

Extreme celebrity worship, fantasy proneness and dissociation: Developing the measurement and understanding of celebrity worship within a clinical personality context

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Abstract

Two studies considered clinical personality correlates of celebrity worship. In Study 1, factor analysis of the Celebrity Attitude Scale suggested an improved measure of a three-dimensional model of celebrity worship. In Study 2 this model was examined within a clinical personality context. Celebrity worship for intense-personal reasons was significantly correlated with fantasy proneness, and celebrity worship for borderline-pathological reasons was significantly correlated with fantasy proneness and dissociation. The present findings show how intense and higher levels of celebrity worship can be considered within clinical personality dimensions.

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1. Introduction

The adoration of celebrities, as idols or role models, is a normal part of identity-development in childhood and adolescence (Giles & Maltby, 2004). However, this parasocial can be an abnormal phenomenon whereby individuals become virtually obsessed with one or more celebrities. McCutcheon, Lange, and Houran (2002) proposed an “absorption–addiction” model to explain such cases of celebrity worship. According to this model, a compromised identity structure in some individuals facilitates psychological absorption with a celebrity in an attempt to establish an identity and a sense of fulfillment. The dynamics of the motivational forces driving this absorption might, in turn, take on an addictive component, leading to more extreme (and perhaps delusional) behaviors to sustain the individual’s satisfaction with the parasocial relationship.

Several studies based on the Celebrity Attitude Scale (Maltby, Houran, Lange, Ashe, & McCutcheon, 2002; McCutcheon et al., 2002) are consistent with this proposed model suggesting three increasingly more extreme sets of attitudes and behaviors associated with celebrity worship. There is *entertainment-social* celebrity worship that reflects an attraction to a favourite celebrity because of their perceived ability to entertain and social focus. There are *intense-personal* attitudes reflecting intensive and compulsive feelings about the celebrity. The most extreme expression of celebrity worship is *borderline-pathological*, thought to reflect an individual’s social-pathological attitudes and behaviors.

To place such dimensions within a personality context, Maltby, Houran, and McCutcheon (2003) have found evidence that the three dimensions of celebrity worship may parallel the three dimensions of Eysenckian personality theory (Eysenck & Eysenck, 1985): extraversion, neuroticism and psychoticism. That is, entertainment-social celebrity worship is associated with extraversion (sociable and active traits), that intense-personal celebrity worship is associated with neuroticism (nervous and emotional traits), and borderline-pathological celebrity worship is correlated with psychoticism (anti-social and ego-centric traits). However, the latter finding suggested a weak correlation ($r = .19$) between borderline-pathological celebrity worship and psychoticism suggesting that this dimension of the Eysenck’s personality model only went a short way in explaining this factor. Furthermore, other studies do not support the characterization of borderline-pathological celebrity worship as comprising extreme behaviors. For example, the borderline-pathological celebrity worship is not related to standard measures of well-being, i.e., depression or anxiety (Maltby, Houran, Ashe, & McCutcheon, 2001). Consequently, further research is needed to aid the conceptualization of borderline-pathological aspects of celebrity worship. It is suggested that there are two ways to do this, (1) through the development of adequate measurement and (2) by examining celebrity worship within a clinical personality context.

The first area for potential development is to examine the measurement of celebrity worship. A number of studies in the USA and United Kingdom suggest that the celebrity worship comprises three factors. However, these studies have found that the borderline-pathological subscale only comprises three items, which is far from satisfactory in terms of defining and understanding an extreme set of behaviors. One explanation for the lack of such a definitive factor emerging from previous analyses is that the prevalence of borderline-pathological celebrity worship is only estimated at around 2% and samples sizes in previous studies ($n < 370$) not ample to demonstrate relationships between potential borderline-pathological items.

The second area of development is to suggest that celebrity worship may be related to a number of clinical personality variables. We suggest four variables that provide a suitable context for considering celebrity worship; obsessive-compulsive disorder, fantasy proneness, dissociation, and ego identity.

First, the intense-personal dimensions of celebrity worship are thought to reflect obsessive, ritualistic and compulsive thoughts and acts ('I have frequent thoughts about my celebrity, even when I don't want to' and 'I often feel compelled to learn the personal habits of my favourite celebrity'). Therefore, it is hypothesised that this dimension of celebrity worship would share a positive association with obsessive-compulsive disorder.

