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The Appearance-Based Rejection Sensitivity in Kenyan and Polish young women

Abstract
The aim of the research was to find cross-cultural differences in the Appearance-RS level, understood as a predictor of eating disorders (especially anorexia nervosa), by comparing obtained test results of young women from Poland and Kenya. The authors examined 62 Kenyan and 62 Polish women aged 19–25 using the ARS Scale by Park (2007). The results showed no significant cross-cultural difference between young women in the global Appearance-RS level related to country of origin and cultural background (Poland vs Kenya). The results may suggest that young women are predisposed to develop eating disorders for the same reasons in Kenyan as they are in Europe (among others: high Appearance-RS level).

Keywords: The Appearance-RS level, the risk factors for eating disorders, Kenyan and Polish young women

Wrażliwość na odrzucenie ze względu na wygląd fizyczny u młodych dorosłych kobiet z Kenii i Polski

Streszczenie
Celem badania było poszukiwanie odpowiedzi na pytanie, czy i jakie istnieją różnice w poziomie wrażliwości na odrzucenie ze względu na wygląd fizyczny u młodych dorosłych kobiet z Kenii i Polski. Wrażliwość na odrzucenie na podstawie wyglądu fizycznego rozumiana była przez autorki jako czynnik ryzyka wystąpienia zaburzeń odżywiania (zwłaszcza jadłowstrętu psychicznego). Autorki przebadały 62 studentki z Kenii i 62 studentki z Polski używając skali ARS autorstwa Park (2007). Wyniki badania świadczą, iż nie ma znaczących międzykulturowych różnic pomiędzy młodymi kobietami z Kenii i Polski w poziomie wrażliwości na odrzucenie na podstawie wyglądu. Wyniki mogą sugerować, iż młode kobiety z Kenii są narażone na zaburzenia odżywiania (zwłaszcza o typie anorexia nervosa) z powodu podobnych czynników spustowych w Keni i jak w Europie.

Słowa kluczowe: wrażliwość na odrzucenie ze względu na wygląd fizyczny, czynniki ryzyka zaburzeń odżywiania, młode kobiety z Kenii i Polski

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Introduction

Appearance-Based Rejection Sensitivity (Appearance-RS) is defined as a personality-processing system characterized by anxious concerns and expectations regarding rejection based on one’s physical attractiveness (Park, 2007; Park, 2010). People differ in their sensitivity to rejection based on appearance, with consequences it can have for their mental and physical health, self-esteem, affect, and feeling of belonging (Park, 2007).

The findings of the research conducted in European countries show that physical attractiveness is a predictor of self-esteem and interpersonal attraction. Physically attractive people tend to have higher self-esteem, are liked more, and are perceived by others as more interesting, socially skilled, and successful than those who are physically unattractive (Dion, Berscheid, & Walster, 1972; Eagly, Ashmore, Makhijani, & Longo, 1991, in: Park, 2007; Snyder, Tanke, & Berscheid, 1977). Some people find appearance particularly motivating since it influences their self-esteem – an Appearance Contingency of Self-Worth (Crocker, Luhtanen, Cooper, & Bouvrette, 2003). Therefore, they are concerned with the way they look, because feeling physically attractive boosts self-esteem, while feeling unattractive diminishes it.

The research results, examining individuals from different races living in the USA, show that their sensitivity level to appearance-based rejection varies, with implications for mental and physical health, feelings of rejection, self-esteem, affect, and motivation. In this study, the level of Appearance-RS did not depend on race, but on other aspects connected especially with personality traits (Park, 2007). People with a high level of Appearance-RS are predisposed to develop various disorders, such as eating disorders or especially anorexia nervosa (Park, 2007).

These results correspond with Polish research findings showing that body dissatisfaction, internalization of the thin ideal, diet, social pressure of being skinny, oral control, and actual-ought discrepancy forecast anorexia readiness syndrome in women without eating disorders (Brytek-Matera, Rybicka-Klimczyk, 2012).

