 2414.46$ ($p < .0001$), while the Kaiser-Meyer-Olkin index was .945. The number of factors was determined according to those with eigenvalues above 1, as well as by examining the scree plot (Figure 1). The best solution from the principal factors analysis of the 13 items of the BAS revealed a single factor, thus coinciding with the findings of the original report. The factor loadings are shown in Table 1.

The internal consistency of the BAS was analysed by means of Cronbach’s alpha coefficient, which gave a value of .908.

Test-retest reliability

A new study was conducted in order to evaluate the temporal stability of the BAS assessing the test-retest reliability of its scores. The new group comprised adolescents aged between 12 and 20 ($M = 15.01; SD = 1.67$), all of whom were secondary or high-school students drawn from the same two state schools. There were 78 women and 82 men. They completed the BAS under the same conditions of the first study, and they also completed the scale 3 weeks later in the same setting (the same period of time was used in the original psychometric evaluation.

Figure 1. Factor analysis’ scree plot.
of the BAS). Results indicated a positive and significant correlation between the two scores ($r_{xx} = .87$, $p < .01$), showing an adequate temporal stability over the 3-week period. The paired samples $t$-test revealed no significant differences. Finally, the Cronbach’s alpha coefficient gave a value of .88 (initial administration), and a value of .90 (second administration).

**Correlation between the BAS and other variables**

There was a negative and significant correlation ($p < .01$) between the BAS and BMI ($r = -0.18$). The correlation analysis for the BAS and the CIMEC also revealed a negative and significant correlation ($r = -.46; p < .01$) with respect to the total score of the CIMEC. As regards the different areas of influence explored by the CIMEC, there were negative and significant correlations ($p < .01$) between the BAS and concern with being thin ($r = -.37$), interpersonal influences ($r = -.34$), behaviours aimed at weight loss ($r = -.35$), body-related anxiety ($r = -.56$), the influence of advertising ($r = -.34$) and concern with being fat ($r = -.38$).

The BAS also showed a negative and significant correlation ($p < .01$) with perceived stress, both general ($r = -.26$) and recent ($r = -.25$).

As regards the CSI and the BAS the analysis revealed a positive and significant correlation with adaptive coping ($r = .16; p < .01$) and the perceived effectiveness of coping ($r = .26; p < .01$), in contrast to the negative correlations observed with respect to social withdrawal ($r = -.24; p < .01$) and maladaptive coping with emotions ($r = -.22; p < .01$).

The correlation between the BAS and self-esteem was positive and significant ($r = .53; p < .01$).

The relationships between eating disorder psychopathology and the BAS were determined by means of the EDI-2. The most relevant findings were the negative correlations between the BAS and the drive for thinness, body dissatisfaction, ineffectiveness and social insecurity (see Table 2).

**Differences between girls and boys**

A one-factor analysis of variance (ANOVA) revealed significant differences $F(1,310) = 5.84$, $p < .01$ on the BAS between girls and boys ($M = 49.18$, $SD = 10.25$; and $M = 52.01$, $SD = 9.39$, respectively). The study of individual scale items showed significant differences on item 2 (I feel good about my body: $M = 3.76$, $SD = 1.06$; and $M = 4.15$, $SD = 0.93$ in girls and boys; $F(1,310) = 11.41$, $p < .01$).