Second, within the Celebrity Attitude Scale there are a number of items that reflect imaginary scenarios with an individual's favourite celebrity ('My favourite celebrity would immediately come to my rescue if I needed help' and 'My favourite celebrity and I have our own code so we can communicate with each other secretly'). Fantasy proneness reflects time spent fantasising, reporting hallucinatory intensities as real, reporting vivid childhood memories, having intense religious and paranormal experiences (Merckelbach, Horselenberg, & Muris, 2001), and has clinical relevance as it has been found to be related to absorption, dissociativity and schizotypy (Merckelbach et al., 2001). Therefore, as celebrity worship involves fantasies regarding the celebrity, the examination of the relationship between celebrity worship and fantasy proneness seems of interest. In terms of a specific hypothesis, as higher levels of celebrity worship are thought to represent higher levels of absorption and addiction, it is suggested that the dimensions of celebrity worship that reflect an intensity of worship (intense-personal and borderline-pathological) will be positively associated with higher levels of fantasy proneness.

Third, there is a possible relationship between celebrity worship and dissociation. Dissociation reflects the lack of a normal integration of experiences, feelings, and thoughts in everyday consciousness and memory and is related to a number of psychiatric problems (Bernstein & Putman, 1986; Corcoran & Fischer, 2000). There are aspects of celebrity worship that show a level of detachment from reality ('If I walked through the door of my favourite celebrity's home without an invitation she or he would be happy to see me') and perceived loss of control over thoughts and feeling ('When my favourite celebrity dies [or died] I will feel [or I felt] like dying too'). Therefore, it is of interest to examine the relationship between celebrity worship and dissociation. It is hypothesised that the dimensions of celebrity worship that reflect an intensity of worship (intense-personal and borderline-pathological) will be associated with higher levels of dissociation.

Finally is the proposed relationship between celebrity worship and ego-identity. Within Erikson's model of achievement a strong sense of ego-identity provides the self with continuity and completeness (Erikson, 1950, 1959). A strong ego-identity represents acceptance of self and sense of direction, while a weak ego-identity represents a doubt about oneself and an inability to make decisions and commitments. As celebrity worship may represent a lack of self-identity and a psychological absorption with a celebrity ('The successes of my favourite celebrity are my successes too') it would be expected that there would be a negative relationship between celebrity worship and a strong ego identity.

There are opportunities for further examination of the measurement of celebrity worship and celebrity within a clinical personality context. There were two aims to the following two studies:

1. Examine the factor structure of the Celebrity Attitude Scale among a much larger sample to provide a better understanding of higher levels of celebrity worship (Study 1).
2. To examine the relationship between celebrity worship, obsessive-compulsive disorder, fantasy proneness, dissociation, and ego identity (Study 2).

2. Study one

The aim of study one was to examine the factor structure of the Celebrity Attitude Scale among a much larger sample.

2.1. Method

2.1.1. Sample

The sample comprised 1723 respondents (781 males, 942 females) aged between 14 and 62 years (Mean = 28.50, SD = 10.0). Respondents were sampled from a number of schools ($n = 356$), workplaces and community groups in the Midlands and the North of England ($n = 1367$). Participants were selected from those willing to be respondents from the places visited. Among this sample, the most often reported demographic was White ($n = 1187$); single ($n = 881$); employed ($n = 773$); most respondents reporting their education level to be leaving school with the equivalent of an education with at least 1 '0' level/GCSE (high school equivalency, $n = 445$).

Respondents were administered the *Celebrity Attitude Scale* (CAS; [McCutcheon et al., 2002](#)). Originally termed the Celebrity Worship Scale, this instrument is a 34-item scale in which respondents are asked to indicate their attitude towards a favourite celebrity (that they themselves have named) using a number of items that use a response format of “strongly agree” equal to 5 and “strongly disagree” equal to 1. Please refer to [Table 1](#) for all the items of this scale.

2.2. Results and discussion

[Table 1](#) shows a principal components analysis with oblimin rotation of all 34 items of the Celebrity Attitude Scale. A Scree Test was used to determine the number of components. Five components emerge from the analysis, and three of the components are clearly consistent with previous findings of a 3 factor model of celebrity worship; entertainment-social (component 2), intense-personal (component 1) and borderline-pathological (component 3).