According to theory (Fredrickson, Roberts, 1997), the process of comparing one’s own body shape and body image with the ideal body shape (popular in a particular culture), can influence self-esteem and even the state of mental health among women. The authors presumed that the Appearance-RS level is an important factor in building the self-esteem of young women due to the visible impact culture (and the ideal body shape popular in a particular culture) has on it (Park, 2007).

The findings of research conducted in different nationalities show that 1% of the world’s population suffers from anorexia nervosa, regardless of the access to European patterns of the ideal body type (Keel & Klump, 2003).
The reasons for developing eating disorders are always complex, composed of cultural, familial, personal, and genetic factors (Józefik, 2013). The awareness of the reasons why people in a specific region of the world suffer from anorexia nervosa or bulimia is important among clinicians and therapist, who implement the method of treatment among their patients.

The results of the research show, that there are various aspects associated with cultural context which are responsible for developing anorexia in people from different parts of the world (Lee, 1995; Lai, 2000; Simpson, 2002). For example, people suffering from anorexia in Asia (Hong Kong), depending on their age, declared different reasons of why they develop this particular disorder. 80% of young anorectic patients indicated fatphobia as the main or partial reason of their illness, whereas older patients didn’t mention this symptom at all (Lai, 2000). A different specificity of anorexia nervosa in younger patients might be associated with their exposure to Eastern European and American culture.

Customarily, people believe that eating disorders do not exist in parts of the world where they are rarely diagnosed (van Hoeken, Burns, & Hoek, 2016). This is because the lack of awareness of eating disorder behaviours, risk factors, and warning signs often lead to misdiagnosed or untreated eating disorders. Eating disorders exist in African countries, but they are rarely diagnosed. The authors of meta-analysis (van Hoeken, Burns, & Hoek, 2016) claimed that the epidemiological study of eating disorders in Africa is still in its infancy. Over time, a total of four studies providing epidemiological data on specific, formally assessed eating disorders were conducted. No cases of anorexia nervosa were reported in African epidemiological studies (van Hoeken, Burns, & Hoek, 2016). This concurs with the very low prevalence rate of anorexia nervosa in both Latin Americans (0.1% for anorexia nervosa, 1.16% for bulimia nervosa, and 3.53% for binge-eating disorder (BED) in the general population (Kolar, Rodriguez, Chams, & Hoek, 2016) and African Americans in the USA (total of 86.0% of the original NHLBI Growth and Health Study cohort participated, including 985 white women (average age = 21.3) and 1,061 black women (average age = 21.5). Fifteen white (1.5%) and no black women met lifetime criteria for anorexia nervosa; more white women (N=23, 2.3%) than black women (N=4, 0.4%) met criteria for bulimia nervosa; binge eating disorder also was more common among white women (N=27, 2.7%) than black women (N=15, 1.4%). Few women (white: N=16, 28.1%; black: N=1, 5.3%) never received treatment for an eating disorder (Striegel-Moore at al., 2003)). As a comparison, in Poland the prevalence of eating disorders in the group of 17 year old teenagers is 18.7% for girls and 7.3% for boys (Modrzejewska, Bomba, 2010).
The authors of the meta-analysis (van Hoeken, Burns, & Hoek, 2016) found that there were no cases of anorexia nervosa in Africa according to the DSM-IV criteria, which are:

- refusal to maintain body weight at or above a minimally normal weight for age and height,
- disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation,
- denial of the seriousness of the current low body weight,
- in postmenarcheal females, amenorrhoea, i.e. the absence of at least three consecutive menstrual cycles).

The combined point-prevalence rate of bulimia nervosa in young women in Africa is 0.87%, according to DSM-IV criteria:

- recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following: eating in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances,
- a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating),
- recurrent inappropriate compensatory behaviour in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise,
- self-evaluation is unduly influenced by body shape and weight.