**Table 1**

**Factor structure (principal axes with quartimax rotation) of the BAS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Factor I</th>
<th>Factor II</th>
<th>Factor III</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAS1</td>
<td>.675</td>
<td>.086</td>
<td>.013</td>
</tr>
<tr>
<td>BAS2</td>
<td>.883</td>
<td>.097</td>
<td>-.028</td>
</tr>
<tr>
<td>BAS3</td>
<td>.872</td>
<td>-.186</td>
<td>-.034</td>
</tr>
<tr>
<td>BAS4</td>
<td>.800</td>
<td>-.059</td>
<td>-.042</td>
</tr>
<tr>
<td>BAS5</td>
<td>.769</td>
<td>.001</td>
<td>.023</td>
</tr>
<tr>
<td>BAS6</td>
<td>.888</td>
<td>.028</td>
<td>.020</td>
</tr>
<tr>
<td>BAS7</td>
<td>.542</td>
<td>.410</td>
<td>.188</td>
</tr>
<tr>
<td>BAS8</td>
<td>.457</td>
<td>.155</td>
<td>.426</td>
</tr>
<tr>
<td>BAS9</td>
<td>.445</td>
<td>-.155</td>
<td>.314</td>
</tr>
<tr>
<td>BAS10</td>
<td>.840</td>
<td>.102</td>
<td>.022</td>
</tr>
<tr>
<td>BAS11</td>
<td>.537</td>
<td>.414</td>
<td>.026</td>
</tr>
<tr>
<td>BAS12</td>
<td>.371</td>
<td>.088</td>
<td>.309</td>
</tr>
<tr>
<td>BAS13</td>
<td>.857</td>
<td>.046</td>
<td>.010</td>
</tr>
</tbody>
</table>

Explained variance: 49.21% 4.47% 4.43%

Accumulated variance: 49.21% 53.68% 58.11%

**Table 2**

**Correlation between the BAS and the various subscales of the Eating Disorders Inventory 2 (EDI-2)**

<table>
<thead>
<tr>
<th>Subscales of the EDI-2</th>
<th>$r$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drive for thinness</td>
<td>-.507*</td>
</tr>
<tr>
<td>Bulimia</td>
<td>-.025</td>
</tr>
<tr>
<td>Body dissatisfaction</td>
<td>-.609*</td>
</tr>
<tr>
<td>Ineffectiveness</td>
<td>-.402*</td>
</tr>
<tr>
<td>Perfectionism</td>
<td>-.094</td>
</tr>
<tr>
<td>Interpersonal distrust</td>
<td>-.225*</td>
</tr>
<tr>
<td>Interoceptive awareness</td>
<td>-.023</td>
</tr>
<tr>
<td>Maturity fears</td>
<td>-.028</td>
</tr>
<tr>
<td>Asceticism</td>
<td>-.197*</td>
</tr>
<tr>
<td>Impulse regulation</td>
<td>-.153*</td>
</tr>
<tr>
<td>Social insecurity</td>
<td>-.311*</td>
</tr>
</tbody>
</table>

* $p < .01
item 3 (On the whole, I am satisfied with my body: $M = 3.73$, $SD = 1.15$; and $M = 4.06$, $SD = 1.00$ in girls and boys; $F(1,310) = 7.31$, $p < .01$), item 5 (I feel that my body has at least some good qualities: $M = 4.02$, $SD = 0.98$; and $M = 4.32$, $SD = 0.87$ in girls and boys; $F(1,310) = 7.91$, $p < .01$), item 6 (I take a positive attitude towards my body: $M = 3.80$, $SD = 1.09$; and $M = 4.16$, $SD = 0.99$ in girls and boys; $F(1,310) = 9.34$, $p < .01$), item 10 (My feelings toward my body are positive, for the most part: $M = 3.61$, $SD = 1.10$; and $M = 4.03$, $SD = 1.02$ in girls and boys; $F(1,310) = 12.22$, $p < .01$) and item 13 (Despite its imperfections, I still like my body: $M = 3.96$, $SD = 1.12$; and $M = 4.28$, $SD = 0.93$ in girls and boys; $F(1,310) = 7.62$, $p < .01$).

### Discussion

As in the original report of the BAS the present study obtained a general factor referring to the variable “body appreciation”. Despite the factor analysis revealed three factors, the loadings, the scree plot, and the interpretability show a best solution of one general factor. In the original study, no satisfactory solution was evident with two factors. Nevertheless in that study the loadings of a second factor were not reported. The single factor solution in the original research accounted for 60.8% of item variance, which is higher than the explained variance for one factor found in the present study. Due to the unreported second factor in the original study it is not possible to compare the results. The gap in the body image literature regarding the measurement of positive aspects, which has been pointed out by various authors (Cash, 2002; Striegel-Moore & Cachelin, 1999; Williams et al., 2004), is addressed through the design of instruments such as the BAS and, in this case, by its validation in a Spanish population. In general, the present study, which validates a Spanish version of the BAS in a sample of adolescents, meets the requirements for measuring the construct “body appreciation”. The analysis of reliability showed that the scale has adequate internal consistency. One aspect which should be highlighted, and which was noted in the original report (Avalos et al., 2005), is the ease of administration; indeed, the fact that it only takes a few minutes to collect the data makes the scale an ideal complement to other measurement instruments.