There is a note of caution regarding one item loading on the intense-personal factor and one item loading on the borderline pathological scale. The item “I have pictures and/or souvenirs of my favourite celebrity which I always keep in exactly the same place” loads just above .40 on the intense-personal factor. It is likely that a lot of respondents interested in a particular celebrity may have one or two souvenirs (e.g., a concert ticket or particular picture) that they take particular care of. Therefore the meaning of this item might be ambiguous within the 3-factor model and it is suggested that this item is not included in the measurement of intense-personal celebrity worship. One item that loads on the borderline-pathological factor may also be ambiguous, “If my favourite celebrity was accused of committing a crime that accusation would have to be false”. This item loads just above .40 on the borderline-pathological factor, and may reflect loyalty to a

Table 1

Principal components analysis with oblimin rotation of all the items from the Celebrity Attitude Scale (Study 1)

Celebrity Attitude Scale items	1	2	3	4	5
1. If I were to meet MFC in person, he/she would already somehow know that I am his/her biggest fan	.76	–.04	–.02	.02	.04
2. One of the main reasons I maintain an interest in MFC is that doing so gives me a temporary escape from life's problems	.76	–.02	–.13	–.01	–.04
3. MFC is practically perfect in every way	.74	–.01	–.02	–.02	–.09
4. I share with MFC a special bond that cannot be described in words	.70	.20	–.03	–.02	.02
5. To know MFC is to love him/her	.69	.02	–.04	–.03	–.04
6. When something bad happens to MFC I feel like it happened to me	.66	–.07	.03	–.02	.03
7. When MFC fails or loses at something I feel like a failure myself	.66	.10	.10	.08	.03
8. The successes of MFC are my successes too	.63	–.03	.09	–.01	–.03
9. I consider MFC to be my soul mate	.60	–.05	.06	.10	.07
10. When MFC dies (or died) I will feel (or I felt) like dying too	.60	–.05	.08	–.03	–.08
11. 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 MFC	.60	–.03	–.06	–.05	–.03
12. When something good happens to MFC I feel like it happened to me	.56	.01	–.01	.08	.15
13. I am obsessed by details of MFC's life	.55	–.07	.36	–.07	–.03
14. I have pictures and/or souvenirs of MFC which I always keep in exactly the same place ^a	.41	.21	.14	–.08	–.07
15. I love to talk with others who admire MFC	.06	.75	.02	.06	–.01
16. Keeping up with news about MFC is an entertaining pastime	.04	.65	–.03	.06	.06
17. It is enjoyable just to be with others who like MFC	.03	.63	–.03	–.03	.11
18. I enjoy watching, reading, or listening to MFC because it means a good time	.03	.63	.03	–.04	.04
19. Learning the life story of MFC is a lot of fun	–.04	.62	–.04	.07	–.07
20. I like watching and hearing about MFC when I am with a large group of people	.01	.62	.04	.03	–.03
21. My friends and I like to discuss what MFC has done	–.04	.61	.04	.05	–.05
22. I would gladly die in order to save the life of MFC	–.05	–.06	.60	.16	.11
23. If I were lucky enough to meet MFC, and he/she asked me to do something illegal as a favor, I would probably do it	.05	.02	.58	.10	–.03
24. If I walked through the door of MFC's home without an invitation she or he would be happy to see me	–.02	.02	.54	–.17	–.02
25. I have frequent thoughts about my celebrity, even when I don't want to	.03	.03	.53	–.09	–.16
26. I often feel compelled to learn the personal habits of MFC	.02	.03	.51	–.02	.04
27. MFC would immediately come to my rescue if I needed help	–.04	–.05	.49	.16	.21

(continued on next page)

Table 1 (*continued*)

Celebrity Attitude Scale items	1	2	3	4	5
28. MFC and I have our own code so we can communicate with each other secretly (such as over the TV or special words on the radio)	.04	.02	.44	.11	.02
29. If MFC was accused of committing a crime that accusation would have to be false ^a	–.04	.24	.41	–.05	–.21
30. If MFC endorsed a legal but possibly unsafe drug designed to make someone feel good, I would try it	–.01	.05	.03	.69	.24
31. News about my celebrity is a pleasant break from a harsh world	.05	–.03	–.02	.56	–.24
32. If MFC found me sitting in his/her car, he or she would be upset	.06	.06	.09	.54	–.30
33. It would be great if MFC and I were locked in a room for a few days	.02	.04	.04	–.02	–.68
34. If MFC saw me in a restaurant he/she would ask me to sit down and talk	–.04	–.09	–.03	.18	–.57

MFC = My favourite celebrity.

