

The Self-Reported Psychological Well-Being of Celebrity Worshipers

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The absorption-addiction model of celebrity worship suggests that celebrity adoration is accompanied by a poor psychological well-being. To test the validity of this model we administered the Celebrity Attitude Scale (CAS) and the General Health Questionnaire (GHQ-28) to a convenience sample of 126 men and 181 women from the United Kingdom. Generally the correlations between the variables were consistent with predictions. Further tests provided convergent evidence for the absorption-addiction model. Specifically, the Entertainment-Social sub-scale of the CAS accounted for unique variance in Social Dysfunction, and Depressive Symptoms, while the Intense-Personal sub-scale accounted for unique variance in Depression and Anxiety scores. We argue that the positive relationship between Celebrity worship and poorer psychological well-being results from (failed) attempts to escape, cope, or enhance one's daily life.

Two competing characterizations of *celebrity worship* have dominated the social scientific literature. One of these suggests that celebrity worship is an expression of pathology. Anecdotal evidence is usually cited for this position, and includes fans' obsession with certain television programmes (Jindra, 1994), the attempts to harm celebrities (Caughey, 1978; Giles, 2000; Schickel, 1985), the threatening letters they mail to movie and television stars (Dietz, Matthews, Van Duyne, Martell, Parry, Stewart, Warren, & Crowder, 1991), and fans' apparent confusion between celebrities' fictional roles and their real lives (Caughey, 1978; Giles, 2000; Klapp, 1962).

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Other commentators offer a different view of celebrity worship. For example, Jenkins (1992) and Jenson (1992) proposed a complicated cultural interaction between fans and celebrity worship. They argue that, rather than pointing to pathology, we need to emphasise the active, positive role that these fans undertake in creating and maintaining social networks around their favorite celebrities. As such, celebrity worship might reflect the development of a deeper appreciation and enthusiasm for particular people and their talents (Giles, 2000; Jenkins, 1992; Jenson, 1992).

Except for the initial reports of interview data (Giles, 2000), there has been little empirical evidence to support either characterization of celebrity worship. Furthermore, commentators make little anecdotal distinction in the literature between examples of extreme behaviour on the part of fans and how being involved in celebrity worship might have other (even positive) consequences for people. Indeed, at least three different hypotheses of how celebrity worship might impact an individual's psychological well being can be formulated. We review these next.

Speculations on the Relation of Celebrity Worship to Psychological Well-Being

Our introduction provides the basis for three viewpoints concerning the relationship between celebrity worship and psychological well being. First, celebrity worship can be seen as detrimental to the individual. Here, celebrity worship is typically characterised by a single individual obsessed by a particular celebrity (Dietz, et al. 1991; Giles, 2000), the "worshipper" is usually alone in the worshipping activities (and sometimes lonely in their activity; Rubin, Perse, & Powell, 1985), and the individual demonstrates some aspect of pathology. In other words, such an individual would have poor psychological functioning and well-being.

Recently, McCutcheon, Lange, and Houran (in press) provided strong empirical evidence for the general pathological view of celebrity worship. Using statistical tests for dimensionality (Rasch modeling and tests for differential item functioning), these authors analysed a large set of questions about celebrity worshipping behaviours. Several novel findings emerged. Specifically, items not discarded due to age or gender bias formed a unidimensional hierarchy that applied to many types of celebrities (e.g., actors, musicians, sports figures). Moreover, the analyses did not reveal any compelling evidence to conceptualise celebrity worship as having distinct non-pathological and pathological forms.