By studying the correlations between the BAS and these other instruments it has been possible to identify those variables which contribute to a positive body image. Firstly, the negative correlation between the BAS and BMI suggests that body appreciation lessens as weight increases, this being consistent with the findings of other studies that included variables such as thoughts associated with eating and food restrictions (Martz, Sturgis, & Gustafson, 1996; Ohring, Graber, & Brooks-Gunn, 2002; Stice & Whitenton, 2002).

The negative correlation observed between the BAS and perceived stress, as well as between the BAS and certain subscales of the CIMEC, illustrates the inter-relationship between socio-cultural pressure to be thin, perceived stress and the degree of body appreciation. The fact that this inter-relationship takes a negative direction means that the greater the influence of socio-cultural pressure on the individual and the greater his or her perceived stress, the lower the body appreciation will be. In fact, the anxiety produced by the prevailing body shape model among adolescents seems to be related, for example, to irrational thoughts about food that are geared toward weight loss (Toro et al., 1994). Similarly, it has been reported that dietary profile changes in line with an increase in perceived stress (Daigle-Leblanc & Villalon, 2008), and also that perceived stress in everyday life is related to a greater risk of eating disorders, in which the degree of satisfaction with one’s body is a key factor (Waaddegaard, Davidsen, & Kjoller, 2009).

The correlations between the CSI and the BAS revealed a relationship between adaptive coping with problems/emotions, the perceived effectiveness of this coping and body appreciation. These findings are consistent with those of the original study (Avalos et al., 2005), which used the “proactive coping” subscale of the Proactive Coping Inventory (Greenglass, Schwartzer, & Taubert, 1999). The present study also observed that greater body appreciation was related to less social withdrawal and less maladaptive coping. This confirms the findings of other authors who have argued that less adaptive coping styles are associated with a greater impact of stressful situations, as well as with greater vulnerability when faced with issues related to food and body image (Bittenger & Smith, 2003). As regards self-esteem the high correlation with the BAS coincides with that reported in the original study when using the same scale (Avalos et al., 2005). The magnitude of the correlation indicates that self-esteem is the principal variable contributing to a positive body image. In practical terms, this suggests that body appreciation could be improved by working on variables such as self-esteem.

The importance of body image as a core feature of eating disorders makes it necessary to study body appreciation in relation to possible disturbances in eating behaviour. The analysis of correlations between the BAS and the EDI-2 revealed negative and significant associations between the degree of body appreciation and the drive for thinness, body dissatisfaction and feelings of ineffectiveness. Therefore, as pointed out in the original study (Avalos et al., 2005) there is a negative relationship between body appreciation and the specific symptoms of eating disorders. However, no significant relationship was observed between the BAS and bulimic symptomatology as measured by the EDI-2. In fact, although body dissatisfaction has been reported to be highly correlated with unhealthy attitudes about size and dieting, girls who engage in dieting do not typically report binging, and those who do binge may not be terribly concerned about their body size (Jáuregui Lobera, Pérez-Lanchon, Gómez-Capitan, Duran, & Garrido, 2009). Although of smaller magnitude the study of correlations between the BAS and the EDI-2 also showed a negative relationship between body appreciation and symptoms such as interpersonal distrust, asceticism, impulse regulation and social insecurity. This
illustrates the multidimensional nature of the body image construct, one that goes beyond a mere question of weight and body shape (Cash & Pruzinsky, 2002) and which seems to be related to the subject’s general self-evaluation.

In addition to meeting adequately the psychometric requirements for use of the BAS in a Spanish adolescent population, the present study also rectifies some of the limitations of the original report by including adolescents and men in the study sample. The fact that significant differences were found between adolescent boys and girls, with the latter showing less body appreciation, confirms the idea that changes in the female body constitute a factor contributing to lower body appreciation or, alternatively, greater dissatisfaction with the body (Hermes & Keel, 2003). Another limitation of the original study which has been overcome here is the inclusion of BMI. In this regard, the present report confirms the hypothesis put forward by the authors of the original paper in terms of a negative relationship between the BAS and BMI; furthermore, this supports the idea that when it comes to setting their weight the preferences of adolescents are influenced socially by the prevailing standards of what is regarded as beautiful (Maine, 2000).