^a It is suggested that these items are not included in the corresponding subscale due to relatively low loading.

celebrity as well as pathology. Consequently, it is also suggested that this item is not included in the measurement of borderline-pathological celebrity worship. For the remaining components; three items load on component 4 and two items on component 5, the lack of items loading on the components make it difficult to determine the nature of these components.

Therefore three new subscales were computed from the Celebrity Attitude Scale, entertainment-social (7 items), intense-personal (13 items) and borderline-pathological (7 items).

Table 2 shows the mean (standard deviation) scores and reliability statistics for each of the subscales. The reliability statistics for each subscale are equal to, or above, the criteria of .7 (Kline, 1986) which suggests they demonstrate adequate internal reliability. No significant differences occurred for sex for any of the measures of celebrity worship (entertainment social, $t = .12$, $p > .05$; intense-personal, $t = -.09$, $p > .05$; borderline-pathological, $t = .26$, $p > .05$). No significant correlations were found between the subscales of the Celebrity Attitude Scale and age (entertainment social, $r = -.02$, $p > .05$; intense-personal, $r = .03$, $p > .05$; borderline-pathological, $r = .03$, $p > .05$) and level of education (entertainment social, $r = -.03$, $p > .05$; intense-personal, $r = -.02$, $p > .05$; borderline-pathological, $r = .02$, $p > .05$).

Table 2

Means and reliability statistics for all of the scales, including the Celebrity Attitude Scale ($n = 1723$) (Study 1)

	α	Mean (SD)
Entertainment-social	.79	17.86 (6.5)
Intense-personal	.88	24.48 (9.5)
Borderline-pathological	.70	11.34 (3.4)

Together these findings suggest confidence for researchers for measuring the three dimensions of celebrity worship using subscales of the Celebrity Attitude Scale that contains at least seven items.

3. Study two

The aim of study two was to examine the relationship between celebrity worship and obsessive-compulsive disorder, dissociation, fantasy proneness and ego-identity.

3.1. Method

3.1.1. Sample

The sample comprised 219 respondents (126 males, 93 females) aged between 22 and 59 years (Mean = 35.35, SD = 7.9). Respondents were sampled from a number of workplaces and community groups in the Midlands and the North of England. Among this sample the most often reported demographic was White ($n = 161$), married ($n = 107$), employed ($n = 173$); most reported leaving school with the equivalent of an education with at least 1 '0' level/GCSE ($n = 71$).

3.1.2. Scales administered

Respondents were administered the following measures:

1. *Celebrity Attitude Scale* (CAS; McCutcheon et al., 2002). For the purpose of this study, and based on the findings in study 1, three subscales were computed from the scale; (1) celebrity worship for entertainment-social reasons, (2) celebrity worship for intense-personal reasons, and (3) celebrity worship that demonstrates borderline-pathological tendencies.
2. *Maudsley Obsessional Compulsive Inventory* (Hodgson & Rachman, 1977). This instrument is a 30-item Likert-type scale in which responses are scored on a 'True/False' format. Example items include "One of my major problems is that I pay too much attention to detail" (item 17) and "I spend a lot of time every day checking things over and over again" (item 27).
3. *The Creative Experiences Questionnaire* (CEQ; Merckelbach et al., 2001). This instrument is a 25-item measure of fantasy proneness. Example items include "Many of my fantasies have a realistic intensity" (item 11) and "When I perceive violence on television, I get so into it that I get really upset" (item 18). Responses are scored using a 'Yes/No' format.
4. *The Dissociative Experiences Scale* (DES; Bernstein & Putman, 1986). This is a 28-item self-report measure of the frequency of dissociative experiences. The scale was developed as a way to quantify dissociative experiences (Bernstein & Putman, 1986). Example items include "Some people have the experience of looking in a mirror and not recognising themselves [item 11]". Respondents are asked to circle a number between 0 and 100 (in intervals of 10) to show what percentage of the time this happens to them.

5. *The Ego Identity Scale* (EIS; Tan, Kendis, Fine, & Porac, 1977). This is a 12-item scale that measures Erik Erikson's concept of ego identity. Respondents are offered 12 pairs of forced-choice items, one that represents ego identity (e.g., "I have a clear vision of how my life will unfold ahead of me" [item 9]) and one that represents ego diffuseness (e.g., "There are times when I don't know what is expected of me" [item 9]), and asked which statement describes them better.