Instead, the "Rasch" nature of the items defines celebrity worship as consisting of three qualitatively different stages on a single continuum

(McCutcheon et al., in press). In particular, low worship, as operationalized by low scores on the CAS, involves individualistic behaviours such as watching and reading about a celebrity. At slightly higher levels, celebrity worship takes on a social character. Lastly, the highest levels are characterized by a mixture of empathy with the celebrity's successes and failures, over-identification with the celebrity, and compulsive behaviours, as well as obsession with details of the celebrity's life. Based on these findings, the authors (McCutcheon et al., in press) proposed a model of celebrity worship based on *psychological absorption*. This absorption is promoted by an attempt to establish a sense of identity and fulfilment (leading to delusions of actual relationships with celebrities) and later reinforced by *addiction* (fostering the need for progressively stronger involvement to feel connected with the celebrity). The factor analysis (Maltby, Houran, Lange, Ashe, & McCutcheon, in press) of a modified version of McCutcheon et al.'s (in press) original questionnaire likewise validated this basic notion of three expressions of celebrity worship – an entertainment/ social dimension, intense personal feelings toward a celebrity, and borderline pathology.

However, a second and contrasting view of celebrity worship argues that this behaviour is potentially beneficial to the individual, provided that the individual is participating in a social network of fans. In this respect, celebrity worship involves nothing more than an individual attending conferences or sharing information and experiences with friends (or with individuals on the Internet). Such behaviours might promote productive social relationships and serve as a psychological buffer against every-day stressors. According to this logic, the consequences of socially based adulation can be beneficial to the individual.

Finally, we must consider the possibility that there is no simple relationship between celebrity worship and a person's psychological well being. That is, there is a complex cultural interaction between the individual and celebrity worship (Jenkins, 1992; Jenson, 1992), based on an appreciation of ability and the medium, which is more dynamic than is captured in a correlational analysis. Therefore, this perspective might suggest that there is no theoretical reason to hypothesise a direct relationship between celebrity and psychological well-being.

Testing the Relation of Celebrity Worship to Psychological Well-Being

The theories outlined above characterise celebrity worshippers differently. While one viewpoint emphasises the individual as obsessive, alone, and showing poorer psychological well-being, another viewpoint emphasises celebrity worship as beneficial, with the individual integrated into a social world, gaining social skills and support from participating in

celebrity worship. Thus, it would seem prudent to make such distinctions when examining psychological and behavioural correlates of celebrity worship (or its hypothesized stages).

Recent research with the *Celebrity Attitude Scale* (McCutcheon et al., in press) among UK samples (Maltby et al., in press) suggests that this scale can be used to reflect distinctions among the three different stages or aspects of celebrity worship.¹ In particular, the first factor is an "Entertainment-social" factor comprising items like "My friends and I like to discuss what my favourite celebrity has done [item 4]", and "Learning the life story of my favourite celebrity is a lot of fun [item 15]." This subscale reflects social aspects to Celebrity worship and is consistent with Stever's (1991) observation that fans were primarily attracted to their favourite celebrity because of their perceived ability to entertain. Rubin and McHugh (1987) made a similar observation. Both of these studies referred to this as "task attraction."

The second factor is labelled "*Intense-personal*," and is exemplified by items like "I consider my favourite celebrity to be my soul mate [item 10]", and "I have frequent thoughts about my celebrity, even when I don't want to [item 11]". It can be suggested that this scale measures individuals' intensive and compulsive feelings around the celebrity, reflective of the obsessional tendencies of fans often referred to in the literature (Dietz, et al., 1991).

The third factor, labeled "*Borderline pathological*," is exemplified by items like "If someone gave me several thousand dollars to do with as I please, I would consider spending it on a personal possession (like a napkin or paper plate) once used by my favourite celebrity [item 20]," and "If I were lucky enough to meet my favourite celebrity, and he/she asked me to do something illegal as a favour I would probably do it [item 17]." The sub-scale seems to reflect some of the extreme attitudes individuals may hold regarding their favourite celebrity.

The *General Health Questionnaire - 28* is an easily administered, self report, screening device designed to reveal symptoms of poor psychological health. Factor one was labelled Somatic Symptoms; factor two is anxiety and insomnia, factor three is social dysfunction and four is severe depression. Both the 28-item version and the 60-item version from which it is derived have been shown to possess good psychometric properties (Goldberg & Williams, 1991).