The BAS would be useful for Spanish-speaker researchers in their investigations of predictors and outcomes of positive body image, and it could be used to identify which particular variables contribute to and emanate from positive body image. Finally the BAS may contribute to understand how to promote greater body appreciation, and the relevance of the body appreciation in the well-being might be better assessed in the future.

The present study does have a number of limitations itself. Regarding the sample, and taking into account the social characteristics of the chosen schools, it is representative of the middle class and upper-middle class population of Seville. In the future it should be useful to assess other samples as for example participants of working class and upper class. Another field for the future research is the need to investigate the reliability and validity of the BAS in pre-adolescent samples, as well as in patients with eating disorders, as indicated by the authors of the original report (Avalos et al., 2005). Another point to investigate in the future could be the small number of items in the test, which seeks to measure the four aspects of a positive body image that are regarded by the literature as being the most important: a favourable opinion about one’s physical features, an acceptance of one’s body despite its weight, shape or imperfections, respect and attention towards the body’s needs through the adoption of healthy behaviours, and self-protection by rejecting body ideals presented in the media (Cash, 1997; Freedman, 2002; Maine, 2000; Williams et al., 2004). In this regard, including additional items in the scale might enable a better approximation to these characteristics, and would perhaps result in a different factor structure, one with more than a single dimension. However, perhaps the most urgent extension to the present research would involve analysing (using instruments such as the BAS) the influence of body appreciation on eating behaviours that seek to change body image. The aim here would be to determine whether individuals who are less influenced by prevailing ideals regarding beauty, and who show a more critical awareness in this respect, have greater body appreciation and, as a result, engage in fewer harmful behaviours such as those related to eating.

Conclusions

1. The study, which validates a Spanish version of the BAS in a sample of adolescents, meets the requirements for measuring the construct body appreciation.
2. Higher BMI, a greater influence of socio-cultural pressure on the individual and greater perceived stress seem to be related to lower body appreciation.
3. Adaptive coping with problems/emotions, the perceived effectiveness of this coping and the adequate self-esteem are correlated with greater body appreciation.
4. There is a negative relationship between body appreciation and some of the specific symptoms associated with eating disorders. This relationship is not observed when considering bulimic behaviour.
5. There are differences between girls and boys, with the latter achieving higher scores (i.e. greater body appreciation).

References


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VERSIÓN ESPAÑOLA DEL CUESTIONARIO BAS.

La realización de la prueba que viene a continuación es completamente anónima. No obstante, para una adecuada valoración de los resultados, necesitamos que nos indiques algunos datos:

Edad: _________________________
Sexo: _________________________

A continuación leerás algunas frases sobre pensamientos acerca de tu cuerpo. Lee cada una de ellas y escoge la respuesta con la que mejor te identificas en cuanto a lo que piensas respecto a cada frase. No hay respuestas “buenas” ni “malas”.

1. **RESPETO MI CUERPO**
   - Nunca
   - Rara vez
   - A veces
   - A menudo
   - Siempre

2. **ME SIENTO BIEN CON MI CUERPO**
   - Nunca
   - Rara vez
   - A veces
   - A menudo
   - Siempre

3. **EN GENERAL ESTOY SATISFECHO/SATISFECHA CON MI CUERPO**
   - Nunca
   - Rara vez
   - A veces
   - A menudo
   - Siempre

4. **A PESAR DE LOS DEFECTOS, ACEPTO MI CUERPO TAL COMO ES**
   - Nunca
   - Rara vez
   - A veces
   - A menudo
   - Siempre

5. **SIENTO QUE MI CUERPO TIENE AL MENOS ALGUNAS CUALIDADES BUENAS**
   - Nunca
   - Rara vez
   - A veces
   - A menudo
   - Siempre