3.2. Results

Table 3 shows the mean scores and standard deviations of all the scales by sex. Among the present sample, no sex differences were found for any of the scales. In addition, Table 3 shows that a satisfactory Cronbach's alpha (Cronbach, 1951) was computed for all the scales.

Table 4 shows the correlations between the three dimensions of celebrity worship and the clinical personality measures. Celebrity worship for entertainment-social reasons was not significantly related to any of the clinical measures. However, celebrity worship for intense-personal and borderline-pathological reasons were both found to share a significant positive correlation with

Table 3
Mean scores and alpha coefficients of all the scales by sex (Study 2)

Scale	α	Males ($n = 126$), M (SD)	Females ($n = 93$), M (SD)	t
CAS—Entertainment-social	.83	18.12 (6.8)	17.92 (6.6)	.22
CAS—Intense-personal	.84	22.60 (7.7)	21.58 (6.8)	1.01
CAS—Pathological	.74	10.69 (1.2)	10.68 (1.2)	.09
Obsessive-compulsive disorder	.75	7.21 (8.5)	7.44 (7.8)	.84
Fantasy proneness	.90	9.49 (4.3)	9.53 (4.7)	.96
Dissociation	.91	18.74 (12.3)	17.85 (13.3)	.62
Ego identity	.74	4.20 (3.6)	3.76 (3.8)	.27

Table 4
Pearson product moment correlation coefficients between celebrity worship, personality, obsessiveness and fantasy proneness measures (Study 2)

	1	2	3	4	5	6	7
	$(n = 219)$						
1. Entertainment social	—	.05	.09	-.01	.01	.04	.03
2. Intense-personal		—	.05	.20**	.31**	.15*	-.19**
3. Borderline-pathological			—	.14*	.37**	.47**	-.25**
4. Obsessive-compulsive disorder				—	.30**	.31**	-.33**
5. Fantasy proneness					—	.43**	-.38**
6. Dissociation						—	-.44**
7. Ego identity							—

* $p < .05$.

** $p < .01$.

Table 5

Standard multiple regression for Intense-personal and borderline-pathological celebrity worship with obsessive-compulsive disorder, fantasy proneness, dissociation, and ego identity used as predictor variables (Study 2)

	<i>B</i>	β	sr^2		<i>B</i>	β	sr^2
<i>Intense-personal</i>				<i>Borderline-pathological</i>			
Obsessive compulsive	.13	.13		Obsessive compulsive	−.03	−.04	
Fantasy proneness	.51	.31	.10**	Fantasy proneness	.34	.37	.14**
Dissociation	−.02	−.02		Dissociation	.20	.18	.03*
Ego identity	−.85	−.08		Ego identity	−.03	.02	
		$r^2 = .10$				$r^2 = .17$	
		Adj. $r^2 = .09$				Adj. $r^2 = .16$	
		$r = .31$				$r = .41$	

* $p < .05$.

** $p < .01$.

obsessional-compulsive disorder, fantasy proneness and dissociation, and a significant negative correlation with ego-identity.

However, obsessional-compulsive disorder, fantasy proneness, dissociation, and ego-identity all shared significant associations with each other. Due to these correlations, two unstandardised multiple regressions were performed, with the celebrity worship intense-personal and borderline-pathological measures used as dependent variables, and the clinical personality measures used as independent variables. The regression statistic (R) was significantly different from zero for celebrity worship for intense-personal reasons ($F_{(4, 214)} = 11.21$, $p < .01$) and celebrity worship for borderline-pathological reasons ($F_{(4, 214)} = 17.34$, $p < .01$).

Table 5 shows the full results for the regression statistics for celebrity worship for intense-personal reasons and celebrity worship for borderline-pathological reasons. Included in this table is the unstandardised regression coefficient (B), the standardised regression coefficients (β), the semi-partial correlations (sr^2), r , r^2 , and adjusted r^2 . From these regression models, fantasy proneness accounts for unique variance in intense-personal celebrity worship, and fantasy proneness and dissociation account for unique variance in borderline-pathological celebrity worship.