¹ It remains to be seen whether these three factors show a similar Rasch hierarchy (or progression) as reported in McCutcheon et al. (in press), but we feel it is encouraging that the Maltby et al. (in press) findings also suggested that celebrity worship involves three aspects that appear to coincide in content with the three hierarchical stages found by McCutcheon et al. (in press).

These two measures allow us to test the three theories reviewed. Specifically, the aim of the present study was to examine the relationship between the three aspects of celebrity worship (Entertainment-Social, Intense-personal and Border-line-Pathological) and psychological well being. Specifically, we wished to determine whether different psychological variables motivate the three different expressions of celebrity worship as predicted by McCutcheon et al.'s (in press) model of celebrity worship.

METHOD

Measures

1. *The Celebrity Attitude Scale (CAS)*. The CAS is a 34-item Likert scale with "strongly agree" equal to 5 and "strongly disagree" equal to 1. From analysis reported in Maltby, et al. (in press), three subscales were formed from 23 of the items; Entertainment/Social; Intense-Personal, and Borderline pathological.

2. *The General Health Questionnaire – 28* (Goldberg & Williams, 1991). Each of these scales comprises 7-item measures of depressive symptoms, anxiety symptoms, social dysfunction and somatic symptoms. Responses are scored on a 4-point scale ranging from (0) Better than usual, (1) Same as Usual, (2) Worse than Usual, (3) Much Worse than usual. Higher scores indicate a greater degree of self-reporting of each of the symptoms.

Participants

A convenience sample of 126 men ($M_{\text{age}} = 26.97$ years, $SD = 6.8$, range = 18 to 48) and 181 women ($M_{\text{age}} = 27.67$ years, $SD = 7.9$, range = 18 to 48) was recruited from a number of workplaces and community groups in the South Yorkshire region of England. The most frequently cited demographic categories were Caucasian ($n = 220$), single ($n = 144$), employed ($n = 196$), and an "O" educational level or its equivalent ($n = 85$), which approximates a high school education in the United States. The number of recruits who declined to participate or failed to complete the scales was 22. Data using the Celebrity Attitude Scale here have been reported elsewhere (Maltby et al. in press), however, the correlations reported among all the variables measured in this study have not been reported elsewhere.

Procedure

Participants were told their responses were confidential and that the purpose of the study was to examine a number of psychological factors that may be related to individuals' interest in famous people. The scales were presented to participants in different orders to reduce the probability

of a systematic order effect. Participants completed the scales in a single session in small groups at their workplace or community meetings.

RESULTS

Preliminaries.

Table 1 shows mean scores and standard deviations for each measure. There were no significant sex differences for any of the scales, and none of the *t* values were higher than .54. Therefore, in the following analyses, data for men and women were combined.

TABLE 1: Means (standard deviations) for all the scales by sex.

Scales	Men (n=126)	Women (n=181)
1. Entertainment-Social	15.81 (05.7)	16.07 (06.0)
2. Intense-Personal	20.31 (07.3)	20.53 (06.8)
3. Borderline Pathological	07.65 (02.5)	07.63 (02.5)
4. Somatic Symptoms	03.76 (03.2)	03.66 (03.0)
5. Anxiety	01.90 (02.5)	01.90 (02.0)
6. Social Dysfunction	03.22 (03.2)	03.17 (02.9)
7. Depression	01.85 (01.8)	02.00 (02.2)

Main Findings

Table 2 gives the Pearson product moment correlations between all the variables. All of the Celebrity Attitude Subscales significantly and positively correlated with one another. Scores for the Entertainment-Social Celebrity Attitude subscale correlated positively and significantly with Anxiety, Social Dysfunction, and Depressive Symptoms, and both the Intense-Personal and Borderline Pathological Celebrity Attitude subscales correlated significantly and positively with Anxiety and Depressive Symptoms.