The combined point-prevalence rate of EDNOS (eating disorders not otherwise specified according to DSM-IV) in African young women is 4.45% (van Hoeken, Burns, & Hoek, 2016). However, the authors of the mentioned meta-analysis suggest that on the background of the DSM-V criteria (similar to DSM-IV, but lacking the criterion “in postmenarcheal females, amenorrhoea, i.e. the absence of at least three consecutive menstrual cycles”) for anorexia nervosa, some women in the African studies would have fulfilled the criteria for anorexia nervosa (van Hoeken, Burns, & Hoek, 2016).

On the basis of the mentioned data, intercultural differences were assumed. The purpose of the presented research was to compare the Appearance-RS level in young women from Poland and Kenya. It was hypothesized that this comparison may answer the question if young Kenyan women nowadays have a tendency to develop eating disorders (especially anorexia nervosa) for similar reasons as young women in Europe (one of the predictors of eating disorders is high Appearance-RS level).
The Appearance-Based Rejection Sensitivity in Kenyan and Polish young women

**Method**

**Instrument**

The instrument used was a close-ended questionnaire, the Appearance-RS Scale constructed by Park (2007). This method is used to measure the level of Appearance-based Rejection Sensitivity (Appearance-RS). The Appearance-RS Scale presents 15 situations developed by the author in which people may feel rejected based on their appearance. The authors used American norms to analyse the results of the research.

**Participants**

The authors examined 62 women from Kenya and 62 women from Poland aged 19–25. Each examined woman was a student living in the city. The majority of women from both countries were unmarried and did not have children. Due to the fact that the original version of the ARS Scale is written in English, to avoid methodological difficulties connected with the cultural context of the assessment method translation, it was decided that only fluently English speaking women would be tested. Both tested groups were university students: Kenyan subjects studied at the university in English, while Polish subjects studied English philology. All examined students were volunteers recruited from the university in Nairobi and Kraków. They were examined in a group during their free time. The questionnaire was filled out anonymously.

**Results**

The results showed that there is no significant difference between young women from Poland and Kenya in the global Appearance-RS level (Table 1).

<table>
<thead>
<tr>
<th>t</th>
<th>df</th>
<th>p</th>
<th>The difference between averages</th>
<th>The standard error of average</th>
<th>95% confidence interval for the difference of averages</th>
</tr>
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<td>0.33</td>
<td>122</td>
<td>0.74</td>
<td>0.37</td>
<td>1.12</td>
<td>1.84 - 2.59</td>
</tr>
</tbody>
</table>

There was no statistically significant difference between the average global level of Appearance-RS for students from Poland and Kenya (based on the t-Student test).

Some minor differences, which may have been connected with the cultural background, were observed (Table 2).
Table 2: The Appearance-Based Rejection Sensitivity in the context of cross-cultural context. The detailed differences based on the U Mann-Whitney’s tests results for single ARS statements.

<table>
<thead>
<tr>
<th>Scale statement</th>
<th>Subgroup</th>
<th>N</th>
<th>The average of ranges</th>
<th>The sum of ranges</th>
<th>Mann-Whitney’s U</th>
<th>The asymptotic relevance</th>
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<td>4131.00</td>
<td>1666.0</td>
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<td>In all</td>
<td>124</td>
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<td>2</td>
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<td>58.77</td>
<td>3643.50</td>
<td>1690.5</td>
<td>0.245</td>
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<td>3</td>
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<td>62</td>
<td>67.08</td>
<td>4159.00</td>
<td>1638.0</td>
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<td>3591.00</td>
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<td>8</td>
<td>Kenya</td>
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<td>3700.00</td>
<td>1747.0</td>
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<td>9</td>
<td>Kenya</td>
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</table>
A more detailed analysis of the obtained results showed that women from Kenya tend to show a higher Appearance-RS level in situations when a man suggests that they should go to the gym [statement 5 (U= 1527.0; p<0.05)], whereas women from Poland show a higher Appearance-RS level in the situation when nobody wants to dance with them at the disco/ball [statement 10 (U= 1338.5; p<0.05) and 12 (U= 1390.0; p<0.05)].