6. **TENGO UNA ACTITUD POSITIVA HACIA MI CUERPO**
   - Nunca
   - Rara vez
   - A veces
   - A menudo
   - Siempre

7. **ESTOY ATENTO/ATENTA A LAS NECESIDADES DE MI CUERPO**
   - Nunca
   - Rara vez
   - A veces
   - A menudo
   - Siempre

8. **MI AUTOVALORACIÓN ES INDEPENDIENTE DE LA FORMA DE MI CUERPO O DE MI PESO**
   - Nunca
   - Rara vez
   - A veces
   - A menudo
   - Siempre

9. **NO PIERDO MUCHO TIEMPO EN PREOCUPARME POR LA FORMA DE MI CUERPO POR MI PESO**
   - Nunca
   - Rara vez
   - A veces
   - A menudo
   - Siempre

10. **MIS SENTIMIENTOS HACIA EL CUERPO SON POSITIVOS EN SU MAYOR PARTE**
    - Nunca
    - Rara vez
    - A veces
    - A menudo
    - Siempre

11. **TENGO HÁBITOS SANOS PARA CUIDAR MI CUERPO**
    - Nunca
    - Rara vez
    - A veces
    - A menudo
    - Siempre

12. **NO DEJO QUE IMÁGENES IRREALES DE MUJERES DELGADAS QUE APARECEN EN LOS MEDIOS AFECTEN A LA ACTITUD HACIA MI CUERPO**
    - Nunca
    - Rara vez
    - A veces
    - A menudo
    - Siempre

13. **AUN CON SUS DEFECTOS, ME GUSTA MI CUERPO**
    - Nunca
    - Rara vez
    - A veces
    - A menudo
    - Siempre

*En la versión para varones, la redacción del ítem 12 es:

NO DEJO QUE IMÁGENES IRREALES DE HOMBRES MUSCULOSOS QUE APARECEN EN LOS MEDIOS AFECTEN A LA ACTITUD HACIA MI CUERPO*
APPENDIX B

BODY APPRECIATION SCALE (BAS) ITEMS.

1. I RESPECT MY BODY
   Never  Seldom  Some times  Often  Always
2. I FEEL GOOD ABOUT MY BODY
   Never  Seldom  Some times  Often  Always
3. ON THE WHOLE, I AM SATISFIED WITH MY BODY
   Never  Seldom  Some times  Often  Always
4. DESPITE ITS FLAWS, I ACCEPT MY BODY FOR WHAT IT IS
   Never  Seldom  Some times  Often  Always
5. I FEEL THAT MY BODY HAS AT LEAST SOME GOOD QUALITIES
   Never  Seldom  Some times  Often  Always
6. I TAKE A POSITIVE ATTITUDE TOWARD MY BODY
   Never  Seldom  Some times  Often  Always
7. I AM ATTENTIVE TO MY BODY’S NEEDS
   Never  Seldom  Some times  Often  Always
8. MY SELF-WORTH IS INDEPENDENT OF MY BODY SHAPE OR WEIGHT
   Never  Seldom  Some times  Often  Always
9. I DO NOT FOCUS A LOT OF ENERGY BEING CONCERNED WITH MY BODY SHAPE OR WEIGHT
   Never  Seldom  Some times  Often  Always
10. MY FEELINGS TOWARD MY BODY ARE POSITIVE, FOR THE MOST PART
    Never  Seldom  Some times  Often  Always
11. I ENGAGE IN HEALTHY BEHAVIORS TO TAKE CARE OF MY BODY
    Never  Seldom  Some times  Often  Always
12. I DO NOT ALLOW UNREALISTICALLY THIN IMAGES OF WOMEN PRESENTED IN THE MEDIA TO AFFECT MY ATTITUDES TOWARD MY BODY
    Never  Seldom  Some times  Often  Always
13. DESPITE ITS IMPERFECTIONS, I STILL LIKE MY BODY
    Never  Seldom  Some times  Often  Always

*Item 12 in the BAS to men:
   I DO NOT ALLOW UNREALISTICALLY MUSCULAR IMAGES OF MEN PRESENTED IN THE MEDIA TO AFFECT MY ATTITUDES TOWARD MY BODY