Table 3 depicts these relationships in the context of the hypothesized progression of the stages of celebrity worship (cf. McCutcheon et al., in press). Specifically, we propose that celebrity worship begins at the Entertainment/Social stage, progresses to an Intense-Personal dimension, and finally reaches the Borderline pathological domain. Assuming this progression is valid, we find that the initial stage of celebrity worship is marked by a component of social dysfunction, as would be expected if this stage is motivated by psychological absorption, i.e., a yearning to soothe "the empty self" due to the worshipper's likely introverted nature and lack of meaningful relationships (Willis, 1972; Szymanski, 1977; Stever, 1995; Meloy, 1998). The next stage (Intense-Personal domain) involves anxiety and depression as well, but now takes on a somatic

quality that we hypothesize reflects the now addictive component to celebrity worship. Finally, the Borderline-Pathology domain shows an exclusive mix of anxiety and depressive symptomatology, which parallels the progressive absorption-addiction model of celebrity worship that we proposed earlier (McCutcheon et al., in press).

TABLE 2: Pearson product-moment correlation coefficients between all the scales.

	1	2	3	4	5	6	7
1. Entertainment-Social	-						
2. Intense-Personal	.29**	-					
3. Borderline Pathological	.43**	.37**	-				
4. Somatic Symptoms	-.01	.14*	.07	-			
5. Anxiety	.17**	.25**	.20**	.01	-		
6. Social Dysfunction	.22**	.02	-.01	-.03	-.03	-	
7. Depressive Symptoms	.26**	.22**	.21**	-.06	.28**	.18**	-

* $p < .05$, ** $p < .01$.

TABLE 3 Comparison of Pearson Correlations Between Indices of Psychological Well Being and the Three Hypothesized Stages of Celebrity Worship

	Stage 1: Entertainment- Social Domain	Stage 2: Intense-Personal Domain	Stage 3: Borderline- Pathological Domain
Somatic Symptoms	-.01	.14	.07
Anxiety	.17	.25	.20
Social Dysfunction	.22	.02	-.01
Depressive Symptoms	.26	.22	.21

Note: Highlighted coefficients visually indicate which psychological variables are most associated with each stage of celebrity worship.

To test the validity of these conclusions we conducted a standard multiple regression to examine which of the Celebrity Attitude sub-scales scores accounted for unique variance in Anxiety and Depression. We expected that depressive symptoms (including social dysfunction) are most indicative of the initial stages of celebrity worship (the absorption component due to a lack of identity) whereas anxiety would be manifested in the later stages (due to increasing thresholds to satisfy the

addiction to the celebrity). Table 4 shows the results of two standard multiple regressions performed with each of the Celebrity Attitude subscales (Entertainment-Social; Intense-Personal, and Borderline-Pathological) used as independent variables, and the Anxiety and Depression used as dependent variables. Included in these tables are the unstandardised regression coefficients (B), the standardised regression coefficients (β), the semipartial correlations (sr^2), r , r^2 and adjusted r^2 .

TABLE 4 Multiple Regression Analyses Using all Three Celebrity Attitude Sub-scales as Independent Predictors

Scales	B	Beta	Sr ²	Depression	B	Beta	Sr ²
Anxiety							
Entertain.-Social	.02	.08		Entertain.-Social	.07	.19	.04**
Intense-Personal	.06	.19	.04**	Intense-Personal	.04	.13	.02**
Borderline Path.	.08	.10		Borderline Path.	.07	.08	
		r^2	=.08			r^2	=.10
		Adj r^2	=.07			Adj r^2	=.09
		R	=.28			r	=.31

* $p < .05$; ** $p < .01$

For Anxiety, the regression statistic (r) was significantly different from zero ($F_{(3,303)} = 8.837$, $p < .001$, with the Intense-Personal subscale accounting for unique variance in Anxiety scores. For depressive symptoms, the regression statistic (r) was significantly different from zero ($F_{(3,303)} = 10.639$, $p < .001$), with the Entertainment-Social and Intense-Personal Celebrity Attitude subscale accounting for unique variance in depressive symptom scores.