Discussion

The research results show that there is no significant difference between young women from Poland and Kenya in the Appearance-RS level (the dispositional tendency to anxiously expect, readily perceive, and overreact to signs of rejection based on one’s physical appearance) (Park, 2007). These results correspond with Park’s findings (2007). There is no difference in the Appearance-RS level between people of different race. This is probably connected with the globalization of culture. The findings of our research correspond with results obtained from American students (the average Appearance-RS level of American students is similar to the level demonstrated among the students examined in our research) (Park, Calogero, Young, & Di-raddo, 2010). The explanation for the observed differences is probably the cultural context.

Nowadays, going to the gym is a popular way of actively spending free time in Poland and may be considered part of a healthy lifestyle (Zapała,
Kowalczyk, Lipińska-Żądło, 2015). Results of the research show that in Poland, people who regularly exercise at the gym declared higher global self-esteem and a higher evaluation of their body value (Ziemianek, Jendrysik, Horodecki, Knapik, 2015). Among the examined women from Kenya, going to the gym can be interpreted as a signal that a person is overweight. Therefore, the authors can presume that Kenyan women who live in big cities and have access to European patterns of ideal body shape, are now more likely than Polish woman to develop anorexia nervosa, because such situations tend to make them feel more vulnerable (Tosselli, Rinaldo, & Gualdi-Russo, 2016). Kenyan women may be copying European patterns from a few years back, whereas European women nowadays are more conscious of the risk connected with anorexia and therefore are more prone to a healthy lifestyle than to being very slim.

In Kenya, dancing in pairs is not so popular (traditional dances usually include dancing in a group or in a circle) and even today, it may symbolize formalized flirtation between the sexes before marriage (Itebu, 2016). In Poland, dancing in pairs has a different cultural meaning, and is often understood as a sign of intimacy (Hryniewiecka, 1973). This may serve as a cultural explanation for the observed difference. Moreover, the results of research examining Polish and German women demonstrate, how vulnerable the body image of dancers is in Europe. The results showed that most dancers were diagnosed with moderate to severe anorexia readiness syndrome. Only in the group of older Polish dancers, the anorexic syndrome didn’t occur. (Ołpińska-Lischka 2017).

Although those two differences are noticeable, they do not influence the global Appearance-RS level, which is very similar for young women in Poland (Europe) and Kenya (Africa). This similarity is probably associated with the cultural globalization and the fact that young Kenyan students have access to European patterns connected with lifestyle.

Conclusions

To sum up, the findings of the research show that there is no significant difference between the global level of Appearance-RS level in the examined Polish and Kenyan female students. Moreover, some cultural differences seem to show that nowadays women from Kenya are more sensitive to appearance-based rejection than women from Poland, which contradicts the stereotypes connected with problems of African women. The results of the research may suggest that African women may develop eating disorders such as anorexia nervosa for the same reason as women in Poland and Europe. One of these reasons may be a high Appearance-RS level.
The practical implication of the research is the need for psychologists to work with young women in Poland and Kenya on their body image and the acceptance of their bodies (for example by leading special psycho-educational groups), to help them build adequate self-esteem, and consequently to avoid eating disorders.

The study was limited by sample size. Replication and future work with larger samples is needed. Another big limitation of the research was that the group of researched women was not diverse (all of the students were living in a big city, most of the women were unmarried with no children), so we cannot draw reliable conclusions for the population of European and African women according to it.

In the future, the authors will try to examine a larger group of students from different parts of Africa and different parts of Europe, to avoid missing the cultural differences between women from different regions. What is more, exploring differences between women from big cities and small towns or villages is also planned.

Future studies should also include other psychological adjustment outcomes (i.e., body image), including those that are more clinically relevant (i.e. eating disorder symptoms; Park et al., 2010), to further investigate the nature and degree of psychopathology associated with Appearance-RS among women in young adulthood.

References


*Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). The American Psychiatric Association.