3.3. Discussion

The first study examined the factor structure of the Celebrity Attitude Scale among a much larger sample than previously reported. The factor structure to emerge from the present study is similar to previous studies, however, the present findings suggest three multi-item measures emerge, containing at least seven items that should lead to a much more satisfactory measurement of celebrity worship. The main difference in the analysis of items this time is that there are clearer descriptions of intense-personal and borderline-pathological dimensions of celebrity worship, Intense-personal celebrity worship reflects devotion and personal reactions to the celebrity, while borderline-pathological aspects of celebrity worship are typified by uncontrollable behaviors and fantasies regarding scenarios involving their favourite celebrity.

However, it is important to emphasize that researchers should continue to use the full version of the celebrity attitude scale as it provides a full consideration of all the attitudes and behaviors

thought to be associated with celebrity worship. Researchers should always seek to explore the factor structure of the scale, but given previous findings, researchers should always be able to identify sets of items that suggest entertainment-social, intense-personal, and borderline-pathological reasons for celebrity worship.

With the resulting confidence in the three-dimensional model of celebrity worship, the second study allowed the further conceptualization of celebrity worship within a clinical personality measures. Though low levels of celebrity worship (entertainment-social) are not associated with any of the clinical measures, medium levels of celebrity worship (intense-personal) are related to fantasy proneness (around 10% of the shared variance), while high levels of celebrity worship (borderline-pathological) share a greater association with fantasy proneness (around 14% of the shared variance) and dissociation (around 3% of the shared variance, though the effect size of this is small and most probably due to the large sample size). This finding suggests that as celebrity worship becomes more intense, and the individual perceives having a relationship with the celebrity, the more the individual is prone to fantasies. Further, when celebrity worship demonstrates borderline-pathological tendencies there is a tendency for individuals to have dissociative experiences and therefore might not be able to integrate their experiences, thoughts and feelings in everyday consciousness and memory.

There are two interpretations of these findings. The first is within the context of the absorption–addiction hypothesis. This hypothesis would predict that as individuals reach higher levels of celebrity worship, there is a change in their clinical profile, and they become more prone to fantasy, detached from reality, and eventually dissociated from every day experiences. The other interpretation is based on the assumption that some of the clinical measures reflect personality traits (‘reflective’ hypothesis). Within a personality context it can be argued that, those individuals who are prone to fantasy and who have dissociative experiences approach celebrity worship in different ways from others and their fantasies and uncontrollable thoughts around the celebrity reflect their tendency for fantasy proneness and dissociation. These two interpretations need longitudinal research studies to test these interpretations. For example to test the ‘absorption–addiction’ hypothesis researchers need to trace celebrity worshippers over time to see if some become more absorbed or addicted to their favourite celebrity. Similarly, to test the ‘reflective’ hypothesis, researchers will need to trace celebrity worshippers over time to see whether the arrival of a new celebrity is immediately met with borderline-pathological responses on the behalf of some individuals.

Such findings among the present study may also encourage researchers to explore other clinical aspects of celebrity worship. For example, direct measures of absorption could be used. People who score high on absorption tend to fully engage with their interest and show imagination, focus and order to their thoughts and feelings with the object of their attention. Therefore the present formulation that higher levels of celebrity worship represent difficulties to integrate feelings and information might not be accurate. It may be that among people who show high levels of celebrity worship there is a focus on the object of attention (i.e., the celebrity) and a lack of focus with the rest of their life (Tellegen & Atkinson, 1974). Therefore research might explore extreme celebrity worship by comparing dissociation and absorbed behavior. Furthermore, there may be some weaknesses in the current formulation of the present hypotheses within a clinical context and the proposed relationship between celebrity worship and obsessive-compulsive disorder may not reflect direct clinical experiences of obsessive-compulsive disorder. For example, while an

individual who suffers from obsessive-compulsive disorder try to neutralise their impulses, it seems, at present, those who worship celebrities do not. Therefore, further investigation of particular aspects of celebrity worship against clinical disorders may need to be more detailed.

However, these findings provide the first understanding of how clinical personality aspects are associated with growing levels of celebrity worship. Such findings have clear relevance to forensic psychology and the nature of stalking, and clinical relevance in terms of paranoid delusions and people's attachments to certain celebrity figures. The findings suggest that celebrity worship may have clinical implications and that as celebrity worship increases in its severity, it is first accompanied by fantasy proneness, and then by dissociation.

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