DISCUSSION

The pattern of results is consistent with predictions from the absorption-addiction model of celebrity worship (McCutcheon et al., in press), and thus suggests that celebrity worship reflects poorer psychological well-being. This conclusion holds even for the initial stages of celebrity worship that do not appear pathological. For instance, the Entertainment-Social stage accounts for unique variance in Social Dysfunction and Depressive Symptoms, and celebrity worship for Intense-Personal reasons accounts for unique variance in Depression and Anxiety scores.

Using these relationships it is possible to refine our absorption-addiction model of celebrity worship (McCutcheon et al., in press). Superficially it may seem contradictory that celebrity worship for Entertainment-Social reasons is accompanied by Social Dysfunction.

However, if these significant positive correlations are placed in context of some of the items ("It is enjoyable just to be with others who like my favourite celebrity" [item 23] and, "One of the main reasons I maintain an interest in my favourite celebrity is that doing so gives me a temporary escape from life's problems" [item 8]), then we suggest that this celebrity worship domain represents a person's attempt to establish an identity. Alternatively, it may be the only way the person is able to interact with others – a socially dysfunctional individual whose social life is solely based on worshipping a celebrity. This view is supported by the fact that the Entertainment-Social domain accounted for unique variance in the measure of depressive symptoms. As such, we would characterise high scorers on this domain as persons with little interest in anything apart from their chosen celebrity. Future research may find that individuals in this stage of celebrity worship use their interest in celebrities as a coping mechanism to deal with the stressors of daily life.

Scores on the Celebrity Attitude Intense-Personal domain account for unique variance in Anxiety, and to a lesser extent Depressive symptoms. The relationship between this aspect of Celebrity worship and Anxiety is perhaps less surprising given that some of the items of the scale "(I am obsessed by details of my favourite celebrity's life [item 3])" may reflect obsessional (i.e., addictive) tendencies, and anxiety is thought to be related to obsessional (Sandler & Hazari, 1960). Therefore, this finding perhaps locates this type of celebrity worship securely within an Anxiety/Obsessional domain. In addition, higher scores on the Intense-Personal domain were associated with higher scores on depressive symptoms. One explanation for this finding is that both anxiety and obsessional-neurotic traits are related to depression (Gaynes, Magruder, Burns and Broadhead, 1997; Kostanskil & Gullone, 1998; Maltby, Lewis & Day, 1999; Maltby, Lewis, & Hill, 1998; Wolfradt & Straube, 1998). Therefore, previous literature provides a context to understand why individuals experiencing Intense-Personal feelings in relation to their favourite celebrity also report depression. Further research might use measures of obsessional, neuroticism, and other related constructs to further explore the Intense-personal aspect of Celebrity Worship.

Finally, scores on the Borderline-Pathological domain do not account for unique variance in any of the psychological well-being measures. Instead, any significant relationship found between this aspect of Celebrity Worship and the psychological variables might be better considered within the other two aspects of Celebrity Worship. Methodological limitations in our study also may have contributed to the fact that the Borderline-Pathological domain did not account for unique variance in poorer psychological well being. For example, the mental health measures we used do not cover those domains that might be expected with this type of pathological behaviour. The General Health

Questionnaire is designed for use among non-clinical populations, and therefore further research is needed to examine what particular aspects of psychological well being are most relevant to the Borderline-pathological domain. However, the present study provides no evidence that the Borderline-Pathological domain of celebrity worship is related to a richer psychological well being.

Further research is needed to explore the possible psychological processes that mediate our proposed absorption-addiction model of celebrity worship, which places this phenomenon in the context of (failed) attempts to escape, cope, or enrich one's everyday life. McCutcheon et al.'s (in press) model is a first approximation of a cohesive interpretation of the empirical research on celebrity worship. Future studies may suggest more viable models. Our understanding of the precise cognitive and emotional dynamics that underlie celebrity worship is in its infancy, but the available evidence indicates that celebrity worship is a behavioural expression of poor global psychological well being.

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